

ORIGINAL ARTICLE

COSTA, Sílvia Souza Lima ^[1], CAJUEIRO, Laiza Pereira ^[2], CARRIJO, Lucilene Santos Pereira ^[3], RODRIGUES, Karen Lúcia Abreu ^[4]

COSTA, Sílvia Souza Lima. Et al. Secondary Traumatic Stress: How it interferes with the performance of the nursing professional. Revista Científica Multidisciplinar Núcleo do Conhecimento. Year 06, Ed. 01, Vol. 07, pp. 38-56. January 2021. ISSN: 2448-0959, Access link: <https://www.nucleodoconhecimento.com.br/health/secondary-traumatic-stress>

Contents

- ABSTRACT
- 1. INTRODUCTION
- 2. METHODOLOGY
- 3. STRESS
 - 3.1 PHASES OF STRESS
 - 3.2 EMPATHY
 - 3.3 BURNOUT SYNDROME
 - 3.4 SECONDARY TRAUMATIC STRESS
 - 3.5 SYMPTOMS SECONDARY TRAUMATIC STRESS
 - 3.5.1 CHANGES IN THE PROFESSIONAL ARISING FROM SECONDARY TRAUMATIC STRESS
 - 3.6 PROFESSIONAL MONITORING
 - 3.7 QUALITY OF WORK LIFE
 - 3.8 THE NURSE
- 4. RESULTS AND DISCUSSION
- 5. FINAL CONSIDERATIONS
- REFERENCES

ABSTRACT

The performance of the nursing professional suffers from the interference of Secondary Traumatic Stress (STS), work stress that affects health professionals. This work aims to

understand the implications of STS in professional life, its forms of prevention and how to intervene, in order to promote quality of work life, which implies physical and mental health. This study was carried out by bibliographic review of literature, based on the analysis of articles and selection of textbooks in the field of Psychiatry, with the aim of solidifying the subject and scientific articles in the database of the virtual library: Google Scholar, Pubmed, Scielo . To what extent does the use of empathy interfere in the professional's daily life? The help professions suffer from the effect of applying feelings a spontaneous reaction that occurs at the end of the experience of an event lived by another. It is reputed as a fatigue, resulting from occupational stress in its exhaustion phase, leading to emotional anesthesia. Studies show that the reaction of STS becomes cumulative, impairing the assistance provided, generating cognitive, affective and relational changes, producing fear, sadness and depression. The literature is scarce regarding studies related to this subject in Nursing, and it is essential to develop studies to further clarify the topic. Knowledge and monitoring about Secondary Traumatic Stress provide preventive attitudes, as a means of promoting quality of life, based on the principle that prevention is still the best medicine for not getting sick.

Keywords: Stress, traumatic stress, Burnout, compassionate fatigue.

1. INTRODUCTION

Secondary Traumatic Stress (STS) affects the professions of helping others in distress, results from prolonged exposure to the pain of others and is configured as a spontaneous reaction experienced by the professional after the other person goes through a stressful experience; it comes from stress in its acute phase, from emotional exhaustion, which ends up bringing losses to the professional's life (CASTRO, 2018).

Stress is understood as a physiological response of the organism in the face of situations that lead the organism to seek internal changes, requiring a quick individual response in the place where it is inserted. An adaptation that prepares you to face agitation as a change in behavior, in order to reestablish an internal control for your balance (TRETENE, 2016).

The health area is a favorable place to develop diseases in professionals due to stress, triggering reactions in the body and promoting momentary adaptation. Thus producing an

increase in adrenaline, generating energy at the first moment and stimulating greater performance (VAZATA, 2015).

The long duration of stress leads to physical damage, reaching physical and psychological exhaustion, a drop in the performance of care and in the worker's own health, showing a feeling of exhaustion, tiredness, such as Burnout Syndrome, if the individual does not know how to manage it (MORAES, 2016).

Work is an indispensable part of human life. It is through him that man can live and interact in the production society. However, the changes that have occurred in the last few decades have led to changes in the work environment and, depending on how the work is carried out, it will be directly related to the factors and determinants of wear and tear during the illness process (TEIXEIRA, 2019).

The concern with the quality of life at work arose around the 1960s, when it was realized that happier and more motivated workers produced more and better. In addition to encouraging good wages and attractive benefits, quality of life at work consists of a set of techniques and activities aimed at employee satisfaction (SANCHEZ, 2019).

When health professionals perform their duties through empathy (emotional understanding and identification with another person), they have levels of compassion that can lead them to feel fear, similar to the pain and suffering of others. This situation generates compassion fatigue, an arduous biological exhaustion that prevents the organism from releasing psychic energy due to the excessive use of feelings of compassion, leading to Secondary Traumatic Stress Disorder (TEIXEIRA, 2019).

Considering the consequences that can trigger stress, it is observed the importance of detecting the signs and symptoms in their initial stage, interfering in order to prevent their evolution, as the symptoms can cause harm to the health of the professional. Thus, it becomes essential to know, detect, monitor the condition and intervene so that it does not evolve to emotional exhaustion, which leads to Secondary Traumatic Stress Disorder.

Therefore, this study aims to understand the factors that cause Secondary Traumatic Stress (STS) in nursing professionals, their reactions and what can be done in prevention. Recognize

its influence, understand the main factors that contribute and identify the implications that arise from it; the value in prevention, knowing the STS-related CID and its notification; offering work alternatives that contribute to the professional's quality of life.

2. METHODOLOGY

The present work explains the bibliographic review, a research method capable of favoring the association of knowledge and the integration of expressive knowledge for the understanding of a theme or phenomenon. (VIEIRA, 2018).

The first step took place through the elaboration of the guiding question of the work; in the second, the database and descriptors were searched for topics directly related to the topic. It was observed the abstracts of the articles involved in the research, selected those articles related to the theme. Finally, the keywords descriptors were crossed: Stress. Secondary Stress. Burnout. Compassion fatigue. Posttraumatic Stress.

Thus, as a means of investigating the theme and solidifying it, textbooks in the area of Psychology and Psychiatry were included in the work.

Therefore, the review of the articles was carried out between January and March 2020. The electronic database Scielo, Google Scholar, Pubmed, Bases Bireme, Virtual Health Library (VHL) was used to identify and select the articles, defining then the descriptors and inserting them in the search for inclusion. The terms used were separated and used in the search for Descriptors. Based on the keywords of the articles involved with the theme, it became effective to prioritize Brazilian articles, in order to know the academic involvement in the subject in question. And as a means of involving the historical context, an article with the date was included in addition to five years of publication due to its historical value.

3. STRESS

Stress is an internal process of the organism that requires a multifaceted resolution of the body system including changes in human behavior. And it stems from the momentary event requiring cognitive, emotional reactions to adapt to the environment, in order to maintain the

internal balance in the face of the momentary threat; each individual responds to stimuli with their own characteristics, generating their own stress (COSTA, 2016).

Qualified nursing professionals generally provide specific services for the care of the frail or sick population, in need of medical hospital care. Therefore, in the face of this demand, specialists consume physical energy, propelling the organism to internal changes, draining the functional reserves by burning energy, trying to adapt to the environment producing stress (VAZATA, 2015).

Workers who work in places that require quick action, scientific technical knowledge and thorough conduct, such as in hospitals, have high levels of stress (PRETO, 2016).

The tasks that must be performed in a short time, noise in the environment, among other aspects considered to cause stress can generate symptoms such as irritation, loss of attention, feeling of exhaustion, headache, muscle pain, changes in blood pressure and heartbeat; these changes tend to favor the evolution of stress in nursing professionals and end up worsening the poor quality of sleep, which produces more wear than satisfaction (VERSA, 2012; VAZATA, 2015).

Thus, those who achieve satisfaction in the work environment tend to have a low stress index, avoiding physical and psychological health problems, while homeostasis affected by the large amount of stress generates tensions, which can result in the wear and tear of the body causing exhaustion and thus compromising the health of the team's collaborator (GOMES, 2017).

Hans Selye is considered the pioneer to mention Biological Stress. In 1925, as a medical student he identified when receiving the population with various pathologies in the clinic. Signs and symptoms such as thinness, lack of appetite, muscle tone were decreased as responses being common in people subjugated to hostility. Thus, he deliberated as a "physiological defensive reaction of the system in response to any stimulus", dividing it into three phases: reaction of alarm, resistance and exhaustion (SILVA, 2018).

3.1 PHASES OF STRESS

In the alarm phase, stress appears insignificant, however, the body provides more energy to burn in order to maintain internal homeostasis. Heart rate increases, sweating increases, muscle tension and nervousness occur, as responses to aggressors (SILVA, 2018; VAZATA, 2015).

The second phase is the resistance phase, in which the body demands internal changes to stressors, consuming organic reserves in order to keep itself adapted to the new situation. Thus presenting signs such as restlessness, loneliness, apprehension, lack of appetite or gluttony; if the stressors are continuous, the weakened organism goes to the exhaustion phase, the third phase, in which the diseases manifest themselves in cardiac, respiratory problems, gastrointestinal disorders, because the organism cannot adapt (SILVA, 2018).

For Vazata (2015), exhaustion is a “total breakdown of resistance”, generating illnesses. In this way, the subjects who struggle internally can develop the coping process, using the escape mechanism as a result of the fragility of the organism.

3.2 EMPATHY

According to Terezam (2017), empathy is the ability to position oneself in the place of people, in order to idealize and live in the same conception the experience suffered by others. Important behavior for the comfort, security, physical and mental tranquility of both parties involved. The awareness of their own fears, assimilation of emotions and the feelings declared by the patient favoring an empathic relationship.

According to Savieto (2016), empathy is established as the efficiency of analyzing other people's feelings. Put yourself in each person's situation, understand their conceptions and emotions. Thus, health professionals like nurses with empathic skills can understand the patient and establish assistance for improving their lives.

However, the nursing team must maintain a high level of wisdom, emotional persistence and understanding, in order for empathy to emerge as a therapeutic process. And it is essential

that a connection of mutual respect is made ahead and that the nurse performs individualized care, respecting the client's ethnicity, beliefs and morals (ALBUQUERQUE, 2019).

According to Gambarelli (2018), through the assistance experienced between the nurse and the patient, this specialist can determine objectives and purposes to be achieved for the client, by himself or in a team, in order to accommodate the patient and to be in conformity with being integral human being, capable of achieving results for their difficulties. The patient must accept from these specialists what is essential for the progress and rehabilitation of his health.

3.3 BURNOUT SYNDROME

Burnout is a gradual process followed by refusals during the practice of professional practice, generating apathy, insensitivity, lack of activity and reaction, arising from frequent stress at work. Then, negative attitudes towards customers start as a defense, leaving affection and starting to act in a rational logical way, in order not to be hit by stressors (OLIVEIRA; RODRIGUES; SANTANA, 2017).

Burnout Syndrome indicates exhaustion of the mind in relation to exercise. It is a feeling of failure and exhaustion due to the excessive wear and tear on the professionals. It is generated in the involvement with people and caused by work, which makes the professional discouraged, with low performance, lack of self-esteem and professional decline. Because they feel powerless and without pleasure in doing their work (BENEDITO, 2017).

Since the continuous and direct contact with the suffering of the death of patients requires from the professional a high knowledge about their abilities. In addition to being highly demanding in the hospital environment when making decisions, it also has a direct influence on the lives of others. This burden of responsibility generates individual reactions and symptoms, arising due to the levels of pressure and stress existing in the environment. Ultimately, it leads to a state of physical and mental exhaustion. (FREITAS, 2017).

In Burnout Syndrome, the professional goes through experiences of physical and emotional exhaustion, due to the exhaustion caused by professional exercise. In addition to physical

weakness and emotional reactions, leading to feelings of unpreparedness and negative behaviors in the work environment, distance from customers, illness of the professionals who accompany it, growth in absenteeism and increased health costs for the company, which may generate the decision to change profession for those who go through the Syndrome. (RUBACK, 2018).

3.4 SECONDARY TRAUMATIC STRESS

Secondary Traumatic Stress (STS) arises from the care of individuals in distress, resulting from stress in their phase of emotional exhaustion, generated by the experience of situations that another person experiences and the professional participates in the care. Thus producing symptoms similar to those of the sufferer, with repercussions on their own performance and feeling (CASTRO, 2018).

However, a spontaneous reaction that occurs in the help professional (nurses, doctors, firefighters, police) resulting from the outcome of the experience about an event experienced by someone else. For example, an indirect trauma, with a cumulative effect in providing help or assistance, causing feedback, fear response, impotence or horror (VALENTE, 2013).

Secondary Traumatic Stress can also indicate “compassionate fatigue” related to the progressive destruction of empathy that is capable of reaching health specialists. At the beginning of their professions, these specialists have a high degree of empathy. However, it can be reduced by the daily stress caused by the continuous display of the suffering of the patients (TEREZAM, 2016). The STS has synonyms such as “secondary traumatic tension, secondary traumatization, vicarious traumatization, secondary survivor, emotional contagion, compassionate fatigue” (RUIZ, 2017).

The STS affects a group of professional caregivers who deal with the suffering of others, such as: risk of death, sick or victims of traumatic events. Because they can be infected by the real pain of the other, reaching exhaustion out of compassion resulting from sensitivity and care for others. Thus generating, over time, a decline in their ability to experience joy or to feel concern for someone (BARBOSA, 2014).

However, STS is generated by the involvement of the professional who experiences the pain

of others. This action produces symptoms of Post-Traumatic Stress Disorder (PTSD), similar to that of the patient, resulting from the attempt to help the human being in suffering, negatively impacting the professional's cognitive psychic (CASTRO, 2018).

The involvement of professional nurses during their workday puts them in the face of biopsychological burdens. And the way in which each individual reacts to these tensions can produce a decrease in their productivity, leading to illness and absence from work (FELLI, 2015).

3.5 SYMPTOMS SECONDARY TRAUMATIC STRESS

The symptom of Secondary Traumatic Stress arises after the health professional attends people weakened by the feelings of empathy involved in the care provided, in which they start to feel the pain of others even without having suffered the damage. This feeling is called Secondary Traumatic Stress, because it changes the professional's inner homeostasis. However, the first analyzes of this feeling took place in the relatives of the war veterans, in 1974, when the relatives involved felt the symptoms even though they were not performing the war. However, it was understood that the traumatic experience in healthy people can develop symptomatic reactions to PTSD after experiencing a certain fact (APOIAR, 2017).

According to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), traumatic events trigger the people involved or the people who were close, experiencing the event. Avoidance reactions, excitability, negative changes in mood and cognition, producing psychological distress, a drop in social and professional life, known as Trauma and Stress Related Disorders (ARAÚJO, 2014).

It is necessary that the symptoms presented are linked to the traumatic stressor episode, experienced, witnessed or confronted in the face of one or more factors involving death, serious real injuries or fear in its fullness in the due person or other person. Such as the loss of a member of the body in automobile accidents or at work, rape, physical torture, violent banditry, explosions, and natural events; floods, animal attacks, earthquake, volcanic eruption. These situations lead to fear, disbelief, despair, disappointment (APOIAR, 2017).

3.5.1 CHANGES IN THE PROFESSIONAL ARISING FROM SECONDARY TRAUMATIC STRESS

During the execution and development of the Nursing exercise, the professional's body undergoes changes related to stress and at each phase of it, known as Occupational Stress. This type of stress generates psychological manifestations in each individual due to stress in its exhaustion phase. According to Fabri, 50% of professionals express a desire for evasion, 50% agony and daily apprehension, in addition to 45% reporting demodulated fatigue leading to the fragility of the organism (FABRI, 2018).

As a result, suffering causes a biological dysfunctional reaction in the body, as a result of prolonged exposure to the pain of others. The so-called compassionate fatigue, as a result of empathy, responsibility for the patient and his suffering, a chronic fading of care and concern for the other (SANTANA, 2017).

Traumatic events transform sensations in the professional after the experience, generate fear and trauma, alter the cognitive, modify the response and physiological reactions. The memories of the trauma induce fear, which lead to escape, as protection in the face of a stressor, in order to maintain a homeostasis, as the trauma causes anxiety (SBARDELLOTO, 2012).

Thus, cognitive changes appear as intrusive thoughts, hypervigilance, difficulties in concentration, loss of sleep, fixed and overvalued ideas of danger in society. As memories of unpleasant images, among others. All of this ends up triggering excessive worries about the family and hopelessness in their daily lives. At the affective level it produces fear, anxiety, uneasiness, irritability, anger, sadness, melancholy, guilt and insensitivity. And at the physiological level, nausea, fatigue, chills, headache, tachycardia, headache, digestive disorders (RUIZ, 2017).

Therefore, symptoms of psychotic origin may appear in professionals with an exhausted mind. Reflecting in the daily life as the feeling of exhaustion, sadness, discouragement, thus decreasing the cognitive capacity, interfering in the quality of sleep and producing anxiety, which are increased during daily work (ALVES, 2015).

3.6 PROFESSIONAL MONITORING

The SISMOTE (Nursing Worker Monitoring System) is a system that was developed and approved in order to understand the health problems in health professionals, by means of indicators. In order to present the profile of workers' fragility and making it possible to plan interventions in order to minimize the circumstances of degrading work episodes (FELLI, 2015; GUIMARÃES, 2016).

CEREST (Reference Center in Occupational Health) is an agency that has been operating since 2004. Specialist in caring for the vitality of the employee, it uses the Basic Care model, connected to the National Network of Integral Attention to Occupational Health - RENAST, analyzing the actors that imply workers' health (CEREST, 2015).

Thus, CEREST aims to minimize accidents and injuries arising from work in the professional's life, through interventions in the developing area. Like, recovery, precaution in the health sphere, it contains information about the worker's health, and is structured with employee empowerment actions. It has RENAST as one of the tactics to certify comprehensive health care for workers, as one of the guidelines of the National Policy on Occupational Health of the Ministry of Health. Presenting, then, the purpose of constituting the SUS service network, driven by cooperation and observation of Occupational Health practices through prevention and surveillance (CEREST, 2015).

The changes in the professional caused by stress in the day-to-day profession that lead to occupational stress giving rise to secondary stress can be classified according to the International Classification of Diseases: ICD-10, in ICD F.43, for having symptoms similar to Posttraumatic Stress (PTSD). This standardization of signs and symptoms through the ICD is universal, facilitating its monitoring through standardization (ICD 10, 1996).

Therefore, the exhaustion of the professional can lead to psychological instability, causing mental disorder, impairing the performance of tasks in their daily lives. The literature on nursing disorders is scarce, and according to Alves, mental disorders constitute 12% of the disabilities in humanity, making it difficult to recognize them early because they are indefinite (ALVES, 2015).

3.7 QUALITY OF WORK LIFE

To favor the development of a satisfactory quality of life, the work environment needs to offer social support, security, a good salary, adequate workload, recognition of professionals and opportunities for growth. The quality of life at work is defined as an important aspect in the nurse's decision to stay in the job, remaining qualified, satisfied and productive (HIPÓLITO, 2016).

The quality of life at work is related to a series of actions carried out by the company that must provide adequate working conditions. Like, human development, good interpersonal skills and happiness inside and outside the company. Thus, in the understanding that this helps to increase the productivity of employees, it provides willingness and motivation through which employees can achieve remarkable results (SANCHEZ, 2019).

While lack of motivation, high stress and unpleasant work environment are some of the main reasons for the poor quality of life in the company. As a result, the organization can suffer from high rates of absenteeism and sick leave. With the application of quality of life principles at work, employees will benefit from healthier working conditions, in addition to due attention to their health and safety, and the benefit is the improvement of physical, mental, emotional health and reduction of diseases. occupational (HIPÓLITO, 2016).

3.8 THE NURSE

The nurse is responsible for articulating the actions and their decisions in order to use technology in favor of the client's well-being, standing out as a leader in the assistance provided by the team, through management and involving their practices and knowledge acquired in their training, qualification and health problems, producing health promotion and recovery (COFEN, 2020).

The performance of Nursing is notable from the Pre-hospital Mobile Land and Waterway Service, the direct assistance and the Emergency Regulation Center, minimizing the risks of diseases, in saving medication administration, transporting patients, in the systematization of assistance through the implementation of the nursing process (COFEN, 2020).

The area of Nursing is extremely important for the patient and society, aiming to guarantee and offer the right to health and life. In this context, it is necessary to recognize that everyone has the right to adequate nursing care, in a humanized, integrated and charitable way (FROTA, 2019).

The Nurse is allied with the quality of care provided thanks to the involvement with patients and family members. The profession is part of an extremely important axis in the process of illness and hospitalization, where the bond created is one of trust, helping in cases of patients' weaknesses (FROTA, 2019).

The nurse can be influenced by the suffering of others, reaching exhaustion out of compassion resulting from professional performance in care. Thus generating, over time, decreased empathy and experiencing joy or feeling concern for someone (BARBOSA, 2014).

When attending fragile people, contact with the pain of others, can trigger Secondary Traumatic Stress in the professional Nurse over the years (CASTRO, 2018).

4. RESULTS AND DISCUSSION

STS comes from stress in its phase of emotional exhaustion, resulting from the feelings involved by empathy and compassion. In attendance, people who are fragile in times of pain, which may be in accidents or torture, natural events (floods, earthquakes, volcanic eruption), situations that provide fear, impotence and despair (RISSARDO, 2013; APOIAR, 2017).

According to Ruiz (2017), the STS represents the emotions that emerge in the professional after providing care to people who have gone through painful situations, resulting from empathy in the professional interaction, in which the professional goes through changes in the body leading to emotional exhaustion and is linked to the occupational stress.

However, the factors that cause Secondary Traumatic Stress in Nursing professionals come from the explicit psychological wear and tear on the organic functionalities of the human being, whose involvement of the technical performance along with the patient's condition added to the double workday, family, routine activities and functions that require bodily and psychic commitment predisposes the health worker to STS (SANTANA, 2017).

The act of denying symptoms refers to a conscious refusal to perceive disturbing facts, which generates defensive behaviors, including isolation, refusal. Thus generating disturbances in the relationships established at work, which can harm all areas of the professional's life (FREIRE, 2017).

However at work, each professional has his individuality and way of adapting to the inserted environment, whose reactions can lead to future illnesses depending on the phase of stress. Because, the organism cannot adapt to the demand for real internal and emotional reactions in the place of occupation or experience (GOMES, 2017).

Burnout is connected to the requirement of responsibility at work, associated with the complexity of performing functions within hardy, breathless and underprivileged means (APOIAR, 2017). It affects employees who deal with people and activities related to the public, and it occurs due to the dynamics of the job (RODRIGUES; SANTANA, 2017).

Some women often show their emotions more easily, so they take precautions for emotional help. Men, on the other hand, are the opposite, they usually take little care. This efficiency of women in giving greater value to sensations is a fundamental process for nurses. Which grants an understanding of the feelings, promoting a great cooperation of the patient's condition, which is linked with empathy (MUFATO, 2019)

However, the feeling of others is diminished, known as emotional anesthesia, attenuation of the disposition or activities that were once pleasurable, such as a fall in involvement that previously brought compassion and kindness to oneself. (VALENTE, 2013).

In Brazil, the STS phenomenon is little known. Thus, basing the studies on the work of Kennyston Lago and Wanderley, under the view of nursing (SANTANA, 2014), there are works directly linked to the theme in other languages, such as, English and Spanish (LORENZO, 2017).

Ruiz (2017) states that Secondary Traumatic Stress is a new theme that has the potential to interfere with the performance of daily tasks during the workday and influences the development of depressive conditions. Thus modifying the cognitive, physiological reactions and their own conduct. Developing then, avoidance as a means of protection in your

subconscious, causing demotivation of previously pleasurable activities and increasing the feeling of exhaustion, because as a means of trying to avoid the occurrence experienced, you dedicate yourself to work incessantly.

According to Teixeira, stress indicates imposition, causing the nursing professional to fade, influencing the homeostasis of his body, due to the enormous accumulation of tensions that occurs in everyday life (TEIXEIRA, 2019).

Empathy is a qualification that can be exercised before the patient in an oral and non-oral way. And its progression is of great importance, because it is through it that we are willing to collaborate with people (ALBUQUERQUE, 2019).

According to Guimarães (2016), there is difficulty in monitoring the health of nurses due to insufficient notes in organizations about the damages processed. Monitoring the well-being and vitality of nursing staff is a major challenge. Since the mental disorders developed by performing the work were reported as situations of depression and anxiety, arising from emotional exhaustion, representing a request from the worker's psyche that did not have group support. Its avoidance is possible through preventive and protective measures.

Thus, psychological support and social support, according to Ruiz (2017), are fundamental so that professionals can face emergency situations without developing STS. Because the workload without support has a negative effect on all other areas of the professional's life, decreasing the coping capacity.

Psychotherapy is a means of care in which, through verbal communication, dialogue, it is possible to verify the professional's complaint and problems related to his profession, interfering in a way to modify the problem caused by emotions, behavior and cognition. Thus protecting your emotional, helping to strengthen reactions, through dialogue between professionals and the nurse managing the place, in order to find specific ways to maintain emotional balance, reducing the risks of producing diseases through stress (GUIMARÃES, 2016).

5. FINAL CONSIDERATIONS

Respecting the limit of the body, knowing its weaknesses can contribute to the reduction of stress, providing satisfaction during the performance of the professional and avoiding wear and tear in the exhaustion phase that generates changes in the body and mind, modifying the feeling involved in the execution, the empathy, giving rise to STS. Offering the professional psychic conditions favorable to healthy self-care, then, produces qualified assistance, as the nurse is also a human being with weaknesses that can interfere in his daily profession; daily overloads can damage the quality of care provided, increasing daily stress and impairing quality of life.

Thus, for the professional to have good physical or mental health, there must be a pleasant environment, which in turn provides a good quality of life, reducing the stress triggering factors that promote Secondary Traumatic Stress in Nursing professionals.

It is concluded with this research that stress in the exhaustion phase provides the appearance of Burnout Syndrome and Secondary Traumatic Stress, making the monitoring of the professional important, as it contributes significantly to interventions related to individual weaknesses, in order to reduce the oxidative stress, thus contributing to a better quality of life and a professional who offers qualified assistance.

REFERENCES

ALBUQUERQUE, M. C.S. et al., NURSES' EMPATHY IN AN EMERGENCY HOSPITAL SERVICE. *Texto context - enferm.*, Florianópolis, v. 28, e20170406, 2019. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072019000100327&lng=en&nrm=iso>. Acesso em 03 mar. 2020.

ALVES, A. P. et al. Prevalência de transtornos mentais comuns entre profissionais de saúde [Prevalence of common mental disorders among health professionals]. *Revista Enfermagem UERJ*, [S.l.], v. 23, n. 1, p. 64-69, mar. 2015. ISSN 0104-3552. Disponível em: <<https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/8150/12330>>. Acesso em: 08 ago. 2020.

APOIAR, ASSOCIAÇÃO DE APOIO AOS EX-COMBATENTES VÍTIMAS DO STRESS DE GUERRA. Artigo Científico. Conceito de Traumatização Secundária. *Faculdade de Psicologia e Ciências da Educação da Universidade de Lisboa*. 19, set. 2017. Disponível em: <<https://apoiar-stressdeguerra.com/pt/2013/04/01/tese-de-mestrado-em-perturbacao-secundaria-de-stress-traumatico-stsd/>>. Acesso em: 26 fev. 2020.

ARAUJO, A. C.; LOTUFO NETO, F.; A nova classificação Americana para os Transtornos Mentais: o DSM-5. *Rev. bras. ter. comport. cogn.*, São Paulo, v. 16, n. 1, p. 67-82, abr. 2014. disponível em <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1517-55452014000100007&lng=pt&nrm=iso>. Acessos em 24 fev. 2020.

BARBOSA, S.C; SOUZA, S.; MOREIRA, J.S.; A fadiga por compaixão como ameaça à qualidade de vida profissional em prestadores de serviços hospitalares. *Rev. Psicol., Organ. Trab.*, Florianópolis, v. 14, n. 3, p. 315-323, set. 2014. Disponível em: <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1984-66572014000300007&lng=pt&nrm=iso>. Acesso em: 11 jan. 2020.

BARRETO, J.B.M; CAMPOS, C.A.; A psicoterapia de apoio como método para atender à demanda de queixa nos relacionamentos interpessoais: um estudo de caso. *Pesquisa Em Psicologia - Anais eletrônicos*, 21 - 23. 2016. Disponível em: <https://portalperiodicos.unoesc.edu.br/pp_ae/article/view/11914>. Acesso em: 29 ago. 2020.

BENEDITO, J. G. SÍNDROME DE BURNOUT EM ENFERMEIROS NA UNIDADE DE TERAPIA INTENSIVA: UMA REVISÃO NARRATIVA DA LITERATURA. *Uma Revisão Narrativa da Literatura*, Pernambuco, p.01-13, 2017.

CASTRO, E. K.; MASSOM, T.; DALAGASPERINA, P. Estresse Traumático Secundário em Psicólogos. *Revista Psicologia e Saúde*, v.10, n. 1, p.115-125, 23 mar. 2018. Universidade Católica Dom Bosco. Disponível em: <<http://dx.doi.org/10.20435/pssa.v9i3.554>>. Acesso em: 10 fev. 2020.

CENTRO DE REFERÊNCIA EM SAÚDE DO TRABALHADOR- CEREST. Biblioteca Virtual Em Saúde. 2015. Disponível em: <<http://bvsms.saude.gov.br/dicas-em-saude/1086-centro-de-referencia-em-saude-do-trabalhador-cerest>>. Acesso em: 30 ago. 2020.

CEREST – APRESENTAÇÕES. POLÍTICA NACIONAL DE SAÚDE DO TRABALHADOR E DA TRABALHADORA. Vigilância em Saúde. Disponível em: <<https://www.vs.saude.ms.gov.br/cerest/apresentacoes-cerest/>>. Acesso em: 23 ago. 2020.

COFEN, Conselho Federal de Enfermagem. Resolução Cofen 633/2020. A Atuação dos profissionais de enfermagem no atendimento Pré-hospitalar (APH) móvel terrestre e Aquaviário, quer seja na assistência direta e na Central de fregulação das Urgências (CRU). Brasília, 24 de Març de 2020. Disponível em: <

COSTA, C. A. C.; COSTA, V. L. S.; ESTRESSE OCUPACIONAL EM TRABALHADORES DA SAÚDE: FATORES DE RISCO E AGRAVOS GERADOS NO AMBIENTE DE TRABALHO: X Semana de Iniciação Científica da Faculdade R. Sá. Pi. jun. 2016.

FABRI, J. M.G.; NORONHA, I.R.; OLIVEIRA, E.B.; KESTENBERG, C. C. F., HARBACHE, L. M. A.; NORONHA, I. R Estres se ocupacional em enfermeiros da pediatria: manifestações físicas e psicológicas. Rev baiana enferm. V. 32, 25070. 2018. Disponível em: <<https://portalseer.ufba.br/index.php/enfermagem/article/view/25070>>. Acesso em: 30 ago. 2020.

FELLI, V. E. A; COSTA, T. F; BAPTISTA, P. C. P; GUIMARÃES, A. L. O; ANGINO, B.M. Exposição dos Trabalhadores de Enfermagem às Cargas de Trabalho e Suas consequências. Revista da Escola de Enfermagem da USP. 49. Pág. 98 – 105. 2015.

FREIRE, D. A. L; MARISA, A. E; Levantamento dos mecanismos de defesa dos profissionais de enfermagem frente à deterioração das condições de trabalho: Rev. Adm. Saúde Vol. 17, Nº 68, jul. – set. 2017. Acesso em: 19 fev. 2020.

FREITAS, R. J. M., et al. Estresse do enfermeiro no setor de urgência e emergência. Revista de Enfermagem UFPE on line- ISSN:1981-8963, v. 9, n. 10, p. 1476-1483, nov. 2015. ISSN 1981-8963. Disponível em: <<https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10861>>. Acesso em: 07

fev. 2019.

GAMBARELLI, S. F; TAETS, G.G.C. C; Revisão A importância da empatia no cuidado de enfermagem na atenção primária à saúde. v. 17, n.4, 2018. Disponível em: <<http://dx.doi.org/10.33233/eb.v17i4>>. Acesso em: 02 mar. 2020.

FROTA, M. A. et al.; Mapeando a formação do enfermeiro no Brasil: desafios para atuação em cenários complexos e globalizados. Ciênc. saúde coletiva, Rio de Janeiro , v. 25, n. 1, p. 25-35, Jan. 2020 . Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232020000100025&lng=en&nrm=iso>. Acesso em: 15 dez. 2020.

GUIMARÃES, A. L. O; FELLI, V. E. A; Notificação de Problemas de Saúde em Trabalhadores de Enfermagem de Hospitais Universitários. Revista Brasileira de Enfermagem. Vol. 69. Nº 03 Brasília Maio/Junho 2016. <<https://doi.org/10.1590/0034-7167.2016690313i>>. Acesso em: 06 agos. 2020.

GOMES, J.; SILVA, A. S.; BERGAMINI, G. B. SAÚDE E QUALIDADE DE VIDA: INFLUÊNCIA DO STRESS NO AMBIENTE DE TRABALHO: Revista Científica da Faculdade De Educação E Meio Ambiente FAEMA.v.8, n.2,207 - 220, Ariquemes, 2017. Disponível em: <<https://doi.org/10.31072/rcf.v8i2.547>>. Acesso em: 18 fev. 2020.

HIPÓLITO, M.C.V.; MASSON, V.A.; MONTEIRO, M. I.; GUTIERREZ, G. L. Qualidade de Vida no Trabalho: Avaliação de Estudos de Intervenção. Revista brasileira de Enfermagem [Internet]. 2016; 70 (1): 178-86. Acesso em: 21 setembro, 2020.

LOPES, E. R.; SOUZA, J. E. O. Conflitos na equipe de enfermagem: um desafio na gestão do enfermeiro.: Única Cadernos Acadêmicos. Contagem - MG, p.01-10, 2015. Disponível em: <<http://co.unicaen.com.br:89/periodicos/index.php/UNICA/article/view/10>>. Acesso em: 03 fev. 2020.

LORENZO, R. A; GUERRERO, A. A. E.; Afetações psicológicas em casos pessoais primários: ¿Trastorno por períodos pós-traumáticos ou períodos traumáticos secundários? Preocupações psicológicas nos socorristas: transtorno de estresse pós-traumático ou estresse traumático secundário? Revista Puertorriqueña de Psicología, 28 (2), 252-265. 2017.

MORAES FILHO, I. M.; Estresse Ocupacional no Trabalho em Enfermagem no Brasil: Uma Revisão Integrativa: Revista Brasileira em Promoção da Saúde. V.29, n.3, p.447-454, ago. 2016. Disponível em: <<https://www.redalyc.org/articulo.oa?id=40849134018>>. Acesso em: 19 fev. 2020.

MUFATO, L. F; GAIVA, M. A. M; EMPATIA EM SAÚDE: REVISÃO INTEGRATIVA. Revista de Enfermagem do Centro Oeste Mineiro. 2019;9: e2884. Disponível em: <<http://dx.doi.org/10.19175/recom.v9i0.2884>>. Acesso em: 21 fev. 2020.

OLIVEIRA, E. B. et al. Estresse ocupacional e burnout em enfermeiros de um serviço de emergência: a organização do trabalho [Occupational stress and burnout in nurses of an emergency service: the organization of work]. Revista Enfermagem UERJ, [S.l.], v. 25, p. e28842, jun. 2017. ISSN 0104-3552. Disponível em: <<https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/28842/22382>>. Acesso em: 25 fev. 2020.

Organização Mundial da Saúde. Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde: CID-10 Décima revisão. Trad. Do Centro Colaborador da OMS para a Classificação de Doenças em Português. 3 ed. São Paulo: EDUSP; 1996.

PRETO, V. A.; PEDRÃO, L J. O estresse entre enfermeiros que atuam em Unidade de Terapia Intensiva. Revista da Escola de Enfermagem da Usp, v. 43, n. 4, p.841-848, dez. 2016 FapUNIFESP (SciELO). Disponível em: <<http://dx.doi.org/10.1590/s0080-62342009000400015>>. Acesso em: 30 jan. 2020.

RISSARDO, M. P.; GASPARINO, R. C. Exaustão emocional em enfermeiros de um hospital público: Esc. Anna Nery, Rio de Janeiro, v.17, n.1, p.128-132, mar. 2013. Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452013000100018&lng=en&nrm=iso>. Acesso em: 17 fev. 2019.

RODRIGUES, C. P. Estresse e qualidade de vida em técnicos e auxiliares de enfermagem em instituições de longa permanência para idosos.: O Mundo Saúde, n. 2, v. 40, São Paulo, p.180-188, 2017.

RUBACK, S.P; TAVARES, J.M.A.B; LINS, S.M.S.B; et al. Estresse e Síndrome de Burnout em

Profissionais de Enfermagem que Atuam na Nefrologia: Uma Revisão Integrativa. Rev Fund Care Online. 2018 jul. /Set.; 10(3):889-899. Disponível em: <<http://dx.doi.org/10.9789/2175-5361.2018.v10i3.889-899>>. Acesso em: 10 fev. 2020.

RUIZ, A. L; ANGELES, E. A. G. Afectaciones Psicológicas Em Personal De Primera Respuesta: Transtorno Por Estrés Postraumático O Estrés Traumático Seundário? Revista Puertorriquena de Psicologia. V. 28. Nº 2. Pág. 252 -265. Julho - dezembro 2017.

SANCHEZ, H. M. et al. Impacto da saúde na qualidade de vida e trabalho de docentes universitários de diferentes áreas de conhecimento. Ciência & Saúde Coletiva [online]. v. 24, n. 11, 2019. Acessado 16 setembro 2020, pp. 4111-4123. Disponível em: <<https://doi.org/10.1590/1413-812320182411.28712017>>.

SANTANA, J. R.; RODRIGUES, C. C.; PEREIRA, S. F.; ANÁLISE DE CONTEÚDO DA OBRA FADIGA POR COMPAIXÃO, DE KENNYSTON LAGO E WANDERLEY CODO: SOB O OLHAR DA ENFERMAGEM: Revista Pesquisa E Ação, 3(1); (2017, junho 1). Recuperado de <<https://revistas.brazcubas.br/index.php/pesquisa/article/view/268>>. Acesso em: 22 fev. 2020.

SAVIETO, R. M; RIBEIRO; LEÃO, E. R. Assistência em Enfermagem e Jean Watson: Uma reflexão sobre a empatia. Escola Anna Nery Revista de Enfermagem 2016, vol.20, n.1, pp.198-202. ISSN 1414-8145. 2020 Disponível em: <<https://doi.org/10.5935/1414-8145.20160026>>. Acesso em: 02 mar. 2020.

SBARDELLOTO, G et al. Processamento Cognitivo no Transtorno de Estresse Pós-Traumático: Um Estudo Teórico. Interação em Psicologia, Curitiba, v. 16, n. 2, dez. 2012. ISSN 1981-8076. Disponível em: <<https://revistas.ufpr.br/psicologia/article/view/18934>>. Acesso em: 20 fev. 2020.

SILVA, D. P; SANTOS, N. R. O; NASCIMENTO, L.K.A.S; Fatores Que Influenciam o Estresse Ocupacional Na enfermagem: Revista Cultural e Científica do UNIFACEX. v. 14, n. 2, outubro de 2016.

SILVA, R. M; GOULART, C.T; GUIDO, L.A. Evolução histórica do conceito de estresse. Rev. Cient. Sena Aires. 2018; 7 (2): p. 148-156. Acesso em: 04 fev. 2020.

TEIXEIRA, G.S; SILVEIRA, R.C.P; MININELM, V.A; MORAES, J.T; RIBEIRO, I.K.S. Qualidade de vida no trabalho e estresse ocupacional da enfermagem em unidade de pronto atendimento. *Texto Contexto Enferm* 2019 ,28: e20180298. Disponível em: <<http://dx.doi.org/10.1590/1980-265X-TCE-2018-0298>>. Acesso em: 27 jan. 2020.

TEREZAM, R.; REIS-QUEIROZ, J; HOGA, L. A. K. The importance of empathy in health and nursing care. *Revista Brasileira de Enfermagem*, v. 70, n. 3, p.669-670, jun. 2017. FapUNIFESP (SciELO). Disponível em: <<http://dx.doi.org/10.1590/0034-7167-2016-0032>>. Acesso em: 04 fev. 2020.

TRETTENE, A. S., et al. Estresse em profissionais de enfermagem atuantes em Unidades de Pronto Atendimento. *Bol. – Acad. Paul. Psicol.*, São Paulo, v. 36, n. 91, p. 243-261, jul. 2016. Disponível em <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-711X2016000200002&lng=pt&nrm=iso>. Acesso em: 04 fev. 2020.

VALENTE, N. L. M; MELLO, M. F.; FIKS, J. P. Transtorno de Estresse pós-traumático. In: MARI, Jair de Jesus. *Psiquiatria na Prática Clínica*. Tamboré: Manole. p. 315-326, Cap. 18, 2013.

VAZATA, D.; NEZI, T. C. O ESTRESSE E A PROFISSÃO DE ENFERMAGEM. *Pesquisa em Psicologia - anais eletrônicos*, 30 out. 2015. Disponível em <https://portalperiodicos.unoesc.edu.br/pp_ae/article/view/8609> Acesso em 28 jan. 2020.

VERSA, G. L. G. S.; MURASSAKI, A. C. Y.; INOUE, K. C.; MELO, W. A.; FALLER, J. W.; MATSUDA, L. M. Estresse ocupacional: avaliação de enfermeiros intensivistas que atuam no período noturno. *Rev Gaúcha Enferm*. 33, p.78-85, jun. 2012.

VIEIRA, S.S.; AZEVEDO, I. R. P.; CASAGRANDE, J. L. Pesquisa Bibliográfica, Pesquisa Bibliométrica, Artigo de Revisão e Ensaio Teórico em Administração e Contabilidade. *Administração: Ensino e Pesquisa*. Vol.19, n. 2, 2018. Maio – agosto, pg 308-339 Rio de Janeiro. Disponível em: <<https://doi.org/10.13058/raep.2018.v19n2.970>> Acesso em: 10 fev. 2020.

^[1] Academic of the Nursing course at Faculdade Morgana Potrich (FAMP), Mineiros – GO, Brazil.

^[2] Academic of the Nursing course at Faculdade Morgana Potrich (FAMP), Mineiros – GO, Brazil.

^[3] Academic of the Nutrition course at Faculdade Morgana Potrich (FAMP), Mineiros – GO, Brazil.

^[4] Advisor. Prof^a. Esp. Psychology by the Morgana Potrich College (FAMP), Mineiros-GO. Professor at FAMP – Faculdade Morgana Potrich, Mineiros-GO. Brazil, graduation in Psychology at UFMT- Federal University of Mato Grosso, specialization in Organizational Management, Human Development and Coaching at Avilá Pós-Goiânia, Classroom Management in Higher Education at Unifimes – Mineiros.

Submitted: December, 2020.

Approved: January, 2021.