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ORIGINAL ARTICLE

STRESS OF THE NURSE THAT WORKS IN HOSPITALIZATION UNIT ESTRESSE DO ENFERMEIRO QUE ATUA EM UNIDADE DE INTERNAÇÃO ESTRÉS DEL PERSONAL DE ENFERMERÍA QUE ACTÚA EN LA UNIDAD DE HOSPITALIZACIÓN

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ABSTRACT

Objective: to analyze the stress in the unity of nursing work in hospital and relate to the perception of stress. **Method:** a descriptive, cross-sectional study with a quantitative approach, with 141 nurses working in public hospitals inpatient units. For data analysis, we used the Statistical Package for the Social Sciences Program SPSS - version 16.0. **Results:** 92.1% female; 31.2% 41-50 years; 92.2% assistance; 36.2% more than 16 years of training time; 79.4% enrolled in graduate school. As for the stress levels, the nurses had a score of 5.49, considered medium to high level of stress and involved in the fields; interpersonal relations, coordination of activities of the unit and working conditions for the exercise of their profession. The more stressed nurses were the ones that showed low average value at work and it was statistically significant ($p < 0.05$). **Conclusion:** nurses working in inpatient unit had an average stress level. **Descriptors:** Stress Psychological; Job Satisfaction; Nursing; Inpatient Care Units.

RESUMO

Objetivo: analisar o estresse no trabalho do enfermeiro de unidade em internação e relacionar com a percepção do estresse. **Método:** estudo descritivo, transversal, de abordagem quantitativa com 141 enfermeiros que atuavam em unidades de internação de hospitais públicos. Para análise dos dados, utilizou-se o Programa *Statistical Package for the Social Science* SPSS - versão 16.0. **Resultados:** 92,1% feminino; 31,2% de 41 a 50 anos; 92,2% assistenciais; 36,2% mais de 16 anos de tempo de formação; 79,4% cursando pós-graduação. Quanto aos níveis de estresse, os enfermeiros apresentaram escore de 5,49, considerado médio para alto nível de estresse e englobados nos domínios; relações interpessoais, coordenação das atividades da unidade e condições de trabalho para o exercício de sua profissão. Os enfermeiros mais estressados foram os que apontaram média baixa de valorização no trabalho e foi estatisticamente significativa ($p < 0,05$). **Conclusão:** os enfermeiros que atuam em Unidade de Internação apresentaram nível médio de estresse. **Descritores:** Estresse Psicológico; Satisfação no Emprego; Enfermagem; Unidades de Internação.

RESUMEN

Objetivo: analizar el estrés en el trabajo de enfermero en unidad de hospitalización y relacionar con la percepción del estrés. **Método:** estudio descriptivo, transversal, un enfoque cuantitativo con 141 enfermeros que actuaban en unidades de internación de los hospitales públicos. Para análisis de datos, se utilizó el paquete estadístico del programa para la versión de las ciencias sociales SPSS 16.0. **Resultados:** 92.1% mujeres; 31.2% de 41 a 50 años; 92,2% asistencia social; 36.2% más de 16 años de tiempo de formación; 79,4% cursando post-grad. En relación a los niveles de estrés, los enfermeros presentaron 5,49, considerado promedio para el alto nivel de estrés y dentro de los domínios; relaciones interpersonales, coordinación de las actividades de la unidad y condiciones de trabajo para el ejercicio de su profesión. Los enfermeros más estresados fueron los que mostraron baja promedio de valoración en el trabajo y fue estadísticamente significativo ($p < 0.05$). **Conclusión:** los enfermeros que trabajan en las unidades de hospitalización demostraron nivel medio de estrés. **Descriptor:** Estrés psicológico; Satisfacción en el Trabajo; Enfermería; Unidades de Internación.

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INTRODUCTION

The World Health Organization reveals that the work becomes appropriate to worker conditions when there is a physical and mental health favoritism and, when health risks are under control.¹

The interactionist model proposed by Lazarus and Folkman, considers a dynamic and procedural interaction of man with stress. This interaction mediates the cognitive evaluation, mental process that involved the meeting of the stressor and the reaction.²

Such events are recognized by a number of evaluative categories, features these coping to keep or not the balance and well-being of each individual. This evaluation process takes place in the limbic system, with the interconnected functions: cognition, emotion and behavior.

It is known that stress, as a phenomenon, that is part of human life in all aspects, be they personal, social, but also professional. Studies show that stressed workers show that their commitment is diminished and organizational costs are high because of health problems, increased absenteeism, turnover and high number of accidents.³

At work, stress is directly related to threatening, physical and emotional responses that occur when the demands of function / worker position do not reach the capacity and resources, leading to difficulty in coping.⁴

The high level of stress for nurses to open units is directly related to the relationship with other units and supervisors, the nursing care provided to patients, the coordination of activities of the unit and working conditions for the performance of nursing activities. Such conditions may favor the onset of occupational stress.⁵

The inpatient unit is recognized as a sector that guarantees the permanence of hospitalized patients after 24 hours of clinics or even specific diversities, as the need for recovery, is in general institutions comprising all known medical or surgical clinics or specializations such as cardiology, nephrology, obstetrics, pediatrics, ophthalmology, neurology and others.⁶⁻⁸

In this perspective, the nurse who works in an Inpatient Unit, is prone to exposure present in stressors in the work process of their daily lives and to extreme levels, can trigger associated diseases that affect their quality of life, patient care and the organizational structure.

The study aims, *a priori*, to answer the question: is there is a relationship between

the inpatient unit of the nursing work processes with the identified/perceived stressors?

Literature review study found that stress in nursing staff in the Intensive Care Unit and Surgical Center are related to triggers, and intrinsic factors included: work environment, work overload; interpersonal relationships, night work and service time and extrinsic: personal qualities and personality traits.⁹

Thus, the relevance of the theme suggests, the stress of nurses who work in the inpatient unit, and the gap in the literature dealing in particular with this phenomenon, it's considered timely to study propositions, therefore allowed to contribute to the expansion and understanding of stressors present and may endanger the physical and mental health of nursing professionals.

Besides favoring the impact of stress in the context of performance of this form of work to minimize this phenomenon and value judgment and perception of nurses in relation to their work environment. Thus, to ensure the achievement of development and implementation of health of nursing workers and policies aimed at better conditions in a healthy and safe way.¹⁰

This study aims to analyze the stress at a nurse work unit in hospital and relate to the perception of stress and recovery work.

METHOD

A descriptive, comparative, cross-sectional, quantitative approach, performed in public hospitals in São Paulo / SP, Brazil. The sample consisted of 141 nurses working in the hospital ward, the total of 425 nurses.

To collect the data the following instruments were applied: Bianchi Stress Scale (BSS). This instrument comprises, in the first stage, two visual analog scales, which allow you to get the auto-attributed values of appreciation at work and stress level, marked on a ruler of 15 cm, in which zero corresponds to the most negative sensation and ten is more positive feeling. Step two consists of 51 items where the nurse notes how they feel on the situation experienced in working, zero being for when the nurse does not perform the activity; one for "little exhausting" to seven "highly stressful" and four, the average value. The levels obtained were considered low (up to 3.0), medium (3.1 to 4.0), alert (4.1 to 5.9) and high (above 6.0).

Stress Scale at Work (SSW) was also used, considered a general occupational stress instrument, which can be applied in many work environments and various occupations,

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and Perceived Stress Scale (PSS), which address light thoughts and feelings in life, whether they occur in the workplace or not. Each scale is self-administered, with Likert items and are validated for the Brazilian reality.

For the collection procedure, after acceptance of the hospital, an envelope was sent, containing the self-report instruments, the envelope response, the invitation letter with explanations and the disclaimer, to facilitate the response of nurses. After the period of one week, the questionnaires were collected from each hospital and made the database in an Excel spreadsheet for further statistical analysis.

For quantitative analysis, we used SPSS (Statistical Package for Social Science), version 16.0. All quantitative variables were assessed using the Kolmogorov-Smirnov test to check suitability for normal distribution. To verify the relationship between the variables of general stress, perceived stress and stress at work and quantitative socio-demographic variables, we used the Pearson correlation test or Spearman correlation test, according to adequacy of normal distribution. The nonparametric Mann-Whitney and Kruskal-Wallis tests were used to test the difference in ratings of independent groups.

The project was approved by the Research Ethics Committee of the USP School of Nursing (Process no. 598/2006).

RESULTS

◆ Characterizations of the Population

There was a predominance of females, with 128 respondents, accounting for 92.1% of the total population. In terms of age, there is a predominance of 44 (31.2%), nurses between 41-50 years and 40 (28.4%) between 31 to 40 years. It is noticed that there is a significant number of professionals aged between 20 to 30 years, 32 (27.2), as well as, in the range of more than 50 years, 25 (17.7%).

For the unit in which these professionals work, there is a predominance of the care area with 130 (92.2%) nurses, followed by managerial with 9 (6.4%) professionals. These data are consistent with the age (between 30 and 50 years) and the time of graduation, which is more than 16 years. Regarding the work shift, 35 (25.0%) reported working in the morning; 26 (18.0%) in the afternoon; 38 (28.0%) at night; 15 (11.0%) that make time rotation; 14 (10.0%) morning and afternoon; three (2.0%) and afternoon and night and five (3.0%) nurses described as "other", without specifying the shift, totaling 136 nurses who responded and five (3%) did not answer.

Table 1. Distribution of the averages and standard deviation - São Paulo (SP), Brazil, 2011.

Scales	Average	Standard Deviation
Appreciation (0- 10)	5,64	3,4716
Stress Level (0 -10)	5,49	2,7413
General EBS (34-319)	168,15	56,421
EBS - dominion A (1,0 - 7,0)	3,16	1,3148
EBS - dominion B (1,0 - 6,5)	3,15	1,4530
EBS - dominion C (1,0 - 7,0)	3,91	1,4384
EBS - dominion D (1,3 - 6,8)	3,74	1,2802
EBS - dominion E (1,0 - 6,4)	3,77	1,2072
EBS - dominion F (1,0 - 7,0)	3,93	1,3680
PSS (34 - 319)	168,15	56,421
EET (23-109)	58,74	17,176

The average level of self-attributed stress by nurses was 5.49, which does not differ from the value found in sensation value (5.64), within the maximum and minimum values of ten to one, according to table 1.

Data on the average of the areas of BSS relate to the data as to the level of stress because averages can be classified as "average level of stress" for being in the range between 3.0 and 4.0 points. It may be noted, also that the F domain (labor conditions) showed a small rise of 3.93 average compared to the

other, followed by the C domain (personnel administration), with an average of 3.91.

◆ Analysis of the Correlations between Stress Scores

It can be seen that there is a significant correlation ($p = 0.008$) between the feeling value, and perceived stress, and the greater the enhancement will be less stress perceived by the nurse. Unlike the relationship between the overall stress level in relation to the perceived stress and work stress ($p < 0.001$), which indicates that, the greater the overall

stress level, the greater the perceived stress and stress at work.

The level of general stress of BSS, a statistically significant difference (p -value = 0.030) with the domain A (relationship with other units and above), and (coordination of activities of the unit) and F (p = 0.004) (working conditions for performance of nursing activities), and the higher the level, higher overall stress is the stress level obtained for each domain described.

Related to stress at work, we note that there was a statistically significant difference (p -value = 0.036) with areas A (relationship with other units and above) and F (p = 0.021) (working conditions for performance nursing activities), ie, the higher the level of stress at work, the higher the score for the A and F domains.

◆ Comparative Analysis of Stress Scores

To perform the analysis of two independent groups, we used, the *Mann-Whitney test* and *Kruskal-Wallis* test to compare more than two groups.

There is a significant difference in the age variable, where there is, the highest average for nurses working in the Inpatient Unit with office assistance (39.94). The managerial role of nurses have higher graduation time average (23.55; SD = 2, 230), and more time working on the unit (11.12; SD = 2, 039), a significant difference ($p < 0, 05$).

A higher average was obtained for the feeling of appreciation for nurses working in inpatient units and reported no post-graduates (5.99; SD = 0, 312), according to Mann-Whitney test. The scores obtained for the variable age, the highest average was for nurses working in two shifts - morning and afternoon (46.43; SD = 2,088) - and those who work in the morning (42.54; SD = 1,686) They remained in second place related to the morning shift and afternoon.

Nurses who have higher average working time in the unit related to shift work remains for those who work during the morning and afternoon (8.62). Nurses who do not work in night shift showed greater appreciation of feeling (6.02; SD = 0, 355) and $p = 0, 056$ considered borderline for significance.

DISCUSSION

The number of nursing assistants, or working in inpatient unit, becomes a key to the functional framework, the structural need and care classification found in the literature.¹¹

The study carried out¹¹ relates the same age and time of graduation, 50% of nurses

working in inpatient unit, aged between 35 and 60 years, with 70% of nurses working in Hospital Units, concluded postgraduate courses. These results coincide with the results of this research.

Most of these clearances problems are certainly associated with working conditions, inadequate securities and instruments used, work organization, implemented activities and factors of their own environment.¹²

There was an important significance in comparisons of overall BSS and areas, as identified that the higher level of stress in all areas of BSS that includes varieties of activities performed by nurses, such as relations with units and above, coordinating the activities of the unit and working conditions for professional practice within their professional skills, increased stress in those areas.

This phenomenon, stress, has been considered, by researchers as manifestations of tensions and problems arising from the exercise of an activity carried out during the work. The activities developed by the nurse by its nature and the characteristics demonstrate it as susceptible to the phenomenon, stress.¹³

Every situation experienced, by nurses makes use of various primary and secondary assessments, model of *Lazarus and Folkman*, making the coping resources to maintain the balance between the subject and the environment.

The inpatient unit nurse face various factors and stressful events, the context and working conditions and on their activities to manage, assist, educate and research, providing the emotional and physical stress, difficulties in labor relations, interfering with maintaining their quality of life.

Although nursing is considered among other health professions in the public sector, one of the most stressful in daily life, it has been sought professionally, its space and social recognition. Inserted in this environment, in which the nurse acts, are signed interpersonal relationships and work, which impose emotional and psychological demands, the execution of activities and control over their work, at all, is the emotional wear and can lead to disturbances of this order.¹⁴

To articulate nursing work with the work of the various performers of specialized functions (doctors, physiotherapists, social workers and others), the nurse becomes the main mediator, which can be a stress trigger in the face of adversity in making decisions,

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resources and interpersonal relationships, when you do not get the expected results.

The relationship between the BSS and data stress levels obtained in the SSW was significant to the areas that encompass interpersonal relations with units and higher and working conditions to perform their duties, ie work stress becomes greater as the relationship and becomes less with other units and the higher the disability in working conditions for nurses to perform their activities in the unit, the higher the occupational stress.

Analyzing the score obtained by the nurses in the sense of appreciation against the perceived stress, it was observed that, the greater the feeling of appreciation for nurses, the less stress they faced.

Nurses have been considered by other health team professionals, in hospitals, as an indispensable element for the provision of assistance, in relation to their say in decision-making or solving various problems concerning whether or not they perform the nursing activities themselves.

Against the desire of contemporaneity, managing information and knowledge becomes the most important task of nurses in clinical practice, especially with regard to the hospital area, but for this it depends on the new habilities.¹⁵

The goals and strategies of management in this course include achieving results, develop awareness of interdependence, a common view of the interest in the proposed objectives of the service, appreciation and making creative decisions as a team and the team's involvement with new knowledge.¹⁴ Contrary to these paradigms, they can influence the discontent, and consequently make the nurses feel undervalued in their professional performance.

Stress is present in nursing practice since ancient times, and the nurse is responsible for managing care, in the unit for which they are responsible. The factors of the nursing actions are considered sources of stress, such as the different opinions in interpersonal relations and excess requirements. This data, related to the BSS domain and major stressors related to working conditions and personnel management, are coincident to other work performed on the basis of data collected with the same scale.¹⁶⁻⁹

Nursing faces an overload evidenced by the responsibility to take care of more than a hospital, as the complexity of human relationships, whether, nurse/client, nurse/health professional and nurse/family.¹¹

If the hospital does not provide the infrastructure to the performance of nursing activities in any area of operation and in particular in inpatient units, this factor will be stressful for nurses who cannot perform the quality work for which it has jurisdiction.

The history of the nursing process in Brazil reveals that the nurses have gained their professional space and seeks to consolidate his profession, without needing the support and understanding of other professionals, and being recognized as a scientific profession, nursing makes up its path in their daily actions and vocational training, recognition and definition of their role in comparison to the professional and technical school, in the public and socio-economic recognition, these conditions, which stimulate the majority of nurses to work in an excessive workload in search of salary improvements.¹¹

All these features of the history of the nursing process, alongside its political and socioeconomic conditions at work, can contribute to occupational stress.

Regarding the position held by nurses, nursing managers assume patient care in emergency situations, most often when there is need for administrative change or in labor relations within the source sector, encountering difficult conflicts to solve, requiring the facility manager of trading, maturity, experience, and insight to develop their actions in order to meet customer needs and functional body of the institution.²⁰

Assuming that the average identified between the post and the variable age, there is a predominance of management actions which may be related to maturity, time of work and experience, knowledge of the administrative and care processes. So, the more years of experience and professional experience have nurses under inpatient care units of work, the tendency is to assume managerial positions.

Regarding the sense of appreciation compared to the nurse who did graduate, the highest average was observed for those who did not perform (5.99). It has been found that most had more than one graduate, it can be inferred that the search for other job options can lead to dissatisfaction in work in the inpatient unit.

In the 90s, the number of nurses who sought and concluded the graduate course was smaller. It is currently observed, there is a growing number of post-graduate courses and nurses have sought to specialize and improve, because the expertise not only enhances the professional, such as improving the care

provided to the customer, mitigates stress, enables knowledge and can generate greater situational mastery.¹¹

The large existing switching between work shifts, observed in this study, is considered harmful to health, family and professional socio-economic life of nurses. For this, dissatisfaction with the work schedule adopted, is a factor in the presentation of symptoms and mental signs of fatigue.²¹

Nurses who work at night usually are responsible for more than one sector, because of the need and reduced number of human resources most likely lead to work overload. The possibility of workers present a compromised mental status is greater for those working at night and most of these feature irritability.¹¹

The nurse, faced with this situation, can witness symptoms of stress, making it susceptible to disorders related to well-being and your health, making the professional search for strategies to minimize the stressors experienced.

In everyday life, it is the nurse, that among other activities, works collaboratively, in a participatory way in the management of assistance, services and units as well as physical and human material resources, and such actions, lead to physical and emotional exhaustion.²²

It is necessary to search for coordinated actions for the maintenance of health workers in relation to improving the quality of working life and employee self-care, as nursing, historically, is established by both the care and management related activities, dedicated to the development of good practice to the individual, the family and the professional.

CONCLUSION

As the proposed objective, it was possible to verify that the nurse of the hospital unit had an average stress level in performing their work.

Their perception of stress is consistent with the level of stress assessed by the instruments used in the study and data is related to the valuation reported by them.

About the stressors most affecting nurses, these are related to working conditions and personnel management.

Thus, the inpatient unit nurse may seek and use strategies that reduce the occurrence of stress, acting in line with the hospital which is to offer working conditions and personnel in order to provide quality care to patients and families assisted in hospitalization units.

REFERENCES

1. Silva EFL, Moura MLC. Stress in nurse/patient relations: integrative review. J Nurs UFPE on line [Internet]. 2014 July [cited 2016 June 01];8(7):2140-8. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/6365/9614>
2. Lazarus R. Fifty years of the research and theory of R. S. Lazarus: an analysis of historical and perennial issues. London: Lawrence Erlbaum; 1998.
3. Paschoal T, Tamayo A. Validação da escala de estresse no trabalho. Estud psicol (Natal) [Internet]. 2004 Apr [cited 2015 June 15];9(1):45-52. Available from: <http://www.scielo.br/pdf/epsic/v9n1/22380.pdf>
4. Suehiro ACB, Santos AAA, Hatamoto CT, Cardoso MM. Vulnerabilidade ao estresse e satisfação no trabalho em profissionais do Programa de Saúde da Família. Bol psicol [Internet]. 2008 Dec [cited 2015 June 15];58(129):205-18. Available from: <http://pepsic.bvsalud.org/pdf/bolpsi/v58n129/v58n129a08.pdf>
5. Bianchi ERF. Enfermeiro hospitalar e o stress. Rev Esc Enferm USP [Internet]. 2000 Dec [cited 2015 June 15];34(4):390-4. Available from: <http://www.scielo.br/pdf/reeusp/v34n4/v34n4a11>
6. Ministério da Saúde (BR). Departamento de Sistemas e Redes Assistenciais. Padronização da nomenclatura do censo hospitalar. Brasília: Ministério da Saúde; 2002. (IMPRESSO)
7. Ministério da Saúde (BR). Secretaria de Assistência à Saúde. Normas para projetos físicos de estabelecimentos assistenciais de saúde. Brasília: Ministério da Saúde; 1994. (IMPRESSO)
8. Rodrigues FCP, Lima MADS. A multiplicidade de atividades realizadas pelo enfermeiro em unidades de internação. Rev Gaúcha Enferm [Internet]. 2004 Dec [cited 2015 June 15];25(3):314-22. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchaDeEnfermagem/article/view/4525/2455>
9. Coutrin RMGS, Freua PR, Martins C. Estresse em enfermagem: uma análise do conhecimento produzido na literatura brasileira no período de 1982 a 2001. Texto contexto-enferm. 2003 Oct/Dec;12(4):486-94.
10. Souza ISN, Silva FJ, Gomes RLV, Frazão IS. Situações estressantes de trabalho dos enfermeiros de um hospital público. Rev Enferm UFSM [Internet]. 2013 May/Aug [cited

em 2015 June 15];3(2):287-95. Available from: <https://periodicos.ufsm.br/reufsm/article/view/8322/pdf>

11. Montanholi LL, Tavares DMS, Oliveira GR. Estresse: fatores de risco no trabalho do enfermeiro hospitalar. Rev Bras Enferm [Internet]. 2006 Sept/Oct [cited 2015 June 15];59(5):661-5. Available from: <http://www.scielo.br/pdf/reben/v59n5/v59n5a13.pdf>

12. Paschoalin HC, Griep RH, Lisboa MTL, Mello DCB. Transcultural adaptation and validation of the Stanford presentism scale for the evaluation of presentism for Brazilian Portuguese. Rev Latino-Am Enferm [Internet]. 2013 Jan/Feb [cited 2015 June 15];21(1):388-95. Available from: http://www.scielo.br/pdf/rlae/v21n1/pt_v21n1a14.pdf

13. Negeliskii C, Lautert L. Occupational stress and work capacity of nurses of a hospital group. Rev Latinoam Enferm [Internet]. 2011 May/June [cited 2015 June 16];19(3):606-13. Available from: <http://www.scielo.br/pdf/rlae/v19n3/21.pdf>

14. Cavaleiro AM, Júnior DFM, Lopes AC. Stress in nurses working in intensive care units. Rev Latinoam Enferm [Internet]. 2008 Jan/Feb [cited 2015 June 15];16(1):29-35. Available from: <http://www.scielo.br/pdf/rlae/v16n1/04.pdf>

15. Trevizan MA, Mendes IAC, Shinyashiki GT, Gray G. Gerenciamento do enfermeiro na prática clínica: problemas e desafios em busca de competência. Rev Latinoam Enferm [Internet]. 2006 May/June [cited 2015 June 16];14(3):457-60. Available from: <http://www.scielo.br/pdf/rlae/v14n3/v14n3a22.pdf>

16. Guido LA, Silva RM, Goulart CT, Kleinübing RE, Umann J. Estresse e coping entre enfermeiros de unidade cirúrgica de hospital universitário. Rev Rene [Internet]. 2012 Mar/Apr [cited 2015 June 16];13(2):428-36. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/226/pdf>

17. Freitas JMF, Lima ECA, Vieira ES, Feitosa MM, Oliveira GYM, Andrade LV. Estresse do Enfermeiro no Setor de Urgência e Emergência. J Nurs UFPE on line [Internet]. 2015 Dec [cited 2016 June 01];9(10):1476-83. Available from: <http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/download/8572/13909>

18. Grazziano ES, Bianchi ERF. Impacto del estrés ocupacional y burnout em enfermeros. Enferm glob [Internet]. 2010 Feb [cited 2015

May 05];1(18):1-12. Available from: <http://revistas.um.es/eglobal/article/view/93801/90451>

19. Guerer FJL, Bianchi ERF. Caracterização do estresse nos enfermeiros de unidades de terapia intensiva. Rev Esc Enferm USP [Internet]. 2008 June [cited 2015 June 15];42(2):355-62. Available from: <http://www.scielo.br/pdf/reeusp/v42n2/a19.pdf>

20. Sanna MC. Os processos de trabalho em Enfermagem. Rev Bras Enferm [Internet]. 2007 Mar/Apr [cited 2015 May 05];60(2):221-4. Available from: <http://www.scielo.br/pdf/reben/v60n2/a17v60n2.pdf>

21. Mangolin EGM, Nunes NA, Zola TRP, Ferreira APP, Andrade CB. Avaliação do nível de estresse emocional na equipe de enfermagem de hospitais de Lins/SP. Saúde Rev [Internet]. 2003 [cited 2014 Sept 03];5(10):21-8. Available from: <http://www.bvsde.paho.org/bvsacd/cd49/sau de10art03.pdf>

22. Simonetti SH, Kobayashi RM, Bianchi ERF. Identificação dos agravos à saúde do trabalhador de enfermagem em hospital cardiológico. Saúde Colet [Internet]. 2010 [cited 2015 June 15];7(41):135-9. Available from: <http://www.redalyc.org/articulo.oa?id=84213511003>

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