



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

NURSING FACTORS IN MOBILE PREHOSPITAL CARE WITH POTENTIAL INFLUENCE ON MENTAL HEALTH

FATORES INERENTES À ATIVIDADE DE ENFERMAGEM NO ATENDIMENTO PRÉ-HOSPITALAR MÓVEL SOBRE A INFLUÊNCIA DO TRABALHO NA SAÚDE MENTAL

FACTORES DE LA ENFERMERÍA EN ATENCIÓN PREHOSPITALARIA MÓVIL CON POTENCIAL INFLUENCIA SOBRE LA SALUD MENTAL

Michelly Tavares da Silva Marques¹, Janaina Andressa Gonçalves dos Santos², Andréia Loureiro Roges³, Murilo Duarte da Costa Lima⁴, Iracema da Silva Frazão⁵

ABSTRACT

Objective: identifying factors inherent to nursing in mobile prehospital care that can influence on mental health. **Method:** exploratory and descriptive study, with a qualitative approach, conducted with 13 rescuers of a nursing team through semi-structured interviews, analyzed according to the Content Analysis method. The study was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Pernambuco (CCS/UFPE), under the Certificate of Submission for Ethical Appraisal (CAAE) 0354.0.172.000-10. **Results:** as negative points stood out continued action in situations with serious victims; difficult interpersonal relationship; physical stressors, such as siren, heat, and traffic; and adverse working conditions. As positive points, participants referred to social recognition and professional achievement. Despite identifying several problems in the service dynamics, the professionals showed that the positive aspects are worthwhile. **Conclusion:** this research may provide means for actions aimed at reducing stressors in nursing in mobile prehospital care. **Descriptors:** Mobile Prehospital Care; Nursing; Mental Health; Work.

RESUMO

Objetivo: identificar fatores inerentes à enfermagem em atendimento pré-hospitalar móvel que podem influir na saúde mental. **Método:** estudo exploratório e descritivo, de abordagem qualitativa, realizado com 13 socorristas de equipe de enfermagem por meio de entrevistas semiestruturadas, analisadas segundo o método da Análise de Conteúdo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do Centro de Ciências da Saúde da Universidade Federal de Pernambuco (CCS/UFPE), sob o Certificado de Apresentação para Apreciação Ética (CAAE) n. 0354.0.172.000-10. **Resultados:** como pontos negativos se destacaram a atuação permanente em situações com vítimas graves; o difícil relacionamento interpessoal; estressores físicos, como sirene, calor e trânsito; e condições adversas de trabalho. Como pontos positivos foram citados o reconhecimento social e a realização profissional. Apesar de identificar diversos problemas na dinâmica do serviço, os profissionais demonstraram que os aspectos positivos são compensadores. **Conclusão:** esta pesquisa pode subsidiar ações que visem à redução dos agentes estressores na enfermagem em atendimento pré-hospitalar móvel. **Descritores:** Atendimento Pré-Hospitalar Móvel; Enfermagem; Saúde Mental; Trabalho.

RESUMEN

Objetivo: identificar factores inherentes a la enfermería en atención prehospitalaria móvil que pueden influir en la salud mental. **Método:** estudio exploratorio y descriptivo, con abordaje cualitativo, realizado con 13 socorristas de un equipo de enfermería a través de entrevistas semi-estructuradas, analizadas según el método del Análisis de Contenido. El estudio fue aprobado por el Comité de Ética en Investigación del Centro de Ciencias de la Salud de la Universidad Federal de Pernambuco (CCS/UFPE), bajo el Certificado de Presentación para Evaluación Ética (CAAE) 0354.0.172.000-10. **Resultados:** como puntos negativos se destacaron acción continuada en situaciones con víctimas graves; relación interpersonal difícil; estresores físicos, como sirena, calor y tráfico; y condiciones de trabajo adversas. Como puntos positivos se refirieron el reconocimiento social y la realización profesional. A pesar de identificar varios problemas en la dinámica del servicio, los profesionales demostraron que los aspectos positivos valen la pena. **Conclusión:** esta investigación puede proporcionar medios para acciones dirigidas a reducir los estresores en la enfermería en atención prehospitalaria móvil. **Descritores:** Atención Prehospitalaria Móvil; Enfermería; Salud Mental; Trabajo.

¹Nurse. Specialist in Family Therapy. MS student in Neuropsychopathology of the Federal University of Pernambuco (UFPE). Recife (PE), Brazil. Email: michelly.tavares@hotmail.com; ²Nurse. Specialist in Occupational Health Nursing from the Federal University of Rio de Janeiro (UFRJ). Rio de Janeiro (RJ), Brazil. Email: enfa.janainasantos@yahoo.com.br; ³Nurse. MS in Nursing from UFPE. Recife (PE), Brazil. Email: deiaroges@hotmail.com; ⁴Physician. Ph.D. in Medicine. Professor at UFPE. Recife (PE), Brazil. Email: murilocostalima@ig.com.br; ⁵Nurse. Post-Ph.D. degree in Nursing. Professor at UFPE. Recife (PE), Brazil. Email: isfrazao@gmail.com.

INTRODUCTION

Mobile pre-hospital care (MPHC) was established in Brazil by Portaria GM 1,863, in 2003. It is characterized by providing care for anyone outside a hospital environment, regarding all kinds of urgent health problems, either with a traumatic, clinical, surgical, obstetric, or psychiatric nature.

Asked through the free national number 192 by any citizen or health service in need of removing the patient to a hospital, MPHC constitutes a breakthrough in the organization of the country's health system, contributing to regionalize and hierarchicalize urgency care.¹

The work of nursing professionals in MPHC was legally established in 2000 by the Federal Nursing Council (COFEN), through Resolution 260/2001, becoming part of the list of specialties in this category. However, COFEN did not establish guidelines for educating these professionals, which remain implicit in view of Portaria do Ministério da Saúde (MS) 2,048/2006.²

According to Portaria MS 2,048/2006, the nursing activities in pre-hospital care (PHC) are the same provided for in the code of ethics of these professionals, added with participation in training sessions and provision of care based on service protocols, especially in trauma and in cardiorespiratory arrests, in addition to applying manual removal maneuvers to victims.¹

Thus, working in MPHC shows up as something complex regarding its peculiarities and associated with demands from public health services in the country; it is not difficult to imagine how the activity of rescuer in the mobile urgency care service (SAMU) can pose risks to the mental health of these professionals.

There is a close relation between work and worker's mental health. From a Marxist viewpoint, it is through work that a human being seeks to fulfill her/his needs and builds her/his social identity.³ Thus, working becomes a determining element in the biopsychosocial conditions of an individual.

For better understanding this intrinsic relation between occupational activity and psychic health; it is pertinent to address, in this context, the concept of mental health. Currently, the concept is divided into two groups: those that emphasize only the absence of illness and others that highlight the presence of positive components.⁴

Covering this concept, mental health is seen as an emotional balance between the

inner perspective and the external requirements or experiences. However, conceptualizing it is not easy, given the diversity of paradigms that generate interpretations and descriptions of psychological processes, but there is a need to go beyond the external aspects to notice the suffering of a subject whose mental disorder has not been expressed, yet.^{5,6}

Promoting psychic health in the workplace is of paramount importance, both at the collective level, generating an increased productivity, and at the individual level, favoring professional appreciation and recognition, as the success of any organization depends on the health of those who are directly connected to it, i.e. the workers who make it up.⁷

Since the service provided by SAMU is indispensable to the population and the health of these workers shows up as a theme of paramount importance regarding their work, this study aimed to identify the factors inherent to nursing that can interfere with the mental health of nursing professionals of SAMU in Recife, by means of their perception.

METHOD

Article prepared from the dissertation **Perception of the nursing team of mobile prehospital care about the influence of work on mental health**, submitted to the Health Sciences Center of the Federal University of Pernambuco. Recife-PE, Brazil. 2011.

This is a descriptive and exploratory research, with a qualitative approach, whose data collection was conducted with nursing professionals of SAMU in Recife in December 2010 and January 2011.

The criteria to select participants were: belonging to the nursing staff of SAMU in Recife, having at least six months of experience in the service, and being willing to participate in the research, by signing the free and informed consent term.

The selection of respondents was made randomly, and the sample amounted to 13 participants (nursing assistants, nursing technicians, and nurses), defined by the saturation method.

The saturation method was used to define the sample size under study, in order to avoid repetition of information in the material collected.⁸

For data collection, a semi-structured interview with open questions was used, having two parts: the first related to personal profile data and the second addressing the following guiding questions:

- What do you mean by mental health?
- In your opinion, the occupational activity can impact on the mental health of an individual?
- Working in SAMU has interfered in any way with your mental health? If the answer is yes, could you say more about this?

All interviews were fully recorded and transcribed and data were analyzed by using the Content Analysis technique, because this is a process which enables a detailed understanding of information. Content Analysis was applied in its thematic modality, which consists in breaking up the text into meaning units, grouped into categories that correspond to contents in subjects' discourses.⁹

Thus, three categories emerged: I) Reflection on mental health and work, which comprises the personal analysis of respondents regarding the terms: mental health and work; II) Adverse work factors, which addresses unfavorable conditions in the provision of prehospital care by rescuers; III) Work satisfaction factors, where the elements beneficial to mental health in SAMU are mentioned.

The study was submitted to the Research Ethics Committee of the Health Sciences Center of the Federal University of Pernambuco (CCS/UFPE), in compliance with the Resolution of the National Health Council (CNS) 196/1996, under the Certificate of Submission for Ethical Appraisal (CAAE) 0354.0.172.000-10. All participants have signed the free and informed consent term.

RESULTS

The sample mostly consisted of women (92.31%), aged between 45 and 54 years (38.46%), who attended a nursing technician/assistant course (69.23%), and having a total amount of working hours between 25 and 54 hours a week (69.23%). Data analysis has resulted in a three-class division:

♦ Class I: Reflection on mental health and work

Respondents, after asked about their opinion on the concept of mental health, mentioned several words alluding the term, among them: balance, well-being, satisfaction, emotional control, spiritual health. Furthermore, all of them said that work can interfere with mental health.

It is some well-being with yourself, you live well. I believe so, when you are not mentally well, you cannot work well, you

cannot be well at home, anywhere. (Interview 10)

Work is crucial so that your mental health is balanced. (Interview 13)

It was possible to identify in some speeches a certain process of overcoming traumas experienced in SAMU, both personally and along with work colleagues.

I already have had a problem, but I have overcome it and I am solving the situation [...] there are colleagues who are already very sick, undergoing therapy, psychological treatment. (Interview 12)

Respondents revealed they use some tricks as coping strategies: trying not to get emotionally involved with the victim, talking to colleagues, and trying to keep emotional control. Also, many of them recognized the need to consider the satisfaction factor as a major ally of mental health at work.

What we can do is talking, talking [about] another subject so that you can clear your mind of it a bit. (Interview 2)

First of all the work has to be satisfactory. If you are not working satisfied, after some time it will affect your mental health status. (Interview 10)

• Class 2: Adverse work factors

In these factors there was a prevalence of situations such as: providing care for severe victims, with uncertainty about the actual context where they will be found; emotional involvement with the patient; the need for a fast provision of care; besides distress regarding the possibility of being unable to come up with the victim alive at the hospital, sometimes with no medical support.

You are faced (with the victim), sees her and says: oh, my god! You say it to yourself and you have to find a solution for that terrible situation. Severity, this makes you down (touches you). (Interview 10)

It makes you down (touches you), everybody knows it. You have tried (to save the victim), but you just could not, she died. You start thinking: My God, a 16-year girl, why? (Interview 13)

You have to be skilled, everybody knows it. You have to provide adequate support, if you do not provide proper support, you can lose a life soon! (Interview 2)

The rescuer bears a heavy load of stress, trying to keep balance to make right decisions in a timely manner, dealing with feelings of sadness, death, and psychological trauma. Among the factors, also stood out exposure to noise factors and the speed at which the vehicle travels.

It is a lot of stress, even in the route (to the event) there is a lot of stress. Risk of rolling the ambulance over, risk of an accident. (Interview 6)

The heat, the siren noise, the noise of cars, traffic, everything! There is a lot of nervous strain. (Interview 9)

Simultaneously with these situations, the need for immediate departure to provide care, poor working conditions evidenced by the bad conditions of material resources and the lack of wage recognition are added to the adverse situations experienced in the work dynamics of these professionals.

Our stress level is very high. The time to get out when people call us (immediately)! So, there is a lot of stress, if you do not some balance, a really good mental health, you gets ill, there are people here who have gotten ill. (Interview 7)

Few cars and many calls, because the cars also break! (Interview 8)

It is a low paying job, as this is a different kind of service. If it was financially recognized, we could work happier. (Interview 10)

Finally, added with these elements, we observed in respondents' speeches barriers in interpersonal relationships between rescuers in the vehicles and professionals in emergency units at the time of patient admission. This can lead to times of stress in the completion of care. Emotional stress periods were also noticed in the relation to the population or family members at the time the team arrives at the site of care.

He (the physician at the emergency unit) stopped my litter because I said I was not going to take the patient (back) home, because the call center did not authorize it. He argued with me. (Interview 8)

You are faced with the father, the mother, a brother, people shouting: help him, help him, take him, take him (the victim). And you know you just cannot take that person anyway. That is, this emotional burden you face there, it falls all over you. (Interview 10)

♦ Class 3: Work satisfaction factors

When asked about how working in SAMU interferes with mental health, rescuers recognized that their activities exert a positive influence. Among the reasons for such satisfaction among nursing professionals there are those related to the victims, as the fact of being able to help reversing a severe condition, receiving user recognition, and a sense of competence.

Seeing the patient go back (after a cardiorespiratory arrest), when he goes back, it is rewarding. (Interview 6)

And there are people who come up right here (SAMU) to thank that time you had there to help them, providing assistance, and this is rewarding. (Interview 12)

When you can save a life, no money can pay for it, you feel like a hero, indeed. It is very rewarding. (Interview 7)

DISCUSSION

In this study, all respondents recognized that work can interfere with their mental health. This finding corroborates other studies, which have identified a close link between the activity and the subject's health status, and there are potential agents for triggering psychological disorders.^{10,11}

Pathological suffering related to the working activity arises when come to an end the negotiation procedures between worker and working organization and when requirements by the environment and the individual go beyond the person's ability to adapt.¹² From this perspective, there are two kinds of suffering: creative and pathological. In the first, the individual can create overcoming means; in turn, in the second, all worker's defense resources were used, giving rise to psychic imbalance.¹³

In attempting to seek this adaptive adjustment, the professional under study look for psychological self-defense devices. The literature defines this process as coping, which means confrontation strategy, used by the individual, albeit unconsciously, to reduce responses to stress and keep balance. This process is not static it can be modified according to the assessment and reassessment of the stressful situation.¹⁴

The more the individual understands the pressures and situations that influence on her/him, the best they suit the demands. In this study, respondents have evidenced some coping forms, such as trying not to get emotionally involved in care, talking about other matters to avoid thinking of the scenes experienced in the events and trying to keep emotional control.

In the survey, we observed that a suitable environment to provide exchange of experiences between professionals is adequate as a therapeutic tactics. In this sense, another study, conducted with SAMU in Porto Alegre in 2007, in order to identify the stressors experienced during nurses' work, identifies that 71.4% indicate gaps regarding opportunities to discuss their experiences with care dynamics.¹⁴ By sharing feelings, professionals have the opportunity to identify similarities in stressful experiences at the working environment, thus promoting mutual aid.

To better understand the meaningful universe of the suffering process at work, the literature divides this process into three main

areas: man's confrontation with himself, man's confrontation with nature, and man's confrontation with society.

In man's confrontation with himself, a worker, at her/his workplace, goes there as a subject, not only with her/his arms and brain, but as a human being, being in focus both her/his objectivity as subjectivity.⁴ In work psychodynamics, there is not a separation between "inside" and "outside" work, because psychic functioning is indivisible.¹⁵

As in nursing the care object is a human being, i.e. a similar individual, at the time of providing care, the personal psychic being becomes inseparable from the professional being. The professional does not leave her/his psychic functioning when she/he is out of service. She/he may bring along emotions and mental setbacks that will require management through defense strategies.¹⁵ This may explain the fact that respondents listed, as a psychological interference factor, care for serious victims and emotional involvement with the patient.

In the area that faces a human being with nature, the latter is regarded the workplace and a worker either controls her/his environment or she/his is controlled by it. The rescuer's workplace has factors that are inherent to working dynamics, but they are generators of stress and, however, some of them are not under her/his control.⁴

Some of these elements were mentioned by respondents as: insecurity at the workplace and pressure for immediate departure after the call for an event, as well as physical stressors such as the heat, siren's sound, and traffic. All of these factors make up the working environment in SAMU, showing up as psychological strain elements, but inevitable in this activity.

The scenarios found at a prehospital setting, such as insecurity, ambulance movement, and traffic, constitute sources of stress and require from the team a balanced attitude and an effective behavior in decision making.¹⁴

Finally, as for man's confrontation with society, work, by taking place at a collective environment, is influenced by it and this can affect worker's social support.⁴

Rescuers' working sites consist of their SAMU facility and the various locations where occurrences take place; in addition to the emergency units where victims are taken to. Thus, their spaces of relationship become large and diverse, something which can increase the chances of pleasant or conflicting relationships at the workplace.

On reflection sessions promoted during the interviews, respondents mentioned as negative influences: the conflict in personal relationships between workers who make up SAMU along with the staff of emergency units, where these rescuers face difficulties to fulfill their service. In addition, respondents also mentioned that, during their provision of care, they are constantly exposed to the emotional burden of the population and the victims' families, who often push them for a fast assistance, contributing to the set of psychic negative factors.

Results of a study conducted in 2013, aiming to identify the main stressors that affect nursing professionals, identified that the teams deal with many of these elements at the working environment, such as: overwork pace and conflicting relationship between professional and patient/family, something which is consistent with the results found in our study.¹⁶

In the diversity of factors that mark the routine of nursing workers, wage depreciation shows up as dissatisfaction in this category, just as observed in a previous study with SAMU in Natal, in 2009, with the nursing team, which aimed to identify the dissatisfaction level among this category.¹⁷

A study conducted with a nursing team reinforces the findings of this research, by addressing working conditions. The author regarded as high the stress level among nurses in hospital emergency units in São Paulo.¹⁸

However, despite rescuers have cited several negative interference elements concerning their psychological well-being, they recognize that the favorable elements existing in the activities carried out in SAMU are rewarding. This fact may be related to the values and meanings attributed to the positive factors identified or, also, to the existence of defense mechanisms that, even unconsciously, can deny suffering.¹⁹

Recognition has been cited as an agent fostering psychic well-being. This element attributes a special meaning to work, with the ability to turn suffering into satisfaction. This meaningfulness is combined with the affirmation of identity, i.e. the attribution of meaning regarding expectations and the subjective individual achievements.¹³

This is added with recognition, feeling of professional's autonomy inherent to the external activity. As they are at the forefront of SAMU care, nursing professionals may be considered as the eyes of the physician at the site of an occurrence. This situation provides them with conditions so that, with the aid of

protocols, take control over the work process.²⁰

The pride of the role pursued, the power of having skills that make it possible to bring back to life, added with social recognition, emerge as nursing workers' self-esteem factors. This motivates them in an occupation that brings rewards as admiration and gratitude from society.

CONCLUSION

All respondents recognized that the work can interfere with the mental health status. In this reflection, the nursing professionals in SAMU in Recife listed various factors interfering in the psychic status related to the working environment.

As negative factors, there stood out: many situations with serious victims; emotional involvement during the events; difficult interpersonal relationships; physical stressors; and poor working conditions.

As positive influences, there emerged: social recognition of the activity as a rescuer and the opportunity to provide assistance that may be crucial regarding the life of individuals cared for, indicating a source of professional fulfillment.

Although most respondents recognize that working in SAMU has a positive influence on mental health, it was possible to notice through discourse moments of psychological distress, as well as reports of mental illness among service colleagues. A clear need for an institutional policy that establishes a psychological support space is observed, as well as a space of group interaction for sharing of experiences, thus facilitating a constant review to identify negative agents, strengthening of positive elements, and the search of coping strategies with an individual and collective nature. It is understood that work should be a mediator of pleasure.

In addition to these resources, the entities providing these professionals with education and training may also contribute to greater instrumentalization of nursing in MPH, by studying the peculiarities of this service, as investments in this area of action are still in an adaptation process, because this is a relatively new specialty.

This study have promoted reflections and discussions among professionals that stimulate the search for means to create strategies that establish the promotion of workers' mental health and they suggest the need for further research on the theme.

REFERENCES

1. Brasil. Ministério da Saúde. Política Nacional de Atenção às Urgências. Brasília: Ministério da Saúde; 2003.
2. Ramos VO, Sanna MC. A inserção da enfermeira no atendimento pré-hospitalar: histórico e perspectivas atuais. *Rev bras enferm* [Internet]. 2005 June [cited 2013 Oct 31];58(3):355-60. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672005000300020&lng=en. <http://dx.doi.org/10.1590/S0034-71672005000300020>.
3. Marx K. O capital. 2nd ed. São Paulo: Nova Cultura, 1985.
4. Codo W, Jaques MG. Saúde mental & trabalho: leituras (Orgs.). 3ed. Rio de Janeiro: Vozes, 2007.
5. Brasil. Paraná Governo do Estado. Definição de saúde mental [internet]. Curitiba: Secretaria de Saúde; 2011. Available from: <http://www.saude.pr.gov.br/modules/conteudo/conteudo.php?conteudo=1059>
6. Faria JH; Vasconcelos A. Saúde mental no trabalho: contradições e limites. *Psicologia & Sociedade*. *Psicol Soc* [Internet]. 2008 Sept/Dec [cited 2013 Oct 31];20(3):453-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822008000300016&lng=en&nrm=iso. <http://dx.doi.org/10.1590/S0102-71822008000300016>.
7. Ramos EL. A Qualidade de Vida no Trabalho: dimensões e repercussões na saúde do trabalhador de enfermagem de Terapia Intensiva [Tese]. Rio de Janeiro: Programa de Pós-Graduação em Enfermagem da Escola de enfermagem do Rio de Janeiro; 2009.
8. Fontanela BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saúde Pública* [Internet]. 2008 Jan [cited 2013 Oct 31];24(1):17-27. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2008000100003&lng=en. <http://dx.doi.org/10.1590/S0102-311X2008000100003>.
9. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 1977.
10. Kirchhof ALC, Magnago TSBS, Camponogara S, Griep RH, Tavares JP, Prestes FC, et al. Condições de trabalho e características sócio-demográficas relacionadas à presença de distúrbios psíquicos menores em trabalhadores de enfermagem. *Texto contexto-enferm* [Internet]. 2009 June [cited 2013 Oct

31];18(2):215-23. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0104-07072009000200003&lng=en. <http://dx.doi.org/10.1590/S0104-07072009000200003>.

11. Cardoso CL, Santos AFO. Profissionais de saúde mental: manifestação de stress e burnout. Estud psicol (Campinas) [Internet]. 2010 Jan/Mar [cited 2013 Oct 31];27(1):67-74. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0103-166X2010000100008&lng=en&nrm=iso.

12. Dejours C. A loucura do trabalho. 5 ed. São Paulo: Cortez editora, 2005.

13. Dejours, C. Psicodinâmica do trabalho: Contribuições da escola Dejouriana à análise da relação prazer, sofrimento e trabalho. São Paulo: Atlas; 1994.

14. Stumm EMF, Oliveski CC, Costa CFL, Kirchner RM, Silva LAA. Estressores e coping vivenciados por enfermeiros em um serviço de atendimento pré-hospitalar. Cogitare enferm [Internet]. 2008 Jan/Mar [cited 2013 Oct 31];13(1):33-43. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/11949/8431>

15. Bobroff MCC, Robazzi MLCC, Martins JT. Prazer e sofrimento no trabalho da equipe de enfermagem: reflexão à luz da psicodinâmica Dejouriana. Rev Esc Enferm USP [Internet]. 2010[cited 2013 Oct 31]; 44(4):1107-11. Available from: <http://www.scielo.br/pdf/reeusp/v44n4/36.pdf>

16. Rodrigues DP, Athanázio AR, Cortez EA, Teixeira ER, Alves VH. Estresse na unidade de terapia intensiva: revisão integrativa. J Nurs UFPE on line [Internet]. 2013 May [cited 2013 Oct 31];7(5):4217-26. DOI: 10.5205/01012007. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/4651/pdf_2632

17. Campos RM, Farias GM, Ramos CS. Satisfação profissional da equipe de enfermagem do SAMU/Natal. Rev Eletr Enf [Internet]. 2009 [cited 2013 Oct 31];11(3):647-57. Available from: <http://www.fen.ufg.br/revista/v11/n3/v11n3a24.htm>

18. Batista KM, Bianchi EFR. Estresse do enfermeiro em uma unidade de emergência. Revista latino americana de enfermagem. Rev Latino-Am Enfermagem [Internet]. 2006 Aug [cited 2013 Oct 31];14(4):534-39. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0104-11692006000400010&lng=en.

<http://dx.doi.org/10.1590/S0104-11692006000400010>.

19. Pereira WAP, Lima MADS. O trabalho em equipe no atendimento pré-hospitalar à vítima de acidente de trânsito. Rev Esc Enferm USP [Internet]. 2009 [cited 2013 Oct 31];43(2):320-7. Available from: <http://www.scielo.br/pdf/reeusp/v43n2/a10v43n2.pdf>

20. Pai DD, Lautert L. Work under urgency and emergency and its relation with the health of nursing professionals. Rev Latino-am Enfermagem [Internet]. 2008 May/June [cited 2013 Oct 31];16(3):439-44. Available from: <http://www.scielo.br/pdf/rlae/v16n3/17.pdf>

Submission: 2014/10/07

Accepted: 2014/02/11

Publishing: 2015/04/01

Corresponding Address

Michelly Tavares Da Silva Marques
Programa de Pós-graduação em
Neuropsiquiatria e Ciências do
Comportamento
Centro de Ciências da Saúde
Universidade Federal de Pernambuco
Av. Prof. Moraes Rego, s/n
Hospital das Clínicas Bloco A, Cidade
Universitária
CEP 50670-420 – Recife (PE), Brazil