

Gender, psychosocial stressors, wellbeing and coping in prehospital care workers

Questões de gênero, estressores psicossociais, bem estar e coping em trabalhadores do atendimento pré-hospitalar
Cuestiones de género, estresores psicossociales, bienestar y enfrentamiento en trabajadores de atención prehospitalaria

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ABSTRACT

Objective: to identify the profile of psychosocial stressors, wellbeing at work and coping in prehospital care workers and its distinctions in relation to gender. **Methods:** cross-sectional quantitative study with workers from public prehospital care. A sociodemographic instrument, the Psychosocial Stressors in the Labor Context Scale, the Inventory of Welfare at Work and the Occupational Coping Scale, were applied. **Results:** In a sample of 585 workers, women had greater role overload ($p=0.002$), career insecurity ($p<0.001$), lack of autonomy ($p=0.03$) and work-family conflict ($p<0.001$) compared to men. Men showed greater commitment and satisfaction at work than women ($p<0.001$). The other factors and dimensions showed no statistically significant difference according to gender. **Conclusion:** Women were more affected by psychosocial stressors, which probably reduced their wellbeing at work. This was possibly because they experienced a different social context from men.

Descriptors: Occupational Stress; Adaptation, Psychological; Behavior; Emergency Medical Services; Women, Working.

RESUMO

Objetivo: identificar o perfil dos estressores psicossociais, do bem-estar no trabalho e de coping nos trabalhadores atuantes no atendimento pré-hospitalar e suas distinções em relação ao gênero. **Métodos:** estudo transversal quantitativo com trabalhadores do atendimento pré-hospitalar público. Foram aplicados um instrumento sociodemográfico, a Escala dos Estressores Psicossociais no Contexto Laboral, o Inventário de Bem-Estar no Trabalho e a Escala de Coping Ocupacional. **Resultados:** Em uma amostra de 585 trabalhadores, as mulheres apresentaram maior sobrecarga de papéis ($p=0,002$), insegurança na carreira ($p<0,001$), falta de autonomia ($p=0,03$) e conflito trabalho-família ($p<0,001$), quando comparadas aos homens. Os homens apresentaram maior compromisso e satisfação no trabalho do que as mulheres ($p<0,001$). Os demais fatores e dimensões não apresentaram diferença estatisticamente significativa conforme o gênero. **Conclusão:** As mulheres foram mais afetadas pelos estressores psicossociais, o que provavelmente reduziu o bem-estar no trabalho. Isso possivelmente ocorreu por elas vivenciarem um contexto social diferente dos homens.

Descritores: Estresse Ocupacional; Adaptação Psicológica; Comportamento; Serviços Médicos de Emergência; Mulheres Trabalhadoras.

RESUMEN

Objetivo: identificar el perfil de estresores psicossociales, bienestar en el trabajo y afrontamiento en trabajadores que laboran en atención prehospitalaria y sus distinciones en relación al género. **Métodos:** estudio transversal con trabajadores de atención prehospitalaria pública. Se aplicaron un instrumento sociodemográfico, la Escala de Estresores Psicossociales en el Contexto Laboral, el Inventario de Bienestar en el Trabajo y la Escala de Afrontamiento Ocupacional. **Resultados:** En 585 trabajadores, las mujeres presentaron mayor sobrecarga de rol ($p=0,002$), inseguridad laboral ($p<0,001$), falta de autonomía ($p=0,03$) y conflicto trabajo-familia ($p<0,001$) en comparación con los hombres. Los hombres mostraron mayor compromiso y satisfacción laboral que las mujeres ($p<0,001$). El resto de factores y dimensiones no mostraron diferencias estadísticamente significativas según el sexo. **Conclusión:** Las mujeres fueron más afectadas por los estresores psicossociales, que probablemente redujeron el bienestar en el trabajo. Esto posiblemente se debió a que experimentaron un contexto social diferente al de los hombres.

Descriptorios: Estrés Ocupacional; Adaptación Psicológica; Comportamiento; Servicios Médicos de Emergencia; Mujeres Trabajadoras.

INTRODUCTION

Prehospital Care is emergency care outside the hospital. The aim of actions developed in prehospital care, mainly by the Mobile Emergency Service and the Military Fire Department in the public sphere, is to stabilize and/or immobilize the victims and move them safely and as quickly as possible to the nearest referral health center. Regardless of the time and circumstances encountered during the journey, these professionals must avoid the aggravation of injuries caused by the accident and invest in victims' life until arrival to their destination⁽¹⁾.

Prehospital care takes place outside health services, under adverse environmental conditions with noise from traffic and ambulance sirens; professionals face biological risks and traffic accidents, lift stretchers and carry heavy equipment, in addition to stress of the service itself⁽²⁾. In this environment, they are susceptible to physical, verbal and psychological violence⁽³⁾.

The professionals responsible for these services experience work organization aspects that are considered psychosocial stressors in the work environment⁽⁴⁾. Workers in prehospital care point the following psychosocial risks: high tension in the work environment, impaired relationships with colleagues, long working hours and the imposition of an intense routine⁽²⁾. However, the rapid response and positive reaction of the majority of the population bring the feeling of duty accomplishment and of performing a well-recognized function⁽⁵⁾, which can provide wellbeing.

In some studies, the psychosocial risks among professionals working in prehospital care have been analyzed^(3,6), but gender issues were little explored⁽⁷⁾ or intentionally not analyzed in studies on firefighters' mental health, due to the possible bias caused by the inclusion of women⁽⁸⁾. The data collected so far indicate that women's mental health has been more affected. The few studies on this theme may be a consequence of the invisibility of psychosocial risks, associated with women's working conditions⁽⁹⁾ and the coping strategies to face these risks.

OBJECTIVE

To identify the profile of psychosocial stressors, wellbeing at work and coping in professionals working in prehospital care and its distinctions in relation to gender.

METHODS

Ethical aspects

This study was approved by the Research Ethics Committee of the State Health Department of the Federal District. Participants' acceptance was given by signing the Informed Consent form.

Study design, period and location

A cross-sectional quantitative study was conducted according to the STROBE statement between May and July 2018 at the Mobile Emergency Service of the Federal District and firefighters of the Military Fire Department of the Federal District.

Population or sample; inclusion and exclusion criteria

Male and female workers from different professional categories of these services acting directly in prehospital care for at least six months, were included. Workers on extended leave during the data collection period were excluded.

According to data provided by these services, approximately 725 workers were working in prehospital care during the data collection period and all were invited to participate. In the Mobile Emergency Service, male or female workers were in equivalent proportions and in the Military Fire Department, the female staff accounted for 14% of the total, according to information from the respective services. Considering the inclusion and exclusion criteria and those who agreed to participate in the study, the final sample of the study was composed of 585 prehospital care workers.

Study protocol

Workers answered a sociodemographic questionnaire and three other instruments. The first one was the Psychosocial Stressors in the Labor Context Scale (Portuguese acronym: EEPCL), built and validated in Brazil⁽¹⁰⁾; its use in the present study was authorized by the author. It consists of seven factors: conflict and ambiguity of roles; role overload; lack of social support; career insecurity; lack of autonomy; work-family conflict; pressure of the degree of responsibility. These factors are evaluated based on 35 items answered in a six-point Likert Scale regarding how affected the respondent feels by each situation described - "it never affects me (1)" to "it always affects me (6)". The psychometric properties of the scale are appropriate (KMO=0.94, internal consistency ranging from 0.72 to 0.82). The studies of evidence of the scale validity indicate appropriate fit indexes for a seven-factor model ($\chi^2(539) = 949.23$, with a subjective fit index (χ^2/gf) of 1.76; CFI = 0.95; RMSR = 0.05; SRMR = 0.06).

The second instrument was the Inventory of Welfare at Work (Portuguese acronym: IBET-13), built and validated in Brazil, in the public domain, composed of 13 items that evaluate the dimensions "Commitment and Satisfaction at Work", with five items of affective organizational commitment and four of job satisfaction; and four items of "Work engagement"⁽¹¹⁾.

The third instrument was the Occupational Coping Scale (OCS) translated and validated⁽¹²⁾, in the public domain, to assess coping in the occupational environment. It has 29 items related to the way people face problems in the work environment, distributed in three factors: control (11 items), symptom management (9 items) and avoidance (9 items), whose cronbach's alpha were 0.88, 0.81 and 0.77, respectively. Each item is weighted by a five-point Likert scale, ranging from one (1) "I never do this" to five (5) "I always do this".

The data collection instruments were completed during and outside working hours. To guarantee participants' confidentiality and anonymity, the instruments were returned in a sealed, unidentified envelope, while the informed consent form was returned in another unsealed envelope.

Analysis of results and statistics

In data analysis, the distribution in absolute and relative frequency of qualitative variables was performed. Measures

of central tendency and dispersion of quantitative variables, factors and dimensions of scales and the inventory were performed. The Kolmogorov Smirnov test was the normality test used. To evaluate the association of the factors and dimensions of the instruments with gender, the Mann Whitney Test was applied. Statistical significance was considered when $p < 0.05$. The software Statistical Package for the Social Sciences (SPSS) v. 20.0 was used.

RESULTS

The sample consisted of 585 workers working in prehospital care in the Federal District. Half worked as firefighters (50.8%). The mean age was 38.9 years (± 7.2), ranging between 25 and 63 years. There was a higher prevalence of the male sex (72.2%), both among Mobile Emergency Service workers (55.9%) and firefighters (88.1%), of married participants or in a stable relationship (69.0%) and subjects with at least one child (77.8%).

The average length of experience was of 10.5 years (± 6.7). The contractual workload of up to 40 hours per week was the most prevalent among these workers (64.9%) and the majority also performs an extra paid workload (61.4%).

Table 1 - Distribution of sociodemographic and occupational characteristics of 585 prehospital care workers in Brasília, Federal District, Brazil, from May to July 2018

Variables	n*	%
Gender		
Female	161	27.8
Male	418	72.2
No answer	6	-
Institution		
SAMU*	288	49.2
Firefighters	297	50.8
Marital status		
With partner	401	69.0
No partner	180	31.0
No answer	4	-
Has children		
Yes	437	77.8
No	125	22.2
No answer	23	-
Resides with children daily		
Yes	363	70.6
No	151	29.4
No answer	71	-
Performs housework		
Yes	507	88.8
No	64	11.2
No answer	14	-
Educational level		
Incomplete primary or secondary school	09	1.6
Complete secondary school	136	23.6
Complete higher education	310	53.7
Postgraduate studies	122	21.1
No answer	8	-
Position		
Firefighter	232	39.9
Nursing technician or assistant	128	22.0
Conductor	92	15.8
Nurse	61	10.5
Doctor	21	3.6
Operational crew member	21	3.6
Pilot or copilot	11	1.9
Psychologist or social worker	16	2.7
No answer	3	-

To be continued

Table 1 (concluded)

Variables	n*	%
Performs another paid work		
Yes	108	18.7
No	469	81.3
No answer	8	-
Work shift		
Daytime	206	36.9
Night	100	17.9
Both	253	45.3
No answer	26	-
Works in the air medical service		
Yes	57	9.8
No	526	90.2
No answer	2	-

Note: *SAMU – Mobile Emergency Service.

Other characteristics of participants are described in Table 1.

An analysis of the internal consistency of instruments performed by means of the Cronbach's Alpha showed appropriate indexes. The values were 0.95 for the Psychosocial Stressors in the Labor Context Scale and 0.86 for the Inventory of Welfare at Work and for the Occupational Coping Scale.

The factors and dimensions of scales and inventory did not present a normal distribution. The results of the scales and the inventory are shown in Table 2.

Table 2 - Results of median and interquartile range of the Psychosocial Stressors in the Labor Context Scale, Inventory of Welfare at Work and Occupational Coping Scale of prehospital care workers in Brasília, Federal District, Brazil, from May to July 2018

Instruments	Factors and dimensions	Median (Q1-Q3)
EEPCL*	Conflict and ambiguity of roles	3.2 (2.2-4.4)
	Role overload	2.8 (2.0-3.7)
	Lack of social support	2.8 (2.0-3.8)
	Career insecurity	2.8 (1.8-4.3)
	Lack of autonomy	3.2 (2.2-4.2)
	Work-family conflict	3.0 (2.2-4.2)
IBET†	Pressure of the degree of responsibility	4.0 (2.8-5.0)
	Commitment and satisfaction at work	3.3 (2.9-3.9)
	Work engagement	2.8 (2.0- 3.3)
OCS‡	Control factor	3.6 (3.2-4.0)
	Avoidance factor	2.8 (2.3-3.2)
	Symptom management factor	2.9 (2.4-3.3)

Note: *EEPCL – Psychosocial Stressors in the Labor Context Scale; †IBET – Inventory of Welfare at Work; ‡OCS – Occupational Coping Scale.

In the Psychosocial Stressors in the Labor Context Scale, the pressure of the degree of responsibility had the highest median, 4.0. In the Inventory of Welfare at Work, commitment and satisfaction at work showed the highest median, 3.3. In the Occupational Coping Scale, the Control factor had the highest median, 3.6.

There was a statistically significant association between the female gender and greater role overload, career insecurity, lack of autonomy and work-family conflict in the Psychosocial Stressors in the Labor Context Scale. In the Inventory of Welfare at Work, there was also an association between the female gender and less commitment and satisfaction at work. The other factors of the Psychosocial Stressors in the Labor Context Scale and Occupational Coping Scale, and dimensions of the Inventory of Welfare at Work did not present a statistically significant difference by gender.

Table 3 - Association between gender and factors of the Psychosocial Stress Scale in the Labor Context Scale and the Occupational Coping Scale; and dimensions of the Inventory of Welfare at Work of prehospital care workers in Brasília, Federal District, Brazil, from May to July 2018

	Male Median (Q1-Q3)	Female Median (Q1-Q3)	p*
EEPC^{**}			
Conflict and ambiguity of roles	3.0 (2.2-4.2)	3.2 (2.4-4.6)	0.064
Role overload	2.6 (2.0-3.5)	3.0 (2.3-3.8)	0.002
Lack of social support	2.7 (2.0-3.8)	3.0 (2.2-4.0)	0.089
Career insecurity	2.5 (1.8-3.8)	3.5 (2.0-4.5)	<0.001
Lack of autonomy	3.2 (2.2-4.2)	3.4 (2.6-4.4)	0.030
Work-family conflict	2.8 (2.0-4.0)	3.4 (2.6-4.4)	<0.001
Pressure of the degree of responsibility	3.8 (2.8-5.0)	4.3 (2.8-5.0)	0.189
IBET[†]			
Commitment and satisfaction at work	3.4 (2.9-3.9)	3.1 (2.7-3.7)	<0.001
Work engagement	2.8 (2.0-3.3)	2.5 (2.0-3.3)	0.134
OCS[†]			
Control factor	3.6 (3.2-4.0)	3.5 (3.2-3.9)	0.312
Avoidance factor	2.8 (2.3-3.2)	2.8 (2.4-3.2)	0.778
Symptom management factor	2.9 (2.4-3.3)	3.0 (2.3-3.3)	0.802

Note: *Mann Whitney test; **EEPC^{**} - Psychosocial Stressors in the Labor Context Scale; †IBET[†] - Inventory of Welfare at Work; †ECO - Occupational Coping Scale

DISCUSSION

Female workers in prehospital care of the Federal District have greater role overload, career insecurity, lack of autonomy, and work-family conflict, compared to men who work in the same type of service. This possibly had a negative impact on women's wellbeing at work. Regarding occupational coping, there was no statistical difference between women and men.

The results showed that the greater stressor in the Psychosocial Stressors in the Labor Context Scale was the pressure of the degree of responsibility in both genders, although without a statistically significant difference between them. The social context experienced in prehospital care by men and women regarding the degree of responsibility is characterized by positive emotional reactions felt by workers towards people and when performing their tasks⁽¹⁰⁾. Furthermore, the degree of responsibility is a challenging demand, because in the case of prehospital care, it implies social responsibility of saving lives and serving others.

As for the lack of autonomy defined as employees' difficulty with planning and making decisions on their own⁽¹⁰⁾, women in the present study showed a significant difference compared to men. This result may be related to the performance guided by a strict legislation⁽¹³⁾, with strong appreciation of the hierarchy that strictly punishes any actions deemed contrary⁽¹⁴⁾. Such aspects were described both by firefighters and Mobile Emergency Service professionals⁽⁶⁾, in addition to strict protocols for the practice in prehospital care, with constant monitoring and intervention by the regulatory service⁽¹⁵⁾.

In services with male predominance, such as the fire brigade and Mobile Emergency Services⁽¹⁶⁾, in which the patterns of virility and physical strength are very widespread and valued, combined with the symbolic power of domination and subordination, women need to prove their competence⁽¹⁷⁾. This demands women's strict compliance with rules and protocols, which probably limits feminine autonomy even more.

In general, men consider themselves superior to women in some activities in the fire brigade. In the operational service, they do not like to work in the same team with women, especially those more skilled than them, and report having to compensate for their strength⁽¹⁸⁾.

Furthermore, in this highly hierarchical context, female workers still face a role overload. In this study, this variable was restricted and related to the work context and characterized by an excess of tasks that employees are asked to perform in their work⁽¹⁰⁾ by keeping alert at the time of calls, interrupting their casual rest, with prompt visual and auditory acuity⁽¹⁶⁾, speed and assertiveness.

In this variable, the conditions to satisfy the basic needs for food (uncertain times)^(14,17) and hygiene⁽¹⁴⁾ are also taken into account, as well as the intense work process that cannot stop because of its essentiality⁽¹⁹⁾. These difficulties may be even greater for female workers, as they have less physical strength than men⁽²⁰⁾, need more time, and appropriate and private place for their physiological needs, including the removal of their heavy clothing.

The work-family conflict, in turn, was more prevalent among prehospital care female workers. This conflict implies an incompatibility relationship between the responsibilities associated with family and work⁽¹⁰⁾. This is probably due to the double and/or even triple working hours faced by women⁽²¹⁾. The gender division of labor does not have a balance of activities and therefore, women work more than men⁽²²⁾, which results in physical tiredness⁽²³⁾ when adding the tasks performed at work to those performed with their families.

Working women from prehospital care in the Federal District are more insecure about their careers than men. This variable is defined as the feeling of threat of layoff and the perception of insecurity⁽¹⁰⁾. Since all study participants are public servants, this insecurity is likely related to threats of losing the role, function, or being transferred to perform administrative activities. Women have a greater perception of this insecurity given their fear of not meeting all expectations in the exercise of work, especially regarding strength and physical resistance. This makes them more vulnerable in cases of staff cuts and increases their insecurity in relation to their maintenance in prehospital care work.

With that, they demand even more from themselves in a daily attempt to prove their capacity to be in prehospital care, thus, end up performing additional functions to those assigned to them⁽¹³⁾, which configures a greater role overload.

A qualitative study has shown that women see themselves challenged by their peers to prove and confirm their competences as a way to gain space and feel satisfied at work. Thus, the formation of this professional identity involves time, dedication and patience until reaching an acceptable level. They try to contradict the expectations by proving their ability to perform equal tasks to those of their colleagues⁽²⁴⁾.

Thus, they seek to obtain respect from their colleagues, performing their duties correctly with the required physical skills, as shown in another study⁽²⁵⁾, which may justify the result of the current study regarding the insecurity of female workers in their careers in prehospital care.

In relation to wellbeing at work, regarding the degree of happiness among co-workers and emotions that emerge in the relationship with the company and identification with tasks and their rewards (satisfaction)⁽²⁶⁾, the results showed a difference. Men showed greater commitment and satisfaction at work than women.

Another study conducted with health professionals in the hospital also indicated less job satisfaction among women⁽⁷⁾ and this is probably explained by the overload of tasks and the greater psychosocial stressors among them⁽²⁷⁾. There is less commitment at work when there are more stressors in the scenario. Women may feel vulnerable to exclusion from the team, and as much as they dedicate themselves and get involved, they will still show less physical strength, which is decisive for their permanence in the team.

Study limitations

As limitations, the cross-sectional design limited the interpretation of results to a single evaluation. A longitudinal design could expand this understanding. In addition, the instruments used have their own limitations and do not allow the understanding of all aspects related to workers' mental health. The potentialities of the present study were reaching 81% of the estimated population and using three different instruments with different theoretical approaches.

Contributions to the Area

The results can foster discussion and research on gender issues and work in the health area, especially in prehospital care,

which has different specificities from other work environments in this area. Thus, strategies could be structured to minimize psychosocial stressors among female workers in this setting.

CONCLUSION

In this study, women showed greater role overload, career insecurity, lack of autonomy and work-family conflict compared to men who work in the same type of service.

These stressors possibly implied less wellbeing at work. A probable explanation is that by experiencing a different social context from men, women are more affected by stressors, which reduces their wellbeing at work.

Training, interventions, more appropriate clothing to the needs of each gender and training in coping skills can be strategies to unveil and understand the psychosocial stressors among women at work and promote greater gender equity. A training program focused on the coping strategy for women may favor better future performance of the teams, in addition to greater sharing of tasks.

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REFERENCES

1. Ministério da Saúde (BR). Políticas de atenção às urgências [Internet]. 3. ed. Brasília: Ministério da Saúde. 2006:1986 [cited 2020 Jul 15]. Available from: http://bvsm.s.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_urgencias_3ed.pdf
2. Leite HD, Carvalho MTR, Cariman SLS, Araújo ERM, Silva NC, Carvalho AO. Occupational risk among health professional of the mobile service of emergency care - SAMU. *Enferm Foco*. 2016;7(3/4):31-5. <https://doi.org/10.21675/2357-707X.2016.v7.n3/4.912>
3. Fernandes AS, Sá L. Psychosocial risks of relief professionals: violence in pre-hospital settings. *Rev Enferm Ref*. 2019;1V(21):131-42. <https://doi.org/10.12707/RIV18067>
4. International Labour Organisation. Psychosocial factors at work: recognition and control: report of the Joint ILO/WHO Committee on Occupational Health [Internet]. Ninth Session. Geneva 1986 [cited 2020 Jul 15]. 88 p. Available from: https://www.who.int/occupational_health/publications/ILO_WHO_1984_report_of_the_joint_committee.pdf
5. Alves M, Rocha TB, Ribeiro HCTC, Gomes GG, Brito MJM. Specificities of the nursing work in the mobile emergency care service of Belo Horizonte. *Texto Contexto Enferm*. 2013;22(1):208-15. <https://doi.org/10.1590/S0104-07072013000100025>
6. Araújo LKR, Oliveira SS. Mapping of psychosocial risks in the SAMU/DF. *Psicol Ciênc Prof*. 2019;39(e184126):1-12. <https://doi.org/10.1590/1982-3703003184126>
7. Bacha AM, Grassiotto OR, Cacique DB, Carvasan GAF, Machado HC. Job satisfaction in a hospital context: an analysis according to gender. *Esc Anna Nery*. 2015;19(4):549-56. <https://doi.org/10.5935/1414-8145.20150073>
8. Lima EP, Assunção AA, Barreto SM. Posttraumatic Stress Disorder (PTSD) among firefighters from Belo Horizonte city, Brazil: prevalence and occupational associated factors. *Psicol Teor Pesqui*. 2015;31(2):279-88. <https://doi.org/10.1590/0102-3772201502234279288>
9. Monteiro R, Freitas V, Daniel F. Working conditions in a feminised working environment. *Rev Estud Fem*. 2018;26(2):e34529. <https://doi.org/10.1590/1806-9584-2018v26n234529>
10. Ferreira MC, Milfont TL, Silva APC, Fernandes HA, Almeida SP, Mendonça H. Evaluation of psychosocial stressors in the labor context scale: development and psychometric evidence. *Psicol Reflex Crit*. 2015;28(2):340-49. <https://doi.org/10.1590/1678-7153.201528214>
11. Siqueira MMM, Orengo V, Peiró JM. Bem-estar no trabalho. In: Siqueira MMM. (Org). *Novas medidas do comportamento organizacional: ferramentas de diagnóstico e de gestão*. Porto Alegre: Artmed, 2014, p. 39-51.
12. Pinheiro FA, Tróccoli BT, Tamayo MR. Coping measurement in occupational setting. *Psicol Teor Pesqui*. 2003;19(2):153-8. <https://doi.org/10.1590/S0102-37722003000200007>
13. Almeida DM, Ibdaiwi TKR, Lopes LFD, Costa VMF, Possamai LO. Occupational stress in the perspective firefighters city Santa Maria/RS. *ReCaPe*. 2015;V(1):156-71. <https://doi.org/10.20503/recape.v5i1.23322>

14. Oliveira MAO, Brito EMN, Oliveira SS. Work and health dialogues: analysis of interactive activity in Rio de Janeiro, Brazil, firefighter' blogs. *Ciênc Saúde Colet*. 2018;23(10):3297-307. <https://doi.org/10.1590/1413-812320182310.16392018>
 15. Taveira RPC, Silva JLL, Souza RD, Brezoli CA. Leadership and training of nurses for pre-hospital care emergency. *Rev Enferm UFPI*. 2018;7(3):4-9. <https://doi.org/10.26694/2238-7234.734-9>
 16. Dal Pai D, Lima MADs, Abreu KP, Zucatti PB, Lautert L. Teams and working conditions in mobile pre-hospital care services: an integrative review. *Rev Eletrôn Enferm*. 2015;17(4). <https://doi.org/10.5216/ree.v17i4.31522>
 17. Schneider D, Signorelli MC, Pereira PPG. Public security female workers at the coast of Paraná, Brasil: intersections of gender, work, violence(s), and health. *Ciênc Saúde Colet*. 2017;22(9):3003-11. <https://doi.org/10.1590/1413-81232017229.07892016>
 18. Amato TC, Pavin T, Martins LF, Batista A, Ronzani TM. Work, gender, and mental health: a qualitative and quantitative research among fire fighters. *Cad Psicol Soc Trab*. 2010;13(1):103-18. <https://doi.org/10.11606/issn.1981-0490.v13i1p103-118>
 19. Araújo MT, Velloso ISC, Alves M. Everyday practices of professional in the mobile emergency service. *Rev Min Enferm*. 2017;21:e-1042. <https://doi.org/10.5935/1415-2762.20170052>
 20. Prado CEP. Occupational stress: causes and consequences. *Rev Bras Med Trab*. 2016;14(3):285-9. <https://doi.org/10.5327/Z1679-443520163515>
 21. Adriano MSPF, Almeida MRA, Ramalho PPL, Costa IP, Nascimento ARS, Moraes JCO. Occupational stress among health professionals working in an emergency mobile care service in the city of Cajazeiras - PB. *Rev Bras Ciênc Saúde*. 2017;21(1):29-34. <https://doi.org/10.4034/RBCS.2017.21.01.04>
 22. Medeiros M, Pinheiro L. Gender inequalities in the allocation of time in paid and unpaid labor in Brazil, 2013. *Soc Estado*. 2018;33(1):159-85. <https://doi.org/10.1590/s0102-699220183301007>
 23. Garcia CF, Viecili J. Implications of returning to work after maternity leave in routine and in women's work. *Fractal Rev Psicol*. 2018;30(2):271-80. <https://doi.org/10.22409/1984-0292/v30i2/5541>
 24. Perrott T. Beyond 'Token' firefighters: Exploring women's experiences of gender and identity at work. *Sociol Res*. 2016;21(1):1-14. <https://doi.org/10.5153/sro.3832>
 25. Sinden K, Macdermida J, Buckman S, Davis B, Matthews T, Viola C. A qualitative study on the experiences of female firefighters. *Work*. 2013;45(1):97-105. <https://doi.org/10.3233/WOR-121549>
 26. Siqueira MMM, Padovam VAR. Theoretical basis of subjective well-being, psychological well-being and well-being at work. *Psicol Teor Pesqui*. 2008;24(2):201-09. <https://doi.org/10.1590/S0102-37722008000200010>
 27. Vásques PC, Suazo SV, Klijn TP. Psychosocial risk factors at work: gender and nursing. *Av Enferm*. 2014;32(2):271-79. <https://doi.org/10.15446/av.enferm.v32n2.46231>
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