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INTEGRATIVE REVIEW ARTICLE

STRESS IN THE INTENSIVE CARE UNIT: INTEGRATIVE REVIEW ESTRESSE NA UNIDADE DE TERAPIA INTENSIVA: REVISÃO INTEGRATIVA EL ESTRÉS EN LA UNIDAD DE CUIDADOS INTENSIVOS: REVISIÓN INTEGRADORA

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ABSTRACT

Objectives: to identify the main stressors that affect nurses in the intensive care unit and to discuss preventive measures to alleviate stress. **Method:** integrative review, whose questions were << *What the main stressors in nurses in the intensive care unit* >>, << *What are the preventive measures for stress disorders in intensive care?* >>. The databases were searched LILACS, SciELO, BDNF and CAPES. The publications were categorized with a record of 10 years in Portuguese and Spanish. **Results:** 9 items were selected before the inclusion criteria. There were few studies related to stressors and preventive measures of stress, decoupling a care essential for the promotion of workers' health. **Conclusion:** we need a compromise in the quality of nursing professional, because this work is full of factors and risks in everyday worker health. **Descriptors:** Burnout Professional; Intensive Care Units; Disease Prevention; Nursing.

RESUMO

Objetivos: identificar os principais agentes estressores que acometem os profissionais de enfermagem na unidade de terapia intensiva e discutir as medidas preventivas para atenuar o estresse. **Método:** revisão integrativa, cujas questões norteadoras foram << *Quais os principais agentes estressores nos profissionais de enfermagem na unidade de tratamento intensivo* >>, << *Quais as medidas preventivas para os transtornos do estresse em terapia intensiva?* >>. As bases pesquisadas foram LILACS, SCIELO, BDNF e CAPES. As publicações foram categorizadas com recorde dos últimos 10 anos em idioma português e espanhol. **Resultados:** foram selecionados nove artigos perante os critérios de inclusão. Observaram-se poucos estudos relacionados aos agentes estressores e as medidas preventivas do estresse, desvinculando um cuidado essencial para a promoção da saúde do trabalhador. **Conclusão:** é necessário um comprometimento da qualidade do profissional de enfermagem, pois este trabalhador é repleto de fatores e riscos no cotidiano da saúde do trabalhador. **Descritores:** Esgotamento Profissional; Unidades de Terapia Intensiva; Prevenção de Doenças; Enfermagem.

RESUMEN

Objetivos: identificar los principales estresores que afectan a las enfermeras en la unidad de cuidados intensivos y para discutir las medidas preventivas para aliviar el estrés. **Método:** revisión integral, cuyas preguntas fueron << *Lo que los principales estresores de las enfermeras en la unidad de cuidados intensivos* >>, << *¿Cuáles son las medidas de prevención para los trastornos de estrés en cuidados intensivos?* >> se realizaron búsquedas en las bases de datos LILACS, SciELO, BDNF y CAPES. Las publicaciones se clasifican con un récord de 10 años en portugués y español. **Resultados:** 9 artículos fueron seleccionados antes de que los criterios de inclusión. Hubo pocos estudios relacionados con el estrés y las medidas preventivas del estrés, la disociación de una atención esencial para la promoción de la salud de los trabajadores. **Conclusión:** necesitamos un compromiso en la calidad de la enfermería profesional, ya que este trabajo está lleno de factores y riesgos en la salud de los trabajadores todos los días. **Descriptor:** Agostamiento Profesional; Unidades de Cuidados Intensivos; Prevención de Enfermedades; Enfermería.

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INTRODUCTION

The co-morbidity in nursing over the years has increased, and this can be evidenced by the increase of studies in the area of occupational health, featuring a thematic concern with respect to disease process. It is therefore within the scope of health promotion that stated by the Ottawa Charter (1986), connected to the 1st International Conference on Health Promotion, that the process of improvement of the human being for the sake of quality of life and health should be increased, requiring a consistent basis to reach them. So this approach of integral health, considering health tied to sociocultural and political context. We seek to build models of health care and strategies for prevention and health promotion, producing favorable environment and essential resources for health.

Corroborando with that thought the World Health Organization (WHO) defines health as a complete state of physical well-being, mental, social, and not merely the absence of disease, achieving an integral vision of man, because it considers the biopsychosocial issues inherent in this process.¹

This statement is in line with the WHO definition because it intends to elucidate a vision of the whole of man in his totality, as a mind-body complex in interaction with their social context, addressing the biological and psychological aspects of the individual and interdependent inseparadamente.² The individual not only restricted to a biological question, but considers as a historical, set in a social context, the process of disease and the ways to overcome them.³ Should therefore consider the individual, your body and the environment in which it operates.⁴

The definition of health must be observed in all human groups, including the workers. In this study nursing workers are in focus. For this, it is noteworthy that the nursing profession is characterized as an occupation at risk because of the relationship of exposure and risks, and triggering various disorders and psychopathology and compromising the health of the individual as an employee.⁵

Given this context, this article focuses on how stress injury to worker health nursing. This theme has been perceived and studied in nursing work since has resulted in changes in physical and mental health of these professionals.⁶ In this sense, stress is contextualized as a recurrent disease mainly of contemporary society, not only constitutes a crisis occupational, emotional disturbance or dangerous situation, but a prolonged and

constant state of worry, anxiety and alert, characterized by a strong burden of stress.⁷

However, this process is triggered whenever the stressors exceed the personal and social resources the individual is able to mobilize to fight them, and these stressors as any event or situations that provide adaptations for coping.⁸ Thus, experiments stressful develop alternative strategies as a means for coping adaptation and survival. More individual vulnerability of the individual contributes to these experiences encourages illness that individual.

From this perspective, to investigate the relationship between stress and health problem and the work we opted for the Intensive Care Unit (ICU), which is a set of functionally grouped, aimed at serving the patients or serious risk requiring assistance uninterrupted health, and human resources specialized.⁹ This nurse inserted in the intensive care unit in health institutions is often multifaceted, divided and subjected to a variety of positions that are generators of wear and stress agents.

It is important to remember that among the factors in the work environment in intensive provide stress at work, are: the lack of preparation to deal with death, frequent emergencies, lack of material and human resources, noise from stereos, unprepared with the technological arsenal, professional relationship conflicts, psychological pressure, bullying, among others. Which affect the health of workers, and directly affects how decisive and intense personal, social, economic and professional.¹⁰

OBJECTIVE

- To identify the major stressors that affect nurses in the intensive care unit and to discuss preventive measures to alleviate stress.

METHOD

Study integrative review of literature, and is considered a strategy to identify existing evidence in order to substantiate a health practice in various specialties.¹¹

In preparing the study were followed six steps: identification and selection of the theme guiding question; establishing criteria for inclusion and exclusion of studies and relevant literature search; definition of information to be extracted from the selected studies, critical evaluation of the studies included in integrative review, interpretation of results, presentation of the review / synthesis of knowledge.¹²

To guide the integrative review was formulated the following questions: What are the main stressors in nurses in the intensive care unit and what preventive measures for stress disorders in intensive care?

To select the articles were used as databases, namely the Latin American and Caribbean Health Sciences (LILACS), Database of Nursing (BDENF), Scientific Eetronic Library collection online (SciELO) and the collection of bibliographic Coordination of Improvement of Higher Education Personnel (CAPES). We tried to also original references in articles identified in the survey conducted from October 2012 to January 2013.

The inclusion criteria of the selected publications for this integrative review were: published articles in Spanish or Portuguese, available in full in the databases for the period 2002 to 2012, whose, whose main theme was about the stressors and measures prevention in the intensive care unit. We excluded studies not available in full, dissertations, theses and journal articles that were not scientific, publications in English language and that did not fit the time frame established.

The instrument used to validate the study sample categorization of publications addressed to the data analysis, relevant to the interpretation of the results of each study. Then, through the Virtual Health Library (VHL) in carrying out the search in databases, we used the following subject descriptors health (DECS / MESH): Professional Burnout; Intensive Care Units; Disease Prevention; Nursing .

Initially, articles were obtained in 1575. Of these, we excluded those that were not related to the theme (1265) by reading carefully the title and abstract online. Later, a full reading of the remaining publications of the first selection (283) allowed also exclude those that were repeated in the databases (18). Using the inclusion criteria, the final sample consisted of the review of 9 articles.

At this stage of the research was included in this review, the development of a form including the following items: identification of the article, publication type, study design, objectives, sample, main results and conclusions. For analysis and subsequent synthesis of the publications we used a synoptic table built for this purpose, which included the following: title, materials and methods, results and conclusions.

The presentation of the review and discussion of the data were performed descriptively in order to allow the reader to critical evaluation of the results obtained and its applicability.

RESULTS

In this integrative review, we analyzed nine articles that met the inclusion criteria previously established.

It was found that the literature of the subject of stress agents in the intensive care unit and the preventive measures are scarce. All publications were made in Brazil, whose frequency of articles from the literature review was 11.1% (1/9) and original articles in 88.9% (8/9), which 100% (8/8) were in hospitals inherent stress in the hospital. The states with the highest frequency of the original studies São Paulo (4/8), followed by Rio Grande do Sul (2/8), Paraná (eighth), Rio Grande do Norte (1/8), these studies 4/8 units in public, 2/8 in hospitals schools, eighth in University hospital, and 1/8 unit private.

The publications of studies relevant to the topic were the last ten years of publications, as the inclusion criteria described above. Thus, further study was published in 2008 (3/9) followed by 2010 (2/9), 2009 (2/9), and in 2007 only (1/9) and 2006 (1/9) a publication.

In relations to the journals publishing studies achieved its predominance in the state of São Paulo (4/9), being an important hub of scientific knowledge; followed by Brasília (2/9), Rio de Janeiro (ninth) and Goiás (1/9).

In published studies, the stressors of ICU and measures for the prevention of agents to nursing professionals were emphasized by the publications. Within the case studies emphasized the risks inherent risk factors, such as stressors and therefore measures to promote the quality of life of nursing in the intensive care unit.

Figures 1, 2 and 3 shows the synthesis of items included in the process of this integrative review.

Título	Métodos	Principais Resultados	Conclusões
The stress of nurses in adult intensive care units: a literature review.	Study review of the literature with the use of published articles in LILACS and SciELO Library between 2006 and 2008.	The results showed that the factors predisposing to stress were: work overload, conflicting roles, depreciation and working conditions. The signs and symptoms were: tachycardia, lack of appetite, chills, joint pain and anxiety.	It is necessary and essential to the achievement of team meetings, planning activities, active participation in decisions of the multidisciplinary team and appreciation of different knowledges, for the health of workers and the quality of work.
The stress among nurses working in the intensive care unit.	This study followed a quantitative methodology. For this, twenty-one nurses from ICUs of five hospitals in the state of São Paulo answered a script of questions directed to the characterization and Inventory Stress in Nurses. Twenty-one nurses from ICUs of five hospitals in the state of São Paulo answered a script of questions directed to the characterization and Inventory Stress in Nurses.	The results showed that 57.1% of the ICU nurses studied considered a local stressful and 23.8% showed a high score, indicating the presence of stress. These facts demonstrate that stress, even under discussion since longtime, still affects these professionals, and institutions do not offer special attention to nurses to promote their overall health.	We conclude that investments managed in order to search for healthy environments and better working conditions arguably reflect on improvements, not only for professionals, but also the quality of care provided to the client, helping to decrease hospitalization time and enabling a faster recovery, even in the case of UTIs, thus providing less expense to the hospital.
Occupational stress and working now impacts the everyday lives of nurses.	This is an interpretative study with a qualitative approach with nurses a public hospital Natal, Rio Grande do Norte, in the context of the current world of work. Was used as a technique for gathering information to oral history.	These findings indicate that in relation to the phenomenon of occupational stress, the nurses recognized their existence and relationship with the same work done by defining it mainly as a feeling of being on the edge, on the verge of disarray and as physical fatigue and mental.	Occupational stress resulting from a process of hospital work, marked by poor working conditions and increased workload, has strong repercussions in everyday personal and professional nurses interviewed.

Figure 1. Overview of publications included in the integrative review, according to the article title, methods, main findings and conclusions.

Título	Métodos	Principais Resultados	Conclusões
Stress in nurses working in intensive care units.	Data were obtained by questionnaire. The analysis was performed by using Pearson correlation coefficients and adjusted generalized linear models.	The study showed the presence of stress related to job dissatisfaction, activities deemed critical situations in the intensive care unit, the symptoms related to cardiovascular, digestive and musculoskeletal systems.	The conclusion is that stress is present in the activity of the nurse in the intensive care unit, related to characteristics of the sector, generating dissatisfaction with the profession and symptoms related to stress.
The nursing in critical care units and its impact on the health of workers.	Research was carried out exploratory and descriptive, qualitative type, which involved 46 nursing staff (nurses and aides). We selected two hospitals, one public and one philanthropic research being conducted in the critical units for emergency care, intensive care unit, unit and outpatient surgery center and hematoncologia. The data collection instruments used were semi-structured interviews and observation of work in three shifts implemented from January to June 1999.	Resulted in the mapping of several chronic diseases expressed by these workers and the verbalization of the same difficulty in getting care, assuming the responsibility that they bear on their health.	Besides the accountability that the nursing staff should have on your health, it is important that healthcare institutions in which they work must comply with their share. In the development of this research, it was observed that there is clear evidence of involvement of these institutions to the health of its employees, since there is no health monitoring thereof in order to prevent disease or to treat them when they manifest.
Stressors at The Intensive Care Unit: The Brazilian version of the Environmental stressor questionnaire	We employed the methodological steps recommended by literature for cultural adaptation. The Brazilian version of the ESQ was administered to 106 patients in the Intensive Care Unit (ICU) of two hospitals, public and private, in the state of São Paulo. Reliability was assessed for internal consistency and stability (test-retest), convergent validity was assessed by the correlation	The results showed a correlation between the total score and the ESQ generic question about stress ($r = 0.70$), confirming the convergent validity. The Brazilian version of the ESQ proved to be a reliable and valid tool for assessing stressors in ICU.	In the present study were met the recommendations of the checklist with respect to accuracy of translation steps (number of translations produced, steps taken to obtain consensus amongst the translated versions), back-translation (number and analyzing the back-translations , revised version translated according to the back-translation) and the pre-test (pre-test description).

	between the LHS and generic question about stress in ICU. The reliability was satisfactory with Cronbach's alpha = 0.94 and intraclass correlation = 0.861 (95% CI 0.723, 0.933).		
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Figure 2. Summary of publications included in the integrative review, according to the article title, methods, main findings and conclusions.

Título	Métodos	Principais Resultados	Conclusões
Caring for each other, and the other for “us” from the perspective of complexity	This is an experience report of a reflective practice developed with nurses in a public hospital in Santa Catarina on the problematic relations of self care, and the other for “us”, in different dimensions, from the perspective of the paradigm of complexity.	From the systematic analysis of the content of the speeches of the participants emerged some units of meaning. This practice came to understanding the interactions and associations established in the I-other-we, as human beings, in the I-other-we-environment and respect every human being himself, from the mobilization / curl / exchanges private and reciprocal of living and live in a world / complex scenario.	The reflections emerged concern the reality of the participants and the daily care relationships in different spheres which they occur, beyond the spatial limits where these guys live and covering the complexity linking the various dimensions of care. The emotions, attitudes, feelings, differences, similarities, dichotomies, reciprocities that permeated the workshops, fueled the pleasure of being-together, exchange experiences and experiences, sharing ideas, problems, questions, allowing reflection on their lives in the personal and professional, be inherent in a single, indivisible, irreplaceable.
Absenteeism and illness nursing staff in the intensive care unit.	This is a descriptive-exploratory held with 56 nurses who worked in the sector in 2006. We calculated the frequency index (fi) and the percentage of lost time (Tp) of absenteeism and illness.	Most workers are female (76.8%), with 30 to 39 years (42.9%), with statutory relationship (66.1%). The average working days lost was greater for mid-level workers (2.9), female (3.2), with temporary (4.4) and nighttime (6.2). The Middle fi team was 0.27 and 1.76% Tp. The absenteeismdoença was considered high, suggesting the need for studies to investigate the causes of illness.	Optimize the working conditions of nursing ICU-A, reducing the occurrence of absenteeism and illness, imply, therefore, positive impact on the quality of work life of these professionals and the quality of care nursing provided directly to the inpatient sector.
Quality of life of nursing staff in the intensive care unit.	Cross-sectional study in a university hospital in São Paulo. Data collection of 126 nursing workers in nine intensive care units was conducted in October and November 2005. It was used as an instrument for the assessment of QoL WHOQOL-BREF.	The averages in each domain of QOL were: Social Relations 66.3; Psychological 60.8; Physical and Environment 53.1 49.4. The variable age was positively correlated with the physical domain and the number of jobs was inversely correlated with the domains Physical, Psychological and Social Relations.	The quality of life of nursing staff in all dimensions is relatively low, considering the values between 0-100. There is a weak correlation between age and number of jobs.

Figure 3. Summary of publications included in the integrative review, according to the article title, methods, main findings and conclusions.

DISCUSSION

The intensive care unit aims to provide care to critically ill patients and critic, considered as a tense atmosphere in the hospital network, reaching not only the client, but the entire healthcare team directly connected to the unit. A multidisciplinary team, especially nursing accounts for most of the care activities and host the client and family, in addition to intensive care practice. Before the clarification, there is a great possibility of nursing professionals comprising this issue being exposed to several factors associated with stress.¹³

The unit in question is distinguished by being a workplace where there is high emotional charge, as it deals with life and death every moment causing wear and frustrations often to nurse and can influence and bring harmful results to their health.¹³

The intensive care unit is considered as a source of stress, this can be attributed to prolonged exposure to critical situations, excessive workload, and tight contact between nurse-client environment being exhausting, stressful and tiring.¹⁴ This involves preparation, adaptation and ability to work in this field, in view of the importance of this field for treatment and rehabilitation of the client.

The nursing staff is part of a layer of health workers who are exposed to workloads in order for the process of psychic work, that with the passage of time comes to commit their life skills. Since employees who work in this unit are exposed to demands from all aspects: physically, wear occurs in attendance. The worker must be constantly alert to your work. Socially, dealing with emotional issues, physical and spiritual needs of the clients, as indeed the professional lives with the suffering, pain and death.¹⁵

Regarding the team of nurses, the female gender is predominantly affected by stressors, related to a half of work, but also obligations of double shifts, family and work, which can lead to wear on social and marital life, generating frames depression, fatigue, and job dissatisfaction.^{14,16} Evidenced by the predominance of nursing workers were female.

Nursing professionals presents an emotional high, especially in night work, which expresses a relationship coupled with the stress, the effects caused mainly nocturnal, workload, and unhealthy environment. The forms of organization of technical assignments of nursing activities permeate the professional nursing vulnerable, it remains a time high with several triggering factors of stress. The wear becomes apparent in the shapes negative influence from such processes related to the loads on human biopsychic compromising the ability of the worker.¹⁷

The produce at any cost meets the limitations of the human being and contributes to their suffering. And that was ripe for the emergence of stress theory, given these circumstances arises because the increased production and consumption. Even with large and significant changes that have been put into practice in the labor market, as technological advances of major challenges still persists as the lack of motivation, support, hope, passivity, indifference, depression, fatigue and stress.¹⁵

There is a correlation with stress and dissatisfaction with the job, showing nurses dissatisfied with their work, which they have higher levels of stress in the presence of related factors.¹⁶ This comes in frames and the offense unfavorable stress, creating a state of exhaustion and depletion, associated with high rates of absenteeism and depression, which added to critical situations can cause the emergence of organic factors, not controlled, serious diseases and predispose despondimento professional . It takes a greater commitment to adequate

coordination of security measures and support for these workers.

Stressors are stimuli or situations that produce a stress response. The stress response is a physiological reaction caused by the perception of aversive situations and fearful response that includes multiple body systems, being dependent on the intensity and quality of estressors.¹⁸

The main symptom strongly correlated with stress were cardiovascular diseases, changes in digestive and musculoskeletal abnormalities, metabolic and somatic changes. These factors are involved in a chain of neuronal activation when the sources of stress generate prolonged responses, resulting in the increased production of cortisol and catecholamines that lead to organic changes with the appearance of symptoms. These symptoms are related to several factors associated with administrative issues, emotional ties, tension regarding job security.¹⁶

Another issue with these notes is the experience, because the more experience the nursing worker has, the lower is the relationship with the stress factors, it has special meaning, because it has greater technical security and consequent higher chances of ease of control critical situations. Besides better trained as a professional: specialization, residence, masters, doctorate, has greater benefits and adaptation sector softening agents stressors.^{14,16}

On the other hand, the worker's stay in the same sector for a long time, unmotivated and misfit can generate physical and mental disorders, so that the work management needs to take this into account in care planning.

The suffering can be linked to a clash of conflict between an individual life story, full of projects, expectations and ambitions and work organization that does not recognize them. This psychic origin of suffering is when in your workplace can not be a change in making their tasks fit into their physiological needs and psychological desires. It is when he says that the male - is working blockaded.¹⁹

This finding puts us on the interest that has attracted many scholars regarding the study of job stress in recent years, especially in the scientific literature. The reason for the growing body of research in this area is due to the negative effects in relation to occupational stress and the impact on workers' health, interfering in the results and effectiveness of an institution. The negative effects logo stand out due to the low income activities by workers, since individuals

stressed decrease in their tasks, increases costs to the institution with health problems, absenteeism is present and the number of accidents increases.²⁰

Thus, the nursing staff should always be tied to his health since the working environment is very stressful and has a very large load requirements. It is the professional who must identify mechanisms that undermine their health. It should also be remembered that the main complaints by nurses in the intensive care unit perpetuate as distress, anxiety, mental fatigue, irritability, listlessness, depression and other symptoms in her. And the harmful stress factor is an inner state of dissatisfaction with yourself and life.¹⁷

In this sense it can be said that under the main motivation of the individual worker is feeling inserted in the middle and be recognized by others. Should seek an adjustment to reach a goal by personal differences that occur and try to understand the factors influencing a better development for satisfactory work, respecting the individual with their characteristics and differences. There should be an integrated communication, assessing the conditions that the worker is exposed there is harmony between the individual and the job, since stress is a major trigger of diseases. To deal with the fundamental importance is that nursing professionals learn to identify the factors that is causing stress in your life and interfering in their activities. Stressing also the institution itself as an organization committed to working with the health of that individual.

By analyzing the practical day to day care should make a reflective analysis in their environmental, cultural and social, enabling the production of new ways of thinking and acting, in order to have more advantages in practice for care. In any situation that care should be provided by the professional practice in the care of oneself by engaging in the search for a space to achieve a harmonized.²¹

The need to maintain the quality of care in ICUs coming up in insufficient number of professionals, mostly from hospitals. Because it is an environment with complex activities, increased workloads for nursing staff and tasks requiring technical and scientific knowledge and skills for this type of service. The absenteeism contributes to this deficit with staff shortages and unforeseen absences to work bringing disorganization, dissatisfaction and overhead gifts for employees and making administrative problem for the institution,

contributing with stressors, and consequently to stress injuries.²²

In this perspective, with the implementation of the National Humanization Policy (NHP), the Ministry of Health, were prioritized work processes and management as the main goals of humanizing actions with which they had as a requirement to change the culture of the institution regarding while health benefit for users and professionals.²³ This allowed for the implementation of improvements in working conditions for nurses through the program quality of life for conditioning professionals a supportive environment and minimize environmental stressors in the intensive care unit.

The program of quality of life is an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.²⁴ In this sense, the program must implement measures to improve and mitigate stressors.

Thus, a change in attitudes allows better way to deal with this stressful factors in the work environment, with increased technical information, emphasizing health education, clarifying the effects in the body stressed. Also how to minimize these effects, the way to promote the development of interpersonal skills in conflict situations, in order to intervene in this factor for stress.

Other issue is to schedule a pleasant environment, with the development of partnerships for the health of the worker, with institutional practices such as reduced workload; incentives to skilled professionals, creating specialized sectors in counseling and occupational therapy at the institution, modify the inhibiting mechanisms stressful environment in view of professional, working with improved conflict resolution and interests. Acquire occupational sectors with alternative methods for relieving stress, tiredness and fatigue, appropriate places to rest in the sectors, program growth and professional development, training in care practices permeating minimize stress in times of extreme importance. These measures are extremely essential to maintain a quality of life of nursing staff in the intensive care unit.

So there must be seamlessly health promotion actions, with the goal of protecting, restoring and promoting health nursing professional environment in which it operates. While that arise changes in the workplace, whether by new equipment and technologies should be thinking about actions that were directed to the organization and labor relations.

We emphasize that the institutions and managerial coordinators should improve the nursing work, for means of coping in favor of preventing damage to the intensive care unit, to be minimized stressors, being directly related to stress, which is a of the greatest wrongs of absenteeism in nursing in intensive care. Aiming at the professional quality of life, quality of work and assistance will produce positive impact on harm reduction.

In this discussion the quality of work life, suffering, dissatisfaction wear and should be replaced by work motivation and appreciation of professional nursing, creating opportunities to debate the specialized sectors of occupational psychology, respecting the individual in their autonomy, and knowing your limits and possibilities. Therefore, it is important to point out these aspects in the meetings of the nursing staff in the intensive care unit, to contribute to the organizational model as for the enhancement of the individual as an employee.

CONCLUSION

The study allowed us to identify which nursing professionals in the intensive care unit dealing with various stressors. Preventive measures need to alleviate stress, adopting measures more humanized labor and facilitating mechanisms to promote worker health nursing.

The nurse usually handles the day to day, with various demands arising from a labor organization which has oversight rigid, arbitrary, beyond the pace of work, workload excessive and unhealthy environment and oppress favor stressors on the health of professional. We should emphasize that the views and needs of professionals are almost never considered, it almost always works for cause stress and leading professionals to illness.

The study brought as a contribution in the selected theme to enhance the necessary environment and consequently the life of professional nursing within the context of their performance in the intensive care unit, and the limit of the study is the lack of literature that addressed specific foster greater linkages with other survey data, mainly original studies.

Organizations should implement measures of quality of life of workers, not only in the thinking process and profitability, but health professional, scheduling mechanisms facilitators and promoters of health in the intensive care unit.

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