

Stress and burnout syndrome among workers of the Family Health team*

Estresse e síndrome de burnout entre trabalhadores da equipe de Saúde da Família

Estrés y síndrome de burnout entre trabajadores del equipo de Salud de la Familia

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ABSTRACT

Objective: To understand the stress experienced by workers in the Family Health Teams (FHT) - in the municipality of Santa Maria, Rio Grande do Sul - and the implications for their health. **Methods:** This is a descriptive study to integrate quantitative and qualitative methods, developed with 86 workers of all teams, in the municipality of Santa Maria. In the first stage, was applied the Maslach Burnout Inventory (MBI) and in the second stage was applied semi-structured interviews with 12 workers who had the highest (6) and lowest (6) scores on the MBI. **Results:** Younger age showed a statistically significant association with levels of stress presented by the workers ($p = 0.034$). The exhausted workers used ways of coping problems using emotions which are personal resources; the not exhausted, solved the everyday work problems using the team support. **Conclusion:** The main reasons for development of the burnout syndrome were associated with relationship problems and organization.

Keywords: Workers' health; Burnout, professional; Family health

RESUMO

Objetivo: Compreender o estresse laboral vivenciado pelos trabalhadores das equipes de Saúde da Família (ESF), do município de Santa Maria, Rio Grande do Sul e as implicações para sua saúde. **Métodos:** Estudo descritivo, com integração de métodos quantitativos e qualitativos, desenvolvido com 86 trabalhadores de todas as ESF do município. Na primeira etapa, foi aplicado o *Maslach Burnout Inventory (MBI)* e na segunda, foi aplicada entrevista semiestruturada com os 12 trabalhadores que apresentaram os maiores (seis) e os menores (seis) escores no *MBI*. **Resultados:** A idade jovem teve associação estatisticamente significativa com os níveis de estresse apresentados pelos trabalhadores ($p = 0,034$). Os trabalhadores esgotados utilizavam formas de enfrentamento direcionadas às emoções, ou seja, recursos pessoais, enquanto os não esgotados resolviam os problemas do cotidiano laboral com apoio do grupo de trabalho. **Conclusão:** Os principais motivos para o desenvolvimento da Síndrome de *Burnout* estavam vinculados a problemas relacionais e organizacionais.

Descritores: Saúde do trabalhador; Esgotamento profissional; Saúde da família

RESUMEN

Objetivo: Comprender el estrés laboral experimentado por los trabajadores de los Equipos de Salud de la Familia (ESF), del municipio de Santa Maria, Rio Grande del Sur y las implicaciones para su salud. **Métodos:** Se trata de un estudio descriptivo con integración de métodos cuantitativos y cualitativos, desarrollados con 86 trabajadores de todas las ESF del municipio. En la primera etapa, fue aplicado el *Maslach Burnout Inventory (MBI)* y en la segunda etapa, fue aplicada la entrevista semiestructurada con los 12 trabajadores que presentaron los mayores (seis) y los menores (seis) puntajes en el *MBI*. **Resultados:** la edad joven presentó una asociación estadísticamente significativa con los niveles de estrés presentados por los trabajadores ($p = 0,034$). Los trabajadores agotados utilizaban formas de enfrentar los problemas utilizando las emociones, o sea, usando recursos personales, en cuanto que los no agotados resolvían los problemas del cotidiano laboral con apoyo del equipo de trabajo. **Conclusión:** Los principales motivos para el desarrollo del Síndrome de *Burnout* estuvieron asociados a problemas de relaciones y de organización.

Descriptores: Salud del trabajador; Agotamiento profesional; Salud de la familia

* Extracted from the Masters' Dissertation "Family healthcare team work related stress: implications for the Workers' Health", presented to Universidade Federal do Rio Grande do Sul - UFRGS - Porto Alegre (RS), Brazil.

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Received article 18/07/2009 and accepted 04/06/2010

INTRODUCTION

The Family Health Strategy (ESF) workers experience different an complex physical and psychic demands on their work routine, for this healthcare modality requires daily contact between the ESF team members and the reality of the community, which lacks resources in multiple aspects, affecting workers both physical and emotionally⁽¹⁾.

Because they work inside the community and are the main healthcare resource available to the resident population in their area, ESF workers need to be responsible for countless and diversified assignments. Work at the Public Health Units is developed in an environment that presents several occupational risk factors, which can affect the quality of the healthcare provided⁽²⁾.

In this context, in order to understand the workers' fatigue, the stress construct was utilized. Stress is described as a group of organic and psychic adaptation reactions emitted by the organism when it is exposed to a stimulus. It is relational, cognitively mediated and reflects the relationship between an individual and his/her environment. It is considered damaging when the need imposed by the demand exceeds one's resources and puts their well being in danger⁽³⁾. Each individual assesses a stressful situation as either positive or negative, according to the value one gives it and the resources available to face it.

Stress is present both in people's lives and in their work environment. When stress is a chronicle problem associated to work, it is called Burnout Syndrome, and is evidenced by emotional fatigue, depersonalization and a feeling of incompetence. The syndrome takes place when an individual does not have any resources left to face work situations and conflicts⁽⁴⁾.

The most accepted definition for the Burnout Syndrome is currently based on the social-psychological perspective⁽⁴⁻⁶⁾, which classifies it as a reaction to the chronicle emotional tension inherent to excessively dealing with people. Such construct is comprised of three related dimensions, however independent, namely: Emotional Exhaustion, characterized by a lack of or need for energy and enthusiasm due to the use of all resources; Depersonalization, which occurs when the professional starts treating clients, co-workers, and the organization in a distant and impersonal way; and Low Work Fulfillment Level, characterized by the worker's tendency of negatively self-evaluating him/herself⁽⁷⁾.

The present study aims to reveal the work related stress faced by the ESF team workers, who should be considered important actors for the Brazilian basic healthcare construction. Such subjects carry out a healthcare strategy that aims to promote changes to the collective healthcare model, which represents a challenge on its own, as well as develop, among several other activities,

educational actions in people's residences or in public, therefore being exposed to different potentially stressful environments and situations.

OBJECTIVE

To understand the work related stress experienced by the Family Health team (ESF) workers of Santa Maria municipality (RS), and the implications of it to their health.

METHODS

This research is a descriptive study, where both the quantitative and qualitative methods were integrated and used. By means of the quantitative approach, workers with manifested stress based on the Burnout Inventory were identified, besides its relationship with the subjects' demographic variables. The qualitative approach was used to identify the Burnout Syndrome causes and the way workers coped with stressful situations.

The study was performed with workers who were active during the data collection in the 16 ESF units, in Santa Maria/RS. In order to do so, all 66 professionals and 2 health community agents (HCAs) from each team (totalizing 32 HCAs) were invited. Fifty-seven professionals accepted the invitation, of which 12 were physicians, 13 were nurses, 19 nursing technicians, 5 dentists, 8 dental practice assistants, and 29 HCAs, totalizing 86 workers, who signed the Informed Consent Term.

The data collection took place in January and February 2007. Initially, the quantitative data were collected through the Burnout Inventory, and all 86 workers participated in this stage. In the second stage, the six workers who equaled or surpassed the 75th percentile in the subscales of depersonalization and emotional exhaustion, and the 25th percentile in the professional fulfillment subscale, comprised the Burnout Syndrome or exhausted group.

The six workers within the 25th percentile in the depersonalization and emotional exhaustion and who equaled or surpassed the 75th percentile in professional fulfillment comprised the group who did not carry the Burnout Syndrome, or the non-exhausted. Therefore, the number of participants in the interview was 12, six exhausted subjects and 6 non-exhausted subjects.

Maslach Burnout Inventory is a self-information questionnaire based on a *Likert* 7 point scale, going from 0 to 6 points, validated in Brazil⁽⁸⁾.

Descriptive statistics were used in order to analyze the quantitative data, testing the association of the variables: sex, age, time as a professional, time working for ESF, marital status, children, and extra-work activities with the Burnout syndrome. The Chi-square (χ^2) test was used to analyze the qualitative variables and Student's t Test, to

analyze the quantitative variables.

The interviews were performed in the subjects' work sites by the researchers, and the questions involved work satisfaction sources, problem-generating situations and work environment exhaustion, work related health problems and coping mechanisms utilized by the ESF workers.

The interviews were integrally transcribed and further submitted to a Content Analysis⁽⁹⁾.

The project was approved by the Research Ethics Committee of Universidade Federal do Rio Grande do Sul, under number 2.006.643, and received the consent of Secretaria de Saúde de Santa Maria (Health Department of Santa Maria) to be executed, after which, the data collection started.

RESULTS

The data analysis was organized into two sections; the first presented the quantitative data collected through the Burnout Inventory, and the second, the qualitative data related to the interview.

Quantitative Data

Eighty-six workers participated in the study, of which 30 (34.9%) had a degree; 31.4% had a technician diploma; and 33.7% had a high school diploma (HCAs); 73 (84.9%) were women; 58 (68.2%) of which had a partner; and 59 (69.4%) had children.

The average education time was 14.4 ± 4.9 years. The average work time in the ESF was 3.38 ± 1.9 years (1 to 9 years); 25% of the subjects had been working in the ESF for 28 months (2.3 years); 50%, for 34.5 months (2.8 years); and 75%, for 52.5 months (4.3 years). The average time in the profession was 3.69 ± 2.29 years, with a minimum of 10 months and a maximum of 41 years. Among the workers, 25% had been working in the area for 2 years, 50%, for 3 years, and 75%, for 6 years.

Workers revealed that the most performed tasks out of work were domestic chores, as reported by 68 workers (79.1%), which can be explained by the predominantly feminine sample (84.9%). Still concerning activities out of work, the least performed was physical exercise, reported by only 32 (37.2%) workers.

Although work in the ESF demands the workers' exclusive dedication, 28 (32.6%) reported they worked in another location, besides the ESF.

Among the sociodemographic variables studied, age was the only significant statistic association ($p = 0.034$) with the Burnout Inventory subscales. The group's average age was 36.94 ± 9.3 years, 20 years old being the youngest age and 68, the oldest. The younger had higher scores in the emotional exhaustion and depersonalization subscales.

It was possible to observe through the inventory that

the 86 workers' distribution among the Instrument subscales was varied; nevertheless, six workers were identified to have the Burnout Syndrome. The individuals considered burn out, or exhausted, obtained a standard deviation score that was higher than the group's average for emotional exhaustion (31.1), depersonalization (12), and a standard deviation below the average in incompetence (9). Workers who did not have the Burnout Syndrome (non-exhausted) obtained a standard deviation below the average for emotional exhaustion (16.7), and depersonalization (18.6), and a standard deviation that was higher than the average for incompetence (6). Therefore, six exhausted subjects and six non-exhausted subjects were selected.

Qualitative Data

In this segment, the interview findings concerning the exhausted and non-exhausted workers are described. The interview aimed to investigate work satisfaction, problem-generating situations in the work environment, work related health problems and coping mechanisms used by the workers.

Among the exhausted subjects who were interviewed, three were HCAs, two were nursing technicians, and one, a physician. All subjects were women, aged 21, 27, 28, 29, 30, and 40 years.

Among the non-exhausted subjects, there were three physicians, one nursing technician, one HCA, three were women, and three, men, aged 31, 34, 44, 48, 61, and 68. It is worth highlighting that the subjects' selection for the qualitative stage was based on the results obtained in the Burnout Inventory, that is, the subjects with the lowest and highest scores in the Instrument subscales were invited for the interview, aiming to decrease the study biases as much as possible.

Concerning work satisfaction, both groups reported satisfaction due to the resolvability of the work performed and the assisted community's recognition. Salary was mentioned as the second major satisfaction source to the exhausted workers, followed by the work flexible hours. It is interesting to highlight that, for two of the exhausted subjects, salary was pointed out as the only work satisfaction source. On the other hand, the non-exhausted workers were unanimous when pointing out teamwork as the main satisfaction source.

When analyzing and comparing the exhausted workers' speech to the non-exhausted workers' speech regarding exhaustion and/or problem sources at work, the highest psychic workload and interpersonal relationship problems are among the first group. Similarly to the exhausted workers, the non-exhausted group reported psychic workloads as the main problem and exhaustion generators at work.

The present study also enabled the identification of

coping mechanisms used by the workers upon problematic and/or conflict situations at work. The exhausted workers revealed they use individual coping mechanisms, such as escaping, more frequently. It is possible to observe that the exhausted workers resort to themselves, searching for their own resources; escaping is a strategy to try and live with the situation; however, it leads to suffering and frustration at work.

On the other hand, the non-exhausted workers revealed they used collective mechanisms to face problems, and different from the exhausted workers, this group finds help with the work team and colleagues, besides other healthcare and service units. They reported having diversified collective strategies to solve problems and few individual strategies, hardly any, different from the exhausted workers. The team main characteristics for these workers are being a support base to solve problems and a generator of work satisfaction.

The non-exhausted workers also mentioned the professional experience time as a determining factor to face problematic situations at work. They reported that experience provides the ability to keep calm and rationalize when facing stressful situations, and consequently, enables a better problem solving. This data corroborates with the quantitative findings, which showed an association ($p=0.034$) between ages under 40 years and the Burnout Syndrome.

The Burnout Syndrome results in physical alterations and emotional problems. Among the symptoms, the main physical alteration highlighted by the exhausted workers was the constant and progressive fatigue, which is characterized by a lack of energy sensation, and an internal emptiness, the most prevalent symptom among the individuals with the Burnout Syndrome⁽⁷⁾.

The psychic symptoms were the most reported by the exhausted workers, among them, loneliness, impatience, impotence, asthenia, lack of enthusiasm, constant indisposition, depression, and distrust. Depression was mentioned by two exhausted workers, evidencing the need for interventions to rescue such individuals' health.

On the other hand, the non-exhausted workers did not identify signals or symptoms related to health alterations due to work. Yet, some reported spinal problems resulting from the body posture adopted during practice.

DISCUSSION

After analyzing the findings, based on studies about the theme, it is possible to verify that the Burnout Syndrome is prevalent among workers aged less than 40, and especially common among those who are less than 30 years old⁽⁵⁻⁶⁾. The Syndrome is attributed to the workers' little experience, which results in lack of self-confidence,

and also to the reality shock caused by the realization that work will not guarantee their wishes and expectations fulfillment⁽⁸⁾. The Burnout Syndrome can appear from the beginning of the professional career, withal, it can also appear further on, upon changes at work.

Another aspect to be discussed, although it does not have a statistic relationship with the Syndrome appearance, is the number of workers who reported they work somewhere else, besides the ESF (28 - 32,6%), in spite of the exclusive dedication demanded in this healthcare modality. One can deduct this is due to the need for increasing the family income; something common among healthcare workers is to try and conciliate two jobs, mostly working day and night shifts. Among the physicians, many dedicated themselves to basic units, private practices, and hospital work, due to the time flexibility. The same occurs with other professional categories. Such behavior can affect the workers' commitment to the work performed, according to some studies⁽¹⁰⁾.

The Burnout Syndrome development involves several individual and work factors, thus making it a multiple cause syndrome, which is affected by socio environmental variables. The Burnout Inventory aims to identify aspects associated to work relationships and conditions that trigger the Syndrome, assessing the dimensions of emotional exhaustion, depersonalization, and professional competence⁽⁴⁾. Although few workers (6.9%) had the Burnout Syndrome, triggering factors, or factors associated to the problem, need to be investigated so as to allow interventions favoring the workers' health.

In this context, the interview identified that the interpersonal relationship with co-workers was a source of satisfaction and stimulus for the professional exercise in the ESF, as reported by the non-exhausted subjects; the exhausted subjects also reported that working with colleagues and lacking support from the group were work dissatisfaction and exhaustion generators.

The type of interpersonal relationship one develops in the work environment can favor the Burnout Syndrome. Taking such factor in consideration, very competitive, distant, excessively critical, or unenthusiastic co-workers can represent an important catalyst of anxiety charged moments, thus aggravating conflict situations⁽⁶⁾.

As to the coping strategies used by the exhausted workers, it is possible to verify that, due to the lack of group support, such individuals used their own resources and/or emotion-centered resources in order to face stress. The emotion-centered strategies are ways of facing the assessed situations – such as long-term or non-modifiable situations – so as to reduce the tension level and better evaluate them⁽³⁾. Consequently, when exhausted workers use emotion-driven coping strategies and do not focus on the problem resolution, they do not minimize, eliminate, or alter the work stress generator situation.

Defensive symptoms are common when talking about the Burnout Syndrome. They are manifested as a tendency to isolation, an omnipotence feeling, loss of interest in work, absenteeism, desire to abandon work, irony, and cynicism⁽⁶⁾. According to the frequency, intensity, characteristics and time exposed to stressful situations, cognitive assessment of them is aggravated, adaptation mechanisms are drained, and psychic, physical and emotional exhaustion begins, characterizing the Burnout Syndrome, which strikes the exhausted workers group.

The coping mechanisms go through alterations along the years, and individuals may become more realistic, as well as the immature mechanisms are slowly replaced by evolutionary mechanisms, such as good humor⁽³⁾, for instance. The experience acquired with time in one's career, allied to the individual maturity also allow situations to be assessed as changeable or non-changeable, as well as lead to better ways of dealing with them. In this context, the non-exhausted or older workers informed that experiences lived provided them with subsidies to face problematic situations and ease the anguish when solving problems.

Hence, it is possible to verify that the ESF work environment situations and conflicts are assessed and faced in different ways among the exhausted and non-exhausted workers; the first group seeks for individual coping mechanisms, and the second, for collective mechanisms. Moreover, the first group also focuses a lot of their strategies on emotions, trying to model their emotional answer according to the conflict situation, whilst the non-exhausted workers' group tries to find answers attempting to solve the problems.

The study revealed a high workload and psychic suffering among the exhausted workers' group. The emotional symptoms summation aggravates the suffering and is reflected on the way co-workers and users of the service are treated.

Upon the great number of workers in the healthcare units, among them, the ESF, and the work related risk factors they are exposed to, it is necessary to consider the work related risk diagnosis for planning and promotion of initiatives to protect such workers health. It is recommended that further studies on this research subject contribute to the knowledge construction, subsidizing strategies to improve work conditions⁽²⁾.

It is also relevant to remind that such workloads are not noticeable to the other team members because, paradoxically, resilience is part of the healthcare cultural behavior, and the professionals who work in this cultural context, end up internalizing this ability. Thus, it is possible that many professionals will adapt, while others tend to deny and hide from themselves and from others their disappointments, indisposition and psychic suffering, or even, physical suffering. Consequently, a "satisfaction

culture" of perfect health is established⁽¹¹⁾. In this environment, it is forbidden to reveal sufferings, pain and diseases, and professionals tend to avoid revealing them, hence, becoming more susceptible to an aggravation of the symptoms.

It is, therefore, evident when confronting the exhausted and non-exhausted workers' answers that the highest number of problems is among the first group; they reported more than 15 health alterations, whilst the non-exhausted workers reported only one. The psychic suffering is also visible for the exhausted workers' group, as well as negative feelings associated to work.

Studies remind that pleasure and suffering are subjective experiences, related to individuals with unique history, experience, and beliefs, resulting in different individual experiences of work pleasure or suffering. Consequently, several subjects individually experiencing a unique suffering in the work environment could, together, build common defensive strategies^(1,12-14).

FINAL CONSIDERATIONS

It was possible to verify that data collected through the Burnout Inventory and interviews were complementary, once the data identified subjects who had the Burnout Syndrome and those who did not, and the interview detailed the differences among the exhausted and non-exhausted worker groups.

The study quantitative part identified that 6.9% of the workers presented elevated scores in the Burnout Inventory, revealing that the only variable with significant statistic association with the Syndrome ($p= 0.034$) was young age.

Although such subjects provide care to needy and fragile individuals and populations in several aspects, this is not the main problem generating source, but the lack of a support and relationship network, the work process, and service quality are the source of suffering at work. The illness appears as a consequence of it and is manifested by the individual's body as the Burnout Syndrome, among other problems.

It is also necessary to remind that there are factors out of the work environment, which influence the Syndrome development. Consequently, stimulating personal and family values, so that workers enjoy moments with their families and with co-workers, diminishing the work stress deleterious effects. In order to do so, it is essential to identify work stress factors and provide social support so that coping strategies favoring health can be developed, enhancing work satisfaction. It is relevant to remind that social support is more than just emotional support; it is associated to the individuals' commitment with pro-active control strategies when facing stressful situations.

The ESF is an outstanding healthcare model under

construction, and therefore, requires permanent investments so that teams can be created and workers, capacitated. This is the only way, along with awareness initiatives towards the managers and population, that the healthcare model in Brazil can be changed. It is necessary

to implement initiatives controlling the basic healthcare workers' stress level through early stress generating problems detection, as well as interventionist actions, to ease the team and workers' exhaustion and favor quality of life, thus improving the healthcare provided.

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