Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

THE RESILIENCE OF THE NURSE OF MEDICAL AND SURGICAL CLINIC IN ITS EVERYDAY CARE

A RESILIÊNCIA DO ENFERMEIRO DE CLÍNICA MÉDICA E CIRÚRGICA EM SEU CUIDADO COTIDIANO

LA RESILIENCIA DEL ENFERMERO DE CLÍNICA MÉDICA Y QUIRÚRGICA EN SU ATENCIÓN DIARIA

Sayonara Maielle de Souza Maia[1], Sônia Regina de Souza[2], Denise de Assis Corrêa Sória[3], Taiane Bertoldi da Costa[4]

ABSTRACT

Objectives: to map the resilience condition of nurses who work in the medical and surgical clinics of the Federal Hospital of Lagoa in daily care and discuss the conditions of nurses' resilience. ***Method:*** a qualitative, descriptive study with the production of data from Quest_Resilience, which determines the resilience condition from eight Determining Belief Models (DCMs). ***Results:*** it was found, in the DCM to conquer and maintain people, which refers to the nurse's ability to identify the factors of a problem that interfere in their behavior in the face of adversity, that 58% of the respondents presented excellent condition of resilience. The DCMs optimism with life and sense of life had poor resilience to stress, with behavior pattern for intolerance. ***Conclusion:*** Nursing professionals have a balanced intensity in their beliefs and need to develop identify the causes of the adverse situation and remain in a protective position. ***Descriptors:*** Resilience; Nursing; Care.

RESUMO

***Objetivos*:** mapear a condição de resiliência dos enfermeiros que atuam nas clínicas médicas e cirúrgicas do Hospital Federal da Lagoa no cuidado cotidiano e discutir as condições de resiliência dos enfermeiros. ***Método*:** estudo descritivo, de abordagem qualitativa, com a produção de dados a partir do Quest_Resilience, que determina a condição de resiliência a partir de oito Modelos de Crença Determinantes (MCDs). ***Resultados*:** constatou-se, no MCD conquistar e manter pessoas, que refere-se à habilidade do enfermeiro de identificar os fatores de um problema que interferem no seu comportamento frente à adversidade, que 58% dos respondentes apresentaram Excelente condição de resiliência. Os MCDs otimismo com a vida e sentido de vida tiveram fraca resiliência diante do estresse, com padrão de comportamento para a intolerância. ***Conclusão*:** os profissionais de Enfermagem possuem uma intensidade equilibrada em suas crenças e precisam desenvolver e identificar as causas da situação adversa e se manter em posição de proteção. ***Descritores*:** Resiliência; Enfermagem; Cuidado.

RESUMEN

Objetivos: esquematizar la condición de resiliencia de los enfermeros que trabajan en clínicas médicas y quirúrgicas del Hospital Federal da Lagoa en el cuidado diario y discutir las condiciones de resistencia de ellos. ***Método:*** estudio descriptivo de enfoque cualitativo, con los datos producidos a partir del Quest_Resilience, que determina la condición de resiliencia de ocho Modelos de Creencia Determinantes (MCDs). ***Resultados:*** se encontró en el MCD para conquistar y mantener a la gente, que se refiere a la capacidad del enfermero en identificar los factores de un problema que interfieren en su comportamiento frente a la adversidad, que 58% de los encuestados presentaron excelente condición de resiliencia. El optimismo de MCDs con la vida y sentido de vida tuvieron débil resiliencia en el modelo de estrés del comportamiento para la intolerancia. ***Conclusión:*** los profesionales de Enfermería poseen una fuerza equilibrada en sus creencias y necesitan desarrollar y identificar las causas de la situación adversa y mantener en posición de protección. ***Descriptores:*** Resiliencia; Enfermería; Cuidado.

[1]Nurse, Specialist in Nursing in Clinical and Surgical Clinic, Federal Hospital of Lagoa, Master Student in Nursing, Federal University of the State of Rio de Janeiro / UNIRIO. Rio de Janeiro (RJ), Brazil. E-mail: narita_maia@hotmail.com.com; [2,3]Nurses, Professors Doctors, Federal University of the State of Rio de Janeiro / UNIRIO. Rio de Janeiro (RJ), Brazil. E-mails: soniasilvio0@gmail.com; Denise@iis.com.br; [4]Nurse, Specialist in Nursing in Oncology and Antineoplastic Treatment, Master Student in Nursing, Federal University of the State of Rio de Janeiro / UNIRIO. Rio de Janeiro (RJ), Brazil. E-mail: taianebertoldi@oi.com.br

INTRODUCTION

On the perspective of a coherent Nursing care, felt the need to research the level of resilience of the professional nurse of medical and surgical clinic facing the daily care, because it is a hospital sector where the integral care of the individual who is in critical or semi-critical state occurs, that comes from surgical therapeutics, and still those who are hemodynamically stable.

The nurse who works in a medical and / or surgical clinic performs functions that aim to recover patients to obtain the best possible physical, mental and emotional health and to preserve their sense of spiritual and social well-being, always stimulating and enabling them to self-care, along with their support network, preventing illness and injury, aiming for recovery within the shortest possible time or providing support and comfort to dying patients and their families, respecting their beliefs and values.

Therefore, it is considering the resilience of the nurses of this sector, essential for their daily care, and having this knowledge, specific needs can be identified, about these professionals and guarantee an integral and quality Nursing care. In addition, nurses with increased resilience develop an effective cultural competence in the ability to communicate, analyze, and obtain knowledge related to the health practices of each individual in his or her particularity.

Resilience comes from physics, which means the ability of a material to absorb energy without undergoing plastic or permanent deformation, that is, it is the "property by which the energy stored in a deformed body is returned when the tension causing an elastic deformation ceases" . Thus, the application of the concept of resilience creates possibilities of health care that really reaches the subjects involved. [1]

The nurses' resilience factor is fundamental for the formation of a qualified professional and an effective health care, attending in an amplified and specific way the needs of each patient. When studying the nurse's resilience, a balance between tension and the ability to fight is sought, as well as learning from obstacles (suffering). In other words, is to reach another level of consciousness. All staff should be concerned about the resilience of their professionals, since the individual who does not have or does not develop resilience can suffer severe consequences, ranging from falling productivity to the development of different psychosomatic diseases. [2]

Associated with resilience, nurses have adopted the concept of cultural competence, in order to expand their health care in order to meet not only the subjects' needs but also to respect their cultural values. Nurses describe as cultural competence the ability to understand cultural differences, in order to provide quality care to a diversity of people.[3] And for this study, cultural competence is understood as a continuous process of the individual striving to become increasingly self-conscious, to value diversity and become an expert in knowledge about the strengths of culture.

Culturally, competent nurses are sensitive to issues related to culture, race, ethnicity, gender, and sexual orientation. In addition, these professionals with cultural competence improve the effectiveness of communication skills, cultural appreciation and acquisition of knowledge related to the health practices of different cultures. Cultural competence requires nurses to make an ongoing effort to provide effective care within the cultural boundaries of their patients. A broader definition of cultural competence in Nursing practice is to consider it an ongoing process with the goal of achieving the ability to work effectively with culturally different people.[3]

However, in order to exercise care, an adequate base of knowledge and skills in Nursing and awareness of diversity is essential, especially an intense personal and professional respect for individuals from different cultures.

Cultural care includes some values that should be evaluated when nurses provide health care to patients and their families from cultural contexts that differ from their own concepts. However, it is important that nurses first understand their own cultural values, attitudes, beliefs, and practices that they have acquired with their own family before learning about other cultural forms. This helps them to realize introspection about the prejudices that may exist. These prejudices must be recognized in order to avoid stereotyping and discrimination, which may compromise nurses' ability to learn and accept different cultural beliefs and practices, especially in the area of health.[4]

Considering the cultural factor, intrinsic and inherent to the human being, represents a fundamental mediation, and collaborates decisively for the nurse/patient binomial to build a benefit link in the health/disease process. And in analyzing culture, it does not mean to dwell only on formal culture, seized in schools and books, but rather an entire identity, which also includes formal

education, which goes beyond the culture of neighborhoods, cities, of the urban tribes, community and the families in which the individual is inserted.

Such a problem generates behavioral and relationship conflicts when the focus is the differences between cultures, religion and belief systems, needing, then, accommodation of health services to the demands of this population. The historical, economic and sociocultural aspects of their dynamics must be studied, demystified and criticized, in order to combat contradictions and discourses, especially, among health professionals, especially nurses.

The theme is relevant due to growing cultural contrasts both in Brazil and in the world, in the reality in which the nurse is inserted. In this context, discussions that aim to study and analyze Nursing, resilience and day-to-day care are indispensable. Therefore, for this study object of research is: "The resilience of the nurse of medical and surgical clinic in daily care".

These reflections pointed to the following guiding question: How is the resilience of medical and surgical clinic nurses expressed in daily care?

For the development of the theme, the following objectives were adopted:

1. Map the resilience condition of the nurses who work in the medical and surgical clinics of the Federal Hospital of Lagoa in daily care.

2. Discuss the nurses' resilience conditions.

To justify the research, it is cited: "Discrepancies in definitions arise when nurses do not visualize each person (including themselves) as having a culture, a cultural inheritance and being culturally different."[5]

METHOD

Descriptive study, with a qualitative approach. While the quantitative part is the most adequate to ascertain explicit and conscious opinions and attitudes of the interviewees, because it uses a structured instrument. [6]

In order to ensure compliance with ethical issues, the study was submitted to the Research Ethics Committee and approved by Protocol No. 722.019, considering the provisions of Resolution No. 466/2012, of the National Health Council - CNS / MS, Which establishes standards for research with animals and humans.

The research scenario was medical and surgical clinic units of a Federal Hospital, located in the southern zone of the Municipality of Rio de Janeiro. The hospital has 230 beds and capacity for 771, per month. The pediatric ICU went from two to seven beds; and the 14 operating rooms are activated.

The subjects of the study will be professional nurses who work in the medical and surgical clinics of the Federal Hospital of Lagoa, who agree to participate in the study and meet the following criteria: working in the medical or surgical clinic unit for more than one year; be over 18 years of age; be able to respond to online data collection; Sign the Informed Consent Term.

The exclusion criteria constitute non-compliance with any of the criteria presented above.

The nurse practitioner might find that certain questions bothered him because the information that would be collected is his professional experiences and his beliefs.

Quest_Resilience was used, for data collection. It is an instrument that was developed to map resilience through the belief models in eight behavioral skills to understand the type of overcoming a person or a team when faced with situations of adversity and a strong and continuous stress. This questionnaire was validated by George Barbosa, in 2006, in his doctoral thesis at PUC / SP.

Quest_Resilience is structured with a theoretical approach to Cognitive Therapy and General Systems Theory, covering eight Resilience-Related Determinant Beliefs Models (DCMs). SOBRARE (Brazilian Resiliency Society) holds the rights to assign Quest_Resilience in its four versions, internally using the tool specifically in the development of its courses or with those who are involved in research.

Collection Flow:

Data collection followed the following flow:

1. Participants who met the inclusion criteria received a password and a personal questionnaire access code on the SOBRARE website, from which only SOBRARE will have control of the identity of each participant. During the handling of data tables and results generated in the SOBRARE database, all participants were identified by these access codes, thus ensuring the total anonymity of the participants throughout the process. This password will be delivered by the responsible researchers after signing the ICT;

2. To fill out, the participant may respond to the questionnaire outside the Hospital Unit, using their own technological resources. (Computer and internet access);

3. A second option to fill out the collection instrument will be a site previously provided by the Research Unit, which assures the privacy and the necessary technological resources (Computer and Internet access).

The applied research took place in the following steps: application of Quest_Resilience; Mapping of nurses' Resilience Index and discussion of belief models; final analysis and discussion of results; Organization of the results of Quest_Resilience in order to plan strategies for promoting resilience.

RESULTS AND DISCUSSION

The expression of the determinant belief models (DCMs) allowed an analysis of the resilience condition of the nurses of medical and surgical clinic of the Federal Hospital of Lagoa, in the behavioral patterns, which are the following: context analysis; self confidence; self control; conquer and retain people; empathy; body reading; optimism with life and meaning of life, and were only possible to identify and analyze through Quest_Resilience.

DCMs are formed and develop from childhood and are organized throughout life, according to the situations that present themselves. In analyzing the Determining Belief Models (DCMs), which are the set of beliefs - the way things are believed - developed by all people and that will decisively influence their behavioral styles. [7]

It was found that, in DCM Conquer and Maintain People, which refers to the nurse's ability to identify the factors of a problem that interfere with their behavior in the face of adversity, 58% of the respondents presented an excellent condition of resilience. In this way, we can say that nurses have a balanced intensity in their beliefs and are able to identify the causes of the adverse situation and remain in a protective position.

In the DCM context analysis, which characterizes the ability to identify and perceive the causes, relationships and implications of problems, conflicts and adversities present in daily life, 35% have obtained excellent condition of resilience. Security and balance in this area promotes flexibility to avoid situations of moral embarrassment, adequate adaptation to the context, informing about changes, focus on solutions and management of information obtained in context. [7.8]

For self-confidence, which deals with the conviction of being effective in the proposed actions, nurses must have the resources to solve major problems and acute conflicts through their abilities, abilities and talents that they find in themselves and in the environment. From the subjects of the research, 35% achieved an excellent condition of resilience, which promotes flexibility to manage the knowledge obtained in this context, to inform and discuss about changes, to sustain adequate adaptation, focus and solutions, to increase self-efficacy, to guarantee self-safety and ability to position oneself without promoting or placing oneself in a situation of moral embarrassment.

The self-control and empathy MCDs presented 35% each, excellent condition of resilience, being self-control, the ability to organize behavior appropriately in the different contexts of life, particularly the behavior of behaving with balance in situations of strong conflicts and situations of high tension. Empathy evidences the ability to be in a good mood and to deliver messages that promote interaction, rapprochement, connectivity, and reciprocity among people, favoring leadership in particular. [7.8]

Security and balance in self-control and empathy means being able to innovate in proposals rather than simply stick to routines, collaborate with good relational climate, and maintain the uniformity of humor in interpersonal relationships. In addition to enabling nurses the flexibility to establish communication with reciprocity between the parties regarding the demands of everyday life, investing in the quality of bonds, sharing information in an attractive way, demonstrating adequate self-esteem and aligning purpose and objectives.

Table 1. Result of Resilience Conditions in All Models of Determining Beliefs According to the Reponents

Pattern of Behavior	Passivity				Balance	Intolerance			
MCD Categories	Weak	Moderate	Good	Strong	Excellent	Strong	Good	Moderate	Weak
Context Analysis	-	-	5	2	6	1	1	2	-
Self confidence	-	1	1	2	6	2	2	1	2
Self control	-	-	2	-	6	3	1	1	4
Conquer and Keep People	-	-	2	-	10	3	-	1	1
Empathy	-	-	4	-	6	3	1	1	4
Body Reading	-	2	2	1	-	2	2	1	1
Optimism with Life	1	-	3	1	1	1	1	4	5
Sense of life	1	1	2	-	1	1	2	2	7

The analysis of DCMs sense of life and optimism with life had weak resilience to stress, with a pattern for intolerance, with 29% of nurses characterizing optimism with life as the belief that things can change for the worse and 41% Of nurses with a design for the meaning of life so as not to believe in a greater meaning for life, in the transcendent resources that the human being has in relation to its limits.[7.8]

Sense of life can be defined as the perception of order and coherence in existence itself, allied to the search and fulfillment of significant goals / objectives, which results in a sense of existential fulfillment. [9] It is essential that nurses have a clear notion about the purpose of their own existence and, more than this, that they act in their working environment in accordance with this perception, establishing a sense of existential coherence.

The meaning of life must be found and discovered, and consciousness is the guiding force in this quest for meaning. Man always seeks meaning for his life, moving in the direction of a meaning to live, considered as a "will to sense." [10]

Individuals tend to create a world view or personal belief systems that help deal with existential issues, seeking to value or give meaning to events and circumstances throughout life. [11] Through the process of meaning of life, it is that nurses attribute meaning to everything they experience, from the conception of the simple to the most abstract, such as life. Thus, nurses tend to get meaningful lives through the judgment they make on the consistency of their actions related to their personal values principles.

The anthropological fact of self-transcendence is something primordial of the human being, who seeks meaning to realize in another than himself. Self-transcendence is indeed anthropological whenever it refers to something, someone or something other than it, in order to have a goal to be achieved or the existence of another person to find it.[12]

Optimism with life and sense of life can be considered aspects that help in coping with situations considered adverse and values the levels of well-being and quality of life of nurses. To be optimistic about life, an influential factor in the life of individuals is faith, which is one of the fundamental elements of religious experience.[13]

It is an attitude of person with faith that is present in human psychology, so that we can analyze its influence, its implications and its counterpoints in the psychic complex of the individual who exercises his faith in a certain religious experience.

Individuals seek something comforting and transcendental that provides security and protection. This higher being experienced as transcendent goes beyond its being. This experience of protection, though it can not be explained, can be felt and penetrated into human existence in countless circumstances of everyday life. This experience of surrender to the transcendental is experienced as an attitude of faith.

Having the hope that things will be different from the current context and the predicted scenario can help medical and surgical nurses so that they can continue to carry out their activities with greater physical and emotional control.

The results of Quest_Resilience, organized in belief models, allowed the structuring of strategies to promote resilience in the study population according to the specific needs of each of the DCMs, thus meeting the research objectives.

In this conception of Nursing in daily care, it is essential that the health professional is aware and sensitive of how the profile of the population served has changed in recent years, as well as the pathologies experienced in the clinics of a general hospital. Therefore, identifying the level of resilience of nurses for this aspect will determine the quality of care in the sector or institution where they work.[15]

CONCLUSION

The understanding of these models allowed the recognition of which beliefs encourage these professionals to survive and to transcend the challenges imposed by the environment of the medical and surgical clinic. But, the study had limitations, such as heavy workload, availability of time to respond to Quest_Resilience, and limited internet network.

By identifying the level of resilience of nurses, we can act in a way to work and strengthen this resilience aiming at providing a Nursing care of greater consistency and amplitude, since the focus of resilience is of paramount importance beyond the nurse / patient relationship, seeking Involve care in families, groups, communities and institutions from a cultural and holistic perspective.

The need for specific intervention was detected so that the areas of LIFESTYLE WITH LIFE AND SENSE OF LIFE, so that they are valid, and in the area CONQUERING AND KEEPING PEOPLE can be preserved as a protective factor of the resilience of the medical and surgical clinic nurse.

We recognize the possibility of applying the resilience assumptions to the daily care of medical and surgical clinics, especially in large hospitals, responsible for the care of patients from different places.

With the development of this research, we effectively believe to change our work reality, introducing the concept of nurses' resilience and through the foundation of care, seeking to tailor Nursing care culturally congruent with the factors / that influence the various aspects related to the Nursing process. Health / disease of patients.

REFERENCES

1. Yunes MAM. Psicologia positiva e resiliência: o foco no indivíduo e na família. Psicol Estud [Internet]. 2003 [cited 2016 Jan 17];8(n spe):75-84. Available from: http://www.scielo.br/pdf/pe/v8nspe/v8nesa10.pdf

2. Sória DAC. A resiliência dos profissionais de Enfermagem na Unidade de Terapia Intensiva [tese]. Rio de Janeiro: Universidade Federal do Rio de Janeiro; 2006.

3. Leininger M. Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. J Trans Nurs. 2002 July;13(3):189-92. Doi: 10.1177/10459602013003005

4. Andrews MM. Culturally competent nursing care. In: Andrews MM, Boyle JS, Carr TJ, editors. Transcultural concepts in nursing care. Philadelphia: Lippincott Williams & Wilkins; 2003. p. 18-23

5. Boehs AE. Análise dos conceitos de negociação da teoria de M. Leininger. Rev Latino-Am Enfermagem [Internet]. 2002 Jan/Feb [cited 2016 Jan 15];10(1):90-6. Available from: http://www.scielo.br/pdf/rlae/v10n1/7777.pdf

6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12nd ed. São Paulo: Hucitec: Abrasco; 2010.

7. Barbosa GS. Os pressupostos nos estilos comportamentais de se expressar resiliência. In: Kreinz G, Pavan OH, Gonçalves RM. organizadores. Divulgação científica: enfrentamentos e Indagações. São Paulo: NJR/USP; 2010.

8. Yunes MAM, Szymanski H. Resiliência: noção, conceitos afins considerações críticas. In: Tavares J, organizador. Resiliência e educação. São Paulo: Cortez; 2001. p. 13-42.

9. Reker GT, Wong PTP. Aging as an individual process; Toward a theory of personal meaning. In: Birren JE, Bengston VL, editors. Emergent theories of aging. New York: Springer; 1988. p. 214-46

10. Frankl VE. Um sentido para vida: Psicoterapia e humanismo. 14th ed. Aparecida: Ideias e Letras; 2005.

11. Institute of Medicine. Primary care: America's health in a new era. Washington: National Academy Press; 1996.

12. Pereira IS. A vontade de sentido na obra de Viktor Frankl. Psicologia USP [Internet]. 2007 Mar [cited 2016 Jan 14];18(1);125-36. Available from: http://www.scielo.br/pdf/pusp/v18n1/v18n1a07.pdf

13. Pereira J. A fé como fenômeno psicológico. São Paulo: Escrituras; 2003.

14. Daniel LF. Atitudes interpessoais em enfermagem. São Paulo: EPU; 1983.

15. Barbosa G. Roteiro dos Índices de Resiliência: uma introdução de como analisar os resultados de pesquisa em resiliência (exemplos comentados do Quest Resilience) [monografia] [Internet]. São Paulo: Sociedade Brasileira de Resiliência; 2010 [cited 2016 Jan 15]. Available from: http://br.monografias.com/trabalhos-pdf/roteiro-indices-resiliencia-analise/roteiro-indices- resiliencia-analise.pdf

Submission: 2016/07/28
Accepted: 2017/07/12
Publishing: 2017/08/01

Corresponding Address

Sayonara Maielle de Souza Maia
Centro de Ciências Biológicas e da Saúde - CCBS
Universidade Federal do Estado do Rio de Janeiro - UNIRIO
Escola de Enfermagem Alfredo Pinto - EEAP
Departamento de Enfermagem Médico-Cirúrgico - DEMC
R. Xavier Sigaud, n. 290 - 5º andar
Bairro Urca
CEP: 22290-180 – Rio de Janeiro (RJ), Brazil