

Nursing images and representations concerning stress and influence on work activity

IMAGENS E REPRESENTAÇÕES DA ENFERMAGEM ACERCA DO STRESS E SUA INFLUÊNCIA NA ATIVIDADE LABORAL

IMÁGENES Y REPRESENTACIONES DE LA ENFERMERÍA RESPECTO DEL ESTRÉS Y SU INFLUENCIA EN LA ACTIVIDAD LABORAL

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ABSTRACT

The objectives of this study were: to identify the representations related to working stress factors attributed by nursing professionals and to discuss the influence of those factors on their work activities. The investigation was developed through a descriptive study with a qualitative approach, using the premises of social representations. The performed studies were used as the framework for the analyses. Data collection was performed using individual semi-structured interviews. The content analysis technique was used to understand the images as representations of nursing workers, the meaning of the stressing factors and their influence on occupational activity. The studied population regularly faces the lack of appropriate working conditions, the scarcity of human and material resources and untrained personnel; Nursing workers feel dissatisfied and present mental and physical fatigue, which are situations that may cause stress when performing occupational activities.

KEY WORDS

Nursing.
Stress.
Burnout, professional.
Occupational health.

RESUMO

Os objetivos deste estudo foram: identificar as representações acerca dos fatores desencadeadores do estresse, atribuídos pelos profissionais de enfermagem, na atividade laboral; e discutir a influência destes na sua atividade laboral. Optou-se por um estudo descritivo com abordagem qualitativa, para o qual foram utilizadas as premissas das Representações Sociais, tendo os estudos realizados como referencial de análise. Para coleta utilizou-se como instrumento entrevista semiestruturada e individual. A análise foi através da técnica de análise de conteúdo, a fim de buscar elementos para a compreensão das imagens como representações dos profissionais de enfermagem, o significado dos fatores estressantes, e sua influência na atividade laboral. A população estudada vive e convive com a falta de condições de trabalho, escassez de recursos materiais e humanos, e ainda com pessoal não treinado; o trabalhador sente-se insatisfeito, com fadiga mental e física – situações que podem propiciar o aparecimento do estresse no desempenho das atividades laborais.

DESCRITORES

Enfermagem.
Estresse.
Esgotamento profissional.
Saúde do trabalhador.

RESUMEN

Los objetivos de este estudio apuntaron a identificar las representaciones acerca de los factores desencadenantes del estrés, atribuidos por los profesionales de la enfermería a la actividad laboral, y discutir la influencia de estos en la labor diaria. Se optó por un estudio descriptivo con abordaje cualitativo, para el cual fueron utilizadas las premisas de las Representaciones Sociales, teniendo como referencial de análisis los estudios realizados. Para la recolección de datos se utilizó como instrumento una entrevista semiestructurada e individual. El análisis se realizó a través de la técnica de análisis de contenido, a fin de buscar elementos para la comprensión de las imágenes como representaciones de los profesionales de enfermería, el significado de los factores estresores y su influencia en la actividad laboral. La población estudiada vive y convive con la falta de condiciones de trabajo, escasez de recursos materiales y humanos y hasta con personal no entrenado; el trabajador se siente insatisfecho, con fatiga mental y física, situaciones propicias para la aparición del estrés en el desempeño de las actividades laborales.

DESCRIPTORES

Enfermería.
Estrés.
Agotamiento profesional.
Salud laboral.

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INTRODUCTION

Occupational health has been a topic discussed by many researchers concerned with the relationship between the health-disease continuum and labor. It is known that labor in our society is one of the sources of satisfaction for several human needs such as self-realization, maintenance of interpersonal relationships and survival. On the other hand, it might also be a source of illness when it poses risks to the health of workers who do not have sufficient tools to protect themselves from such risks⁽¹⁾.

There is always some level of psychological strain, even in manual labor⁽²⁾. It means that even if an activity is considered strictly physical and manual, the mental sphere is never totally preserved from the damage this process might cause. Hence, labor also has negative aspects that affect both the body and mind of individuals.

Nursing is included in the list of stressful professions because the nursing team has contact with diseases, which from an etiological point of view, exposes them to risk factors of a physical, chemical, biological and emotional nature⁽³⁾. Nursing researchers have paid special attention to some characteristics of work organization that permeate the daily practice of the nursing team and can trigger stress such as prolonged work hours and an accelerated work pace, repressive and authoritarian attitudes of a rigid and vertical hierarchy, fragmentation of tasks, lack of acknowledgment, and inappropriate laws guiding their professional practice⁽⁴⁻⁵⁾.

Lack of acknowledgment generates a feeling of worthlessness suggesting a lack of qualification and purpose of the work. An authoritarian, arbitrary management style, where the pace, opinions and needs of professionals are totally, or almost completely, ignored, coupled with a lack of dialogue and excessive negative feedback, while no assistance is provided to solve problems, leads to occupational stress, which in turn results in low productivity and low quality care, generating dissatisfaction on the part of workers and the institution itself⁽⁶⁾.

The term 'stress', very common in this field, with multiple concepts and derivations, became a topic of interest for researchers in several fields, after the so-called General Adaptation Syndrome (GAS) by Hans Selye was released in 1956. Stress is denominated as an effort of the body to solve an *unwanted* situation or to adapt to it, in order to produce balance⁽⁷⁾.

Stress is any stimulus amounting to demands from external or internal environments and that taxes or exceeds an individual's or social system's adaptive resources. Its stages include primary evaluation when the individual is confronted with the event and evaluates it as irrelevant,

that is, it causes no stress, as a challenge (positive), or as a threat (negative); the latter two trigger biological responses, according to the GAS⁽⁵⁾.

Even though we are accustomed to associating the word stress only with negative connotations, it is important to point out that responses to pleasurable situations are also characterized as stress. The indiscriminate use of the word may conceal the true meaning of its implications for life as a whole⁽⁸⁾.

Stress can also be defined as a relational concept cognitively mediated and that reflects the relation between the person and environment that s/he considers difficult or that exceeds his/her resources and puts well-being at risk⁽⁹⁾. That is, the individual suffering the stimulus needs first to perceive him/herself as the subject of this action and also understand the impossibility of providing a positive response to such stimulus, which characterizes stress.

Stress is classified into two types: *eustress* refers to successful adaptation to stimulus resulting in vitality, optimism, physical and mental vigor, and high productivity. On the

other hand, *distress* refers to the negative phase of stress. It is associated with the exhaustion of adaptive mechanisms in which responses to stimulus is not satisfactory, deregulating the body and leading to fatigue, irritability, poor concentration, depression, pessimism, lack of communication, low productivity and lack of creativity⁽¹⁰⁾.

From this perspective, stress is a complex phenomenon characterized by a set of physiological, emotional and even behavioral adaptive responses that the body provides when exposed to any stimulus that excites, annoys, frightens or even makes one very happy⁽¹¹⁾.

Stress affects both the personal and professional lives of individuals. Hence, each individual reacts differently to different stimuli. Stress is present in any situation or activity developed by human beings, though the way an individual responds will determine the level of stress to which s/he will be submitted and the changes it will trigger.

In this context, nursing workers are seen as those who are in constant contact with patients, 24 hours daily, and continually perform health actions directed to this public, which exposes a greater proportion of these workers to visible or invisible risks or not. This constant contact with people who are physically ill, injured or severely sick, usually imposes a continuous flow of activities that involve pleasurable or unpleasurable tasks, often even repulsive and terrifying procedures, that require either the adequacy of a previous occupation or a daily exercise to adjust defensive strategies in order to perform tasks⁽¹²⁾.

Such risks and conditions are part of daily nursing practice, which when not appropriate and well-adjusted can

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directly affect one's physical and mental health, trigger stress and negatively interfere with labor, affecting productivity, causing physical and mental exhaustion, absenteeism, and feelings of failure or dissatisfaction.

Based on the previous discussion, this study investigates factors that cause stress for nursing professionals based on their representations of their labor. From this perspective, images and representations developed by a group of nursing professionals, the meanings and experiences in the routine of their practice in the hospital, are investigated so that the processes and mechanisms that trigger stress and their influence on labor are better understood.

Therefore, this study emerged from the need to produce knowledge concerning factors that trigger stress and issues involved in the discussion concerning occupational stress and how it interferes in daily nursing practice, which is present in diverse sectors of a healthcare facility.

It is extremely important for the physical and psychological health of nursing professionals that they are able to identify manifestations of the stress process and learn to detect stressful factors that trigger this process and, consequently, interrupt the development of a stress process⁽¹³⁾.

OBJECTIVES

To identify the representations of nursing professionals concerning labor factors triggering stress and discuss the influence of such factors on labor.

METHOD

This is a descriptive study with a qualitative approach; analysis was based on the Social Representations assumptions. Social Representations are understood as a set of concepts, propositions and explanations originating in daily life in the course of interpersonal communication. In our society, they are equivalent to myths and belief systems of traditional societies and can be seen as a modern version of common sense⁽¹⁴⁾.

This study's setting was various sectors of the General Hospital at Jacarepaguá, a medium size public hospital located in Rio de Janeiro, Brazil. Twenty-five professionals from this hospital working on the day and night shifts participated in this study.

Data were collected through a semi-structured and individual interview according to the following questions: What do stressful factors in the workplace mean to you? How do these stressful factors influence your performance? What mechanisms do you use to minimize stressful factors in your professional practice?

Interviews were scheduled in advance according to the participants' convenience and without interfering in their professional activities; they were held in a private area to diminish interruptions and interference.

Content analysis technique⁽¹⁵⁾, specifically thematic analysis, was used to analyze the interviews in order to seek elements that would enable understanding of images as representations of nursing professionals, the meaning of stressful factors and their influence on labor.

For that, the following procedures were used: reading and scanning interviews; mapping individual reports based on emerging themes, defined from skimming and the study's objectives (highlighting index words and phrases) and analyzing the reports' dynamics (synthesis of interviews based on words and/or index phrases interpreted by the researcher).

The study complied with Resolution nº196/96 of the National Council of Health and was approved by the Research Ethics Committee at the General Hospital in Jacarepaguá (Process nº 2008.01). The hospital's occupational health sector was informed. Confidentiality and anonymity of provided information was ensured for the study participants. Nursing auxiliaries were identified by the letter *A*, nursing technicians by the letter *T* and nurses by the letter *N* added by the number of the interview.

RESULTS AND DISCUSSION

Quantitative data are provided to characterize the participants' profile and enable a better understanding of the study topic.

The study was carried out with 25 individuals and data were collected up to the saturation point. Thirteen (52%) were nurses, nine were nursing technicians (36%) and three (12%) were nursing auxiliaries. Studying the different professions (nurses, nursing technicians and nursing auxiliaries) enables a broader view of this group since they have specific responsibilities within the nursing practice.

The context of nursing practice might be compared to a theater, which can be a hospital, environment or collectivity where there are many scenes presented and represented through care acts. These scenes are part of an endless routine of nursing practice, whose functions, performed by the nursing team, are directed to one client, with the same diagnosis, but not always with the same goals⁽¹⁶⁾.

In regard to age, we observed that most of the workers were between 31 to 40 years of age, totaling 44% of the studied population (11 individuals). Of the total of interviewed nursing workers, 20 (80%) were women and five (20%) were men. These data should be expected if we consider that nursing is an occupation mainly filled with women.

The studied workers were allocated to three sectors, administrative, closed and open: three (12%) in the administrative sector, 14 (56%) in the closed sector and eight (32%) in the open sector.

This classification considered as open sectors the units of hospitalization, emergency care, infection control and

maternity hospitalization. The intensive therapy unit, surgical center and hemodialysis⁽⁵⁾ were considered closed sectors, and the administrative sector includes professionals working in management and supervision.

The majority of respondents work in shifts. The distribution of respondents in relation to their distribution in the work schedule is as follows: 18 (72%) in the day shift and four (16%) in the night shift; (12%) are diarists.

It is worth noting that the largest percentage, 16 (64%), of studied professionals have temporary work contracts, while nine (36%) effectively have permanent work contracts. It is important to clarify that temporary work contracts can be indefinitely extended in this institution; workers under this type of contract are not entitled to hazard pay; and are entitled to vacation only every two years.

Eighteen (72%) workers had two jobs and seven (28%) only one job. The regimen of shifts opens up the possibility for workers to have two jobs and double workload, which is common among health workers, especially in a country where low salaries supply pressure for that. Such a practice potentiates the action of those factors that by themselves harm individuals' physical and emotional integrity⁽¹²⁾.

In relation to time of professional education, we verified that the majority 22 (88%) of the interviewed workers graduated more than six years ago, revealing that workers have been out of school for a considerable time. We highlight that most of the studied population, 13 (52%), has worked to up to five years in the institution, which reveals the influence of temporary work contracts in health institutions.

In regard to the experience workers have in performing their activities in the sector, eight (32%) among the studied individuals have been in the sector for more than six years and the remaining 17 (68%), for up to five years, indicating that there is high turnover of nursing professionals among the sectors.

The results of compiling images and representations of nursing professionals concerning the meaning they attribute to stressful factors in the workplace indicated two categories: lack of work organization and dissatisfaction.

Living with work disorganization

According to the nursing team, which shares the same opinion, stressful factors refer to a lack of work organization and include: poor working conditions, lack of material, scarce human resources and non-qualified personnel.

Work organization is understood in this study as division of work, content of tasks (to the extent it derives from them), hierarchical systems, management modalities, power relationships, responsibility issues, etc⁽²⁾.

The existence of little or no working material forces professionals to look for resources in other sectors resulting in the wasting of time that could be used to provide care and

to improvising, leading to the inappropriate use of materials. This inefficiency causes mental and physical fatigue in professionals with a 12-hour work routine. The following thematic phrase reveals this conception:

Well... things that make you become stressed are: a lack of working conditions. Lack of material, certain material, syringes and needles, medication, then the nutrition department did not provide water, food; you need to administer a medication and have to go down the entire corridor looking for water for the patient to drink and many times you just can't find it (T.10).

The lack of organization in the workplace regarding inappropriate disposition of material resources, non-qualified professionals working in emergency situations are also stressful factors to be taken into account, especially in sectors where speed and efficiency contribute to patients' good prognosis. The following report illustrates such a representation:

[...] I guess that a stressful factor is the organization issue. Organization is everything, when you have an organized sector you already have 50% ready for anything, especially in an ICU, if you have a cardiac arrest in an ICU and you don't have an organized sector, you're lost. Where's the laryngo? Where's the ambu bag? When you don't have an organized sector it's complicated, you know? For anything (N.12).

The representations attributed by nursing professionals to stress-triggering factors during labor can be attributed to two elements in the work organization: working conditions and the work organization⁽²⁾ itself, which respectively affect both the body and mind of individuals.

It is important to observe in the reports that scarcity of human resources and material coupled with uncompromising leaders, non-qualified professionals, excessive workloads and unsatisfactory salaries gained importance in this study because unfavorable working conditions can potentiate stress in these professionals in their daily work. This meaning is revealed in the following report:

Situations that lead to emotional decompensation and cause stress. I guess that lack of working conditions, material, reduced staff, leaders and colleagues that seldom compromise, low salaries, long work hours (N.16).

The excess of tasks due to an insufficient number of workers and lack of material hinder many activities, which in addition to being distressful, also impede workers from providing quality care⁽¹⁷⁾. These factors directly affect the individuals' and the team's mode of production, generating an inappropriate product, reflecting on low quality care or care below a professional's expectation. This statement is reproduced in the following report:

Everything that makes you feel... I don't know... anything that, for me what is most stressful is when you want to do something but you don't manage to do what you need to [...] It's everything that makes you not produce what you're supposed to (N.22).

However, health workers in general have inaccurate images concerning the work process developed, which as in any other work process, has a final product in its production cycle⁽¹²⁾.

Dissatisfaction with work

The feeling of dissatisfaction experienced by nursing workers can be inferred by the absence of professional acknowledgment, inexistence of labor rights, inappropriate remuneration, and hierarchical and adversarial interpersonal relationships. These aspects are emphasized in the professionals' reports:

There is no respect for professionals. The one who does the work knows if it works or not, the boss doesn't do the work, you see? And it causes unnecessary stress [...] because it's not them who's doing the job, but since they have the power, no, no, it has to be my way and not the way you're doing this, so, this causes me, it bothers me and really hurts me (T.6).

The work in itself is not stressful, what is the stressful is the way it happens, how it is passed to us, lack of acknowledgment, professionals are not valued, no labor rights, we don't have any, that is, we don't have the right to wage increase, vacation, extra month's pay, or the right to get sick, these are stressful factors (T.9).

The reports reveal that the lack of acknowledgment is an important element contributing to nursing professionals' dissatisfaction, which is not difficult to understand given the nature of the work performed by these professionals; they care for patients during exhaustive shifts, oftentimes under unhealthy conditions and with a temporary contract in most of the cases (64%).

These workers also need to be valued and acknowledged for what they do, to effectively contribute to patients' recovery, give their opinions and when they are not acknowledged, it generates a feeling of dissatisfaction.

Such dissatisfaction can also be perceived in hierarchical power relations and in adversarial interpersonal relationships. Work relations include all human bonds established by the work organization, relationships with a hierarchy, leadership, supervision, with co-workers, and which are sometimes unpleasant and even unbearable⁽²⁾.

The following report evidences that demands are compared to a military regimen and professionals are not trusted:

Many demands, instead of trusting the professional who's working with you or pass a guideline: do like this and that, instead of some many demands, it must be like this and that. It seems that you're in the barracks, oh, it increases my level of stress, it's frustrating (A.11).

Certainty that the level of dissatisfaction will not recede marks the beginning of suffering. Suffering starts when the worker-work organization relationship is blocked; when the worker has used the most of his/her intellectual, psycho-affective faculties and learning and adaptation resources⁽²⁾. From

this perspective we can say occupational dissatisfaction over the long term is one of the factors triggering stress in labor.

Suffering has repercussions on individuals' health and consequently affects performance since it causes personal and organizational disorders, resulting in economic and social consequences⁽⁸⁾. That is, it directly influences workers' modes of production, which might lead to distress, the negative phase of stress that deregulates the organism leading to fatigue, irritability, lack of concentration, depression, pessimism, a lack of communication, low productivity and a lack of creativity⁽¹⁰⁾.

The following report reveals that difficulties in the relationship within the team experienced on a daily basis result in stress.

I guess that the main stressful factor is the human resources themselves, our co-workers, you know? Whether is a physician, a nurse, a nursing auxiliary, it's really difficult to deal with human beings... (N.2).

When this feeling is unrecognized or neglected, it affects the mind and body of workers and results in an mismatch of ergonomic content of work, which is the origin not only of much somatic suffering of direct physical determinism but also other diseases mediated by things that affect the mental sphere⁽²⁾.

It permits us to state that stress is a complex phenomenon characterized by a set of physiological, emotional and even behavioral and adaptive responses that the body produces when it is exposed to any stimulus that excites, annoys, frightens, or even makes one very happy⁽¹¹⁾.

Even though most of the interviewees expressed feelings of dissatisfaction as a stress-triggering factor, it is important to highlight that two participants revealed that even facing all these factors, they do not see themselves working in another profession:

Honestly, I think that nursing is a beautiful thing, the most beautiful thing, I don't see myself doing anything else, now, what really makes me sad is the lack of working conditions, that impedes you from doing what you're supposed to, the patient doesn't have what he deserves but we do what we can, you know?(N.22).

[...] I think that nursing always depend on everyone but despite everything, I don't see myself doing anything else (N.17).

When asked how these stressful factors influence their performance, the images and representations of nursing workers resulted in the following category: physical and emotional strain.

The influence of physical and emotional exhaustion at work

Physical and emotional exhaustion can be described as a set of signs and symptoms: general irritability, fatigue, emotional instability, weakness, numbness, muscle tension, migraine, back pain, hyper arousal or depression, gastrointestinal disorders⁽¹⁸⁾.

The conjunction of these signs and symptoms may trigger occupational stress since these reflect on the physical and mental spheres of workers in performance of labor activities generating overload. The following reports illustrate the impact of stressful factors:

I guess you become discouraged, you know? Willing to leave everything, go away, give up, stop working. Because sometimes you get here and there is a broken machine, when these machines break there're more patients than machines, so you have to deal with it and it's crazy, you see? [...] So you feel like giving up and going away (A.5).

I guess it all turn into muscle pain, musculoskeletal pain. Now, me, I've always worked in emergency, which has reflected on, I feel tired, physically tired and it makes you older too, so I take painkillers and such. So [...] I need to sleep more, I always feel there's something accumulated, heavy, it's very bad (N.14).

Stress is any stimulus that demands from the external or internal environment and that tax or exceed an individuals' or social system's adaptive resources, as the model that puts the individual's subjectivity as a determining factor of the stressor's severity.

The following report reveals that this individual clearly recognizes the existence of internal and external stressing factors and how they affect the physical and mental spheres.

They get inward instead of actually hindering the work progress or the sector's routine, because you absorb it, we manifest this stress in other ways, we absorb it and them come the diseases, high blood pressure, this kind of thing (N.19).

Other examples follow to illustrate how this influence might occur:

When you know your work is not valued, you don't feel like leaving home and going to work,. You feel discouraged, stressed, you know that you go because you need to, but you have no satisfaction in doing that (T.9).

You don't have decent working conditions and it's frustrating. There's a term I use a lot, the right term is: you 'prostitute' yourself professionally. Why? What is prostitution? It is to give yourself, give yourself and receive nothing back, but it's not about money, you see? [...] Because you get to the institution that says you're are going to be a nurse, so you have a type of patient x, and all these demands: a sufficient number of professionals, sufficient material, appropriate EN-VI-RON-MENT, trained personnel but none of these happen [...] (N.20).

The physical and emotional manifestations triggered by stressful factors exert a direct influence on individuals' health and work leading to the development of occupational stress.

Even though coping mechanisms used by professionals were not the object of this study, we deemed it important to know how they minimize stressful factors in their professional practice. The defense mechanisms used by this population are devised based on three perspectives: to

eliminate responsibilities, sublimate the problem and/or anticipate it. The following report accurately reflects the concept of freeing oneself from responsibilities:

What I can solve by myself I solve, what I can't I send to the boss or to people who have the obligation to solve it [...] I guess there are many possibilities to improve it, there must be political will, you see? Especially from those above, because many things can reduce occupational stress: improved working conditions, better qualification of the personnel, who need to receive permanent education, if you have an active permanent education sector, with better trained professionals, with appropriate material, then you're are in heaven (N.16).

Some suggestions are posed with a view to transform stressful factors of work organization into a source of pleasure, compared by this worker to paradise.

The feeling of sublimation seen here as non-contamination, immediate escape from the problem, is perceived in the following report:

There're times I turn on the automatic pilot, you know? Get out emotion and turn on the automatic because you start to get emotionally involved with everything you're doing and you end up freaking out. I turn on the automatic, get deaf, you know? Don't listen to anything and try to provide basic care to the patient. At least the minimum so he can hold on a bit more, because if you look at everything, you can't solve everything [...] (A.11).

There are those who try to anticipate the problem in order to better solve it. In this case, they try to foresee stressful factors in order to avoid stress *per se*; they talk to the team, maintain the workplace's organization.

I try to keep everything organized, at hand, and I try to talk to the team, to the boss when there're problems [...] (E.17).

Try to anticipate, knowing there're factors that will mess up, you know? And try to minimize them so that stress is minimum, so the service is performed according to the expected (N.3).

Hence, these nursing professionals face numerous stressful factors in the workplace that considerably interfere in their labor and try to minimize them through defense mechanisms such as eliminating responsibilities, sublimating problems and/or predicting them.

FINAL CONSIDERATIONS

This study identifies that the representation of nursing professionals concerning stress-triggering factors in their work is related to the lack or work organization and dissatisfaction. Both expose workers to occupational stress.

In relation to quantitative data, it is worth noting that this is a group of nursing professionals predominantly composed of female nurses, which is common in the profession, between 31 and 40 years, working in several sectors of the hospital in the daily shift under temporary work con-

tracts with an extra job, developing their professional activities for 20 years and in the same sector for five years.

The existence of temporary work contracts can be considered a factor that potentiates occupational stress. Workers establish true affective bonds and become familiar with the work routine in the institution and have to deal with the expectation that their temporary contract will eventually expire and uncertainty as to whether it is going to be renewed or not; the high turnover of professionals among the sectors and the perspective of enjoying vacation only every two years are also factors.

The studied population lives with and experiences poor working conditions, scarcity of material and human resources, and non-qualified personnel. Work developed under adverse conditions coupled with a lack of professional acknowledgment and labor rights – most of them (64%) have temporary contracts and inappropriate salaries – and hierarchical and interpersonal adversarial relationships lead to dissatisfaction, supporting the onset of stress in these individuals.

Even though the phenomenon of stress is an individual experience, common sense shows the influence of stress in the work performance to the extent it leads to physical and

emotional exhaustion. On a large scale, the studied nursing professionals reported being physically and emotionally overloaded, discouraged, feeling frequently irritated, grumpy, with muscle pain, which are signs and symptoms characteristic of stress. In these circumstances, stress stands out as a key element in the performance of these professionals because it negatively interferes in their productivity.

Another point to highlight is the fact that even though most of these nursing professionals expressed their dissatisfaction with poor working conditions, some reported they do not intend to abandon their profession.

Therefore, stress-triggering factors are very common in the nursing profession regardless of the sector in which professionals are located. It is extremely important to these professionals' health that they learn to identify these triggering factors and their influence on labor to protect their health and impede stress from being aggravated.

Finally, nursing professionals face diverse stress-triggering factors in their workplace, which intensively interfere in their labor activities and they seek to minimize such factors through defense mechanisms such as eliminating responsibilities, sublimating problems or trying to foresee problems.

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