

**Stress factors that affect the professional nurse working in emergency***Factores de estrés que afectan al profesional de enfermería que trabaja en urgencias**Fatores estressores que acometem o profissional enfermeiro atuante em emergência***Abstract**

The aim was to identify the signs and symptoms of aggravating stress in emergency nurses. It is a mixed, descriptive, and exploratory research. The collections in a general hospital located in Baixada Fluminense were completed, reaching the number of 44 participants working in adult and pediatric emergencies, where 49 nurses were invited to participate in this study, but there were 3 refusals to participate. Following the exclusion criterion, 2 nurses did not qualify for at least one year of experience in the function and 20 nurses did not return the quantitative research. The findings were categorized for presentation of the analysis, being: Great demand, Lack of inputs, Family members / companions, Low salary, and Bianchi stress scale. Coping strategies and measures to reduce sources of stress, based on the reorganization of the work environment, are urgently needed to guarantee comprehensive protection to the worker's health.

**Descriptors:** Nursing; Emergency; Worker's Health; Stress; Professional Performance.

**Resumen**

El objetivo fue identificar los signos y síntomas de agravamiento del estrés en enfermeras de urgencias. Es una investigación mixta, descriptiva y exploratoria. Se completaron las recolecciones en un hospital general ubicado en Baixada Fluminense, alcanzando la cantidad de 44 participantes que laboran en emergencias de adultos y pediátricos, donde 49 enfermeras fueron invitadas a participar de este estudio, pero hubo 3 negativas a participar. Siguiendo el criterio de exclusión, 2 enfermeras no calificaron por al menos un año de experiencia en la función y 20 enfermeras no devolvieron la investigación cuantitativa. Los hallazgos fueron categorizados para la presentación del análisis, siendo: Gran demanda, Falta de insumos, Familiares / acompañantes, Salario bajo y Escala de estrés Bianchi. Se necesitan con urgencia estrategias de afrontamiento y medidas para reducir las fuentes de estrés, basadas en la reorganización del entorno laboral, a fin de garantizar una protección integral a la salud del trabajador.

**Descriptoros:** Enfermería; Emergencia; Salud del Trabajador; Estrés; Rendimiento Profesional.

**Resumo**

Objetivou-se identificar os sinais e sintomas de estresse agravantes em enfermeiros da emergência. Trata-se de uma pesquisa mista, descritiva e exploratória. As coletas em um hospital geral localizado na Baixada Fluminense foram finalizadas, atingindo o n.º 44 de participantes que atuam nas emergências adulto e pediátrica, onde 49 enfermeiros foram convidados a participarem deste estudo, mas houve 3 recusas à participação. Seguindo o critério de exclusão, 2 enfermeiros não se enquadraram ao mínimo de um ano de atuação na função e 20 enfermeiros não devolveram a pesquisa quantitativa. Foi realizada a categorização dos achados para apresentação da análise, sendo: Grande demanda, Falta de insumos, Familiares /acompanhantes, Baixo salário e Escala de Bianchi de Estresse. Estratégias de enfrentamento e medidas para redução das fontes de estresse, com base na reorganização do ambiente de trabalho, são urgentemente necessárias a fim de garantir proteção integral à saúde do trabalhador.

**Descritores:** Enfermagem; Emergência; Saúde do Trabalhador; Estresse; Desempenho Profissional.

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## Introduction

Currently the word stress has been widely used, associated with feelings of discomfort, with an increasing number of people who define themselves as stressed or relate to other individuals in the same situation. Stress is almost always viewed as something negative that causes damage to the individual's overall performance. Stressor is a situation or experience that generates feelings of tension, anxiety, fear or threat that can be of internal or external origin.<sup>1</sup> Stress should not be understood as a static condition, as it is a very complex and dynamic phenomenon.<sup>2,3</sup>

Concatenated with stress, there are other factors that help in physical and mental exhaustion, such as, precarious working conditions, long hours and overload of work, exposure to risk factors, professional demotivation, low remuneration and double work hours, which results in negative effects on the quality of life of this professional.<sup>4</sup>

In this context, it is emphasized that quality of life comprises numerous factors, among which stand out physical and psychological health, level of independence, social relationships, interactions with family, friends and the environment itself. Such situations can present themselves in a significant way in the nursing professional working in the Emergency sector due to the fact of dealing daily with paradoxes such as life and even death.<sup>5</sup>

The literature points to the negative influence on the quality of life of health care workers arising from routine contact with pain, suffering, terminal life, expectations of the user of the health system and the limitations of the health care system. As an aggravating factor, the fact is that the professional has more than one job, which results in a great physical and mental strain. Furthermore, the high level of stress common to the work sector, carries risks of failures during the care process, which directly reflects on the safety of the care provided.<sup>6</sup>

Due to the stressors that the nursing professionals who work in this sector cause, the question is asked: How is the quality of life and the psychological of this professional? Thus, the objective was to identify the signs and symptoms of aggravating stress in emergency nurses.

## Methodology

It is a mixed, descriptive, and exploratory research, the research scenario is a general hospital located in Baixada Fluminense that performs urgent and emergency care (pediatric and adult) of medium and high complexity in the clinical and surgical area, composed of 360 beds registered in the Unified Health System, serves an average of ten thousand patients / month, cases are identified by colors, according to the Ministry of Health's Risk Classification protocol.

This research is authorized by the Ethics and Research Committee of the Iguaçú University (CEP / UNIG)

It is worth mentioning that the institution in question has a 24-hour work schedule for 120 hours of rest and that it offers all the physical, functional, technology, human resources, management models and assistance needed to carry out the project. Participants are nurses who met the inclusion criteria and accepted, of their own free will, to participate in this research.

Data collection was carried out during the working day where the script for the Bianchi Stress Scale protocol<sup>7</sup> was answered by him at his residence, between February and August 2020.

## Results

The collections were completed reaching the number of 44 participants working in adult and pediatric emergencies, where 49 nurses were invited to participate in this study, but there were 3 refusals to participate. Following the exclusion criterion, 2 nurses did not qualify for at least one year of experience in the function and 20 nurses did not return the quantitative research. Due to the Pandemic caused by COVID-19, the research cannot be carried out to collect the questionnaires from nurses who were within the deadline for returning it, thus, there is a need to return to the field to search.

The study hospital suspended as a criterion of the biosafety protocol instituted the permanence of researchers, interns or any service / people that were not on its staff, aiming to protect the community and reduce the spread of COVID-19.

Faced with this need to increase the flow of care, illness, and death of health professionals, mainly nursing as disclosed by the Federal Nursing Council (COFEN), the hospital increased its staff by hiring 35 new nurses and 55 technicians from nursing.

With this new quantitative in the functional framework and assuming the data that can be generated graphically with them, it is suggested that this study be postponed for its conclusion to generate a greater real dimension of the data, where it is believed to be of great value. The stress caused by this pandemic, especially for professionals on the front lines, will contribute in an overwhelming way to the whole society, academy and class studied.

For qualitative data, a semi-structured questionnaire was applied, with open and closed questions, which were delivered to be answered outside of your work environment. We can highlight the main stressors mentioned by the participants.



## Great demand

Thirty-one reported the high demand in the hospital as the most stressful factor. Regarding to this factor, some professionals reported:

*"We serve the quantity of a hundred and a few people a day and we only have two technicians for all this [...]" (NURS 09).*

*"The large amount of audience for little employee. And it stresses us too much, because we are unable to give quality attention and quality care to patients. You can't pay attention to the patients and then you do things little by little and you don't finish what you started at the beginning of the service, and then the assistance is incomplete. And then you can't deliver enough quality that each patient needs. Here there are a lot of serious patients who, due to lack of vacancy, end up staying out of the place that should be treated. Overcrowding of patients who come out of the limit amount they should have to attend" (NURS 30).*

*"Stressful factor here is the amount of patient, surplus. Number of employees is also exceedingly small [...]. We work with 16 patients; it is surreal that you have 16.18 patients. One nurse, 2 technicians, is the one who is most stressful" (NURS 05).*

The COFEN, in the use of the powers conferred on it by Law no. 5.905, of July 12, 1973, and by the Autarchy Regulation, approved by Resolution no. 421, of February 15, 2012, and considering that the quantitative and qualitative of nursing professionals directly interfere in the safety and quality of patient care; solve:

*Art. 3 - The minimum reference for the staff of nursing professionals, for the 24 hours of each hospitalization unit (UI), considers the SCP (Patient Classification System), the hours of nursing care, the percentage distribution of the total nursing professionals and the professional / patient ratio. For calculation purposes, the following should be considered: II - The percentage distribution of the total number of nursing professionals, must observe: a) The SCP and the following minimum proportions: For semi-intensive care: 42% are nurses and the other nursing technicians; For intensive care: 52% are nurses and the other nursing technicians. III - For calculation purposes, the following should be considered: the SCP and the professional / patient ratio in the different work shifts: Semi-intensive care: 1 nursing professional for 2.4  $\cong$  2.5 patients, 1 nurse for 5.7  $\cong$  6 patients and 1 nursing technician for 4.13  $\cong$  4 patients; Intensive care: 1 nursing professional for 1.33  $\cong$  1.5 patients, 1 nurse for 2.56  $\cong$  2.5 patients and 1 nursing technician for 2.77  $\cong$  3 patients.<sup>8</sup>*

The emergency sector is considered an environment with a high level of stress, causing physical and mental wear and tear on the professionals working in this sector that trigger harmful effects on health. In this environment, there are several barriers, including the difficulty of providing good assistance due to personal and professional stress. Psychic burdens and everyday demands fall almost entirely on the nurse.<sup>9,10</sup>

Stress considers the individual's internal causes peculiar to his personality and can intensify in stressful situations. Historically, nurses have faced challenges and dilemmas, inherent to their work context in the health area, whether for the definition of their goals, professional relationship with the multidisciplinary team as well as

society in general. Despite having the largest contingent of personnel today, there is still a significant number of professionals who devalue themselves and do not seek to show their real value in the care context, in addition to submitting to the accumulation of functions in multipurpose activities. This reality leads to terrible outcomes, causing frustrations that will significantly intervene in professional identity and autonomy.<sup>11-13</sup> The nurse in the emergency unit feels devalued for not often acting in the unit's decision making. They only work with overloads of work and accumulation of functions, generating physical and emotional wear and tear caused by operational, physical conflicts, and a reduced number of professionals, in addition to an inconsistent salary.<sup>14</sup>

## Lack of inputs

Eighteen participants indicated that the lack of supplies to provide minimal comfort and adequate care to patients is considered a stressor:

*"The lack of resources together with the high complexity of the patient that the health system places for us is one of the most aggravating stressors [...]" (NURS 03).*

*"You know what you need, go for it, but you won't always have it and sometimes it happens that you lose a patient because you have nothing to do, this is sad, it affects me psychologically, I don't get used to it, I don't accept it, especially when is the lack of support [...]" (NURS 33).*

*"The lack of material is one of the most aggravating stressors, as we are unable to provide adequate patient care [...]" (NURS 14).*

*"Not having all the subsidies to do a good job, you inevitably don't do what you should do, even with our technical and scientific knowledge, we don't have the essentials to work [...]" (NURS 21).*

*"We do not have beds for all patients, we do not have adequate physical structure, we do not have medication, so this is all very stressful [...]" (NURS 37).*

In a survey conducted with the nursing staff of a university hospital in the public health network, in the city of Rio de Janeiro, the results showed that unfavorable working conditions contribute to the feeling of violence at work, as well as the lack of material improvisation. Thus, the worker is prevented from doing his job correctly, which in a way triggers a stressor for this professional.<sup>15</sup>

Studies about work situations such as: precarious working conditions due to staff shortages, insufficient material and human resources, inadequate materials associated with the excessive demand for patients to be attended by a small number of nursing professionals can lead to low quality assistance and, in turn, generate suffering among nursing professionals. Thus, they become situations of violence over most Brazilian nursing professionals.<sup>16</sup>

In the present study, the interviewees stated that the lack of human resources to care for patients leads to overload of



activities, wear and tear, and leads them to experience feelings of sadness at work. In a literature review study that aimed to identify occupational risks, which the nursing team is exposed to in the hospital environment, found that the deficit in human resources leads workers to work overload and is directly associated with mental health problems and physical, in addition to impairing the quality of care provided.<sup>17</sup>

The precarious working conditions resulting from the deficit of personnel and material resources cause dissatisfaction, demotivation and occupational stress for the teams, both due to the workload and the specificity of the activity with regard to the assistance to critically ill patients, which in turn requires, quick decision making. Nursing, for providing direct assistance to patients and families, is one of the teams most affected in their emergency work process due to pressure for productivity, having to adapt to the demands imposed by the organization and the users themselves.<sup>18</sup>

### Family / companions

Thirteen nurses reported the presence of family members / companions as one of the most stressful factors. Regarding the presence of companions, some professionals reported some difficulties:

*"Sometimes the patient does not have major complaints of pain, but when he is with the companion, it gets more complicated" (NURS 11).*

*"Parents [...] want immediate care, but care is based on the priority scale, and they do not understand this priority scale, for them all cases are emergency" (NURS 26).*

*"What is most stressful here is the impatience of the companions, they think everything is our fault. The doctor takes time, it's my fault; the exam takes time, it's my fault. Then they scream, curse me. When the doctor arrives, they stay calm" (NURS 25).*

According to Laws No. 8.069/90<sup>19</sup>, No. 10.741/03<sup>20</sup> and No. 11.108/05<sup>21</sup>, the child, the teenager, the elderly and the parturient are entitled to a companion during hospitalization. In relation to adults, the National Health Humanization Policy recommends the presence of the companion, however, the latter's permission depends on institutional agreements and releases whose compliance, in most cases, is decided by the nurse.

It can be considered that the insertion of the accompanying family member in the care of the hospitalized adult is permeated by moments, sometimes gratifying, sometimes exhausting for the nursing team. Since the companion represents a positive presence when it contributes to the patient's physical, mental, social, and spiritual well-being, as well as someone who relieves and shares work activities with the team. When the companion does not meet the expectations of the nursing team, their presence in the hospital environment is considered negative.<sup>22</sup>

The partnership between the health team and the companion is an objective to be pursued during the stay of the hospitalized subject and afterwards. Elderly, pregnant women, children and individuals with special needs do not need special authorization to have companions in hospitals. The nursing professional, surrounded by stressors already known, such as task overload, lack of basic inputs to carry out their work and low pay, is also exposed to an emotional burden of suffering, pain, and death with which they live daily. Thus, it is not uncommon for cases in which interpersonal relationships between team members or companions present noise, compromising care for hospitalized users.<sup>23</sup>

### Low income

Four nurses reported low wages as one of the most stressful factors. About this factor, some professionals reported some dissatisfactions:

*"My lack of complementary income, that you get home, you have to buy things and the money is not enough. You get it there, pay the bills and [...]. This is a stressor [...]" (NURS 11).*

*"Low wages, we earn extraordinarily little, the nurse here earns almost the same floor as the technician. There is always the promise that it will get better, but it never gets better, so you stay in that expectation that it will get better, but unfortunately it never gets better. This is also incredibly stressful [...]" (NURS 13).*

*"My salary. Because I am hired, I am not a formal contract, so there is always a value missing, something is always missing, so it gets stressful. Because when we go to receive, we never close that amount at the end of the month, there is always a shortage of money [...]" (NURS 25).*

Continuing the results of factors that lead the professional nurse to be unfavorable to working conditions, one of the factors for the professional's stress is the low salary. The precariousness of labor relations results from a model that is based on precepts that directly influence the world of work: workers have precarious bonds, losing stability in their jobs and labor rights.<sup>24</sup>

In addition, they are faced with inadequate remuneration, lack of professional recognition, devaluation at work and long working hours where they receive ignominious remuneration. Therefore, to maintain their minimum subsistence conditions, they are exposed to double and even triple working hours. These and other factors reinforce nurses' exposure to situations of stress, suffering and conflicts that can negatively affect health and job satisfaction.<sup>23,25</sup>

These conditions in question reflect adversely on the nurse's health, causing manifestations such as stress, tachycardia, systemic arterial hypertension, drowsiness, sweating, physical and mental exhaustion, depression, fatigue, headache, epigastric pain and irritability. Manifestations that compromise the care provided to patients and the quality of life of professionals.<sup>26</sup>





## Bianchi Stress Scale

The Bianchi de Stress scale was applied as a collection of quantitative data. The questionnaire consists of two parts:

1. Characterization data of the population: sex, age, position, work unit, time working at the unit, work shift, time since graduation, postgraduate courses.

2. Stressors in the nurse's performance, with 51 items using the Likert-type scale, ranging from 1 to 7, determining the value 1 as little stressful; value 4 as medium and value 7 as highly stressful. The value 0 was reserved for when the nurse does not perform the activity covered. The 51 items on the Bianchi de Stress scale were divided into six domains (A, B, C, D, E and F):

A - Relationship with other units and supervisors (nine items: 40,41, 42, 43, 44, 45, 46, 50, 51).

B - Activities related to the proper functioning of the unit (six items: 1, 2, 3, 4, 5, 6).

C - Activities related to personnel administration (six items: 7, 8, 9,12, 13, 14).

D - Nursing care provided to the patient (fifteen items: 16, 17,18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30).

E - Coordination of the unit's activities (eight items: 10, 11, 15, 31, 32, 38, 39, 47).

F - Working conditions for the performance of nurses' activities (seven items: 33, 34, 35, 36, 37, 48, 49).

According to Bianchi, the stress level was considered with the following standardized score score equal to or below 3.0 - low stress level; between 3.1 to 5.9 - medium level of stress; equal to or above 6.0 - high stress level. Of the scales that were delivered, 39 participants are female, and 6 are male. Most participants are aged between 31-40 years (10) and have a graduate degree (16). The second part of the research showed that domain D (nursing care provided to the patient), proved to be the most stressful, while domain B (activities related to the proper functioning of the unit), showed to have the lowest wear rate. In this context, nurses are required to have knowledge, efforts, and competencies, as well as quick and effective decision-making.

In this situation, stress arises as a physiological and psychological, complex, and dynamic response of the organism, triggered when the individual is faced with stressors, which can generate physical and psychological diseases. Thus, occupational stress is determined by the professional's perception of his work demands as stressors, and by his ability to cope with them.<sup>27-29</sup>

The damage caused by these factors depends on

the vulnerability of each human being, personality, culture, values, among others. Studies have shown that when faced with a stressor, the body experiences three phases: the first, alarm or alert phase, the body identifies the stressor and activates the neuroendocrine system. The second, adaptation or resistance phase, is the time when the body repairs the damage caused by the alarm reaction and reduces hormone levels. The third phase occurs if the stressor remains present, this is the exhaustion phase, which comprises the emergence of a disease associated with stress.<sup>28,30</sup>

Thus, it is considered important that nurses working in the urgency and emergency scenario recognize the stressors in their work environment and their repercussions in the health-disease process, and seek solutions to alleviate them and face them, preventing damage to their health and ensuring good assistance to users. Knowledge of this process is relevant; however, it is considered that the meaning that professionals give to their work is a protective factor against illness. These confrontation strategies are known as coping, which means ways of coping, and coping that involves creating conditions and possibilities, so that the situations that professionals face, cause the least strain on their health, that of their colleagues. work and its users.<sup>28</sup>

## Discussion

The nurse, in professional practice, adds functions common to several other professions, such as the management of the sector and the team, health education for the team, the patient / client and family, and the care process - care itself. All this accumulation of functions, added to the specifics of work, can trigger states of stress and, consequently, interfere with work, health, and quality of life of nurses. In this sense, the literature highlights that the nurse's work can be a generator of occupational stress.<sup>31</sup>

Stress has been investigated in different areas of the nurse's practice and, regardless of the area of activity, nursing is considered a stressful profession. The reduction of stressors pointed out by those professionals depends not only on them and their team, but also on those responsible for managing the institution.<sup>31</sup>

The main factors that trigger stress in the work environment are related to aspects of organization, administration, work system and interpersonal relationships - factors that make up the psychosocial aspects. Hospital work activity is characterized by excessive workload, contact with limiting situations, high levels of tension and risks. Due to the very characteristics of the work, the nursing and medical teams are more susceptible to occupational stress. The effect of stress at work among doctors, nurses, nursing assistants and technicians from critical sectors, such as emergency, is emphasized due to physical and mental overload.<sup>32</sup>



To humanize assistance, it is necessary to humanize its production. In general, the investment in the qualification of workers by the institutions is low, particularly regarding participatory management and teamwork. This reduces the conditions for a critical process that is committed to health practices. There is little incentive for the inclusion and appreciation of these professionals, as well as disrespect for their rights, knowledge, and individual and work needs. Another fundamental aspect refers to the structural work conditions reflected in the figure of a worker who is almost always underpaid, sometimes with little incentive and subject to excessive workload, making it difficult to establish humanizing policies. Work can be both a producer of health and malaise and illness, for professionals and for others who participate in direct and indirect ways of their personal or professional life.<sup>33</sup>

### Final Considerations

Therefore, special attention should be directed to this group of professionals. In addition, the fact that this study identifies the stressors associated with occupational stress among nurses working in emergency, strengthens the need for actions to be specifically directed at this problem, seeking to guarantee the principle of integrality in what is related to worker health. Coping strategies and measures to reduce sources of stress, based on the reorganization of the work environment, are urgently needed in order to guarantee comprehensive protection to the worker's health. The characteristics of the work are factors that can produce stressful situations and are factors that can be modified to prevent such an injury.

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