Objective: to analyze the scientific literature addressing the stress-mediated relations between nurse and patient. Method: this is an integrative literature review aiming to answer to the research question “does stress affect nurse/patient relations?”. The search for articles published between 1997 and 2013, in Portuguese, English, and Spanish, was conducted in the databases MEDLINE, LILACS, and SciELO, by means of an instrument to identify the profile of studies. Data were condensed into tables and discussed in the light of literature. Results: we identified 19 articles, out of which 14 were selected. All of them had a theme alluding to the research question of this integrative review. Conclusion: the selected scientific studies proved to be incipient and, given the scenario in Brazil, the theme “nurse/patient relations” requires further investigation and it constitutes an emerging field of research. Descriptors: stress; nurse/patient relations; mental health; embracement.

RESUMO
Objetivo: analisar a produção científica sobre as relações de estresse entre enfermeiro e paciente. Método: trata-se de revisão integrativa que visa a responder a questão de pesquisa “o estresse prejudica as relações enfermeiro/paciente?”. A busca de artigos publicados entre 1997 e 2013, em português, inglês e espanhol, foi realizada nas bases de dados MedLine, Lilacs e SciELO, por meio de um instrumento para identificação do perfil dos estudos. Os dados foram condensados em tabelas e discutidos à luz da literatura. Resultados: foram identificados 19 artigos, dos quais 14 foram selecionados. Todos apresentavam temática alusiva à questão de pesquisa desta revisão integrativa. Conclusão: os estudos científicos selecionados mostraram-se incipientes e, diante do exposto no Brasil, a temática “relações enfermeiro/paciente” demanda mais investigação e constitui campo de pesquisa emergente. Descriptores: estresse; relações enfermeiro/paciente; saúde mental; acolhimento.

RESUMEN
Objetivo: analizar la producción científica acerca de las relaciones de estrés entre enfermero y paciente. Método: esta es una revisión integradora con el objetivo de responder a la pregunta de investigación “el estrés afecta a las relaciones enfermero/paciente?”. La búsqueda de artículos publicados entre 1997 y 2013, en portugués y español, se llevó a cabo en la bases de datos MedLine, Lilacs y SciELO, a través de un instrumento para identificación del perfil de los estudios. Los datos fueron condensados en tablas y discutidos a la luz de la literatura. Resultados: se identificaron 19 artículos, de los cuales 14 fueron seleccionados. Todos ellos tenían un tema en alusión a la pregunta de investigación de esta revisión integradora. Conclusion: los estudios científicos seleccionados se mostraron incipientes y, dado el escenario en Brasil, el tema “relaciones enfermero/paciente” requiere una mayor investigación y constituye un campo emergente de investigación. Descriptores: estrés; relación enfermero/paciente; salud mental; acogimiento.
INTRODUCTION

Professionals’ concern regarding occupational health has gradually increased, something which raises among workers a feeling of search for better working conditions, especially in the health care field. Projects and actions chiefly aim to benefit the quality of care in a humanized assistance, a responsibility of the entire multidisciplinary team, guaranteed by embrace as a result of health practices to be performed before, during, and after the provision of care.\(^1\) Thus, it becomes clear that the rationale conceiving health as the result of medical intervention through medication is outdated, since, nowadays, health is associated with a project not only for recovery, but for maintenance of the physical, psychic, social, and environmental well-being.\(^2\)

It is key to highlight that adverse conditions at the workplace, such as lack of medicines and equipment, psychological pressure, among others, may affect the quality of nurse’s care at the workplace\(^3\) and they can include anxiety concerning the potential outcomes of illness or trauma and an inadequate strategy for individual coping with stress related to patient’s acute situational crisis.\(^4\)

There is a need to adopt actions aimed at the prevention of accidents, by means of lectures and seminars designed for the working population and continued education to the nursing staff, as an inherent part of educational activities for occupational nurses.\(^5\) Working is a right guaranteed by the Brazilian Federal Constitution to the citizen, however, to work, the individual needs to be healthy and keep her/his health. So, it is unacceptable, ethically and legally, that a person becomes ill due to work.\(^6\)

Nursing is among the youngest professions\(^7\), nevertheless, it is one of the oldest arts, since it dates back to antiquity, with the development of techniques for providing appropriate care.\(^8\)

Modern nursing, since Florence Nightingale, in the second half of the 19\(^{th}\) century, has consolidated the technical division of work\(^9\) and it is subject to relations of purchase and sale of labor power, as we know in contemporary times.\(^10\) So, nursing care, which was initially fully executed by an only person – even a lay individual – becomes fragmented into “techniques” or “tasks”, which will promote the development of nursing practice, aiming to save time and make the execution of service quicker.

The types of care that patients are provided with are distributed among members of the nursing team who, supposedly, have technical competence to execute them, because tasks are divided by complexity level, leading the same patient to be treated by various nursing segments.\(^9\)

This argument makes it clear that, since the emergence of this profession to the current day, the nurse has sought self-definition, in order to construct her/his professional identity and gain social recognition. In this pathway, this professional has faced difficulties that compromise her/his practice and even impact on her/his personal life.\(^11\)

The nursing team executes various activities, such as: individual care, care for specific groups, community care, epidemiological surveillance, and monitoring of all programs and subprograms.\(^12\) The profession has an intrinsic feature – a blurred professional role – that may also be listed among its stressors.\(^11\)

Stress is a syndrome characterized by a set of reactions that the body develops when subject to a situation that requires from it an effort to adapt. The classical meaning of the word stress may be expressed by the following statement: stress refers to any non-specific effects of factors (normal activity, disease-producing agents, drugs, etc.) that can act on the body. These agents are named stressors when it comes to their capacity to produce stress.\(^13\)

The relation of mental health to female work is established by means of images and representations of nursing professionals, a category mostly made up of women, whose object, care, is characterized as a women’s task. This specificity attributes special features to female nurses and their work: care, as an extension of housework (invisible, subjective, and socially devalued), is mostly practiced by women\(^14\); in turn, cure is achieved through diagnosis and treatment (visible, objective, and socially appreciated) and it is mostly attributed to men.\(^15\)

The responsibilities taken, despite the autonomy provided by working along with a multidisciplinary team, constitute a context involving many factors of tension, conflict, and dissatisfaction\(^16\); if not well managed by female nurses, they may negatively influence on their relations to patients, individuals requiring special dedication and comfort.

The word relation\(^7\) concerns an association between at least two people. Within the period in which nursing services are provided, a relation is constituted between the female...
nurse and the patient, which may also be named therapeutic, since the desired result, deriving from it, is usually achieving health recovery. This relation is aimed, above all, at health promotion, in order to improve patients’ quality of life. Nursing care involves knowledge and respect between both parties and the professional must put her/himself at the disposal of the patient to serve her/him in the best possible way.17

The relation between nurse and patient is an awakening to the responsibility of existing, especially for the patient; at the moment when her/his consciousness is recovered, she/he needs to have a professional by her/his side whose duty is providing the care and information needed in face of the circumstances. It is worth considering the impact of these factors on the patient in order to intercede so that the world around her/him is more embracing, despite the need to keep devices as supporting elements of care.18

It is noteworthy that the patient or her/his family may request hospital discharge against medical advice and the nurse cannot persuade her/him to give up, so, the nurse should ask the patient to sign a form for requesting discharge, exempting the hospital from legal liabilities that may derive from medical problems faced after discharge, something which can disturb the relation to this patient and her/his family members.17

Being a nurse means having the human being as a work object. There is a close relation between work/worker, due to a direct and uninterrupted contact to pain, death, suffering, despair, incomprehension, irritability, and many other feelings and reactions triggered by the illness process. There is a natural strain, which may influence on work absence.18

The concepts of stress and response to stress have changed over the centuries. It is worth understanding the impact on nursing professionals, since the psychological and mental damage caused by daily stressful situations can compromise patient care. Work may be perceived as a source of satisfaction, however, when it goes beyond the limits of physical and psychological endurance, it can cause harm to nurse’s health.19

Occupational hazards vary according to the activities concerned and the environment. The burden of risk can trigger damage to worker’s health, leading to absenteeism, something very disturbing in nursing, because it disorganizes the service, raises dissatisfaction and causes overload for workers on duty, and, thus, decreases the quality of care provided for the patient.18

When a patient is hospitalized, she/he requires special care, not always met, because the professional focuses on the disease and often forgets that along with illness there is a person. In order to establish a favorable and appropriate interaction between nurse and patient, it is key that both of them are flexible, available, willing to know the other, and let her/himself be known, too.20

Something that forcefully emerges from every investigation on embrace is its contemporaneity, i.e. its ability to be contextualized in our times, mobilizing dormant energies and renewing hope in the health services as groups of actors who propose to construct a better future for humankind.21

Viewed in this light, “humanizing” the relations between users and workers, thus “humanizing” processes in health services, means recognizing the subjects as having wishes, needs, and rights. The ultimate aim of the work process in health care is precisely producing something that corresponds to users’ health needs.22 Recognize them as subjects means being committed to meet their needs, perceiving health as a right, by constructing relations of embrace, bond, and accountability.20

The nurse should strive to know the patient, so that there is constant dialogue between them. We must promote patient’s trust in respect and empathy during the provision of care. There is a need for relying on a relation that allows decreasing anxiety in an ill person, since the fact of being physically weak, probably with compromised immune system, leads the patient to feel fragile and lonely.23 Thus, the conception that user embrace is key widens, but embracing the professional who deals with them is also crucial, because taking care of oneself is regarded as a need in order to be able to care for the other.21

Working in the area of public health must take into account the new paradigm that implies healthy attitudes and lifestyles and indicates prevention as the best way to ensure health24, without avoidable illnesses or deaths by mistake2, in addition to control and decreased spending on health care, both in the public and private levels.25

Health is a fragile state; to keep it, the body continuously adapts to changes, or stressors, and acts on them. If stressors have a lower incidence, the reaction is imperceptible and unimportant, but there are cases requiring a stronger reaction from the body to recover itself, something which can...
Stress in nurse/patient relations: integrative...

METHOD

Article prepared from the monograph << Stress in the relation between female nurse and patient >>, presented to Universidade Gama Filho, Aracaju, Sergipe, Brazil.

As a methodological strategy, we adopted the integrative literature review, which allows applying the evidence-based practice (EBP) and providing a theoretical and practical knowledge on a given area.

An integrative literature review collaborates with science, contributes to developing theory, and it has a direct application to practice and health policies. It identifies the theme, the guiding question, and the criteria established for including and excluding studies; defines the information to be extracted from selected studies; conducts a critical evaluation of selected studies; interprets the results; and presents a synthesis of knowledge.

To guide this integrative review, we prepared the following question: “does stress affect the nurse/patient relations?” To select articles, we used as databases: the Medical Literature Analysis and Retrieval System Online (MEDLINE); the Latin American and Caribbean Literature on Health Sciences (LILACS); and the Scientific Electronic Library Online (SciELO). The survey was conducted in April and May 2013.

The inclusion criteria were: articles published in Portuguese, English, or Spanish, between 1997 and 2013, and made fully available in the databases. We excluded the studies that were not fully available, dissertations, theses, and articles from non-scientific journals, besides those which did not fall within the publication period, from 1997 to 2013.

The following standardized terms available in the database Descriptors in Health Sciences (DeCS) were used: stress, nurse-patient relations, mental health, embracement. An online search was conducted and, initially, 19 articles were obtained. Out of these, we excluded 3 because they were not related to the theme, by reading the title and abstract.

A full reading of the remaining 16 articles led to the exclusion of 2 articles repeated in the databases queried. Thus, the final sample of this review consisted of 14 articles, with a predominance of studies at the methodological quality level 4 (8 articles), followed by those at level 2 (3 articles) and those at level 1, 5, or 6 (1 article each).

This type of research has been extensively used in nursing for deepening of subjects by professionals, and this initiative contributes to practicing evidence-based nursing.

For collecting data from selected articles, a figure was prepared covering these items: title, method, evidence level, main findings, conclusions. For analysis and subsequent synthesis of articles, another figure was prepared covering these items: journal, author(s), and publication year.

RESULTS

Review presentation and data discussion took place in a descriptive way, in order to enable the reader to critically evaluate the results obtained and their applicability. In this integrative review, 14 articles which met the inclusion criteria were analyzed.

We found out that the literature addressing the theme “stress in nurse/patient relations”, although still scarce, has emphasized the importance of mental health and embracement by nurses, in order to deliver a good quality care.

Analyzing articles’ aim(s), it became clear that the publications found are not just focused on stress, but rather on nurse’s health as a whole.

Regarding the publication year, 2 articles were identified only in 2005; from 1997 to 2004 and from 2006 to 2013 only 1 article was identified in each year.

Figures 1 to 3 display a synthesis of the articles included in this integrative literature review.
<table>
<thead>
<tr>
<th>Title</th>
<th>Method</th>
<th>Evidence level</th>
<th>Main findings</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The air-conditioned environment and the nursing professional’s health:</td>
<td>Integrative review study.</td>
<td>4</td>
<td>We notice researchers’ concern with regard to an air-conditioned hospital</td>
<td>Work became a means by which human beings achieve satisfactory life conditions and the workplace has a great impact on their health, because, usually, they spend most of their life at the workplace.</td>
</tr>
<tr>
<td>Receptiveness and changes in the nursing work process in healthcare</td>
<td>Exploratory and descriptive study that adopts a qualitative methodology.</td>
<td>4</td>
<td>The importance of embracement: conceptions and professional attitudes; actual and ideal embracement; nurses experience in deploying changes; embracement processes.</td>
<td>The complexity involved in a child emergency room is highlighted, considering the numerous factors that influence on the quality of care.</td>
</tr>
<tr>
<td>Stress among emergency unit nurses</td>
<td>Exploratory-descriptive field study, with a quantitative approach, conducted in public and private institutions.</td>
<td>4</td>
<td>The total score obtained (3.69) indicates that nurses working in emergency care had medium stress level.</td>
<td>A post-traumatic stress disorder derives from specific conditions related to violence. This is a severe illness, with deep biological, psychological, and social consequences, and it requires special attention from health professionals and public authorities.</td>
</tr>
<tr>
<td>A saúde mental e o trabalho do enfermeiro</td>
<td>Qualitative, descriptive, and analytical study analyzing nurses’ mental health conditions with regard to their work.</td>
<td>4</td>
<td>Factors highlighted by respondents with regard to working conditions and the type of work undertaken by nurses suggest that there is a need to humanize care also paying attention to the health professional’s emotional status.</td>
<td>The emergency unit has features that make nurses from this sector as stressed as nurses from the ICU.</td>
</tr>
<tr>
<td>The world-life in an intensive care unit: the human experience in a</td>
<td>Qualitative, descriptive, and analytical study.</td>
<td>2</td>
<td>It is indicated that the patient seems to rediscover hope in recovery within the ICU and confidence provided by the quality of services offered.</td>
<td>It is concluded that the perception of each patient hospitalized in the ICU follows the movement of her/his experience of existential temporality and the way how to focus it also depends on the look of each researcher analyzing it.</td>
</tr>
<tr>
<td>Mental health nursing work: contradictions and current potentials</td>
<td>Literature review on the work of mental health nursing, in the context of the Psychiatric Reform.</td>
<td>2</td>
<td>It is indicated that the nurse has not been an active professional in redefining work division within the mental health team. This is reflected in technical procedures virtually invisible in the work set.</td>
<td>In the context of nursing work in mental health, historically marked by a medical model that disciplines individuals and communities, nursing practices show to be subordinate to the medical process.</td>
</tr>
<tr>
<td>Mental health and woman work:</td>
<td>Descriptive study with a qualitative approach.</td>
<td>2</td>
<td>Representations full of feelings that allow viewing</td>
<td>Under the focus of female nurses’ struggle for mental health.</td>
</tr>
</tbody>
</table>
nurses and representations conducted through a semi-structured interview grounded in the Theory of Social Representations and having as a supplementary basis Work Psychopathology and Psychodynamics. work as a factor of suffering for female nurses are identified. health at their workplace, the representations of these professionals have the mark of individual and collective organizational features and they must be understood within the context where they are produced. Further investigations are envisioned to deepen knowledge on issues such as shift rotation, a practice shared by professionals from various fields of nursing. The stress in nursing profession Exploratory and descriptive study approaching the perceptions of occupational stress by nurses playing various roles. An understanding that the sources of stress for nurses vary is indicated, though some are considered common, regardless of the position that the professional holds and her/his area of expertise. Absenteeism of nurses from a university hospital Quantitative research conducted at a university hospital based in the positivist approach and in the standardization by the Subcommittee on Absenteeism of the International Association of Occupational Medicine. Absenteeism was understood as nursing professional’s absence from work activities. Illness was the leading cause (72.6%). It was concluded that the absenteeism rates among nurses in the institution under study are considered high, indicating the need to seek solutions specific to each sector. User embracement” and the working process in health: Betim’s case, Minas Gerais, Brazil Experience report on reversing the technical care model to health care based on the operational policy of embracement. The formation of a multiprofessional “embracement team” broke with the verticality of work organization in the health unit and radically changed the working process of non-medical professionals. Due to the fragmentation of nursing work, the professional categories subordinate to nurses move away from the whole, i.e. nursing care, to focus on the parts, i.e. the tasks. It is proposed that bond, as another guideline of the technical care model, is deployed along with embracement, leaving the rationale “schedule/appointment” towards accountability of the multiprofessional team. Some reflections about the functional method in nursing work Reflections on the functional method in nursing work. According to the theme found in the articles, nurses’ mental health is highlighted with regard to patient’s embrace, her/his relation to the latter, and the care provided. It was also found out the stress of nurse herself.

<table>
<thead>
<tr>
<th>Journals</th>
<th>Authors</th>
<th>Publication year</th>
</tr>
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<tbody>
<tr>
<td>SMAD Rev Eletrônica Saúde Mental álcool Drog. 6(Spec):460-70.</td>
<td>Serafim PM, Marcelo F.</td>
<td>2010</td>
</tr>
<tr>
<td>Cad Saúde Pública. 23(2):331-40.</td>
<td>Takemoto ML, Soligo SEA.</td>
<td>2007</td>
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</table>

Figure 1. Synthesis of selected articles.

Figure 2. Sources of selected articles.

Figure 3. Thematic distribution of selected articles.
We discuss the importance of quality of life at work and the political situation that nursing professionals face, with lower wages, a very long monthly workload, due to the fact that the professional works in 2 or 3 places at the same time, the stress factor, nurse’s mental health itself and the nurse/patient relation itself.\(^{11}\)

It is known that quality of life at work constitutes the basis to achieve total quality, especially with regard to health professionals, whose priority is providing the patient with care, something which often leads these workers to abdicate their own health. It is worth having in mind that every human being is endowed with individual abilities and skills, which can be influenced by work conditions.\(^{25}\)

Embracement has been analyzed by means of various approaches and it comprises, above all, the relation professional/user in health services, so that it is focused during the provision of care. Embracement is also among the guidelines of the National Humanization Policy, created in 2003, as well as care and management in the Unified Health System (SUS), making it a constitutive process of health production and promotion practices; it is up to professionals to create spaces that enable a qualified listening, leading to accountability and providing the user with an appropriate response.

Nursing care in the emergency service is related to characteristics inherent to this environment. Thus, high patient turnover, high number of patients provided with care, lack of professionals’ sensitivity to the existence of teamwork, troubled environment, lack of privacy, and structural conditions are factors that hinder a quality-driven care.\(^{29}\) It is worth recalling that each individual is unique, she/he has unique characteristics and must be understood according to her/his own limits\(^{30}\) and at her/his own time.

Nurses are brilliant in confrontations and they often have a strong belief that they can handle anything that comes over their personal or professional life domains, and this belief generates a superhuman philosophy, making it difficult to admit that they are stressed, even though, for them, what really matters is the promotion, protection, and recovery of patient’s health, forgetting about themselves.\(^{32}\)

The therapeutic relation nurse/patient is defined as an aid based on mutual trust and respect, affection, faith, and hope, being sensitive to oneself and to the others, and assisting to meeting the physical, emotional, and spiritual needs of patients through knowledge and skill. This relation of trust and embracement results in harmony, even though non-verbal communication may betray such relationship.

The lack of emotional control derives from exhaustion, a stress due to working routines that should be reviewed so that it is possible to ensure a positive interaction between nurse and patient; it is part of an effective service. Anyway, much of any person’s life takes place at work. So, the impact of work on health constitutes a vital theme for many professionals.\(^{7}\)

It was found out that the literature addressing the theme is still incipient, although several studies indicate a need for greater attention to stress in nurse’s daily life and a concern with the mental health of those providing care and those who are cared for, since stress can affect the quality of care.

In order to preserve professional’s health, it is key that she/he is within a balanced and dignified environment, indispensable for a good nurse/patient relation, with quality of life at work. Humanization of health is noteworthy, both with regard to the nurse and the patient.

Quality of life at work constitutes the basis to achieve total quality, especially with regard to health professionals, whose priority is providing the patient with care, something which often leads these workers to abdicate their own health.


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