Occupational Stress of the Nursing Team Working in Intensive Care Unit

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ABSTRACT

Study review of the literature that aimed to identify studies on occupational stress of the nursing team that works in the ICU. Documents were searched in the VHL Portal. Inclusion criteria were considered researches that approach the subject in question, in Portuguese and Spanish with text available, in the period from 2009 to 2013. There was no restriction on study design. Only 8 documents met the inclusion criteria for the review. The results showed that in relation to the stressors perceived by nurses in their ICU work, the constant coexistence with patients’ suffering, pain and death stands out; also show that stress is related to dissatisfaction with work as well as the environment of the unit and the handling of the arsenal of devices and equipment. It is concluded that the nursing team that works in the ICU, is exposed to the risk of occupational stress developing physical symptoms and emotional disturbances; reflection that falls on the day-to-day of this professional and the institution. Some attitudes on the part of the institution and the managers can minimize the level of occupational stress. Thus, we suggest the need for research, with the objective of developing preventive measures and intervention models with the objective of subsidizing guidelines for the nursing team, constituting a relevant alternative to manage stress, as well as to bring benefits to the teams and individuals assisted by them.

Keywords: Nurses, Nursing Team, Occupational Stress, Professional Exhaustion.

1. INTRODUCTION

Workplace stress, also called “occupational stress,” is analyzed as the way a person perceives and interprets their work environment in relation to competence, that is, whether they are able to do it. In this definition, stress is present when the environment presents a threat to the person both in the form of excessive demands and in the form of insufficient resources to meet their needs (DOLAN, 2006, p.29). According to Noronha and Fernandes (2008), “stress due to factors present at work (stress) resulting from
everyday situations is called occupational stress”.

In health services, occupational stress is associated with specific conditions such as: multidisciplinary team relationship problems, uncertainty and conflicts of functions; double working hours and domestic duties: pressures exerted by superiors and alterations suffered within the context of their activity. (1989).

Occupational stress is a very present aspect in the professional environment, and of all health professionals, nurses are the most exposed to stress. In the hospital context, Intensive Care Units (ICUs) are particularly stressful environments for the care of severely ill or at risk patients, who require permanent medical and nursing care, as well as equipment and machines used for control and monitoring of the internal patient’s vital levels in this hospital environment. (RODRIGUES, FERREIRA, 2011)

The UTI came into being during World War II, when it was concluded that it was safer to isolate the patients in a serious condition and place them in a special room where they could constantly monitor and monitor their overall health. As the name suggests, the ICU has as its main function, to welcome patients in a serious condition, with a possibility of recovery, which requires permanent medical and nursing care, in addition to the use of equipment and specialized human resources. (CAMARGO, 2011).

As an ICU concept, for Rodrigues and Ferreira (2011, p.3):

The ICUs are complex units with continuous monitoring, where patients admitted in a serious condition or with decompensation of one or more organic systems have the possibility of recovering with support and intensive treatment.

According to Ruedell et al. The main objective of an ICU is to “attend critical patients, in an attempt to make them more likely to recover, by centralizing technological apparatus and specialized health care.” (2010).

The nurses who work in the ICU coexist with factors adverse to well being, such as: artificial lighting, various equipment, continuous conviviality with the critical clinical picture of high complexity of the patient.

ICU work is complex and intense, the nurse must be prepared to provide care that requires specific knowledge and great ability to make decisions and implement them in a timely manner.

In this context, the present study aimed to review the literature on the occupational stress of the nursing team that works in the ICU.

2. MATERIAL AND METHODS

As a research strategy, we used the literature review, a method that consists of identifying the bibliographic, audiovisual and electronic sources that relate to the topic to be developed; is the localization and obtaining of documents to evaluate the availability of material that will subsidize the theme and answer the research question (GIL, 2002).

To answer the question: what is the occupational stress level of the nursing team that works in the ICU? Documents were searched in the Virtual Health Library (VHL) Research Portal, in the following databases: Medline, Lilacs, Ibecs, Scielo, BDEnf, Cochrane Library, among other bases of this portal. As inclusion criteria were considered research that address the occupational stress theme of the nursing team.
that works in the ICU, in Portuguese and Spanish with available text. In the period from 2009 to 2013. There was no restriction on study design. The descriptors chosen according to the DeCS / MeSH list were: Nurses, Nursing Team, Occupational Stress, Professional Exhaustion.

We excluded from this study articles that did not meet the inclusion criteria.

For the analysis and synthesis of the material the following procedures were applied: exploratory reading of the material to know the content of the articles; selective reading, which constituted in the selection of the material as to its importance and characteristic for the study; critical reading that will seek the theme on occupational stress of the nursing team that works in the ICU; Tabulation of the articles with the identification of the object of study, and later descriptive analysis.

3. RESULTS

The documents collected in the bibliographic search were evaluated for the inclusion and exclusion condition, based on the eligibility criteria.

In the total of the electronic search we obtained 26 publications; being 23 articles; 2 theses and 1 monograph. Arranged in the following bases: Lilacs (18); Medline (7) and SES SP – Scientific and technical publications (1); only 8 met the inclusion criteria for the review. The others were excluded because they did not meet the inclusion criteria.

After the exploratory reading of the same, it was possible to identify the vision of several authors regarding the occupational stress in the nursing team that works in the ICU.

Table 1 – Distribution of bibliographic references on occupational stress of the nursing team that works in the ICU, from 2009 to 2013.

<table>
<thead>
<tr>
<th>Author/Title / Year</th>
<th>goal</th>
<th>Methodology</th>
<th>Stressful factors</th>
<th>Conclusion</th>
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</thead>
<tbody>
<tr>
<td>AFECTO, M. C. P.; TEIXEIRA, M. B.</td>
<td>To evaluate the occupational stress factors faced by nurses working in an intensive care unit; a existence of signs and symptoms of Burnout Syndrome in nurses of an ICU.</td>
<td>Descriptive, transverse and field exploratory research with 26 nurses from a general ICU, from adult care, from a large hospital.</td>
<td>Physical and emotional weariness caused by work and lack of human resources.</td>
<td>The results demonstrate that this population experiences stressful situations at work, experiencing some signs and symptoms that can lead the professional to develop Burnout Syndrome.</td>
</tr>
<tr>
<td>MONTE, P. F. et al.</td>
<td>Stress of the professional nurses who work in the intensive care unit.</td>
<td>A cross-sectional study, developed with 22 nurses of an intensive care unit of patient; routine service industry, such as: control of equipment and equipment, control of the working environment of the nurses professionals within the ICU and to identify the stressors associated with the routine service industry.</td>
<td>Anxiety before the emergencies of the unit; death of the patient; routine service industry, such as: control of equipment and equipment, control of the working environment of the nurses professionals within the ICU and to identify the stressors associated with the routine service industry.</td>
<td>Nurses presented higher stress indices in activities related to work conditions for the performance of activities and related to personnel management.</td>
</tr>
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stress trigger according to the
Bianchi Stress Scale. Investigate if there is a relationship
between stress in intensive care nurses and the head / non-
head of household condition.


Quantitative, analytical and transverse. The Bianchi Stress Scale was applied in 58 (100%) nurses working in ICUs of five hospitals.


Absence of training and preventive maintenance of the devices lead to occupational stress due to the possibility of errors and adverse effects to the patient.

It is concluded that there is a need for hospital risk management with a view to the quality of care offered, safety, well-being effects to the patient, and satisfaction of the team.


The feasibility of reducing the stressors contained in the ICU environment through structural harmonization (with colors, lights, furniture, etc.) and the possibility to reconcile ludic activities developed by nursing professionals during the working day were also perceived.

It is necessary and essential to hold team meetings, planning activities, active participation in the decisions of the multiprofessional team and valuing the

SANTOS, F. D. et al. Nursing stress in adult intensive care units: a review of the literature. 2010

Work overload, conflict of functions, devaluation and working conditions. The signs and symptoms were: tachycardia, lack of appetite, chills,
4. DISCUSSION

Table 1 shows data of the distribution of the studies included in the research according to authors, title, year of publication, objective, methodology, factors that generate stress in the team that works in the ICU and the conclusion.

During the period from 2009 to 2013, the year that presented the highest number of published works available electronically with the theme in focus was the year 2013 (3 articles). The database that provided a larger number of papers was Lilacs (7 articles), followed by SES SP – Scientific and technical
publications (1 TCC), while the country of origin of the selected research was Brazil (8 articles). This may be due to the fact that the Portuguese and Spanish languages have been defined in the search methodology. It should be emphasized that the type of study was not taken into account.

In addition to the stress factors perceived by nurses in their work in the ICU, the constant coexistence with patients’ suffering, pain and death stands out (MONTE et al., 2013; OLIVEIRA, LC; OLIVEIRA, L., 2013; Schmidt et al., 2013, VERSA et al., 2012). For Ferreira and Martino (2006), the nurse can be considered as the mediator between the nursing team, the other professionals and the assisted patient / family, seeking the balance between the relationships developed, which may prove to be one of the trigger factors of the stress.

Affecto and Teixeira (2009) report that the professionals who work in this unit frequently describe high levels of stress arising from the continuous assistance to severe patients who need constant supervision and to avoid emotional exhaustion, the individual reduces his contact with people to a minimum, distancing avoiding being emotionally involved, avoiding individual treatment, maintaining cold and distant relationships with patients

Other studies show that stress is related to dissatisfaction with work, such as: crises between managers and subordinates, difficulties in making decisions, discrepancies between tasks, impossibility and difficulties to face situations that require confrontation with bosses, colleagues and subordinates, overload (Mourass et al., 2011), and in this way, it is possible to obtain a better understanding of the different types of work.

Versa et al. (2012) report that in the ICU, the need to perform highly complex care activities, as well as the management of care, the nursing team and materials and equipment can justify the highest Bianchi Stress Scale among nurses who perform mixed functions (management and assistance) when compared to those who only perform assistance.

For McIntyre (1994 apud MARTINS, 2003) work overload and the fact that they feel insufficiently prepared to deal with demands are stress-inducing situations. Often, responsibility is not accompanied by the possibility of making or influencing decisions, which increases the stress involved.

In this context Gentleman; Moura Junior, and Lopes (2008) affirm that the work environment is perceived as a threat to the individual, repercussions on personal and professional level, appearing greater demands than their coping capacity and interfering in their health and quality of life.

Some authors point out that the environment of the unit (closed, with artificial lighting, noisy) and the handling of the arsenal of devices and equipment trigger frequent situations of stress and physical and mental fatigue (MONTE et al., 2013; OLIVEIRA, SOUZA, 2012 (1997), and the results obtained in the literature.

Corroborando Oliveira and Souza (2012) state that in these working conditions, the noise caused by intensive care devices generates discomfort and psychophysical wear to the nursing worker due to the need for periodic patient and machine checks. The anxiety is exacerbated, there is psychic overload and the worker happens to live with the unpredictability due to the loss of control of the conditions of the patient and the device itself.

In the case of Burnout syndrome, it is one of the most important consequences of occupational stress, and can be caused by prolonged and chronic stress whose coping situations were not used, failed or were not
enough (SCHMIDT et al., 2013). The Syndrome includes objective and subjective, psychological and psychosomatic elements, such as depression, physical complaints, absenteeism and tendency towards isolation.

CONCLUSION

The nursing team that works in the ICU, due to the specificity of their work, is exposed to the risk of occupational stress, when they begin to develop physical symptoms such as lack of concentration, indecision, forgetfulness, sensitivity to criticism and rigid attitudes. They also show some emotional disturbances such as fear, anxiety, excitement, nervousness, tension, irritability, anger, hostility, sadness, shame, moodiness, loneliness, jealousy, feelings of dissatisfaction and lack of interest.

The reflection of all these symptoms falls on the daily life of this professional and the institution in which he works, resulting in an increase in absenteeism, an increase in the rate of evasion, a decrease in quality of work, an increase in interpersonal conflicts and employee dissatisfaction, in addition to the decrease of productivity and low income.

Some attitudes on the part of the institution and the managers can minimize the level of occupational stress among the components of the team that works in the ICU, such as: providing training and adequate time both for learning and for the execution of activities, to provide a clear and precise description what is to be done, what are their routines and their impact on the productive flow.

Thus, we suggest the need for research, with the objective of developing preventive measures and intervention models with the objective of subsidizing guidelines for the nursing team, constituting a relevant alternative to manage stress, as well as to bring benefits to the teams and individuals assisted by them.

REFERENCES


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