



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

MENTAL HEALTH AND WORK: PSYCHOSOMATIC EFFECTS UNDER THE PERSPECTIVE OF NURSES

SAÚDE MENTAL E TRABALHO: REPERCUSSÕES PSICOSSOMÁTICAS NA VISÃO DE ENFERMEIROS

SALUD MENTAL Y TRABAJO: EFECTOS PSICOSOMÁTICOS EN OPINIÓN DE ENFERMEROS

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ABSTRACT

Objective: to identify the vision of nurses psychosomatic repercussions in relation to their work. Method: descriptive exploratory study of quantitative and qualitative approach, with the participation of 15 nurses working in the Intensive Care Unit of a Hospital-School of João Pessoa / PB / Brazil. The empirical material was analyzed with simple descriptive statistics and Technical Analysis of the Collective Subject Discourse, after approval of the research project by the Research Ethics Committee of the *Hospital Lauro Wanderley* at the Federal University of Paraíba, protocol 570/10. **Results:** it was found that the work in the Intensive Care Unit can be considered a trigger of somatic problems, since the professionals associated with the term somatization psychosomatic diseases. **Conclusion:** the work has a direct influence on the health of nurses working in the intensive care unit, and although the symptoms are not recognized as psychosomatic effects, these reflect the accumulation of stressors of the profession in the workplace. **Descriptors:** Occupational Health; Mental Health Intensive Care Units.

RESUMO

Objetivo: identificar na visão dos enfermeiros as repercussões psicossomáticas em relação ao seu trabalho. **Método:** estudo descritivo e exploratório, de abordagem quanti-qualitativa, com a participação de 15 enfermeiros que atuam no Centro de Terapia Intensiva de um Hospital-Escola de João Pessoa/PB/Brasil. O material empírico foi analisado mediante estatística descritiva simples e pela Técnica de Análise do Discurso do Sujeito Coletivo, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa do Hospital Universitário Lauro Wanderley, da Universidade Federal da Paraíba, protocolado 570/10. **Resultados:** o trabalho no Centro de Terapia Intensiva pode ser considerado um fator desencadeante de problemas somáticos, uma vez que os profissionais associaram o termo psicossomático a somatização de doenças. **Conclusão:** o trabalho influencia diretamente na saúde dos enfermeiros que atuam no Centro de Terapia Intensiva, e que embora os sintomas apresentados não sejam reconhecidos como repercussões psicossomáticas, esses refletem o acúmulo de fatores estressores da profissão nesse âmbito laboral. **Descritores:** Saúde do Trabalhador; Saúde Mental; Unidades de Terapia Intensiva.

RESUMEN

Objetivo: identificar la visión de las repercusiones psicossomáticas enfermeras en relación con su trabajo. **Método:** estudio descriptivo exploratorio, de abordaje cuantitativo y cualitativo, con la participación de 15 enfermeras que trabajan en la Unidad de Cuidados Intensivos de un Hospital-Escuela de João Pessoa/PB/Brasil. El material empírico se analizaron con estadísticas descriptivas simples y análisis técnico del Discurso del Sujeto Colectivo, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación del Hospital Universitario Lauro Wanderley, la Universidad Federal de Paraíba, bajo el número 570/10. **Resultados:** el trabajo en la Unidad de Cuidados Intensivos se puede considerar un disparador de problemas somáticos, ya que los profesionales de la asociada con las enfermedades psicossomáticas somatización plazo. **Conclusión:** es evidente que el trabajo tiene una influencia directa en la salud de los enfermeros que trabajan en la Unidad de Cuidados Intensivo, y aunque los síntomas no se reconocen como efectos psicossomáticos, reflejan la acumulación de factores de estrés de la profesión en el lugar de trabajo. **Descritores:** Salud Ocupacional; Salud Mental; Unidades de Salud de Cuidados Intensivos.

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INTRODUCTION

The modernization and implementation of new technologies in industrial production led to major changes in the development and working conditions, causing significant changes in the social and hence on individual behavior. This assertion is due to the fact that the work environment is becoming an important, if not the main determinant of the form of organization of society, and the means by which man builds his environment and himself.

However, as one of the determinants of the binomial "health and disease", the occupational activity has been perceived inconsistently over time, since on one hand it is essential to the livelihood and survival of men, on the other, according to the circumstances and how it is organized, can also influence the emotional well being of the worker.

In this context, one can highlight the field of nursing, especially with regard to Intensive Care Units (ICU), whose practitioners routinely undergo the unsatisfactory working conditions, due to factors that lead to physical and mental exhaustion, such as low remuneration, the hierarchy, the diversity and complexity of technical procedures. Added to these issues too, the need exists to restrict personal contact these work units, given that professionals must be agile and able to work with urgency and emergency, life-threatening scarcity of material resources, as well to learn about advanced technologies, which requires continuous updating.

Moreover, workers in the ICU are designed to meet a demand that requires specialized human resources, physical environment and specific instrumental advanced technology. This environment has characteristics that must be considered, such as sensory noise, odors, low temperature (due to air conditioning), windows and doors always closed (keep out sunlight) and artificial lighting (which generates intense light).

Such situations can pass on problems to the professionals, particularly nurses, causing them physiological dysfunction as a defense of the psyche, since it establishes a direct relationship with the physical organism. Among these dysfunctions stand out psychosomatic disorders, which arise from the intervention of psychological factors, not contingently as in other diseases, but in a timely manner, directly in the genesis of the disease.

Note that the care provided to patients in ICU permeates is controversial, since, if on one hand it requires rapid interventions, on the other, there is no doubt that spaces are naturally mobilizers of emotions and feelings that often, expressed intensely. Thus, these centers act as nurse involves performing a job surrounded by ambiguities (and rewarding aspects limiting) that are present in your world and life, which become potential triggers of psychosomatic disorders such professionals.

Study that sought to describe factors stressing between workers of Nursing at a University Hospital, identifying in particular the level of stress and psychosomatic disorders auto assigned, identified as triggers of stress these workers: excessive control by the institution; difficulties in interpersonal relations, breach of ethics by colleagues; routine and repetitive activities; excessive number of patients; climate of suffering and death; inadequate wages, lack of pleasure, lack of support and recognition by the institution, among others. In this study, the predominant psychosomatic symptoms were: fatigue, muscle tension, nervousness, irritability, back pain, anxiety, premenstrual syndrome, headache, memory problems, and depression, among others. The authors noted the need to find strategies to reduce the stress factors at work, promoting health and quality of life of the workers. The authors add that the psychosomatic balance these professionals depends on the work process, both with respect to conditions work as your organization.

Thus, considering that the CTI is local exposure of workers to frequent tensions and suffering physical and psychological, psychosomatic disorders, the importance of the health of nursing staff and reduced number of scientific productions involving the subject, he felt the need to identify such repercussions in view of these professionals in order to assess their knowledge about the organic affections that may be related or not manifestations of a possible mental disorder.

Therefore, this study aims to identify the vision of nurses about psychosomatic repercussions in relation to their work.

METHOD

This is a descriptive, exploratory, quantitative and qualitative approach. The quantitative approach involves the systematic collection of numerical information (under strict control), and in-

depth analysis of that information through statistical procedures. Have a qualitative approach works with the universe of meanings, motives, aspirations, values and beliefs. The latter focuses on the exploration of the main set of opinions and representations concerning the subject which is intended to investigate.

The scenario studied was the Intensive Care Unit (ICU) of a university hospital in the city of João Pessoa / PB / Brazil. The choice of this site was through observation study conducted by the researchers during teaching experience, internships in the bachelor's program in Nursing, Federal University of Paraíba, the work done by nurses and scope of the factors that could be triggers of stress and mental suffering these professionals.

The study population consisted of 20 nurses working in the care of critically ill patients in that institution. 15 nurses participated in the study, distributed as follows: five in the general adult ICU, five of five in the NICU and PICU. It was considered as inclusion criteria: be in professional activity in the ICU of the institution, have at least two years of professional activity in CTI and accept voluntarily participate.

Data were collected in April 2011, using a questionnaire and semistructured interview. For the questionnaire was drawn up issues related to mental health, particularly on the work of nurses factors that could cause them psychosomatic disorders, and for the interview we used a script subjective questions.

For analysis of empirical data obtained by questionnaire was used to statistical analysis, using single frequency. The qualitative data, gathered from the interviews were analyzed by means of Technical Analysis of the Collective Subject Discourse.

This technique allows data organization discursive rescue the understanding of a particular phenomenon in a given universe through four phases of operationalization. At first it was effective selection of key expressions of each individual speech, obtained from each subjective question proposed for studies. In the second, we identified the core ideas that each of the participants involved in the study presented in his speech, and the key phrases for each answer for a given question, thereby forming a summary of the content of these expressions. In the third phase, have formed

the core ideas similar or complementary, involving the same answers for a particular question, it literally transcribing the terms used by the research participants. The fourth phase involved the structuring of speech synthesis, speech or collective subject, by grouping similar central ideas, which represents a single speech, as if everyone had been delivered by one individual.

It should be noted that this survey was conducted in compliance to regulatory guidelines of human research, recommended by Resolution 196/96 of the National Health Council (CNS) 11, especially with regard to informed consent. The data collection itself began only after the approval of the research project by the Ethics in Research of the University Hospital Lauro Wanderley / HULW, Federal University of Paraíba / UFPB filed under number 570/10.

RESULTS AND DISCUSSION

With regard to the characterization data of the sample entered the study, the majority of those aged 35-36 years old had corresponding to seven (47%) of sample 5 (33%) between 28-33 years old and three (20%) between 40-56 years old. There was a predominance of females of 13 (87%) of the total sample, and only 2 (13%) are male.

As for length of service, the data showed that 40% (6) of respondents have between 5-6 years of service in the ICU, other results showed that 13% (2) of the nurses interviewed were between 1-2 years, 27 % (4) between 3 - 4 years, 13% (2) between 7-8 years and only 7% (1) 11 years of service. It is noteworthy that the greater the length of service is likely to be greater the risk of having mental health professionals affected by the work, especially in the field of nursing in ICU, since these professionals deal often with the proximity of death, and the fact that patients were at high risk of these professionals work requires more attention and responsibility, which contributes to psychosocial factors such as stress favoring occupational.

Regarding the questions related to job stress, 20% (3) did not consider the work of CTI stressful, followed by 80% (12) who consider stressful. Of these, 67% (8) rated the work with a high degree of stress, 33% (4) rated it as average and 0% was the result that refers to a low degree of stress the role of the nurse in occupational terms.

In this context, nursing, taking responsibility for the suffering of people and life, requires dedication in performing their

functions, increasing the likelihood of physical and psychological exhaustion. Study in an ICU of a teaching hospital in Ribeirão Preto, with 12 nurses in this crowded sector, confirms the previous results, which stress, especially in critical environments such as CTI, has constituted a risk factor to the quality of life of workers nursing and although it is the ideal

place for the care of patients of severe acute recoverable, seems to offer one of the harshest environments, tense and traumatic hospital.

The nurses were also asked about the psychological and physical symptoms more often perceived by them in their daily lives, as shown in Figure 1:

Psychological Symptoms	Physical Symptoms
Decrease of Concentration	Muscle Tension
Bad Memory	Sweating
Fears and Anxiety	Fatigue
Fear of Failure	Headache
Irritability	Stomachache
Anger	Increase of Arterial Blood Pressure
Loss of Motivation	Insomnia
Guilt	Hyperventilation
Depression	

Figure 1. Physical and psychological symptoms most frequently cited among interviewed nurses. Source: Empirical Research, João Pessoa, 2011.

The nurses of the ICU of the University Hospital selected for the study reported, from a pre-established list of somatic symptoms (physical and psychological), often feel the symptoms shown in Figure 1. Besides those who were previously listed, also reported feeling other psychological symptoms such as "feeling of constant alert in and out of work", "disappointment" (for management problems); "family involvement" (with patients' families); "emotional factors, emotional involvement with patients "," insecurity in relation to failure "," excessive sensitivity, disgust. "And the physical symptoms:" aching joints and spine, pain in the lower limbs. "

It was noticed that before all symptoms reported by these health workers, most are of somatic origin, arising as a result of the work, whether for reasons of excessive workload for night shifts, by anxieties and concerns, or for reasons emotional. Such data will meet the results found in revisão14 study, which shows that clinical conditions characterized by somatic symptoms unexplained by general medical conditions have been continuously reported throughout the history of medicine. This same study also shows that these frames also feature commonly disability

disproportionate to the findings of physical examination, laboratory abnormalities and no apparent association with psychosocial factors and / or stress.

Some nurses reported feeling angry, but not as a constant symptom, but in times of stress in the workplace, most often with other team professionals, lack of commitment to the service, or even the lack of contribution of in progress and other professionals in providing humanized critical patient. There is thus, as a symptom of a psychosomatic disorder, another possible trigger these.

To better understand the qualitative data analysis will be presented the core ideas emerged from the collective subject discourse in response to the following question proposed for nurses participating in the study: what do you mean by the term "psychosomatic"?

The nurses' responses to questions proposed building allowed two central ideas: somatization disorders and influence of psychological factors on health. So, are presented in Figure 2, the core ideas and discourse of the collective subject of nurses enrolled in the study:

Central Idea 1	Discourse of the Collective Individual
Somatization of illnesses	<i>Somatize. Develop actions and reactions of stress due to work in a particular industry (Nurse 1). Sum of diseases and physical and psychological aggression that may interfere in the lives of professionals (Nurse 3). Somatization disorders (Nurse 5). Diseases carried by psychological system. (Nurse 7). Sum of psychological factors (Nurse 8). It is the physical impact on the body in relation to the feelings that can alter physiological functions. (Nurse 9). The diseases do not exist but they are somatized and eventually become existing (Nurse 10). Repercussions of issues on the body of each person. Absorption problems, which affect a systemic way. (Nurse 12). Somatization disorders (Nurse 14). Reflection of somatization - "Bringing to you the pain of others", it influences the individual's life (Nurse 15).</i>
Central Idea 2	Discourse of the Collective Individual
Influence of the psychological in health	<i>Something interferes with physical emotional. Ex: Anxiety and stress cause tachycardia (Nurse 2). Psychological changes that can be developed over time (Nurse 4). Backlog of work, stress, work overload (Nurse 6). Influence of psychological disorders on health (Nurse 11). As an example: frequent colds, is not always related to the virus, but the anxiety, depression, low immunity is due to the psychological. (Nurse 13).</i>

Figure 2. Central idea and Collective discourse of nurses participating in the research. Source: Empirical Research, João Pessoa, 2011.

In one central idea, the collective subject discourse of nurses involved in the study expressed quite clearly, is that the term psychosomatic diseases characterized by somatization, which is gained through psychological factors that influences and intensely physical manifestations in the individual. In this context, some authors¹⁵ show that somatization is a manifestation of conflict and psychological distress through physical symptoms. It is believed that these factors manifest themselves in response to social and psychological stresses experienced by everyday situations conflicting, but those affected fail to recognize the relationship between psychosocial issues and their troubles.

It can be seen in the speeches that work and the problems experienced in the daily lives of nurses are considered triggers of psychosomatic illnesses. It is believed that the conditions that are part of the nursing work can directly influence physical and mental health of the individual, contribute to trigger stress and negatively interfere in labor activity developed by this, causing a decrease in productivity, physical and mental exhaustion, absenteeism, feelings of inadequacy and dissatisfaction.

It is further the work of the nursing staff, especially in units taken as critical as the ICU and ER (PS) are characterized by having as object of study, individuals with clinical cases of extreme gravity, patients who are considered at risk of imminent death. Therefore, it requires the team a number of areas that include quick thinking, agility, leadership skills, problem solving, and ability to handle technology, among others.

As can be seen, the discourse of the collective subject of the nurses involved in

the study expressed the central idea 2, also reveals that the term psychosomatic is characterized by the influence of psychological factors on the health of us. This statement indicates that psychological factors are linked directly to quality of life for professionals. These develop symptoms related to work, leading thereby to somatization problems experienced in the industry occupational.

Depression and anxiety in many situations are inherent to the work of the ICU nurse. Studies¹⁸ show that these factors are related to situations of physical or emotional loss, and are characterized by a large number of symptoms that may include feelings of sadness, self-deprecation, helplessness, abandonment, guilt, hopelessness, suicidal thoughts, apathy, inability to feel pleasure and even anguish that supersedes any normal human experience and has an extremely painful emotional character. In addition to these symptoms, the figure is accompanied usually physical changes as sleep, appetite, sexual function, loss or weight gain and psychomotor retardation or agitation. Often, the occurrence of other physical symptoms, such as constipation, indigestion, urinary urgency, difficulty of breathing and pain.

In a complementary fashion to the above, when asked about the influence of labor in the Intensive Care Unit in its Mental Health, 93% (14) of nurses surveyed reported that yes, while 7% (1) answered no.

These data showed that in the view of the majority of nurses, working in the ICU directly influences mental health professionals that class. The terms most often used to justify this situation were "night work, workload, anxiety, high level of complexity, confinement of the environment, noise monitors, level of

responsibility, involvement with patients and mechanical work."

The very task of nursing are considered sources of stress and potential triggers of mental health disorders. The requirements in excess and the different opinions between colleagues, apart from overhead, both quantitatively evidenced by responsibility and complexity of the industry you work in, such as CTI, as seen in the qualitative complexity of human relationships, for example, nurse / client, nurses / health professionals, nurses / familiares.¹⁹

It is further considered that professionals should be agile and skilled to work with urgency and emergency, life-threatening scarcity of material resources, in addition to learning about advanced technologies, which requires continuous updating of professionals.⁴

Each sector nurses to submit a varying degree of stress, as can be noted in the ICU, their intrinsic characteristics, such as routine work faster, which creates a mechanized work, the nightly journeys that can lead to discomfort and ill-be, the weather situation and constant apprehension of imminent death and the noise monitors, end up exacerbating the anxiety and stress ocupacional.

Based on these results, it is clear that the work of the ICU nurses directly affects the health of these professionals.

The representations of these professionals about their work and about the relation of this work with their mental health evidence a set of meanings that depict the conceptions about themselves, in particular organizational reality. These representations converge to a set of ideas drawn from the relationships established by these professionals in your workspace, referring to the level of achievement and needs, the aspirations, desires, concerns and expectations, representations associated with being prepared and circulating in set of activities and relationships developed at work.

So when the nursing staff does not find or recognize a meaning in their work, or even does not bring any kind of accomplishment, suffering can become inevitable and may generate disruption of social ties and bring harm to physical and mental health. However, the pain can be minimized, when you see a sense to him, because when meaningless it becomes difficult to be endured. The work has to go to work as a mediator for health.

CONCLUSION

The study showed that the service time shows to be relevant while can trigger risk

factors that affect the mental health of nursing staff, considering that the longer the service sector in the ICU, there are more somatic symptoms. The data indicate that laboring in that environment, is a function of high degree of stress, aggravating factor for these health professionals.

Another significant finding in the results is that some practitioners, although presenting somatic symptoms, both physical and psychological, which reflect in your body systemically, thus impairing the performance of your normal life, do not have enough knowledge to recognize them so. Furthermore, it can be observed that many professionals associated the term somatization psychosomatic diseases. These results show that although these workers manifest physical symptoms revealed in his speech that these psychological factors are dissociated.

The data also showed that most nurses reported suffering from some psychological disorder, are among the most cited anxiety and depression. These are problems that require a more extensive discussion among all professionals in the health, especially nurses.

Note with conducting this study that work directly influences the health of the nursing staff of the ICU, and that although the symptoms are not recognized as psychosomatic effects, these reflect the accumulation of stressors of the profession in the workplace.

Therefore, it is noticeable that measures should be taken so that these professionals do not feel fragile on the job, and that seek to recognize what causes them discomfort, to seek other ways of coping. It is important to emphasize the importance of educational practices for these nurses, aiming to expand their knowledge and alerting them to prevent problems that may arise in the future, affecting their quality of life.

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Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/07/20
Last received: 2012/10/11
Accepted: 2012/10/12
Publishing: 2012/11/01

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