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Sofrimento psíquico no trabalhador de enfermagem: uma revisão integrativa

Psychical distress in nursing worker: an integrative review

Trastornos psicológicos en los trabajadores de enfermería: una revisión integradora

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ABSTRACT

Objective: To analyze the production about the psychical distress in nursing worker, in order to identify the factors influencing it. **Method:** An integrative review was conducted at the Health Virtual Library (BVS), from January to February 2013, obtaining articles from 2005 to 2012, from the databases LILACS, SciELO and BDENF. The descriptors *psychical distress* and *nursing worker* were used. **Results:** A total of 17 articles were obtained, and most of the studies found certain common characteristics on the professionals' routine, that condition the workers' overload and damage, triggering the their illness with the consequent psychical distress. **Conclusion:** It can be seen that this issue has been widely researched and the studies discuss the many factors inherent in the working environment that influence on the psychical distress in the nursing professional.

Descriptors: Nursing, Psychical distress, Workers health.

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RESUMO

Objetivo: Analisar a produção sobre o sofrimento psíquico no trabalhador de enfermagem, a fim de identificar os fatores que o influenciam. **Métodos:** Realizou-se uma revisão integrativa com pesquisa na Biblioteca Virtual da Saúde (BVS) de janeiro a fevereiro de 2013, colhendo artigos entre 2005 a 2012 do banco de dados da LILACS, SciELO e BDENF. Utilizou-se os descritores *sofrimento psíquico e trabalhador de enfermagem*. **Resultados:** Obteve-se 17 artigos, onde foi possível perceber que boa parte dos estudos detectou certas características comuns no dia a dia dos profissionais, que condicionam a sobrecarga e o desgaste do trabalhador, desencadeando o adoecimento dos mesmos com consequente sofrimento psíquico. **Conclusão:** Pode ser visto que o tema tem sido muito pesquisado e os estudos bem abordam sobre muitos fatores inerentes ao ambiente de trabalho que são constatados como influenciadores do sofrimento psíquico no profissional de enfermagem.

Descritores: Enfermagem, Sofrimento psíquico, Saúde do trabalhador.

RESUMEN

Objetivo: Analizar la producción de sufrimiento psíquico en los trabajadores de enfermería con el fin de identificar los factores que influyen. **Métodos:** Se realizó una revisión integradora con la investigación en la Biblioteca Virtual en Salud (BVS), enero-febrero de 2013, con los artículos de 2005-2012 de las base de datos LILACS, SciELO y BDENF. Se utilizó los descriptores *sufrimiento psíquico y los trabajadores de enfermería*. **Resultados:** Se obtuvieron 17 artículos, donde se reveló que la mayoría de los estudios encontraron ciertas características comunes en la rutina de los profesionales, que condicionan la sobrecarga y el desgaste del trabajador, provocando la enfermedad con el consiguiente sufrimiento psíquico. **Conclusión:** Se puede observar que el tema ha sido ampliamente investigado y estudios abordan los muchos factores inherentes al medio ambiente de trabajo que se señaló encontrado como factores de influencia del sufrimiento psíquico en el profesional de enfermería.

Descriptorios: Enfermería, Los sufrimiento psíquico, La salud del trabajador.

INTRODUCTION

'Work' is defined as an activity resulting from the consume of physical and mental energies, (in)directly focused on the supply of goods and services, contributing thus, to the reproduction of human life, individually and collectively. It is inherent in human beings, and extremely important to distinguish them from other living beings, for it is responsible for their construction and change, as well as of the society. The labor activity is covered by symbolism to society, because the individuals only see themselves as part of it when they are economically productive, ensuring them a social status.¹⁻²

To work is to change nature and the humanity by our hands, intending to get useful objects. Labor is compounded by the work itself, the object to be transformed and the tools necessary for this transformation. In the hospital, the working tool is the teamwork itself, using various knowledge, materials and equipment to reach the objective to promote, maintain and/or restore the patients' health.³

In the course of history, the exploitation of the labor force and the damage to the worker's health have been intensified, and little has been done to minimize the conditions of the distress at work.⁴

Thereby, certain professional categories have been the subject of studies discussing productivity, accidents, absenteeism and increasing levels of physical and psychical symptoms, being the health workers the most affected one, and particularly those working at the hospital environment, because of the many stressful circumstances present in this work routine. In this context, nursing has become one of the high risk occupations for its injuries and illness.⁵

Nursing is a profession that requires, in addition to scientific knowledge and psychomotor skills, sensitivity to perform an effective work, as it promotes the care of the individual in an integral and humanistic way. Nevertheless, the nursing work is known as exhausting, because it deals with pain, suffering and death, in addition to the contact with a range of physical, chemical, biological, ergonomic risks and accidents, exposing the nurse to illness situations.¹

The professionals often can't see their own health problems, nor associate them with disease symptoms. Their routine is based on taking care of others, but they do not remember to take care of themselves. Thereby, they do not even realize they are sick because of the situations surrounding them at work, affecting their mood and lifestyle.⁶⁻⁷

The distress occurs when there is a failure in the mediation between the worker's expectations and the reality imposed by the labor organization. The main activity of the nursing work is to take care of the human being and his family, which requires a high level of demand and complexity and, thus, needs to be constantly rethought in order to promote welfare and happiness of these workers.⁸

Several factors have been perceived as psychosocial occupational hazards, which involve the worker's daily life and can cause a number of changes in his/her health. Thereby, this study is conducted as a research in the literature about the factors that influence the emergence of the psychical distress of the nursing worker, resulting in the illness of this professional category, from the analysis of relevant and latest researches about this topic.

METHODS

This work has, as the research method, an integrative review, which objectifies to analyze the idea already discussed in previous researches about a particular topic.⁹

Its development requires the use of phases involving a rigorous methodology for evidencing a particular subject. These steps were followed in this study: to select the issue for review (guiding question); select the researches that will be part of the study's sample; represent the characteristics of the revised researches; analyze the findings according to the defined inclusion and exclusion criteria; interpret the results and present and publicize the results.⁷

In order to search for the theme, the following guiding questions were elaborated: What generates psychical distress in the nursing professional and what characteristics contribute to its occurrence in this category?

The inclusion criteria were: articles fully available in the database; published in Portuguese; published from 2005 to 2012; and discussing the psychical distress in nursing workers. The exclusion criteria were: theses, dissertations, brochures, letters, editorials, essays, literature reviews, articles repeated in different databases that were not fully available. The articles that were repeated in two databases were placed at the database in which it first appeared in the search.

The search for the articles was made through the Virtual Health Library (BVS), from January to February 2013, using the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Nursing Database (BDENF). They were used for they met the profile of this review, once the objective was to search for national production about the theme. The descriptors *psychical distress* and *nursing worker* were used.

For collecting the articles' data, an adapted instrument was used, covering the items of identification data and characterization of the study.¹⁰ The results will be presented and discussed in a descriptive way, using tables, in order to show the evidences about the research topic.

RESULTS AND DISCUSSION

When accessing the databases chosen through BVS, 142 articles were found, using the descriptors *psychical distress* and *nursing worker*. After refinement with the inclusion and exclusion criteria, 17 articles were found, seven from BDENF, six from LILACS and four from SCIELO.

It is noticeable that roughly 88.02% of the articles were excluded because they did not meet the pre-established criteria and did not answer the research questions of this study. The selected articles come from 14 different types of periodicals – ten specifically of the nursing area (71.42%) – and covering 13 articles from the selected ones (76.47%).

The year of publication of the selected articles comprises a period from 2006 to 2012 – three articles of 2006, one article published in 2007, three in 2008, three in 2009, four published in 2010, two of 2011 and one published in 2012.

According to the type of methodological approach, ten articles made use of qualitative approach, six were quantitative and one was qualitative and quantitative. This enables the analysis that researchers are worried about studying broader issues, trying to capture the essence of the research through the perception of the meaning of the participants' speeches, in addition to the quantitative approach. This qualitative approach is important to the studied subject, since the objective is to understand the characteristics that involve the emergence of psychical distress in nursing workers.

Next, Table 1 is shown, adapted from RIBEIRO, R. P. et al., in which the selected articles are organized, highlighting the database where the article was published, authors, title, journals, year of publication and the adopted method.

Table 1 – Classification of the studies according to database, authors, title, journal, year and method

Database	Authors/Title/Journal/Year	Method
BDENF	Guido, et al. Stress, coping and health conditions of hospital nurses. Rev Esc Enferm USP. 2011.	Cross-sectional, quantitative.
BDENF	Silva, et al. Contributing factors for psychical distress in psychiatric health for nursing staff. R. pesq. cuid. Fundam. 2012.	Descriptive, qualitative.
BDENF	Rodrigues, et al. Stressing factors and coping strategies used by oncology nurses. Rev. latinoam. enferm. 2008.	Quantitative, descriptive, exploratory.
BDENF	Hanzelmann, et al. Nursing images and representations concerning stress and influence on work activity. Rev Esc Enferm USP. 2010.	Descriptive, qualitative.
BDENF	Dalmolin, et al. Moral distress of nursing professional exercising the profession. Rev. enferm. UERJ. 2009.	Qualitative, ethnographic.
BDENF	Prestes, et al. Pleasure-suffering of nursing workers in a hemodialysis service: a qualitative study. Rev Gaúcha Enferm. 2010.	Exploratory-descriptive, qualitative.
BDENF	Fonseca, et al. Emotional waste: nurses who work in the hospital environment's depositions. Rev. RENE. 2006.	Qualitative, experience report.
LILACS	Secco, et al. Mental workloads and exhaustion of nursing workers at a teaching hospital in Paraná, Brazil. Rev. Elet. SMAD. 2010.	Qualitative approach.
LILACS	Beserra, et al. Meaning of work in nursing professionals at the general hospital. Av. enferm. 2010.	Descriptive, qualitative.
LILACS	Silva, et al. Occupational stress in workers of a hospitalization unit of a teaching hospital. Ciênc. cuid. saúde. 2008.	Descriptive, quantitative.
LILACS	Calderero, et al. Stress and coping strategies among the nursing staff at a Emergency Care. Rev. eletrônica enferm. 2008.	Descriptive, cross-sectional, qualitative and quantitative.

(To be continued)

(Continuation)

Database	Authors/Title/Journal/Year	Method
LILACS	Elias, et al. The relation between work, health and living conditions: negativity and positivity in nursing work at a teaching hospital. <i>Rev. latinoam. enferm.</i> 2006.	Qualitative
LILACS	Carvalho, et al. Psychiatric nursing work and workers' health problems. <i>Rev. latinoam. enferm.</i> 2006.	Case study, descriptive, qualitative.
SciELO	Silva, et al. Nursing work hours: individual needs versus working conditions. <i>Rev Saúde Pública.</i> 2011.	Cross-sectional study.
SciELO	Robaina, et al. Stressful life events and insomnia complaints among nursing assistants from a university hospital in Rio de Janeiro: The Pro-Saude Study. <i>Rev. bras. epidemiol.</i> 2009.	Cohort study.
SciELO	Moreira, et. al. Prevalence of burnout syndrome in nursing staff in a large hospital in south of Brazil. <i>Cad Saude Publica.</i> 2009.	Quantitative, epidemiological, cross-sectional.
SciELO	Avellar, et al. Psychological suffering of nursing professionals at an oncology unit. <i>Psicol. Estud.</i> 2007.	Qualitative.

It is possible to observe that most of the studies found certain common characteristics regarding the professionals' routine, which trigger their illness and the consequent psychological distress. They mention issues related to working conditions, such as the lack of equipment and personnel, the devaluation of the profession, relationship difficulties in staff, low pay and high workload.^{3, 8, 11-21} The factors influence the worker's overburden and fatigue in the workplace.

Some articles also report the professional experiencing the pain and the severity of the patient in treatment in areas such as ICU, dialysis, oncology,^{3, 8, 13, 17, 24} corroborating that the worker often faces stressful emergency situations, pain and death, which causes an emotional distress and triggers his/her illness.

Most studies showed a population mainly compound by women, married, with children, adult (30-40 years), with other employment, which, in a way, describes the nursing profession, where the majority is women,^{3, 8, 11, 13-6, 18-24} thus demonstrating some factors that also influence the worker's illness, by triggering a larger overburden.

The distress comes when the exercised function loses its meaning, including two symptoms: dissatisfaction and anxiety, which have many variants in the worker's speech, comprising: unworthiness, shame, worthlessness,

disqualification, fatigue, imagination palsy, intellectual numbness and others.²⁵

Thereby, these studies also evidence several factors that reveal symptomatology and can relate to the illness and psychological distress of the nurse, in the working environment. Among them are irritability, dissatisfaction, feelings of fear by humiliation and abuse, systemic arterial hypertension, migraine, tension, stress, physical stress, depression, pain in the legs, varicose veins, back problems, depression, lack of motivation, insomnia complaints, emotional exhaustion, depersonalization, sadness, malaise, feelings of helplessness and Burnout.^{11, 14-6, 19-21, 24, 26}

Another study identified a direct relationship between body symptoms and stress, observing that the greater the stress, the greater the presentation of symptoms; and the lower the stress; the less apparent symptoms.²⁷

The studies suggest strategies to prevent or mitigate the worker's illness which are: to make the nurse's work more productive and satisfying through security, to be free of the responsibilities, have a room for work gymnastics, to investigate problems or predict them, to establish the meeting of the nursing staff for the dialogue between the parties and for health education, in order to listen to and receive these professionals.^{8, 11-3, 16, 18, 19}

This study confirmed a greater concern with the nursing worker lately, regarding the increase of researches about the features that trigger the professional illness, with an increase in the number of publications about the subject.

Among the factors mentioned by the articles are labor relations, described as human bonds generated by the organization of work: relations with the hierarchy, with the heads, with supervision, with the other workers, which sometimes are unpleasant and even unbearable.²⁵

In this context, it is noticeable in this review, that most of the articles raised the issue of relationship problem in the team as a factor to trigger stress and consequent psychological distress of professionals, as stated by the literature and other studies about the subject, that conflicts of interpersonal relations may cause occupational stress.²⁸

Regarding the work institution, a study also discusses the expectations created by the professional to be recognized, and the fact this does not always occur, causing dissatisfaction and suffering. This implies the need for appreciation in order to be motivated during the performance of assistance.²⁹

Another issue raised by the analyzed studies was the relative lack of material resources, which hampers the assistance and concerns the workers, as well as certain study also discusses the lack of material resources to develop quality care as a trigger of distress. This demonstrated a relationship with management processes subject to specific rules and often time-consuming, regarding the purchase of materials, not always providing the proper quantity and quality of these materials for the assistance.²⁹

Another topic was the lack of human resources, which also creates a psychological distress in professionals, as their

workplaces have a great demand, overburdening the small teams. This reality was also highlighted in another study, confirming that insufficient human resources for the provision of routine and emergency care to patients increases the professional's mental and physical suffering.³⁰

Some studies also find what was described in this research, which infer that the occupational stress from a hospital work process, characterized by poor working conditions and increased working hours, substantially influence on the personal and professional routines of the workers. It creates physical stress, emotional distress and suffering, in addition to the worker's dissatisfaction, besides affecting the assistance, hampering the interpersonal relationships in the public and private context.³¹⁻²

Finally, the feelings and defensive strategies were equally present in the articles of this work, as suggested by a study, which describes the use of relaxation mechanisms that encompasses reading, sports and going out for lunch and/or dinner, according to the financial conditions of each professional, in addition to trying not to mix domestic and professionals problems.³³

CONCLUSION

It can be seen that this theme has been widely researched and various studies discuss the many factors inherent in the working environment that influence on the psychical distress in the nursing professional. These factors are related to poor relationship in the team, problems with the work institution, lack of staff and equipment in the workplace, which trigger a series of factors such as work overload, development of activities with inefficiency, poor communication, work disorganization, dissatisfaction, and decreased productivity. This situation prejudices the way the care is performed.

Therefore, considering the present study, it can be stated that some features found in professionals already reflect their psychical distress and illness, such as migraine, stress, anger, physical fatigue, depression, pain in the legs, varicose veins, high blood pressure, back problems, dissatisfaction, depression and insomnia.

Some studies also indicate certain measures that are or could be used to ease the issues surrounding this illness, but they are much used. Thus, it is necessary to develop more studies discussing other strategies that allow improvements in the focus of the problems regarding the communication in teams or the reduction of symptomatology in workers.

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