

Nurses' social representations of work-related stress in an emergency room

REPRESENTAÇÕES SOCIAIS DE ENFERMEIROS ACERCA DO ESTRESSE LABORAL EM UM SERVIÇO DE URGÊNCIA

REPRESENTACIONES SOCIALES DE LOS ENFERMEROS SOBRE EL ESTRÉS LABORAL EN UN SERVICIO DE URGENCIAS

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ABSTRACT

The aim of this study was to understand the social representations of nurses in the emergency room and their relationship to stress. This descriptive, exploratory study was performed using a qualitative approach, with Social Representations Theory being the prime focus. Research was conducted at a benchmark public hospital for emergency services in the municipality of Natal/RN. The sample consisted of 10 nurses. A content analysis approach was used for data analysis. The results indicate that the relationship between nurses' social representations of work and stress is a complex and multi-faceted phenomenon that contributes to the development of physical, emotional and mental illnesses, and exhaustion.

DESCRIPTORS

Emergency nursing
Burnout, professional
Hospitals, packaged

RESUMO

Neste estudo objetivou-se apreender as representações de enfermeiros sobre o seu trabalho em serviço de urgência e sua relação com o estresse. Trata-se de um estudo exploratório descritivo e de abordagem qualitativa. Utilizou-se a Teoria das Representações Sociais. O cenário da pesquisa foi um hospital público de referência em urgência do município de Natal/RN. A amostra foi composta por dez enfermeiros. Para a análise dos dados, utilizou-se a técnica de análise de conteúdo. Os resultados apontam a relação das representações sociais do trabalho com o estresse dos enfermeiros, como um fenômeno complexo e multifacetado, contributivo de doenças e desgaste físico, emocional e mental.

DESCRIPTORIOS

Enfermagem em emergência
Esgotamento profissional
Hospitais de emergência

RESUMEN

Este estudio tuvo como objetivo aprehender las representaciones de los enfermeros sobre su trabajo en el servicio de urgencias y su relación con el estrés. Se trata de un estudio exploratorio, descriptivo y de enfoque cualitativo, utilizando la Teoría de las Representaciones Sociales. El escenario del estudio fue un hospital público de referencia en urgencias del municipio de Natal/RN. La muestra estuvo constituida por (10) diez enfermeros. Para el análisis de los datos, se utilizó la técnica del análisis del contenido. Los resultados muestran la relación entre las representaciones sociales del trabajo y el estrés de los enfermeros, siendo un fenómeno complejo, polifacético, coadyuvante de enfermedades y de desgaste físico, emocional y mental.

DESCRIPTORES

Enfermería de urgencia
Agotamiento profesional
Hospitales de urgencia

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INTRODUCTION

Stress is a public health problem, although it is a natural phenomenon, changes in society are a contributing factor. Depending on the nature, intensity, and duration of the individual's relationships, stress can have negative effects on both physical and mental health in the work environment⁽¹⁾. The hospital environment contains a number of factors that are unhealthy and cause suffering in nursing professionals. In fact, the nursing profession is considered one health profession with a high level of occupational stress⁽¹⁾.

In this context, the demands of the duties performed by nurses in emergency rooms make them particularly vulnerable to stress. Nurses often have to deal with a crowded emergency room, which is compounded by the lack of available beds. In most cases, nurses are forced to decide which patients will be treated and how to treat them⁽²⁻³⁾. In addition, interpersonal relationships in health care settings are a potential stressor. These relationships involve individual and group factors⁽¹⁾, which result in the physical and emotional exhaustion of these professionals⁽³⁾.

The term stress was first used in healthcare by the physician and researcher Hans Selye⁽⁴⁾, who described the concept of General Adaptation Syndrome (GAS) as a three-stage stress reaction: alarm, resistance and exhaustion.

The alarm stage, or first stage, is characterized by acute manifestations. When faced with a stressor, an overload of hormones is released into the body, increasing an individual's alertness. The individual experiences changes in cardiorespiratory frequency and an increase in blood pressure, among other physiological reactions. If the stressor continues, the body must attempt to adapt to the stressor. This is known as the second stage, or the resistance stage⁽⁴⁾. If the alert stage persists, the body's normal physiology is altered and an internal response is concentrated in a specific target organ, triggering Local Adaptation Syndrome (LAS). In this stage, psychosocial symptoms occur, such as anxiety, fear, and social isolation. When a stressor becomes chronic, the third stage, or exhaustion stage, is triggered⁽⁴⁾. In this stage, excessive activity and high energy consumption has caused physical exhaustion. Furthermore, the organ triggered during LAS fails, manifesting an organic disease⁽⁴⁾.

A later study⁽⁵⁾ highlights another stage in the stress process, the near-exhaustion stage occurs between the resistance stage and the exhaustion stage, and is characterized by physical weakness in an individual who cannot adapt to or resist the stressor. This stage is not as severe as the exhaustion stage, but is characterized by these physical symptoms, increased sweating, muscular tension, tachycardia, hypertension, jaw clenching, teeth grinding, hyperactivity, nausea, and cold hands and feet⁽⁵⁾. Psychological symptoms include anxiety, tension, angst, insomnia,

alienation, interpersonal difficulties, doubts, excessive worrying, inability to concentrate, difficulty relaxing, and emotional hypersensitivity⁽⁵⁾.

Although stress is still not considered an occupational illness within the nursing profession, nurses are directly affected by this potentially harmful response. In light of the potential negative effects stress has on the work environment, it is important to develop studies on this topic⁽¹⁾. Since this issue has been a common concern, efforts have been made to find solutions, as exemplified below.

In a study of nursing were identified signs and symptoms of burnout professionals from a university hospital emergency room⁽⁶⁾. Of the 61 participants, 8.2% (all women) showed symptoms of burnout, 54.1% were at a high risk of developing burnout, and 37.7% were at a low risk of developing burnout⁽⁶⁾. Factors such as a lack of acknowledgement and professional development incentives are associated with burnout. The conclusion was that organizational dynamics of an emergency room create work overload and occupational tension; therefore, it is necessary to develop strategies to reorganize the work process and reduce stressors.

These findings show that preventive and corrective measures need to be implemented to minimize existing stress loads.

Stress levels⁽⁷⁾ and physical symptoms were assessed in nurses and nursing assistants in a state hospital emergency room; 37% were tired, 92% had trouble sleeping, 65% became easily irritated, 45% showed high levels of stress, and 38% showed a moderate level of stress. These findings show that preventive and corrective measures need to be implemented to minimize existing stress loads.

Stressors affecting a sample of 143 nurses working in emergency rooms in 5 regions of Brazil were assessed⁽⁸⁾. Data collection was performed using the Bianchi Stress Scale, consisting of socio-demographic information and 51 items divided into the following 6 domains: relationships (A), unit operation (B), staff administration (C), nursing assistance (D), unit coordination (E), and working conditions (F). Statistical descriptive and inferential analysis was chosen, using analysis of variance. The results of the analysis of the 6 domains were presented in decreasing order (F>C>E>D>B>A), regardless of the region to which the nurses belonged. Therefore, it was inferred that the hospital's organizational structure is responsible for the stress level of emergency room nurses, and that coping strategies to minimize the effects of stress in nursing professionals needs to be promoted by hospitals⁽⁸⁾. Stress is a broad topic but a very important aspect of the workplace⁽⁷⁻⁹⁾.

A study⁽¹⁰⁾ conducted to identify the nurses' representations of work-related stress factors concluded that the study sample had to cope with poor work conditions, limited material and human resources, and untrained staff. In turn, nurses felt unsatisfied and complained about mental and

physical fatigue. Furthermore, these unfavorable conditions led to work-related stress.

To assess nurses' knowledge about stress in an emergency room, we posed the question: How do nurses perceive their work and their relationship with stress in an emergency room environment?

The aim of this study was to understand the nurses' representations of their work in the emergency room and their relationship with stress.

METHOD

Descriptive, exploratory study was performed using a qualitative approach. It was conducted in the emergency room of a benchmark public hospital within the Unified Health System in the municipality of Natal, Rio Grande do Norte.

Social representations theory was used because it values common sense through diffusion, propagation, and propaganda. Furthermore, common sense is mediated by information and communication between the individual and the collective, with a constant flow from one form of knowledge to another⁽¹¹⁾. The term social representation, which is developed by common sense through continuous interactions and objectification performed by each social group, encompasses phenomena that exist in these groups' everyday lives. The term was first coined in Moscovici's theoretical assumptions based in social psychology⁽¹¹⁻¹³⁾.

Social representation phenomena are present in communication processes, and social and cultural practices. Therefore, this phenomenon is diffuse, multi-faceted, dynamic, and constantly subject to social interaction⁽¹²⁾. Representations are formed from solid observations, which construct objects and ideas according to their own logic. Representations are essential to a group's judgment of social values. *Social representations are considered sui generis collective sciences designed to interpret and shape reality*⁽¹²⁾.

A non-probabilistic convenience (or accidental) sample was used, consisted of 10 nurses, 5 men and 5 women. The inclusion criteria include both male and female emergency room nurses with work overload, at least 1 or more years of service.

Participant observation and a semi-structured interview were used for data collection, as the act of observing is necessary for pinpointing a specific characteristic of a group (animals, people, objects)⁽¹⁴⁾. The interview consisted of two parts. The first part focused on the socio-demographic identification of the participants to create a subject profile. The second part posed one guiding question to its participants: *What is the relationship of stress to your work?*

The observation and the interviews were both performed in October and November 2010. The observation dates were selected according to the emergency room nurses' monthly schedule.

Data analysis was performed using content analysis, which is a set of inference-based communication analysis techniques that systematically and objectively define characteristics of messages (quantitative or not)⁽¹⁵⁾. Content analysis consists of three stages: pre-analysis, exploration of material or coding, and analysis of the results using inference and data interpretation⁽¹⁵⁾.

The research was approved by the Research Ethics Committee of the Onofre Lopes University Hospital, with Protocol 028 – 028/07. It followed the ethical and legal aspects of research on human beings, in accordance with recommendations from the National Health Council as well as Resolution 196/96, which deals with the guidelines and standards of research involving human beings. All participants signed an informed consent form.

RESULTS

The sample Training ranged between three and 20 years, and years of emergency room service ranged between three and 18 years.

The analysis of comments made by the 10 nurses who worked in the emergency room and who participated in both the interview and the participant observation helped establish the following three core themes: work overload, precariousness of interpersonal relationships, and lack of motivation in the workplace.

Work overload

For the majority of nurses, work overload was a major factor for stress in the emergency room⁽¹⁶⁻¹⁷⁾. In this regard, the subjects reported the effects of this problem in the following comments.

It is obvious that stress is inevitable when working in the terrible conditions imposed by the hospitals (Nurse 1).

I think that constantly facing unpredictable, repulsive, and distressing situations and responding to excessive demands causes our physical and emotional exhaustion and triggers stress (Nurse 2).

Working in the emergency room is an extremely demanding job, treating simple cases gets in the way of performing complex procedures; our work is dehumanized by the lack of conditions in the institution itself; this is a situation that causes great stress (Nurse 4).

Work conditions are most responsible for the stress felt by all workers in the workplace, from the stretcher-bearer to the cleaning staff (Nurse 5).

The great number of out-patients needing treatment, the work (dis)organization and the environment cause a lot of pressure on us and the physical and emotional overloads compromise our everyday activities (Nurse 6).

In the emergency room we have to work twice as much to overcome limitations; relationships deteriorate and mental health is at risk (Nurse 7).

Precariousness of interpersonal relationships

Interpersonal relationships in the emergency room are still markedly asymmetric, and the decision-making power is limited⁽¹⁷⁾. This leads to difficult, tense, and conflictive relationships among peers, as is confirmed by the following statements:

Hospitals have a vertical organization structure that is influenced by the logic of power; the same happens in the emergency room. Whether we like it or not, nurses are influenced by this structure and that reflects on interpersonal relationships (Nurse 3).

In the emergency room, there are always relationships of power and subordination that result in the weakening of interpersonal relationships (Nurse 8).

Dealing with pain, suffering, and death; coping with unhealthy work conditions; rigid and vertical management structure; lack of responsible decision-making; shift work; working under time pressure; and overloaded (Nurse 9).

The situation I work in makes it hard to face this problem serenely; it is a truculent environment; patients' relatives are often aggressive and insistent because they are unhappy with the care conditions, namely with the waiting lines. Nurses are the most affected; only we know the magnitude of the negative stimuli we receive (Nurse 10).

Lack of motivation in the workplace

Nurses' lack of motivation was evident in their comments about working in the emergency room; it is, in turn, emblematic of the situation and causes significant changes in work dynamics.

I am not in control of the situation, we feel impotent in the face of the current situation and angry because we cannot change the situation and help patients (Nurse 1).

In fact, it is impossible to control the emergency room situation; this is mainly due to the lack of health policies and organization within the services. There is a total disregard for the public good (Nurse 3).

The most perceptible consequence of a lack of motivation is the valuation of equipment, to the detriment of the human being (Nurse 5).

There is another factor that also contributes to stress in the work environment and that is ambition and a competitive spirit within the workplace; this has a negative effect on our lives as it makes us vulnerable to physical and even mental illnesses (Nurse 6).

Facing the everyday challenges causes physical and mental exhaustion; work overload has pushed me away from religion and has affected communication within the family (Nurse 7).

There is an explicit process of devaluation in hospitals; we nurses are victims of this process (Nurse 10).

DISCUSSION

The emergency room is the preferred option for free patient access to healthcare, regardless of illness severity. Situations that occur in an emergency room are unpredictable, and the continuous influx of patients demands an excessive workload for the professionals who work there, as evidenced by the nurses who participated in the study⁽⁶⁻¹⁰⁾. It is widely agreed that work overload makes nurses vulnerable to physical and emotional exhaustion, which reflects on their everyday professional activities⁽¹⁰⁾. In addition, other factors have been highlighted, such as low wages, low public recognition, psychological pressures within the work environment (that reflect directly on the care provided to the patients), as well as the health and quality of life of these workers^(7-10,16).

Moreover, workplace violence adds to the complexity of emergency room work. It is

a problem observed in hospitals, mainly in emergency rooms where healthcare workers, who are sometimes the perpetrators of violent acts and sometimes the victims, are reproducing and perpetuating aggressive situations that adversely affect care provision and cause work-related illnesses⁽¹⁷⁾.

In Brazil, it should be noted that, the National Humanization Policy has been implemented to help minimize this problem; however, reality still contradicts this concept⁽¹⁸⁾. That nurses recognize the importance and the need to humanize care and that they point to work overload and poor working conditions as a cause of dehumanized care.

Worker's Health is an area of Public Health that studies and intervenes in the relationships between work and health, with a particular focus on the promotion and protection of workers' health. This is achieved through developing a surveillance of risks and hazards present in working environments that could affect workers' health, as well as organizing and providing care to the workers, including diagnostic procedures, treatment, and rehabilitation within the UHS⁽⁶⁻⁹⁾. According to this concept, a worker is a man or a woman who performs an activity to provide for him/herself and/or his/her dependents, regardless of how they are integrated in the labor market, in the informal sectors of the economy⁽¹⁹⁾.

The nurses mention the problem of precarious interpersonal relationships; they think healthcare work is strongly influenced and guided by relationships among individuals. Thus, the proposal to adopt soft technologies as the main focus of technical care models warrants attention⁽²⁰⁾. Soft technologies include hospitality, bonding, empowerment, and management as a way of guiding processes⁽²⁰⁾. Implementing soft technologies will require professionals to rethink their roles, as relationships are still based on power, control, and submission⁽⁸⁾.

Although nursing professionals have the authority to make certain decisions, they have less administrative power

within the organization^(8-9,16). It can be inferred that nurses still suffer from the stigma of being assistants to other healthcare technicians—a subordinate position. Moreover, nursing professionals need to articulate and exercise their political role — an important and essential decision-making element— particularly when there are differences in the exercise of power between professionals⁽⁹⁾.

Furthermore, the nurses stated that professional satisfaction with regard to the exercise of their everyday activities was compromised, and that this has a negative impact on personal, familiar, and socio cultural aspects of their lives. They also felt that they were not acknowledged as often as those who occupied management positions in the institution.

Therefore, the challenge of motivating the nursing team may be the responsibility of hospital management^(6,19). Hospitals should aim to integrate teams—taking epidemiological and humanitarian factors into consideration—and observe the priority of investments and establishment of health policies⁽¹⁹⁾.

Nurses' social representations of stress in the workplace in this specific emergency room are based on workplace suffering, as work overload affects and destabilizes interpersonal relationships and decreases motivation.

It should be noted that work conditions, in addition to guiding social practices, transform stress into something the nurses in this study have experienced. Stress becomes a common expectation when dealing with emergency room contingencies. Moreover, work conditions emerge as the nurses' realm because they enclose information on how to operate, showing which specific conditions cause stress. They become structures that give meaning to their work processes.

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CONCLUSION

The present study showed the reality of material operating conditions of public services, particularly in the emergency room. However, neither does the method that was used allow us to confirm that nurses' social representations of stress and the socio-cognitive processes involved are stable, nor does it permit an in-depth measurement of stress in the daily practices of an emergency room.

Social representations refer to socially shared common knowledge that is built by a subject who closely interacts with the object. They bear the marks of the subject and the object, which are both socially and historically influenced. Therefore, representational studies on stress may give new meaning to concrete conditions in a variety of nursing scenarios, having the integrity of actions as the focal point, and serving as a basis for organizational changes.

Nurses' representations are social phenomena that, based on their context become shared knowledge, since they are required for enforcing interdisciplinary practices. Nurses are both the subject and object in this scenario, attempting to overcome stress-related challenges that lead to work overload, precariousness of interpersonal relationships, and lack of motivation in the workplace.

The results of this research indicate that the relationship between nurses' social representations of work and stress is a complex and multi-faceted phenomenon that contributes to the development of physical, emotional and mental illnesses, and exhaustion. This research aimed to further elaborate on a social theoretical framework that is not only useful to nurses but also to those who wish to conduct further studies on stress in the emergency room.

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