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STRESS AMONG EMERGENCY NURSES ESTRESSE ENTRE ENFERMEIROS EMERGENCISTAS ESTRÉS ENTRE ENFERMEROS DE EMERGENCIA

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ABSTRACT

Objective: to verify the level of stress among Emergency nurses. **Method:** cross sectional study with quantitative approach, developed in a referral hospital for urgency/emergency and high complexity of the city of Caxias do Sul/RS/Brazil. 10 nurses participated in a total of 13, for which data collection was used Bianchi Stress Scale, consisting of sociodemographic and 51 items to evaluate stress, divided into six areas (A, B, C, D, E, F). The research project of this study was approved by the Ethics Committee under No. 96/2010. **Results:** 40% of the nurses had "alert to high level of stress." The highest scores were in those areas related to "Coordination of activities of the unit" (domain E), "Nursing care provided to patients" (area D) and "Activities related to staff administration" (domain C). **Conclusion:** administrative activities were considered of greatest stress for this population. **Descriptors:** Nursing; Emergency Nursing; Emergency Medical Services; Occupational Health.

RESUMO

Objetivo: verificar o nível de estresse entre enfermeiros emergencistas. **Método:** estudo transversal, com abordagem quantitativa, desenvolvido em um hospital de referência para a urgência/emergência e alta complexidade do município de Caxias do Sul/RS/Brasil. Participaram 10 enfermeiros, de um total de 13 que para a coleta de dados foi utilizada a Escala Bianchi de Stress, constituída por caracterização sociodemográfica e 51 itens para avaliar estresse, divididos em seis domínios (A, B, C, D, E, F). O projeto de pesquisa desse estudo teve aprovação do Comitê de Ética sob o n° 96/2010. **Resultados:** 40% dos enfermeiros apresentaram "alerta para alto nível de estresse". Os maiores escores foram nos domínios relacionados com "Coordenação das atividades da unidade" (domínio E), "Assistência de enfermagem prestada ao paciente" (domínio D) e "Atividades relacionadas à administração de pessoal" (domínio C). **Conclusão:** as atividades administrativas foram consideradas as de maior estresse para esta população. **Descritores:** Enfermagem; Enfermagem Em Emergência; Serviços Médicos De Emergência; Saúde Ocupacional.

RESUMEN

Objetivo: determinar el nivel de estrés entre los médicos de emergencia enfermeras. **Método:** estudio transversal con enfoque cuantitativo, desarrollado en un hospital de referencia para la complejidad de urgencia / emergencia y alta de la ciudad de Caxias do Sul/RS/Brasil. 10 enfermeras participaron en un total de 13 para los que la recopilación de datos se utilizó el estrés Bianchi, que consta de elementos sociodemográficos y 51 para evaluar el estrés, dividido en seis zonas (A, B, C, D, E, F). El diseño de investigación de este estudio fue aprobado por el Comité de Ética bajo el número 96/2010. **Resultados:** el 40% de las enfermeras habían "alertar a alto nivel de estrés". Las puntuaciones más altas se encontraban en áreas relacionadas con la "Coordinación de las actividades de la unidad" (dominio E), "La atención de enfermería prestada a los pacientes" (zona D) y "Actividades relacionadas con la administración de personal" (dominio C). **Conclusión:** las actividades administrativas se consideraron de mayor estrés para esta población. **Descriptores:** Enfermería; Enfermería de Emergencia; Servicios Médicos de Emergencia; Salud Ocupacional.

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INTRODUCTION

Work is a necessity for human survival, without which its existence is compromised. Owns professional activity, and allows men to guarantee their livelihood. It is also the way you get your social role and thus its importance in the world.

The achievement of this social role in the world of work is faced with global developments and growing information and knowledge they bring to modern men intellectual and physical demands. Thus, human labor has usually weared physical and mental reflexes, among others, in the long term it may compromise the quality of life of the professional, which is vulnerable to stress and can interfere with your life in the professional, social and personnel role.

The word stress had its first definition applied to health in 1956 by Hans Selye, who defined it as a nonspecific response of the body to any demand. Through his studies, Selye described the "General Adaptation Syndrome" (GAS) characterized as a physiological reaction in the body's defense response to any aversive stimulus.

Thus, stress is defined as a stimulus that requires the internal or external environment and tax or exceeds the sources of adaptation of an individual or social system, with a determinant of the severity of the stressor. This concept is known as interactionist model, which cares about putting the subjectivity of the individual as a determinant of the severity of the stressor. Regardless of the situation, the subject makes an initial assessment, and determines the significance of the event, which may result in a behavioral response, ie an action. Such an event can be classified as a threat, a challenge, or even irrelevant to the individual.

Thus, we highlight the work of nursing working conditions, sometimes inadequate due to accumulation of scales of services, increased workload, as well as by generated characteristics of tension; health services to both the nature of care provided to people in situation risk as the social division of labor among others. Glimpses up the work of the nurse inserted in healthcare institutions as a multifaceted activity, divided and subjected to a variety of positions that are promoters of wear.

Studies show nursing as a profession characterized by stress as a function of load resulting from psychoemotional nurse-patient relationship, the physical demands, the deficit of workers, extended shifts, poor

working conditions, the limited decision-making power among others.

In this sense, the work should provide minimum requirements for the performance and quality of life of the professional as well as being pleasurable. Research conducted in the emergency department showed that the organizational structure of the hospital has its share in the occurrence of stress for nurses and the physical environment and the minimum time for completion of nursing care are determinants in the workload of nurses.

Another study found that the work of nurses in emergency can lead to stress due to situations inherent in this activity, because the requirement of attention, concentration and physical and emotional strength can trigger illnesses, including stress.

Given the above, the study aims to verify the stress level of nurses Emergency physicians.

METHOD

Cross-sectional study with a quantitative approach, developed in a referral hospital for urgent / emergency complexity and high potential for a population of one million people in the city of Caxias do Sul / Rio Grande do Sul / Brazil.

The study population consisted of 10 nurses, service workers urgent / emergency, a total of 13 nurses allocated to this sector, since one found himself on vacation, and two withdrew from the study. The criteria for the study were being a nurse in the emergency room / emergency of the hospital, not being on vacation or license of any kind and take up the case.

To carry out the collection, which occurred in July and August 2010, the nurses assigned to the emergency room / emergency of the hospital were invited personally by the researcher to participate in the study and on receipt of the questionnaires was scheduled for a date recollection of it. After collection, was built in a database spreadsheet program Excel. The instrument used was a questionnaire called Bianchi Stress (EBS) developed and validated to assess levels of stress in hospital nurses. It is an instrument comprised of two parts, the first being for socio-demographic population: sex, age, unit of work, working time in the unit, year of graduation, postgraduate course, and the second part consisted of 51 items to assess whether the activities performed by nurses are perceived as stressful. Score for each question used a Likert scale with a range of one to seven, where the value 1 (one) was

determined as "slightly stressful" and the value four (4) as "medium exhausting" and the value 7 (seven) as "highly stressful." The value zero indicates that the nurse does not perform a certain activity.

Were determined stress scores in six domains: A: relationship with other units and supervisors (items 40-46, 50, 51), B: activities related to the proper functioning of the unit (items 1-6), C: activities related to personnel administration (items 7-9, 12-14), D: nursing care provided to patients (items 16 to 30), E: coordinating the activities of the unit (items 10, 11, 15, 31, 32, 38, 39, 47), F: working conditions for the performance of activities of nurses (items 33 to 37, 48 and 49).

To check the level of stress was averaged across the items comprising each domain, excluding the number of zeros marked. The analysis of the mean score for each domain identified the area of greatest stress, as well as analysis of the mean score of each item allowed to identify the prevalent stressor for the population. The average score of each nurse identified the level of stress with the following scores standardized score: equal to or below 3.0 = "low stress"; 3.1 to 4.0 = "medium stress level", 4.1 to 5.9 = "alert to high stress" and equal to or greater than 6.0 = "high stress" . To assess the internal reliability of the scale used the Cronbach Alpha.

To develop this study we observed the ethical and legal guidelines contained in Resolution 196/96 at the Health Ministry, which set standards and guidelines for research with beings humanos.⁹ The research was referred to the Committee on Ethics of the hospital, which was approved under No. 96/2010. For the study participants was given the consent form, in duplicate, with the objectives, methods, rationale and form of

ongoing research, observing clear and accessible language released the withdrawal of the subject at any time, subject and warranty anonymity. To be assured that these aspects, the subjects were identified by numbers.

RESULTS

Among the nurses survey participants 50% were female and were aged 20 to 40 years old. The service time in the hospital was less than a year to 60% of subjects. When asked about having postgraduate course, 100% of nurses reported having at least a graduate degree in progress or completed up to four postgraduates. The courses varied in the following subject areas: Intensive, Urgency and Emergency, Teaching, Education, Management, Accounts Audit, Stomach Therapy, among others. It was observed that 30% of participants had qualifications in the field of Urgent and Emergency.

Was performed consistency analysis, which showed Cronbach's alpha coefficient value of 0.908, considered satisfactory because values above 0.70 are confirmatory for this result. However, to obtain this value, the study showed a negative correlation, and that this value was obtained satisfactory were excluded questions number 9 and 10. The analysis of internal consistency of the domains was also calculated: domain A = 0.823, B = 0.788 domain, domain C = 0.949, D = 0.922 domain, domain, domain E = 0.760 and F = 0.787.

In order to determine the stress levels of the study population, we calculated the average stress of each nurse participant in the study, which ranged from 2.02 to 4.87, with 7 (seven) was the maximum scale. Thus, we see in Table 1 that 40% of the population has "alert to high stress level."

Table 1. Stress level of the population studied. Caxias do Sul-RS, 2010.

Classification	n	%
Low level of stress	2	20%
Middle level of stress	4	40%
Alert for high level of stress	4	40%
Total	10	100%

From the standardized scores it shows that no nurse had a high level of stress. Figure 1 shows the average stress for each area in

which it appears that the "Coordination of activities of the unit" (E) as the highest score. The average total score was also calculate.



Figure 1. Averages of each domain and the total score for this study EBS. Caxias do Sul / RS, 2010.

It was found that the domain E: Coordination of activities of the unit - had higher scores, which is the area of greatest stress, followed, respectively, Domain D: "nursing care provided to patients" and Domain C: "-related activities personnel administration. "According to Figure 1 can be

considered the following order for stress E> D> C> A / C> B. However, all areas kept values compatible with medium stress level.

By analyzing the activities within each domain, we have the following issues with levels above 4.00, which "warns of high stress".

Table 2. Average activities with the highest stress level in each area of the study population. Caxias do Sul / RS, 2010.

Domain	Activity	Average
E- "coordination of the unit activities"	"to control the quality of the assistance"	5,20
	"to actualize rotines, norms and proceedings"	4,33
	"to make a monthly report of the unit"	4,25
	"to make discussions of a case with the multiprofessional staff"	4,11
D- "assistance of nursing given to the patient"	"to attend the necessities of the relatives"	5,00
	"to teach relatives of a critical patient"	5,00
	"to attend the relatives of critical patients"	4,80
	"to attend the emergency cases in the unit"	4,10
C- "activities related to management of the people"	"to control the nurse staff"	4,91
	"to coordinate the staff's activities"	4,73
A-"relationship with other units and supervisors"	"relationship with the tools' center"	4,30
	"relationship with the admission and medical discharge of the patient"	4,10
	"comunicação with the supervisors of nursing"	4,20
F-"work conditions for the performance of the nurse's activities"	"to participate in the comisions in the institution"	4,29
	"to make bureaucratic activities"	4,20
	"to make activities with the lowest available time"	4,50
	"noise level in the unit"	4,10
B- "activities related to the adequate functioning of the unit".	"equipments control"	4,10

DISCUSSION

Research conducted with nurses; mostly have female predominance, what can be regarded as a feature of this profession. However, this study showed a percentage of 50% for men and 50% for women.

There is a young-adult population, below 40 years of age, which was expected to drive this service, as other studies also show a predominance of this age group.

Regarding graduate, 100% of respondents had at least one graduate or still to being completed, what brings us to market requirements and qualifications of professionals. Moreover, technological advancement brings the need for qualification and upgrade to professional. In this sense, it is likely that institutions contribute to nurses seek ways to adapt to ongoing changes, to invest in professional training. A graduate could be seen as a differential to the marketing work, but increasingly is being evaluated as a requirement for taking on

certain roles. A study of nurses in emergency units also showed high levels of nurses postgraduates.

It reveals three areas which showed higher scores for stress, E> D> C respectively. The domain E: "coordination of activities in the unit" (4.00), the domain D: "nursing care provided to patients" (3.88), and domain C "activities related to personnel administration" (3.87).

Regarding the coordination of the activities of the unit, it was found that the administrative activities were perceived as stressful by the research participants. Thus, as has been negative for the emergency services and rescue the fact that they mostly do not have nurses to develop care and administrative activities independently. The paperwork showed up as a stressor to the nurses, since their academic training is geared for assistance. For some authors, the managerial role of nurses in our country, it is still an issue full of doubts, disagreements and misunderstandings.

The presented as activities "alert to high stress" to "control the quality of care", "update routines, rules and procedures", "draft report monthly unit"; "carry case discussions with a multidisciplinary team". It is emphasized that the quality of care was assessed not only by performing direct patient care, but also for the maintenance of records and data on paciente.⁴ Furthermore, the emergency department is a high turnover industry and have a shifting dynamics, there is no way to have a care planning and follow him correctly.

Moreover, even though there are devices recommended by the Ministry of Health (MoH), as the Risk Rating, which can help achieve quality care, comprehensive care is still considered critical in ready-help. Note that the participating institution study used this tool as recommended by the Ministry of Health and, even then, the quality of care was of concern and stress for the respondents.

In the nursing care delivered to the patient (D), functions to meet the needs of family members, relatives of critical patient guide, meet the family members of critically ill patients and meet the emergency unit in the issues that have been presented with "alert to highest level stress." It can be seen attending to relatives of critically ill patients as a stressor for the study population, either in direction or in their needs. For the family in general are tense, insecure and experiencing situations of fear ahead to what may occur with the patient.

In bibliographic study on the nurse, patient and family, the grieving family can be identified when the family expresses curiosity, need to know and question the performance of some procedures, clinical course and prognosis of the patient, which leads the mood changes such as irritability in professional and discomfort. While it is up to the nurses and staff of different professionals to share information with family members, is a function of the doctor give further clarification as diagnostics, for example.

In addition, the nurse must integrate the interdisciplinary team in order to promote a better relationship between patient and the family. This sense, the situation urgent / emergency in which the patient and his family are, there is a need to create a link for the work process becomes the least traumatic possible, and this bond can be done through communication with the patient and his family. It perceived as challenging to learn how to deal with relatives of patients as shown by other research.

How to meet the emergency unit, we have professionals do not consider themselves sufficiently prepared for this, as they have identified this situation as stressful. The emergency unit is presented as unexpected for professionals as nurses experience an anxiety by blurring their work activities, and assume a posture of constant alert due to the characteristics of the dynamics of this sector. Despite the overall professional feel gratified to serve patients, they experience intense anguish and stress because they have to perform high number of complex procedures. Other research has shown that the fact of witnessing violence, assault and death of patients, as well as participate in the emergence of complex procedures can be physically and emotionally draining for the team.

In activities related to personnel administration (C), the performance of such functions as controlling the nursing staff and oversee team activities were referred to as "alert to high stress level." The activities related to personnel administration, such as training, team evaluation, control and supervision are assessed by nurses as stressors. The administration staff can be crucial to high levels of stress due to the fact ignore the presence and constant attention of a nurse, who often need to deploy to account for the activities due to insufficient staff. Other studies have also pointed to personnel administration be perceived as stressful.

CONCLUSION

Given the results was perceived that nurses Emergency physicians are a young population and administrative activities were presented as major stressors. He highlighted that 40% of respondents had "alert to high stress level." Furthermore, the activities to meet the relatives of patients meet the urgencies and emergencies, as well as personnel administration were considered stressful. What is confirmed in other studies conducted with nurses from other emergency services and emergency, because stress is independent of geographic location or region but is associated working conditions, and the conditions for coping with the stressful situation.

Thus, it was considered that this research may provide support for administrators of hospital services, as well as supervisors and nursing professionals themselves as a way to learn more about the causes of stress in nurses Emergency physicians. It should be noted that this study addresses is a situational diagnosis, however these results may serve as a support for other services, as well as other research.

We suggest replication of this study in other institutions as well as with larger populations, because the recognition of stressful situations constitutes an important tool for analysis and planning of service functionality, and to achieve a healthier work environment.

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