



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

OCCUPATIONAL STRESS: STRESSORS REFERRED BY THE NURSING TEAM ESTRESSE OCUPACIONAL: ESTRESSORES REFERIDOS PELA EQUIPE DE ENFERMAGEM ESTRÉS OCUPACIONAL: ESTRESORES MENCIONADOS POR EL PERSONAL DE ENFERMERÍA

Larissa Gabrielle Souza Ueno¹, Maria Cristina Cescatto Bobroff², Julia Trevisan Martins³, Regina Célia Bueno Rezende Machado⁴, Priscilla Ghiraldi Linares⁵, Stela de Godoy Gaspar⁶

ABSTRACT

Objective: to identify the occupational stressors referred by the Nursing team. **Method:** descriptive, qualitative approach. The data was produced through a semi-structured interview with 51 members of the Nursing team (nurses, Nursing technicians and administrative staff), analyzed according to the Content Analysis technique and discussed according to the theoretical framework of the International Labor Organization for Prevention of stress at work. **Results:** four thematic categories << Work Demands >>, << Emotional Pressure >>, << Professional Recognition >> and << Interpersonal Relations >> were revealed. **Conclusion:** these work stressors are in compliance with other research in the health area and are susceptible to prevention. **Descriptors:** Stress, Psychological; Occupational Health; Work; Nursing Team.

RESUMO

Objetivo: identificar os estressores ocupacionais referidos pela equipe de Enfermagem. **Método:** estudo descritivo, de abordagem qualitativa. Os dados foram produzidos por meio de entrevista semiestruturada com 51 membros da equipe de Enfermagem (enfermeiros, técnicos de Enfermagem e administrativos), analisados de acordo com a técnica de Análise de Conteúdo e discutidos de acordo com o referencial teórico da Organização Internacional do Trabalho para a prevenção do estresse no trabalho. **Resultados:** revelaram-se quatro categorias temáticas <<Demandas de trabalho>>, <<Pressão emocional>>, <<Reconhecimento profissional>> e <<Relacionamento interpessoal>>. **Conclusão:** os estressores laborais referidos estão em conformidade com outras pesquisas na área da saúde e são passíveis de prevenção. **Descritores:** Estresse Psicológico; Saúde Ocupacional; Trabalho; Equipe de Enfermagem.

RESUMEN

Objetivo: identificar los estresores ocupacionales como referido por el personal de Enfermería. **Método:** estudio descriptivo de abordaje cualitativo. Los datos fueron producidos a través de entrevistas semi-estructuradas con 51 miembros del personal de Enfermería (enfermeras, técnicos de Enfermería y administrativo), analizados según la técnica de análisis de contenido y discutidos según el marco teórico de la Organización Internacional del trabajo para la prevención del estrés en el trabajo. **Resultados:** se ha revelado cuatro categorías temáticas << Demandas de trabajo>>, << Presión emocional >>, << reconocimiento profesional >> y << relaciones interpersonales>>. **Conclusión:** los estresores laborales referidos están de acuerdo con otras investigaciones en el área de la salud y son susceptibles de prevención. **Descriptor:** Estrés Psicológico; Salud Laboral; Trabajo; Grupo de Enfermería.

^{1,5,6}Nurse (egress), State University of Londrina / UEL. Londrina (PR), Brazil. E-mail: larissaa_ueno@hotmail.com; Priscilla.uel@hotmail.com; Stela.la92@hotmail.com; ^{2,3}Nurses, PhD Professors, State University of Londrina / UEL Londrina (PR), Brazil. E-mails: crisbob@uel.br; jtmartins@uel.br; ⁴Nurse, Professor, State University of Londrina / UEL Londrina (PR), Brazil. E-mail: reginam_rezende@yahoo.com.br

INTRODUCTION

Stress is part of life, being a way of adapting to the different situations of living. In this context, there are "physiological responses to different types of stressors" and each person has a different way of feeling and interpreting the sources that cause stress. Each individual has their characteristics and their ability to interact with the stressors of the environment to which they are exposed, and as a result, changes in stress levels occur individually.¹

Occupational stress is characterized by physical or mental reactions related to the activities and/or occurrences of the work environment.¹ This type of stress is attributed not only to the work environment and to the overloads of responsibility, but also to a set of events that disorganize the worker¹ and can lead to physical and mental illness.

The stress in the work activity can be perceived by the individual as a threat, with repercussions in his professional and personal life, being that the worker perceives the relation of the work environment and the events. In the same way, reactions of this same worker occur to the confrontation of these situations.¹

The prolonged state of worry, alertness and anxiety is characterized by an intense stress load becoming an opponent to be overcome. If stressors persist in frequency or intensity, there is a breakdown of the individual's resistance and he goes on to the stage of near exhaustion¹ leading to possible illnesses, such as depression, interfering both in personal life and in work activity.

The Nursing team faces different problems in the work environment: stress, suffering and death of patients. The nurse is responsible for receiving and caring, for the problems of both patients, and the team they supervise. In addition, workload, peer pressure, offensive attitudes, dealing with new technologies, commitment, and sometimes lack of recognition with work are common stressors in the daily life of these professionals.²

This same team has as agent and subject of work the man and, in this context, there is inter-relationship between work and the worker, constantly experiencing the suffering of the other by their pain, despair, anguish, irritation, among many other feelings related to the health-illness process.³

There are several activities that the Nursing team develops on a daily basis and certainly, among these, some can be stress-supportive. Nursing is a profession that faces several stressful situations, especially, among professionals who provide direct assistance to clients in critical situations.⁴

In this approach, it is noticed that, in a philanthropic hospital of tertiary care to cancer patients, the professionals of the Nursing team experience daily sources of stress related, mainly, to coping with death, because they take care of patients with

advanced cancer, and at the same time to support the patient's own family and friends.

After the previous considerations, the following questions emerged: What are the stressors reported by the Nursing team of a philanthropic hospital, from tertiary care to cancer patients?

When considering that stress can lead to physical or mental illness, it is expected that the results of this study may contribute to minimize and prevent the occupational stress of these professionals. Thus, it is aimed to identify the occupational stressors referred by the Nursing team.

MÉTHOD

A descriptive, qualitative study, conducted from November 2013 to October 2014 at a philanthropic oncology hospital in northern Paraná, Brazil.

In the hospital, health care is provided by the Unified Health System (UHS), which is private and co-located for the treatment of cancer. The patients are attended in an outpatient clinic for consultation and / or treatment and hospitalized when necessary.

In the chemotherapy (QT), sector outpatients are medicated and those requiring QT by venous infusion for more than twenty-four hours are hospitalized. They are attended and medicated outpatient, on average, 100 patients/day. Thus, approximately 100 daily doses of intravenous QT and 60 doses of oral QT are administered in this sector.

The workday of QT nursing staff is in the morning (7am to 1pm), afternoon (1pm to 7pm) and two shifts per worker (7am to 7pm), from Monday to Friday.

The unit of hospitalization in medical clinic (CM) has 52 beds for patients attended by UHS. An average of 1,200 patients per month are hospitalized, with varying length of hospitalization and a mean of four days. There are patients hospitalized for palliative care for pain relief and other symptoms.

The workday of the professionals of the CM nursing team is 42 hours a week subdivided into: morning (7am. to 1pm) and afternoon (1pm to 7pm), both with weekday shifts; night and even night shifts in shifts from 12h / 36h (7pm to 7am).

The population was 64 workers of the Nursing team of the QT and CM units. The sample consisted of 51 employees of this team (41 auxiliaries and Nursing technicians and nurses), and ten professionals of administrative and auxiliary functions of general services.

Inclusion criteria were: to belong to the Nursing team of the aforementioned units,

with at least one month of work in the unit and to agree to participate in the research.

Exclusion criteria were those who refused to participate, those who were excluded from work activities during the period of the research. Thus, eight were on vacation/leave, one for working only two weeks and there were only four refusals to participate.

Data collection was performed by one of the researchers using an instrument containing closed questions to characterize the socio-demographic profile of the participants (identification, profession and other employment relationship) and two open questions (Do you think there are factors that contribute to stress in your what are these stressors?).

Participants were informed about the research ethics procedures, completed and signed the Free and Informed Consent Form and delivered a copy to each one. The interviews lasted on average 30 minutes and were performed in the hospital's private room, according to the schedule and schedules pre-established by the Human Resources department.

The answers were recorded in an instrument by the interviewer and, at the end of the interview, the completed form was presented to the respondent to confirm the answers.

Socio-demographic data was analyzed statistically by frequencies and the qualitative data was analyzed through Content Analysis⁵, identifying the meanings implicit in the speeches of the participants. For this, the following steps were taken: pre-analysis, material exploration and treatment of results.⁵ Four categories were constructed with the subcategories in relation to guiding questions.

Participants were identified by letters and numbers according to the professional category: nursing assistants or technicians (T), nurses (N), administrative assistants (A) and general service assistants (Z). There was no separation by professional category in the presentation of the results because the statements were convergent, leading to the

same interpretations and categories/subcategories.

The results were interpreted and discussed according to the theoretical framework, prepared by specialists of the International Labor Organization (ILO), which identified several factors that can cause stress in the workplace. Work and built a checklist for the identification and prevention of stress containing ten groups of stressors subdivided into five subtopics for each group.⁶⁻⁷

Among the aforementioned topics,⁶⁻⁷ and during the analysis of the results, the categories were identified and discussed: job demands, emotional pressure, professional recognition and interpersonal relationship.

This study had the approval of the research project by the Research Ethics Committee of the State University of Londrina through CEP / UEL opinion no191 / 2013 and CAAE no 21935013.7.0000.5231.

RESULTS

Among the 51 sample employees, 47 (92%) were female and four (8%), male; 24 married, 17 unmarried and ten in other modalities (stable union, divorce and widowhood). Of the total sample, 12 (24%) had two employment links and 39 (75%), only one. The age ranged from 19 years to 51 years, with the youngest in administrative functions. The family income ranged from less than R \$ 1,000.00 to more than R \$ 4,000.00. The average working time in the unit ranged from one month to more than five years.

In terms of the professional category of the participants, two (3.9%) were Nursing assistants, thirty-one (60.7%), Nursing technicians, eight (15.7%), administrative assistants, two (3.9%), general services and eight (15.7%), nurses. Of these, 14 work in the chemotherapy sector and 37, in the hospitalization unit (ten in the morning, twelve in the afternoon, fifteen on the nights).

Factors that contribute to work stress are presented in four categories with their respective subcategories, according to Figure 1.

Categories	Subcategories
Job demands	Deficit in outpatient scheduling
	Deficit in human resources
Emotional pressure	Advanced stage of disease
	Frequent deaths
Professional recognition	Insufficient remuneration
	Professional devaluation
Interpersonal relationship	Lack of commitment of the working group

Figure 1. Presentation of identified categories and subcategories, Londrina (PR), Brazil, 2014.

Category- Job demands

This category has two subcategories, as listed below.

Subcategory deficit in outpatient scheduling.

There is a lack of patient sizing, that is, there are days with low care and others with a high number of patients. (N1)

There is no scheduling of the number of patients and no schedule, generating stress for the patient and for the sector (T2)

The high demand for patients that is increasing and on certain days of the week is greater due to days of the medical outpatient facility. (N2)

◆ Subcategory - Deficit in the human resources framework

The lack of employees, because it overloads who is in the sector. (T15)

Lack of human resources (Nursing professionals) (N6)

Large numbers of patients for a small number of employees [...] (N8)

◆ Category - Emotional pressure

Already in this category, two subcategories met, with the respective speeches:

Subcategory advanced stage of the disease
[...] dealing with cancer patients [...], most of our patients are very dependent. (N8)

[...] many dependent patients. (T19)
The advanced stage of cancer in patients who reach the chemotherapy treatment (N2)

Subcategory frequent deaths

Dealing directly with frequent deaths (N6)
Constant deaths (N5)

We deal with life and death. (T2)

Professional recognition category

In this category, two subcategories, were grouped according to the interviewees' statements.

Subcategory - insufficient remuneration

[...] many stressful factors ... salary has part in this path. (T14)
Dissatisfaction due to low salary. (T33)

Subcategory - professional devaluation

[...] more humanization of leadership is necessary for employees; give more value. (T30)
Lack of incentive on the part of managers (T31)

◆ Category - Interpersonal Relationship

This category was represented by the subcategory - Lack of commitment of the working group, according to the words of the workers.

Sometimes, she has a lot of service and does not have the help of another collaborator. (Z2)

Lack of commitment on the part of doctors in some administrative procedures (N1)

For there are some without will, they do not do the procedures performed with love, do not have commitment to their tasks. (T32)

DISCUSSION

In this study, there was a predominance of females, which is a peculiar characteristic of this profession, as confirmed in other health studies.⁸⁻¹³

Despite the predominance of only one employment bond, it was noticed that there are still several workers of the Nursing team that maintains two job links. Some Brazilian researchers¹⁰ report that many professionals, due to the economic situation and the low salaries of the Nursing area, still maintain two employment links, exercising several functions at the same time, causing fatigue and errors, among others. Physical and emotional stress may be a consequence of the sum of these events. In the same way, other authors, also Brazilian¹², reaffirm these characteristics.

◆ Job demands

Job demands⁶ are stress-generating factors and there is a need to adjust the total workload and reduce the excessive workload per professional in a recently published manual by the ILO.⁶⁻⁷

In this aspect, it is understood that the deficit in the scheduling of outpatients, is a management and administrative problem, ends up increasing the workload and, consequently, generating excessive demands on some days of the week, to the detriment of others that are quieter.

The work stress of Nursing professionals was studied in Minas Gerais. Among the major causes of stress, the salary was cited by 98.9% of the participants, and 70.5% also said that another factor was the lack of human resources, due to the small number of staff and excessive work.⁹

In an integrative review of the literature on stress triggers in the work of nurses, five of the 16 publications evaluated in ten years (2003 to 2013) reported on work overload.¹⁴ Inadequate numbers of workers as well as absenteeism, are organizational challenges for the health area that directly impact on care practice and generate mental fatigue in professionals who are overwhelmed in their daily activities.¹⁵

Another review of the literature of 2010¹⁶ reaffirms that work overload is one of the major triggers of work stress, and may even lead to failures in care practice.

The three articles mentioned above¹⁴⁻⁶ corroborate with the results of this research and confirm the subcategory deficit in the human resources framework.

It was also observed during the data collection that the work overload is evident by the number of hospitalized patients, and several trips for the data collection were necessary, since the professionals were not able to leave their work for the interviews because of the great demand.

◆ Emotional pressure

Intensivist nurses from a Brazilian university hospital reported that patients' severity and instability are stressful factors.¹¹

Worker stressors were evaluated among nurses working in urgency and emergency units of Brazilian public hospitals in 2011. One of the items cited as more stressful was coping with death¹², which was also reported by other Brazilian researchers¹¹, confirming findings of this research in the Subcategory frequent deaths. Moreover, the severity of the patients under the care of Nursing professionals generates mental wear and stress increases, contributing in addition to the suffering in the work.¹⁵

Thus, occupational stress prevention, must have control over work⁶, by encouraging worker participation in work improvements and by organizing regular meetings to discuss workplace problems.⁶

◆ Professional recognition

Remuneration was cited in seven publications on stress¹⁶ and low salaries, reported by hospital Nursing professionals.⁹

The psychosocial risks in the work were approached with nurses from three oncological hospitals in Portugal in the year 2013, and the participants considered as very stressful factors the low salaries and the lack of social valorization of the profession.¹³

On the other hand, and considering an extremely important factor for workers, in general, in an integrative review of the literature, the professional devaluation was addressed in only one of the 16 articles analyzed.¹⁴

Professional valorization is addressed in the Manual for the Prevention of Stress at Work, in which it is recommended to praise the good work done, to implement a system in which workers express their opinions, among other strategies.⁶

This valorization must occur for all workers, because those who do not feel

valued will not be compelled to dedicate to work, because they feel useless in relation to what they know how to do.

◆ Interpersonal relationship

In a study carried out in a general hospital in Passos, Minas Gerais, Nursing, teaching and administrative nurses cited that interpersonal relationship is also one of the stressors for Nursing professionals.⁹ The same theme was one of the stressors discussed in an integrative review of literature in six of 16 articles.¹⁴

An effective way to prevent stress at work is to provide social support to workers through closer relationships between workers and managers and to provide mutual assistance among the professionals themselves.⁶ It is prudent, however, to recognize that the "subjectivity of issues permeate the work process is complex and yet it is a challenge to face them." ^{17: 152}

Thus, it is possible to use defense strategies at work that can be to minimize the occurrence of both physical, and mental, considering the team as a whole and also the individual characteristics¹⁷ so that individual, and collective work improvements can be achieved.

CONCLUSION

This study allowed to know, the labor stressors, in a broader way, as well as the factors that trigger them most reported by professionals of an Oncological Nursing team.

Some limitations of this research were the concern of some professionals to finish the interview to return to work, due to the large number of hospitalized patients, the difficulty of scheduling the interviews outside working hours and the fear of dismissal when participating in the research.

The main stressors cited and that corroborate with the mentioned scientific literature were the ones related to the work demands, the emotional pressure, the professional recognition and the interpersonal relationship. Thus, through the knowledge of these stressors, both workers, and managers can seek mechanisms that aim to minimize sources of stress, with the intention of improving the quality of life and work. For this, it is indispensable that the professional knows their limits, plans and develops activities and collective meetings in the work, reduces the working day, consequently, the two employment bonds, that there is interaction and autonomy between the team and, in this way, it makes its environment better and with more favorable working conditions.

There is also a need to hire new workers to ease the workload, in addition to the salary

Ueno LGS, Bobroff MCC, Martins JT.

Occupational stress: stressors referred by...

increase, so that the professionals do not need more than an employment bond for their livelihood.

It should be noted that the stressors found in this research are amenable to immediate intervention for some and in the long term for others.

REFERENCES

1. França SPS, Martino MMF, Silva LL, Melo LFS, Costa CG, Moura MMS, et al. Critical analysis on the concept of stress in health care used in scientific publications. *J Nurs UFPE on line* [Internet]. 2012 [cited 2014 Oct 10];6(10):2542-50. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2606/pdf_1546
2. Santos TCMM, Inocente NJ, Tadeucci MSR. Occupational stress in nurses: effort-reward risk and super commitment in work. *J Nurs UFPE on line* [Internet]. 2012 [cited 2014 Oct 15];6(3):488-96. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2322/pdf_785
3. Batista KM, Bianchi ERF. Estresse do enfermeiro em unidade de emergência. *Rev Latino-Am Enfermagem* [Internet]. 2006 [cited 2014 Sept 12];14(4):534-9. Available from: <http://www.scielo.br/pdf/rlae/v14n4/v14n4a10.pdf>
4. Stacciarini JMR, Tróccoli BT. O estresse na atividade ocupacional do enfermeiro. *Rev Latino-Am Enfermagem* [Internet]. 2001 [cited 2014 Sept 12];9(2):17-25. Available from: <http://www.scielo.br/pdf/rlae/v9n2/11510.pdf>
5. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2011. 229p.
6. International Labour Office. *Stress prevention at work checkpoints: practical improvements for stress prevention in the workplace*. Geneva, ILO; 2012. 137p.
7. Bobroff MCC, Martins JT, Montezeli JH. Stress prevention at work checkpoints: practical improvements for stress prevention in the workplace. *J Nurs UFPE on line* [Internet]. 2013 [cited 2014 Aug 20];7(spe):5065-7. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4180/pdf_3133
8. Guerrer FJL, Bianchi ERF. Caracterização do estresse nos enfermeiros de unidades de terapia intensiva. *Rev Esc Enferm USP* [Internet]. 2008 [cited 2014 Aug 20];42(2):355-62. Available from:
9. Souza NR, Bernardes EH, Fonseca RP, Gonçalves HO, Lopes TFS. Identificando o nível de estresse e suas causas nos profissionais de enfermagem em um hospital geral de Passos (MG). *Ciência et Praxis*; 2009. 2(4):27-32.
10. Santos TMB, Frazão IS, Ferreira DMA. Estresse ocupacional em enfermeiros de um hospital universitário. *Cogitare Enferm* [Internet]. 2011 Jan/Mar [cited 2014 Aug 25];16(1):76-81; 2011. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/21115/13941>
11. Inoue KC, Versa GLGS, Murassaki ACY, Melo WA, Matsuda LM. Estresse ocupacional em enfermeiros intensivistas que prestam cuidados diretos ao paciente crítico. *Rev Bras Enferm* [Internet]. 2013 Sept/Oct [cited 2014 Aug 28];66(5):722-9. Available from: <http://www.scielo.br/pdf/reben/v66n5/13.pdf>
12. Pereira DS, Araújo TSSL, Gois CFL, Gois Júnior JP, Rodriguez EOL, Santos V. Occupational stressors among nurses working in urgent and emergency care units. *Rev Gaúcha Enferm* [Internet]. 2014 [cited 2014 June 28];35(1):55-61. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchaEnfermagem/article/view/39824/28932>
13. Gomes SFS, Santos MMMCC, Carolino ETMA. Psycho-social risks at work: stress and coping strategies in oncology nurses. *Rev Latino-Am Enfermagem* [Internet]. 2013 Nov/Dec [cited 2014 Aug 21];21(6):1282-9. Available from: <http://www.scielo.br/pdf/rlae/v21n6/0104-1169-rlae-0213-2365.pdf>
14. Hora KPHS, Ferreira MGL, Silva APF. Elementos desencadeadores do estresse no trabalho do enfermeiro hospitalar: uma revisão integrativa de literatura. *Cadernos de Graduação - Ciências Biológicas e da Saúde, Maceió*, 2013 nov.;1(2):167-80.
15. Martins JT, Bobroff MCC, Ribeiro RP, Robazzi MCC, Marziale MHP, Haddad MCL. Significados de cargas de trabalho para enfermeiros de pronto socorro/emergência. *Cienc Cuid Saude* [Internet]. 2013 Jan/Mar [cited 2014 Aug 23];12(1):40-6. Available from: http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/16459/pdf_135
16. Santos FD, Cunha MHF, Robazzi MLCC, Pedrão LJ, Silva LA, Terra FS. O estresse do enfermeiro nas unidades de terapia intensiva adulto: uma revisão da literatura. *SMAD Rev eletrônica saúde mental alcool drog*

Ueno LGS, Bobroff MCC, Martins JT.

Occupational stress: stressors referred by...

[Internet]. 2010 [cited 2014 Aug 21];6(1)13:1-16. Available from: <http://www.revistas.usp.br/smad/article/view/38711/41562>

17. Martins JT, Bobroff MCC, Ribeiro RP, Costa VML, Cardelli AAM, Garanhani ML. Coping strategies to workloads of nurses from the emergency unit. SMAD Rev eletrônica saúde mental alcool drog [Internet]. 2012,Sept/Dec [cited 2014 Sept 20];8(3):148-54. Available from: <http://pepsic.bvsalud.org/pdf/smad/v8n3/07.pdf>

Submission: 2015/03/20

Accepted: 2017/02/25

Publishing: 2017/04/01

Corresponding Address

Larissa Gabrielle Souza Ueno
Universidade Estadual de Londrina
Departamento de Enfermagem
Centro de Ciências da Saúde
Av. Robert Koch, 60
Bairro Vila Operária
CEP: 86039-440 – Londrina (PR), Brazil