

Nursing hours worked and the stress in nurses' work*Horas de enfermagem trabalhadas e o estresse no trabalho do enfermeiro**Horas de enfermagem trabalhadas e o estresse no trabalho do enfermeiro***Tricia Bogossian¹**

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Bogossian T. Nursing hours worked and the stress in nurses' work. Glob Acad Nurs. 2021;2(4):e203.

<https://dx.doi.org/10.5935/2675-5602.20200203>**Corresponding author:**

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Chief Editor: Caroliny dos Santos

Guimarães da Fonseca

Executive Editor: Kátia dos Santos

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Submission: 09-360-2021**Approval:** 10-22-2021**Abstract**

The aim was to analyze the effects of excessive workload on nurses. This is an integrative literature review, through the study of multiple articles on the topic covered hours of work in nursing and the Burnout syndrome. This work allows general conclusions about a particular area of study, carried out in a systematic and orderly manner, and contributes to the deepening of the topic to be studied and its knowledge. The research is bibliographical, and queries were made in medical literature and in journals from the last 5 years, in the Latin American Caribbean Literature in Health Sciences (LILACS) database, in the Virtual Health Library (VHL) database platform). Thus, consequently, the risks of the profession will be minimized or even eliminated, thus, the institution gains by being a reference in excellence in care, society gains by being in the hands of a serious, motivated, and committed professional, and the nurse who will feel valued and, in this way, accomplished in the chosen profession.

Descriptors: Burnout, Professional; Occupational Stress; Nursing; Indicators of Quality of Life; Burnout, Psychological.

Resumén

El objetivo fue analizar los efectos del exceso de trabajo en enfermeras. Se trata de una revisión integradora de la literatura, a través del estudio de múltiples artículos sobre la temática cubierta horas de trabajo en enfermería y el síndrome de Burnout. Este trabajo permite sacar conclusiones generales sobre un área particular de estudio, realizadas de manera sistemática y ordenada y contribuye a la profundización del tema a estudiar y su conocimiento. La investigación es bibliográfica y se realizaron consultas en literatura médica y en revistas de los últimos 5 años, en la base de datos de Literatura del Caribe Latinoamericano en Ciencias de la Salud (LILACS), en la plataforma de base de datos de la Biblioteca Virtual en Salud (BVS). Así, en consecuencia, los riesgos de la profesión serán minimizados o incluso eliminados, así, la institución gana por ser un referente en la excelencia en la atención, la sociedad gana al estar en manos de un profesional serio, motivado y comprometido, y la enfermera que se sentirá valorado y, de esta forma, realizado en la profesión elegida.

Descriptoros: Agotamiento Profesional; Estrés Laboral; Enfermería; Indicadores de Calidad de Vida; Agotamiento Psicológico.

Resumo

Objetivou-se analisar os efeitos da excessiva carga de trabalho sobre o enfermeiro. Trata-se de uma revisão integrativa de literatura, através do estudo de múltiplos artigos sobre o tema abordado horas de trabalho em enfermagem e a síndrome de Burnout. Este trabalho possibilita conclusões gerais a respeito de uma particular área de estudo, realizado de maneira sistemática e ordenada e contribui para o aprofundamento do tema a ser estudado e seu conhecimento. A pesquisa é bibliográfica e as consultas foram feitas na literatura médica e em periódicos dos últimos 5 anos, na base de dados Literatura Latino-Americana do Caribe em Ciências da Saúde (LILACS), na plataforma de base de dados Biblioteca Virtual em Saúde (BVS). Assim, consequentemente os riscos da profissão serão minimizados ou até eliminados, assim, a instituição ganha por ser referência em excelência no atendimento, a sociedade ganha por estar nas mãos de um profissional sério, motivado e comprometido, e ganha também o enfermeiro que se sentirá valorizado e, dessa forma, realizado na profissão que escolheu.

Descriptoros: Esgotamento Profissional; Estresse Ocupacional; Enfermagem; Indicadores de Qualidade de Vida; Esgotamento Psicológico.



Introduction

In nursing, the work process is developed by a daily practice that involves technical, administrative, and managerial aspects during the provision of care to patients and their families. Therefore, it is essential that professionals have knowledge and skills to ensure the quality of care. This work process takes place uninterruptedly 24 hours a day, in shifts, including on weekends and holidays¹. This study aims to analyze the effects of excessive workload on nurses. Studies show that a frantic routine can result in the triggering of the stress syndrome at levels that can compromise the health of the professional in such a way that he can develop different pathologies that will compromise the exercise of his activity, thus causing damage to his health and from third parties. The working day must meet the wishes of the institution and, on the other hand, respect the physical condition of the worker, but this is always possible since the nurse usually has a double work shift, working in shifts, especially at night. Most nursing professionals are female, and it is a well-known social fact that most of these women already face double shifts, which makes them more likely to suffer from the effects of an exhausting and stressful workload².

For the health area, it is important to study the subject to collect data, information or even be able to suggest solutions to the problem of poor quality of life of nursing professionals who, not infrequently, dedicate themselves in such a way to their craft that they fail to observe whether they are having a quality of life that compensates for so much involvement and commitment. As a graduate student in the field of occupational nursing, the topic urges me to research the work environments and organizational structures where nurses usually spend a good part of the day. Thus, we hope to help raise the class's attention to this public health problem that is the evil of stress, which may help to identify the stressors and, in a way, help them to be eliminated.

The work discussed occupational stress and the characteristics of agents that trigger this syndrome, also analyzing the weekly workload of nurses in some of the main Brazilian hospitals. The issue of the use of medications to mask the symptoms of physical and mental exhaustion of nursing professionals was addressed and the current situation of these workers regarding their quality of life was researched.

Methodology

This is an integrative literature review, through the study of multiple articles on the topic covered hours of work in nursing and the Burnout syndrome. This work allows general conclusions about a particular area of study, carried out in a systematic and orderly manner, and contributes to the deepening of the topic to be studied and its knowledge.

The research is bibliographical, and queries were made in medical literature and in journals from the last 5 years, in the Latin American Caribbean Literature in Health Sciences (LILACS) database, in the Virtual Health Library (VHL) database platform), using keywords such as burnout,

professional stress, nursing and quality of life and nursing "AND" professional stress "AND" quality of life. With this, we seek to find the answers to the questions raised here or raise new issues for future research.

Results and Discussion

Stress at work

In Brazil, the nursing workforce is made up of more than one million professionals. They are nurses, nursing technicians and assistants, attendants, and operational assistants of similar diverse services, at the mercy of working conditions capable of threatening the very survival of the profession³.

Nursing, as the studies demonstrate, is exposed to psychosocial risks in the hospital environment due to the peculiarities of the work process and demands of technological mastery, training, information, and the care provided to critically ill patients. Factors such as shift work, double shifts, low pay, outsourcing, the speed with which tasks must be performed, insufficient staff, overwork, carrying out incompatible activities and the process of death and dying of patients, which causes great stress in these professionals⁴.

According to studies, the first references to the word stress, from the Latin *stringere*, date from the 14th century and corresponded to affliction and adversity. In the 17th century, the word came to be used to designate oppression, discomfort, and adversity. The word was only used in its approximate meaning of the current one in 1936, when it was recognized as a syndrome triggered by various harmful agents that prevented the patient's organism from reacting, causing, therefore, his weakening and illness. This type of pathology is called biological stress and, "currently stress means pressure, insistence and being stressed means being under pressure or being under the action of a certain insistent stimulus"^{2,5}.

It is not always that stress should be seen as something harmful to health, on the contrary, a small level of stress is necessary for the body to work properly. The positive degree of stress is called eustress. On the other hand, the frenetic daily life can provide negative and harmful situations, starting to affect the individual, causing, therefore, a pathological condition. The distressing situations that generate the negativity process are called stress⁶.

Also, according to studies, emotional stress is "a reaction of the body with psychological reactions that occur in situations that frighten, excite or make you happy". This condition has been the object of several studies nowadays, they teach that "Current working conditions involve models of production and service provision with accelerated and intensified work characteristics [...]", thus, the way in which modern society lives demands a lot of psychic and physical effort in such a way that it can reach exhaustion or burnout^{7,8}.

Furthermore, studies show that certain professional activities, given the conditions in which they are performed, pose serious health risks. The exercise of activities in the health area is usually performed in unhealthy



environments, performed in day and night shifts and uninterrupted care and professionals exposed to risk factors of a physical, chemical, biological and psychosocial nature and, therefore, nurses are included in the group of exhausting professions².

Furthermore, studies show that the professions with the greatest risk are those in which workers face stressful environments, caused by the work system that is usually in shifts, especially night shifts, combined with long shifts that require constant surveillance. In this area of work, there are nurses who live at an intense pace of work. The activity performed by them is conducive to the development of pathologies since contact with sick people is frequent and the high levels of stress encourage the appearance of pathologies in nurses⁴.

Furthermore, studies have observed that the stress level in three phases: alarm, resistance, and exhaustion. The alarm phase is the phase that precedes resistance, where the body is changing and identifying and trying to react to danger. It is considered the good phase of stress, where adrenaline is produced, where we are alert and full of vigor, and can even handle a situation that demands a lot of energy or endurance very well.⁹

The resistance phase, on the other hand, is when the stressor persists and the body tries to adapt to the new situation, and this state can last for years. In this phase, the organism will process the stress, being able to do it in two ways: tolerating and accepting the new condition (syntoxic) or fighting, being against or not accepting such condition (cathotoxic). These reactions occur when the person tries to adapt to their current situation, to re-establish the internal balance. If the body manages to deal with the stressor in such a way that it disappears, we can get out of stress without sequelae, otherwise, we enter the resistance phase where the body will fight the stress⁹.

Before entering the third stage classified as exhaustion, Dr. Marilda Lipp introduces an antecedent stage called near-exhaustion, which is the stage in which gradual collapse begins and pathologies triggered by the state of stress begin to appear, including fatigue mental, difficulty concentrating, immediate memory loss, hair loss, memory difficulty, high blood pressure, panic attacks, tumors⁹.

Finally, they explain the exhaustion phase that is equivalent to an extinction of the organism's resistance. There is no longer any way to resist stress and the person needs medical help to recover. At this stage, fatigue is physical and psychic and, therefore, the consequences for people are they sleep little and wake up early and do not feel rested, lack of libido, cannot work normally, they become apathetic people. Ulcers, high blood pressure, diabetes, heart attack and suicidal thoughts can also appear. It is noteworthy that it is not stress that causes diseases but stimulates the appearance of genetically predisposed diseases⁹.

According to the studies, nursing workers suffer from work stress because they work with work overload, especially when inserted in the hospital environment, whose work organization exposes the group to psychological

burdens due to the way in which this work is inserted in the production in health and in the capitalist economic sector¹⁰.

In this way, the work environment becomes a negative place, where nurses have their quality of life compromised because the risk factors to which they are exposed are affecting them in such a way that they lose the pleasure of exercising their activity, harm their professional and personal relationships, as the professional becomes an obnoxious and irritating person, that is, it also affects the behavior and health of the nurse⁹.

The Burnout Syndrome

The nurse who undergoes precarious work conditions and tiring pace develops over time what we call the Burnout syndrome:

*"Burnout Syndrome is a weakening process resulting from a prolonged period of professional stress. It is a response to chronic tension at work, generated from direct and excessive contact with other people, due to constant emotional tension, focused attention and great professional responsibility"*¹¹.

The term Burnout was used for the first time by the psychoanalyst Freudenberg and is translated by the feeling of failure due to physical wear and tear and exhaustion caused by internal exhaustion. As occupational stress stems from stressors linked to professional life, tensions originate in external conditions, which refer to political economy and cultural requirements, consistent with social and family demands. Freudenberg further noted that fatigue, irritability, depression, annoyance, stiffness, and inflexibility also played an important role in the composition of the syndrome⁹.

The Ministry of Health has already recognized Burnout Syndrome through ministerial ordinance number 1339 of November 18, 1999. According to the norm, Burnout is included in the list of "Mental disorders and work-related behavior (group V of the ICD- 10) and the pathology that causes the feeling of being finished is caused by the pace of drudgery and other physical and mental difficulties related to work".

The syndrome has been considered an extremely relevant social problem caused by various personal dysfunctions of a physical and psychological nature. In the most extreme cases, it can make the person unable to work:

*"This syndrome comprises a process characterized by three dimensions: emotional exhaustion, depersonalization and decreased professional productivity, which imply physical, psychological and social consequences, directly affecting the individual's quality of life and work"*¹¹.

Thus, Burnout syndrome is a psychosocial phenomenon caused by the professional's involvement in such a way that the emotional is committed to work and the public.

Basically, the syndrome is a response to chronic work stress that consists of emotional exhaustion, depersonalization and lack of personal fulfillment:



"The solution to this syndrome is to focus your actions on preventive programs that normally emphasize three levels: Programs centered on the individual's response, which create conditions in the individual to have responses to negative or stressful situations; Programs centered on the occupational context, which seek to improve conditions in the work environment, and Programs centered on the interaction of the occupational context and the individual. The latter seeks to combine the individual and their occupational context, in order to modify the working conditions and also the individual's ways of coping with occupational stressful situations, however, before following these preventive programs, it is necessary to adopt a cognitive perspective -behavioral that establishes some steps for the search for prevention: didactic exposure about stress and Burnout (knowledge of the problem), discovering the causative agent of the problem (problem recognition and personal profile), learning of coping strategies in relation to the problem and the search for a solution to the problem to modify or adapt it to the individual (problem-oriented coping)"¹¹.

Therefore, eliminating the stressors and providing a healthy environment for the nursing professional helps them to maintain a good quality of life and have pleasure in performing their duties in a motivated way. Commuting from your home every day to go to your workplace and carry out your activities in a peaceful manner in a healthy environment brings gains for the entire team and for people who need the work of the nursing staff.

Nurses' workload and its relationship with physiological stress reactions

The workday can be exhausting and become a suffering for the worker, causing this professional to become a person without creativity, unmotivated and may develop some physiological reactions that compromise their health, such as absenteeism, drop in productivity, difficulty in socializing, various physical illnesses, anxiety, unhappiness in personal life, lack of courage, lack of organization and commitment to work, frequent absences and delays, as well as constant visits to the doctor and continued use of various drugs^{7,12}.

Studies carried out at the public hospital in Ribeirão Preto/SP between the second semester of 2011 and the first semester of 2012, took as the object of study 131 nurses distributed among all sectors and work shifts. After submission of selection criteria, this population dropped to 95, with 85 (89.4%) being female and 10 (10.6%) aged between 23 and 61 years. Regarding the number of employment bonds, it was found that 76 nurses had only one, 17 had two bonds and 2 nurses had three bonds. Regarding the type of employment contract, 27 nurses were hired by the Hospital Support Foundation, 65 were state civil servants and only three had an employment contract by the Foundation and the State. The average workload of these nurses was 42 hours per week, and in some cases up to 78 hours per week were recorded, with the foundation's employees being hired to work 36 hours a week and the employees of the State, 30 hours a week⁷.

It is possible to extract that the workload is a factor that can cause damages in the provision of services, since tiredness does not allow nurses to provide adequate care. The investigations carried out in the researches were not enough to relate the excessive workload with the

physiological stress reactions among the researched population, but this does not mean that there is no development of stress, on the contrary, other studies indicate that there is a correlation between the journey of work and the state of stress⁷.

Stress levels in nurses from the quantification of salivary cortisol production on the work and day off

Still, studies show that the hormone cortisol, produced by the adrenal glands, is a parameter for the assessment of stress levels. This hormone increases in the last stages of sleep, preparing the individual for wakefulness, that is, it is responsible for keeping you alert; therefore, the levels decrease throughout the day, reaching lower concentrations before sleeping. Thus, the authors claim that nurses can have implications for social and family life due to variations in cortisol derived from the daily life to which they are subjected, which can cause occupational stress. The literature is harmonious in pointing out that the individual's stress index should be assessed through the quantification of cortisol to verify physiological markers and the application of questionnaires to assess psychological markers¹³.

A descriptive, cross-sectional, and comparative study was carried out from October 2011 to March 2012, where 57 nurses were evaluated (morning, afternoon, and evening) from the university hospital in Campinas, São Paulo, who care for patients in the Unified System. of Health – SUS, in the Emergency Room, Medical-Surgical Infirmery I and II sectors. Of the number of nurses, 47 were female and 11 were male, aged between 26 and 65 years, with the highest concentration of professionals in the range of 26 to 35 years. Asked if they did double shifts, only 19 said they did. After extracting the saliva of volunteers at different times throughout the day and calculating the results in the laboratory, it was concluded that on days off, the nurses had a lower concentration of salivary cortisol, as well as the level of stress, on the other hand, results indicate that nurses have stress on their workday. The research also concluded that the workload is determinant in stress levels:

"In Brazil, due to the organization of shifts, the incidence of double work shifts by low-paid nurses is frequent. When analyzed using salivary cortisol values, the double shift shows that, on the workday, as well as on the day off, the nurses who performed it had higher values when compared to those who had no other job"¹³.

Although nurses know exactly what care to take for good health, they do not put their knowledge into practice when it comes to themselves. As mentioned above, the double shift, most often in search of supplementary income, becomes a public health problem, as the professional, although being paid for each position that he performs, does not become rewarding for him. in terms of quality of life and does not reflect on the productivity of their activity, which becomes compromised as they work excessively¹³.

The errors attributed to nurses during the exercise of their profession can be attributed to tiredness and low concentration resulting from the stress syndrome. Famous cases of fatal errors have already been reported by the



media, such as the nurse who, in 2012, injected coffee with milk into the vein of an 80-year-old elderly woman. Ten days ago, another 88-year-old woman died after a nurse injected her veins with soup. Although these cases are not related to stress, it is very likely that it is related to the routine of these professionals, as the person responsible for applying the coffee with milk in the first case stated that she was an intern and had never injected medication before and was placed in the sector of drugs without any guidance, that is, the high demand does not allow professionals to work calmly or, in this case, to give due attention to what they are doing.

Consumption of anxiolytics by nursing workers

According to the bad work situation of nurses, it can bring mental and physical imbalance to these workers. Therefore, it is up to the institutions to which they are linked, to adopt measures to manage and organize the environment with a view to controlling the stressors responsible for the absenteeism and illness of the worker. If nothing is done to change the situation of these professionals, they begin to face difficulties or crises and, to minimize the strain on existing problems in the family and occupational sphere, they begin to use psychoactive substances, even knowing the effects and rich people involved in their consumption, which due to the easy access to these drugs, the use is facilitated^{4,14}.

What can be seen is that the use of psychoactive substances by nurses can be dangerous, as it puts the safety of the worker and that of third parties at risk. It is not a good solution to consume drugs to endure the workday, the ideal is to require the employer to provide adequate working conditions. Studies show that nursing professionals use anxiolytics to circumvent professional stress⁴.

The study sample consisted of 91 nursing workers, 72 female and 19 male. As for having more than one employment relationship, 60 of them declared to work more than one job and 45 worked more than 40 hours a week. The consumption of anxiolytics was reported by 39 (42.9%), 18 of which used it in the last twelve months prior to data collection and 9 used it in the month of collection, as they were already using it regularly. The initial results show that the use of anxiolytics by nurses is well above the consumption pattern in the Brazilian population, in which benzodiazepines (anxiolytics) appear in third place, that is, nationally, the use of the drug in the last twelve months prior to survey was 2.6% and in the month of data collection 1.3% (regular use)⁴.

For nursing professionals who live under constant pressure and in an exhausting and stressful routine, it is more convenient to resort to anxiolytics in the hope of having a better quality of life, a sense of well-being, reducing tension and anxiety²⁰. It turns out that masking a situation that should be corrected in another way can bring unwanted effects such as, for example, drowsiness, dizziness, changes in alertness, risk of falls, depression, change in sleep pattern and damage to health.

"Anxiolytics stimulate brain mechanisms that generally balance states of tension and anxiety and, in addition, inhibit mechanisms

that work excessively due to everyday stresses that lead to a state of alertness. As a result of this inhibition, the person expresses greater tranquility and is less responsive to external stimuli. These drugs further complicate learning and memory processes, also alter motor functions and affect activities that require quick reflexes"⁵.

A significant portion of these nurses, that is, more than a third of those surveyed, consumed anxiolytics above the standard for the Brazilian population. It was identified that the reasons for using the drugs are allied to problems of a personal, social, and professional nature, and in the latter, the heavy workload, night shift and double employment were decisive for their use. Although the research cannot generalize the results to other work situations, it is concluded that there is a relationship between the consumption of anxiolytics and work, with damage to professional practice and the work process^{5,14-17}.

Hours worked x stress – Quality of life at work

Job satisfaction influences the physical and mental health of workers and there is a direct correlation that also affects their social and family life. For nurses, job satisfaction comprises factors that relate not only to the physical structure that makes up their work environment, but also to those that originate from their relationships and their own feelings. Studies on feelings of satisfaction and dissatisfaction of nurses working in the hospital environment showed that the workplace, remuneration, interaction, autonomy, recognition, personal development and enjoying what they do are factors that influenced these feelings¹².

In the sense of nursing workers, the strain caused by the situations and social relationships present at work has an impact on the quality of life, where psychological violence, in its various forms, predominates in the individual's psychological and emotional health, compromising their rationality, well. social being and physical health¹⁸.

The theme is current, but there is still no consensus in the literature on what Quality of Work Life (QWL) is, but the term is generally used, most of the time, to describe "several basic dimensions of the task and other dimensions not directly dependent on the task, but capable of producing motivation and satisfaction at different levels, aimed, above all, at improving the quality of services and productivity". Basically, QWL has different focuses and is associated with job satisfaction, remuneration, autonomy, professional status, and effective participation of the worker within the institution in which they work.¹⁵

As seen in the studies presented here, the nursing staff is predominantly composed of female professionals. These professionals, by nature, already have a double shift, as they usually take care of the house, children, husband and still must work outside the home. The stress level of these professionals can be much higher than that of male workers²⁵. There is a need for more male professionals, as there are procedures that require physical preparation, thus, exaggerated effort can generate back and shoulder pain^{19,20}.

In the survey carried out, they found that 69% of nurses worked up to 40 hours a week and 51.6% worked



more than 40 hours a week. As for the double shift, 42.4% have double employment and 53.3% work at night. The research aimed to investigate the quality of work life and work-related musculoskeletal disorders among nursing professionals. The authors concluded that there is an association with Quality of Working Life, due to the highly stressful environment and full of predisposing factors to the presence of musculoskeletal disorders among its workers. Therefore, there must be an awareness among administrators, managers, managers, about the working conditions to which these nurses are subjected, and they must intervene with strategies to promote the well-being and health of these professionals^{15,21-23}.

Based on the studies presented, it is observed that the pathologies presented by nursing professionals are closely linked to the work routine, and to excessive workload, which drastically reduces the professional's motivation and quality of life. Nurses who are tired, physically, and mentally exhausted, will hardly be able to have a common social and family life, as they will always be unwilling to do extra-work activities, and cannot participate in meetings between friends or family and with this their social and family life will be ruined.

Conclusion

From the present study, we conclude that nursing professionals are inserted in work environments where different stressors that trigger the stress syndrome act. Thus, occupational stress is a recurrent pathology in the lives of nurses, which is aggravated by the appearance of various diseases because of this stress. The extensive workload of nurses is a determining factor for the appearance of stress at harmful levels, therefore, it causes illness and consequent interference in the quality of life of these workers. Based on data from surveys carried out previously, what was found is that occupational stress is still a subject that is not taken seriously by institutions, which are generally high-

traffic hospitals that receive patients with various diseases. The poor structure of many hospitals, the high demand from patients and the impossibility of adequate rest for nurses, make these elements considered stressful agents that, if not eliminated, lead the professional to exhaustion. At this stage, there is no longer any way to resist stress and the person will need medical help to recover.

When the body shows signs of exhaustion, physical and mental exhaustion is evident and, thus, the person starts to sleep little and wakes up early and does not feel rested, can no longer have libido, work normally, they become apathetic people. Ulcers, high blood pressure, diabetes, heart attack and suicidal thoughts may also arise. It is noteworthy that it is not stress that causes disease, but it stimulates the appearance of genetically predisposed diseases. Nurses can also suffer musculoskeletal disorders due to excessive exertion, which makes their job even more difficult.

Hospital institutions, or any other institution that has nurses on its staff, must be always aware of this problem, developing strategies aimed at eliminating harmful agents that stimulate and facilitate the emergence of stress. There must be a reassessment of the workload of nurses to analyze whether the sacrifices are resulting in compensating benefits or whether this is causing discouragement and unproductiveness in professionals. The ideal is to invest in the personal field so that these workers can have a healthy quality of life, remunerating them appropriately so that they do not feel the need to work double shifts so that they can rest satisfactorily. Thus, consequently, the risks of the profession will be minimized or even eliminated, thus, the institution gains by being a reference in excellence in care, society gains by being in the hands of a serious, motivated, and committed professional, and the nurse who will feel valued and, in this way, performed in the profession he chose.

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