Occupational stress and coping: reflection on the concepts and practice of hospital nursing

Abstract

Objective: reflecting on the occupational stress and coping in hospital nursing practice. Method: a study of theoretical reflection performed in two phases: obtaining the theoretical rescue of concepts about stress, occupational stress and coping; the discussion on the articulation of concepts in the practice of nursing. Results: educational strategies focused on solving problems should be encouraged specifically for nursing professionals, for being the most used form of coping labor stress. The role and autonomy of the subject and the teams should be encouraged so that they feel able to propose effective improvements in their working environment. Conclusion: it is necessary to the continued reflection about labor and stress coping in nursing to promoting health care of these professionals and improving the quality of work performance. Descriptors: Professional Exhaustion; Psychological Stress; Nursing Staff; Worker’s Health.

RESUMO

Objetivo: refletir sobre o estresse ocupacional e coping na prática de enfermagem hospitalar. Método: estudo de reflexão teórica realizado em dois momentos: obtenção do resgate teórico dos conceitos de estresse, estresse ocupacional e coping; realização da discussão sobre a articulação dos conceitos na prática de enfermagem. Resultados: estratégias educativas focadas na resolução de problemas devem ser incentivadas especificamente para profissionais de Enfermagem, por ser a forma de enfrentamento do estresse laboral mais utilizada. O protagonismo e a autonomia dos sujeitos e das equipes devem ser estimulados para que os mesmos se sintam capazes de propor melhorias efetivas no seu ambiente de trabalho. Conclusão: faz-se necessário a reflexão continuada acerca do estresse laboral e coping na Enfermagem, com o intuito de promover o cuidado à saúde destes profissionais e melhorar a qualidade do desempenho laboral. Descriptores: Esgotamento Profissional; Estresse Psicológico; Equipe de Enfermagem; Saúde do Trabalhador.

RESUMEN

Objetivo: reflexionar sobre el estrés en el trabajo y hacer frente a la práctica de enfermería hospitalaria. Método: el estudio acerca de la reflexión teórica fue realizada en dos fases: la obtención de estudio teórico de los conceptos de estrés, el estrés laboral y la adaptación; realización del debate sobre la articulación de conceptos en la práctica de enfermería. Resultados: estrategias educativas centradas en la solución de los problemas deben ser alentados específicamente para los profesionales de enfermería, que es la forma de hacer frente a la tensión de trabajo más utilizada. El papel y la autonomía de los individuos y los equipos deben ser alentados para que se sientan capaces de proponer mejoras efectivas en su entorno de trabajo. Conclusión: es necesario a la reflexión continua sobre el estrés en el trabajo y hacer frente en la enfermería, con el fin de promover estos profesionales de la salud y mejorar la calidad del desempeño en el trabajo. Descriptores: Agotamiento Profesional; Estrés Psicológico; Personal de Enfermería; La Salud del Trabajador.

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INTRODUCTION

Occupational stress affects, currently, employees worldwide; it may be considered a serious health problem because it interferes in the biopsychosocial factors of the individual and groups in which they are inserted. This range between the biopsychosocial spheres is based on the fact that the work is an activity that can occupy a large portion of the time of each individual and his life in society, not always allowing professional achievement, sometimes, may cause problems, from dissatisfaction to exhaustion.1

In nursing, the scenario is even more disturbing, because the responsibilities assigned to the profession behave as different situations of tension. This scenario sets up nursing work in the hospital environment as highly stressful. Increased comorbidity in nursing is a growing level over the years, which can be determined by adding the number of studies in the area of occupational health, setting a concern with the subject in relation to the health-disease process.2

In the hospital environment, different and complementary stressors have been evidenced in the work of nursing, including the small number of professionals; excess activities; the difficulty in defining the roles of the professionals who make up the team (nurses, technicians and assistants); the complexity of interpersonal relationships; responsibility towards customers; those from organizational restrictions on the hospital system; stagnation and the devaluation of wages; maintenance of multiple employment relationships; the fulfillment of long and stressful work journeys.3-4

A study with nurses in a hospital in the city of Rio de Janeiro/RJ, aimed to surrounding the description of the daily life of these professionals, showed that they are multipurpose, which associated with factors such as low salaries, low recognition in the workplace, lack of incentive among other things can cause them distress and suffering in the exercise of the profession.5 There are several problems related to their work environments, among which stands out the development of psychiatric and psychosocials.6-7

The way how the professional faces the occupational demand, often exhausting, is also related to the development or not of mental disorders. “Coping” is a terminology used to identifying how to deal with demands, whether internal or external, judged by the subject as being above their resources or possibilities.1 Based on this preliminary overview, this study analyzes occupational stress and coping in hospital nursing practice.

METHOD

A descriptive study of reflective analysis type, which is organized in two phases: the first was the theoretical rescue of the concepts of stress, occupational stress and coping necessary for reflection proposal; then, was elaborated a discussion about the articulation of concepts in the nursing practice.

RESULTS

- Stress

Stress can be defined as a set of physical, psychological and social reactions of adaptation to a stressing factor, searching through the fight, causing the body homeostasis. It can still be considered pathological when the individual exhausts his internal resources, entering in a psychic suffering and ultimately be affected by diseases caused by this exhaustion.7

Several researchers have contributed to the conceptualization of stress. In the literature there are three conceptual currents of the said term. The first researcher who conceptualized stress was Hans Seyle, in 1956. According to him, the stress was conceptualized as a biological response. Seyle meant stress as a "physiologic response of a biological system to an imposed change of it". In the original model of the author, who has based on a concept of engineering stress represent an intrinsic response that prepares the body for action when set.8

In 1976, after review, Seyle changed the definition of stress to "manifested by a specific syndrome induced in all the state changes in a biological system." He also said that not every stress is harmful to the individual; at a moderate level, it has protective and adaptive functions. However, at a higher level, the response triggered can cause pathological changes.9

The second concept of the three chains mentioned above, includes stress the environmental event. Holmes and Rahe define stress as “thing” or “event” that leads to physiological and psychological responses in adaptive the individual.10 Roy defines adaptive responses as a set of attitudes those maintain the integrity of the subject.11 It can be considered positive if it is related to a healthy response and can be considered negative when you change the subject’s integrity.12

The third concept defines stress as a transaction between the individual and the
environment. In this definition there are placed on the relevant individual characteristics of the subject and the nature of the environmental event. Lazarus & Folkman infer that the determination of a person / environment relationship as a stressor depends on the cognitive assessment of the situation by the subject. 11 Murphy and Moriarty added that predisposing factors such as previous experiences, influences and genetic susceptibilities incorporate existing conditions that influence the adequacy of resources physical, psychological and social characteristics of the individual to cope with the adaptive demands. 14

Regardless the conceptual current element "adaptive response" permeates the settings, which leads to consider how the individual reacts to certain internal or external stimulus as significant to the development or not of a pathological condition factor.

- **Occupational stress**

  Considering stress by labor perspective, if the individual's response to stressful events is detrimental to physical or emotional level, due to not matching capabilities, resources or needs of the worker, we have by definition, work stress or occupational stress. 15

  Studies on stress in the work context indicate that the situations experienced in the work space may expose the individual to the onset of disorders of physical and psychological nature, as well as influence the motivation for the development of new patterns of behavior. Such situations are characterized by different types of work with higher or lower risk for the illness of the worker. 16

  Given this scenario, it can be seen that, regardless the current conceptual or psychological theory that bases stress in the workplace, the level of stress can be a trigger of harm to the health of professional nursing. Thus, it is necessary to understand the process of stress from various points of view, to be the biological perception of the same by the worker. From the appropriation of this knowledge, establish correlations between job stress and how professional is articulated before this makes it crucial for the advancement in the field of labor relations, welfare in the workplace, and prevention of mental illness and organic, besides promoting health as a whole.

- **Coping**

  When facing a stressful situation, individuals develop different ways of coping, which are related to personal factors, situational demands and available resources, and aim to restoring the body's balance forward to the reactions triggered by stressor. Importantly, the types of coping strategies used in a specific situation vary according to the personality or the subject experiences as well as the characteristics of the situation. 17

  Coping attitudes are determined and capable of conscious learning that enable the use and disposal as required. 1 It can be defined as a set of cognitive behavioral actions developed by individuals throughout their experiences facing many stressors, to change the adverse environment and regulate potential threats those arise due to these aspects. It is understood, therefore, that the means for coping may change over the time, according to the characteristics and requirements of the stressing context. 18

  Lazarus and Folkman devise a model based on the cognitive perspective that categorizes the coping into two classifications: focused coping and problem focused coping emotion. 19

  The problem-centered coping aims to making alterations on the environment if it can control the subject or modify the stressful situation. In other words, the subject seeks to know the stressor and attempts to modifying it or avoiding it in the future. The emotion focused coping aims to alleviate the emotional distress experienced by the subject, if it fit the emotional response to the stressful situation; ie, the subject tries to allay the suffering that determines the stimulus, even if the stressful situation cannot be changed. 20

  Coping focused on emotion generally occurs when the individual assesses a situation and you get watching the inability to modify the damaging conditions or potential threats. The problem-oriented strategies have more occurrences when the individual assesses the harmful conditions or potential threats as easy to modification. 21

  In short, coping aims at maintaining the well-being, seeking to recoup the deleterious effects of stressful situations. From that context, coping used by the individual has acquired relevance in the studies on job stress, because it refers to the efforts of the subject that can either accentuate the effects as dropping event estressores. 7, 22

  - **Practice of nursing, occupational stress and coping: how do they relate?**

    In seeking to achieve productivity at any cost, humans ended up going against their own limits, resulting in increased suffering reverberating deleterious consequences on their health status and functional performance. Such consequences coexist with change and personal or organizational
dysfunctions and with range in economic and social spheres.  

Increasingly there are responsibilities of various levels of complexity attributed to the employee, demanding new quality requirements in performing the tasks and new skills. Thus, it becomes increasingly emerging consider the stress level of the worker and the repercussions of this on the health of the same.  

Health professionals, whose competence promotes it, are also vulnerable to exposure to work-related stress, since the activity requires intense contact with people and dealing with the many situations of stress. Nurses, technicians and nursing assistants are part of a category characterized by having at its core the care and also a large workload facing direct contact with patients and families. The hospital, in turn, generates stress of various kinds and at various levels: the stress of patients and their families, the stress of the professionals and the healthcare personnel involved, the death, the finding that patients do not always which is recommended to them, among others.  

Perhaps this situation is due to the work activity itself, since it is related to the direct and indirect involvement with persons in need of a great demand for care that require a lot of patience, sympathy and attention. Living with pain, suffering, helplessness, anxiety, fear, hopelessness, loss and death, and bring serious physical, emotional consequences, and even the quality of care.  

Coping with stressful situations common in hospital settings, nursing professionals can develop specific coping strategies. Among the most used in a study of Brazilian nurses in 2011, are the strategies focused on the problem, then the search for social support and emotion-focused strategies. In a study conducted in 2000 in Australia, similar results were found, with a primary focus on strategies focused on the problem.  

The use of this type of coping strategy may be related to the inherent characteristics of nursing work. In several situations related to professional practice, practitioners need to make decisions that involve problem identification and definition of an action plan. This type of behavior can be repeated when the subject is faced with a situation of job stress, ie, identifies the stressor and alternative search solution.  

FINAL REMARKS  

From the construction of each individual and knowledge of stressful situations by observing the relationship between job stress and coping, one can get an overview of how these workers react to the work environment and conflicting situations. This scenario may assist in the development of actions aimed specifically for the target audience, to be developed in a continuation and deepening of this reflective study.  

Among the nursing staff, educational strategies focused on solving problems should be encouraged to be the way of coping with the most used job stress. The role and autonomy of individuals and teams should be encouraged so that they feel able to propose effective improvements in their working environment.  

To practice nursing quality, it is necessary to the continued reflection on the work stress and coping, in order to promote these health care professionals and improve the quality of work performance. The space for discussions allows the formation of a framework of knowledge able to base preventive action, considering the high costs related to poor performance of professionals, absenteeism, turnover, recruitment, training and diseases that affect these professionals.

REFERENCES

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