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STRESS IN THE NURSING TEAM IN THE INTENSIVE CARE UNIT

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ABSTRACT

Intensive Care Units (ICUs) are places that frequently expose nursing professionals who work there, to moments of anxiety, stress and psychological pressure at different levels. These levels of stress, when elevated, can interfere with the quality of care offered by these professionals. Therefore, this study aimed to discuss stress in nursing in an intensive care unit, as well as some strategies for combating and controlling it. Method: study of integrative literature review, using the descriptors: Nursing, ICU, assistance and stress. Results: 390 publications were initially found. After applying the inclusion criteria, 25 studies were selected to compose the corpus of this research. Conclusion: Stress is a reality in nursing work practice.

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INTRODUCTION

Intensive Care Units are places that often expose professionals who work there to moments of anxiety and psychological pressure, which often seem to be related to the relationships between nurses at different levels of the hierarchy and the complexity of procedures in their daily work (Oliveira, 2013). The search for autonomy combined with increasingly higher levels of quality of professional performance and care, associated with the daily problems resulting from the scarcity of human and financial resources, affect nurses, causing occupational stress (Inoue, 2013).

The origin of the term stress goes back to the 19th century, a time when Anglo-Saxon physical engineers used the term to explain the tension resulting from a force applied against a body. The term "stress" was used, when the object was stressed to its breaking point to test its resistance. The term came to be used in medicine to conceptualize the chemical imbalance that happens in the human body in the face of aggression (Oliveira, 2013). This stress, also known as General Adaptation Syndrome (SAG), is divided into three phases: alarm reaction, which occurs immediately after confrontation with the stressor and may be conscious or not; resistance phase, which, in the persistence of the stressor, starts a change in the body for survival, adaptation and exhaustion; if the

stressor persists, or if there is no balance, the third phase begins, known as exhaustion, in which adaptation does not occur and diseases and even death may arise (Silva, 2018). Several authors¹⁻⁵ have identified specific stress agents related to the culture of safety in the hospital environment, especially overwork, insecurity in relation to it and inadequate professional skills related to work; ambiguity of roles; lack of information, working in environments with critical patients; not participating in decisions or planning; inadequate resources; unmet ambitions, interpersonal conflict and technological changes, among other aspects. Concern about professional stress has increased in recent years. In particular, in the Intensive Care Units (ICU), since, due to its peculiar characteristics, it is considered an environment that causes many tensions to professionals. Clients under care in the ICU require intensive assistance, provided quickly and involving several procedures, which requires from nursing professionals, a high level of knowledge about the severity of the patients who are hospitalized there (Oliveira, 2013).

The level of tension of professionals working in this area is usually high, as they are routinely dealing directly with life and death situations in which decision-making needs to be quick, since critical patients lack complex and specialized care, which must be carried out by an interdisciplinary team, which must be prepared for the need to manage therapies and highly complex equipment, and the lack of information and communication failures can generate several conflicts and occupational stress (Kleinubing, 2011). In the Intensive Care Unit, several factors can influence the occurrence of stress to nursing professionals, which may be individual, collective, from the work environment, organizational and administrative (Andolh, 2015). Therefore, this study aimed to discuss, through the current literature, about stress in the nursing team in an intensive care unit, as well as some strategies for combating and controlling it. This study is justified due to the high incidence of illnesses acquired in the workplace related to the high stress level of nursing professionals. Thus, the knowledge of some factors associated with this stress and some strategies for combating and controlling it, may contribute to a better mental health of these nursing professionals, and consequently to a lower rate of absenteeism of these professionals in the intensive care unit.

METHODS

It is an integrative literature review study, in which the following steps were taken: definition of the theme, elaboration of the guiding question, search and selection of studies in the databases, dynamic reading of the studies by reading the title and the summary, complete reading, analysis, discussion and presentation of the results found. This is a method that provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in practice. This is a study carried out through a literature survey and based on the experience of the author at the time of the integrative review (Kleinubing, 2013). To elaborate the guiding question, the PICO strategy was used, which consists of an acronym for the patient, intervention, comparison or control and outcome (outcomes) (Santos, 2007). The search and selection of articles occurred between January and February 2019, where they were used as descriptors in Health Sciences (DECS) and Medical Subject Heading (MESH): Nursing, Intensive care units,

Occupational stress. A literature survey was carried out in the Latin American and Caribbean Health Sciences (LILACS), MEDLINE / PubMed (via National Library of Medicine), SCOPUS (Elsevier) and Web of Science-Main Collection (Thomson) databases Reuters Scientific). In order to ensure a greater number of quality articles, the descriptors were combined with each other using the Boolean term "AND" (Intensive care units AND Nursing AND occupational stress). For the PubMed search, the term "Mesh" was added to the keywords (("Nursing" [Mesh]) AND ("Intensive Care Units" [Mesh]) AND ("Occupational Stress" [Mesh])). The inclusion criteria were: complete research articles related to occupational stress in the area of intensive nursing as an instrument for collecting data available in full online, published between 2009 and 2019. Exclusion criteria were: publications that did not related to the objective of the study; had incomplete or unavailable abstracts and studies carried out in non-hospital settings. Articles published prior to 2009, abstracts published in annals of scientific events, brief communications, editorials and studies that did not correspond to the proposed objective were disregarded. In order to group and expose the selected studies, a table was created containing the level of evidence according to the classification of Closs, Cheater (1999)⁶ (Table 1) and a synoptic table (Table 2) containing the following aspects: authors and year of publication, title, methodological design.

Table 1. Levels of evidence by type of study

Evidence Level	Type of studies
I	Strong evidence based on a thematic review of several randomized and well-designed clinical trials.
II	Strong evidence from at least one randomized controlled trial of appropriate design and size.
III	Evidence from well-designed studies without randomization, single pre and post group, cohort, time series or case - control.
IV	Evidence from well-designed, non-experimental studies conducted in more than one research center or group.
V	Opinions of respected authorities, based on clinical evidence, descriptive studies or expert committee reports, non-systematic literature reviews.

RESULTS

390 publications were initially found associated with the aforementioned descriptors. After applying the filters, a total of 76 studies were obtained. These were submitted to an exploratory reading (title and summary) in order to select the studies that best addressed the proposed theme. Of this total, 35 studies remained, which were submitted to complete and analytical reading. After the complete reading, 25 studies were selected to compose this research, according to Chart 2. After analyzing the research method employed and classifying the studies' level of evidence, 88% of the studies were classified as evidence level V, 8% as level II and 4% as level III.

DISCUSSION

After analyzing the data, the following thematic categories were discussed: the term stress; occupational stress related to the quality of care; and strategies to combat stress in the intensive care unit.

Table 2. Characteristics of the selected studies according to the title and level of evidence

Authors / Year	Theme	Method, Level of Evidence
Vahedian-Azimi et al., 2019	Effects of Stress on Critical Care Nurses: A National Cross-Sectional Study	Cross-sectional study, level V
Freitas et al., 2018	Action plan to reduce stress in nurses at a university hospital	Descriptive study, level V
Brochado, Ribas, 2018	Nursing team stress in the ICU	Descriptive study, level V
Williams et al., 2018	Do Health Promotion Behaviors Affect Levels of Job Satisfaction and Job Stress for Nurses in an Acute Care Hospital?	Cross-sectional study, level V
Golle, Ciotti, Herr, 2018	Culture of patient safety in a private hospital	Cross-sectional study, level V
Gasparino et al., 2017	Perception of Nursing in the face of patient safety in public and private institutions	Cross-sectional descriptive study, level V
Silva et al., 2017	Stress and coping among nursing professionals in intensive and semi-intensive care units	Descriptive study, level V
Kolankiewicz et al., 2017	Patient safety climate among nursing workers: contributing factors	Cross-sectional study, level V
Steinberg, Klatt, Duchemin, 2017	Feasibility of mindfulness-based intervention for surgical intensive care unit personnel	Randomized clinical trial, level II
Hersch et al., 2016	Reducing nurses' stress: A randomized controlled trial of a web-based stress management program for nurses	Randomized clinical trial, level II
Andolh et al., 2015	Stress, coping and Burnout of the Nursing Team of Intensive Care Units: associated factors	Cross-sectional descriptive study, level V
Jones et al., 2015	Demographic and occupational predictors of stress and fatigue in French intensive-care registered nurses and nurses' aides: a cross-sectional study.	Cross-sectional study, level V
Sharma et al., 2015	Occupational stress among staff nurses: Controlling the risk to health Indian	Cross-sectional study, level V
Hirsch et al., 2015	Predictors of stress and coping strategies used by nursing students	Cross-sectional study, level V
Moura et al., 2014	Stress of the nursing team working in care in the Adult ICU: an integrative review	Integrative review, level V
Novaretti et al., 2014	Nursing work overload and incidents and adverse events in ICU patients	Prospective cohort study, level III
Decezaró et al., 2014	The stress of nurses working in the intensive care unit: a literature review	Literature review, level V
Neves, Oliveira, Alves, 2014	Burnout Syndrome: Impact of job satisfaction and the perception of organizational support	Cross-sectional study, level V
Oliveira, Oliveira 2013	Nursing team stress in the ICU environment	Literature review, level V
Inoue et al., 2013	Occupational stress in intensive care nurses who provide direct care to critical patients	Descriptive study, level V
Kleinubing et al., 2013	Stress and coping in adult and cardiac intensive care nurses	Cross-sectional descriptive study, level V
Souza et al., 2012	The stress of nurses working in adult care in the intensive care unit	Bibliographic review, level V
Lopes, Ribeiro, Martinho, 2012	Burnout syndrome and its relationship with the lack of quality of life at work for nurses	Integrative review, level V
Kleinubing et al., 2011	Stress in nurses working in intensive care units: a literature review	Bibliographic review, level V
Petro, Pedrão, 2009	Stress among nurses working in the intensive care unit	Descriptive study, level V

The term stress

Currently, the term stress is used to designate unpleasant sensations and / or discomfort in the face of various situations

perceived by the individual, who uses his psychological process and understanding to analyze the facts and considers them as stressors. The same has been increasingly used and associated with unpleasant situations and feelings that cause negative reactions to human beings⁴ and reported to any event that may be related to the external or internal environment that extrapolate the sources of adaptation or resistance of a individual (Andolh, 2015). This can also be referred to as a process that involves organic and psychological changes with relevance to the cognitive system in the judgment of different stressors (Andolh, 2015). Psychological stress can be defined as a biological, physical or psychological reaction of the individual caused by psychophysiological changes when the person is faced with a situation that irritates, frightens, excites or confuses them, or even makes them immensely happy. It can also be associated with a set of processes of intrinsic or extrinsic origin of the individual, which tests the resources that each individual has to face the problem they encounter in their daily lives⁶ and an assessment that the individual makes of exhausting situations which is exposed, that is, it is a negative situation that is difficult to face (Closs, 1999). Another concept used for stress is the body's constant effort to adapt to life-threatening situations and its internal balance. Its symptoms were discussed for the first time around 1936 by the Canadian researcher Hans Selye, and he named these symptoms as General Adaptation Syndrome (Petro, 2009).

Kleinubing et al. (2013) refer to occupational stress as being a set of psychological disorders or psychological distress associated with work experiences, which may be related to the inability to face pressure in the work environment, resulting in the occurrence of physical health problems, mental, causing job dissatisfaction and can be harmful to customers and the organization. Making an analogy of the concept of stress used in Physics and Medicine, stress is related to pressure and depending on the psychological judgment of each individual (resistance), it can generate exhaustion (rupture). It is noticed that the concept of stress in the unanimous view of the researched authors refers to a biological, physical or psychological reaction of the human being in the face of situations, whether extrinsic or intrinsic, which cause tension to the individual. If the person does not adapt to the situation that generates tension, stress can become negative, which can compromise their health. Note that the concept of stress is related to three forms of definition, such as stimulus, the focus on the impact of stressors; response to the tension produced by a situation; and as a process based on the interaction between the individual and the environment.

Occupational stress related to the quality of care: It is already evident that stress has become one of the most common problems in contemporary society. This can interfere with people's quality of life, in addition to affecting various aspects of the human being's motivational and professional life (Kleinubing, 2013). Regarding occupational stress, this can arise when there is a perception, on the part of labor, of their inability to perform their duties with excellence, which causes suffering, malaise and a feeling of incapacity⁶. be related to the interaction of working conditions with the characteristics of the worker and, thus, the demands that are created exceed their capacity, that is, we exhaust strategies to deal with stress, strategies that are called coping (Andolh, 2015). Occupational stress causes several harmful effects to nursing professionals.

These effects can affect the physical, psychological and behavioral aspects of these professionals, which can have repercussions, both on personal problems and on patient safety (Moura, 2014). There are several factors that can be related to the quality of care, such as professional stress, teamwork, job satisfaction, the institution's management structure and working conditions (Souza, 2012). These and other factors interfere in the quality of care and, consequently, in the safety of care offered to the patient (Novaretti, 2014; Gasparino, 2017). Therefore, analyzing the stress level and coping strategies of nursing professionals in intensive care units is essential, since the quality of care can be influenced by the health conditions of this nursing professional. Vahedian-Azimi et al.¹⁵, when assessing the perception of the Nursing team regarding the security climate, using Spearman's correlation coefficient, pointed out a positive correlation between the "Stress" domains ($p = 0.0003$), "Perception of hospital management" ($p = 0.0072$) and "Working conditions" ($p = 0.0155$). On the other hand, they also pointed out a negative correlation between the number of patients and the domain "Perception of unit management" ($p = 0.0143$).

Jones et al. (2015) when exploring the impact of a wide range of demographic and organizational factors related to fatigue and stress in French ICU health professionals, pointed out that the impaired health of workers can impact patient safety, both for the potential for increased errors and for the increased risk of transmission of hospital infections. These results are supported by another study published in 2014, pointing out that factors such as professional stress, associated with problems with teamwork, overload and job satisfaction, the institution's management structure and working conditions are directly related to adoption safety climate in the health environment (Luiz, 2015). These and other stressors, such as the exhaustive ICU environment, the administrative system and even the high number of patient care are also related to the incidence of adverse events and, consequently, patient safety. Thus, the perception of stress in the ICU is indispensable for the quality of care. The perception of stress by ICU nursing professionals, as well as the development of strategies to combat and control it, contribute significantly to patient safety (Jones, 2015). It is worth noting that Nursing professionals, especially those in the ICU, are immersed in double-employment routines, reconciling with domestic chores and searching for better professional qualification, which results in an intense activity routine (Moura, 2014). Thus, rest is compromised, which may reflect on the development of stress and even Burnout Syndrome (6), since it is a psychological syndrome resulting from the chronic emotional tension experienced by professionals whose work involves intense and frequent with people who need care and / or assistance (Moura, 2014). For this reason, it is perceived that nursing professionals experience high levels of stress. This stress is directly influenced by work overload, inadequate work environment and professional dissatisfaction, which causes the quality of care offered by these professionals to put patient safety at risk, especially the health of the professional (Neves, 2014). A study carried out in two ICUs in Brazilian public hospitals found that the nursing workload was associated with the development of stress and also with an increased risk of mortality of patients in the evaluated ICUs. And that the incidents and adverse events occurred to the patients are directly associated with the workload of the Nursing team, which corroborates the increase in the number of days of hospitalization of these patients and consequently the risk of

new adverse events (Novaretti, 2014). There are also other factors related to stress that can affect the quality of care. It is the lack of interest, dissatisfaction, apathy and imbalance caused by inadequate interpersonal relationships and the lack of teamwork. Among these, the following stand out: communication problems, conflicts, interference in personal life and professional performance, work overload, uncertainty and ambiguity in the professional role (Parul, 2014). Another study published in 2016, in which 530 nurses from different intensive care units participated, pointed out that stress at work negatively affects interpersonal relationships in the work environment and patient safety (Vahedian-Azimi, 2017). A study carried out in 2014¹⁸ by the Faculty of Medicine in India aimed to identify the degree of work-related stress among the nursing team and what are its consequences for patient care. It was identified that stress is negatively related to the quality of care, due to the loss of compassion for patients and, consequently, to the increased incidence of errors during care¹⁸. In the ICU, this stress decreases attention, concentration and interferes with nurses' decision-making and judgment skills and nursing care (Novaretti, 2014). In view of this, it is essential that nursing managers are part of the fight against stress in the ICU, direct their eyes to occupational stress among nurses, allow nursing professionals to actively participate in the people management process and avoid the overload of team work. These and other actions contribute to reducing stress and increasing patient safety.

Thus, in order for patient safety to be achieved, it is essential to involve all professionals working in the ICU environment, including leaders, managers and supervisors, in order to reduce stress levels in the work environment, improve working conditions in the ICU and, consequently, achieve positive results in worker health and safe and better quality care (Parul, 2014). Hospital managers must propose strategies to reduce nursing occupational stress, in addition to providing more support to these professionals to deal with these stressors on a daily basis. However, for safe strategies to be implemented among professionals in favor of the quality of care, it is necessary that health organizations adopt a safety culture model so that the work environment becomes less stressful to the nursing team. It is observed that the identification of stress predictors on patient safety scores is also a fundamental tool for managers of intensive care units to guide organizational actions in the diagnosis, planning, and execution of nursing activities. In addition, domains, factors of working conditions and managerial actions need to be improved, not only targeting the patient, but also the professional who provides this care. All of these efforts contribute to improving the quality of care in the institution.

Strategies to fight Stress in the Intensive Care Unit: Six strategies for coping with stress were identified in the literature used in this research, namely: 1) Awareness-raising strategies by professionals from sources that generate stress in order to have self-control, through a positive reassessment and social support; 2) Stress Management for Nurses (BREATHE) strategy that aims to provide the nursing professional with an adequate environment for the exchange of information and tools for the management of stress factors; 3) Weekly group strategy for interaction between the team in a location within the unit that has music therapy and yoga; 4) Individual auriculotherapy strategy; 5) Support groups for nurses to improve the emotional communication between the team; 6) Leadership support;

It is essential that management strategies are developed in intensive care units, in order to reduce stress and prevent burnout, as well as to identify depressive symptoms in the workplace and reduce the rate of absenteeism, since the consequences of stress chronic conditions reflect losses not only to the quality of care, but mainly to the health of the work (Hirsch, 2018). Several studies have been developed in order to test new strategies that provide or minimize stress symptoms in the nursing team in the workplace. These strategies can be applied both in the ICU environment and outside. However, in order to reduce stress and increase the satisfaction of Nursing professionals at work, it is essential to consider all possible factors that affect patient care and to intervene individually, both in the factors already identified that influence stress, and in those who have not yet been confirmed (Freitas, 2018). The first strategy and one of the most important in combating stress in intensive care units is to identify and point out to Nursing professionals the main sources of this disease, making them aware of these factors and making them understand that issues such as a double shift few hours of sleep and even personal issues can directly influence the increase in stress in the ICU and reflect on the quality of care offered (Silva, 2017). A randomized clinical trial conducted in 2016 analyzed the use of a web-based program called "BREATHE: Stress Management for Nurses" as a proposal for intervention in its research, the purpose of which is to provide Nursing at convenient times and places for access to information and intervention tools needed to manage stressors that can affect your life. The study pointed out that the experimental group showed a significantly greater improvement in the primary outcome of nurses' stress when compared to the control group (Decezar, 2014). In general, the results of this study pointed out that the BREATHE web-based program can be an effective means of reducing the perceived stress by nurses related to issues of death and dying, conflicts with doctors, inadequate preparation, conflict with other nurses, workload and treatment uncertainty²³. These results suggest that this strategy should be adapted, tested and evaluated in the ICU environment, since it is a stressful environment and the death process is always present.

Another randomized clinical trial with 32 participants pointed out that interventions using a weekly group session with didactics and discussions between participants and a combination of light and light yoga practices with music therapy in the workplace, can result in stress reduction in the ICU environment. about the professionals working there (Hersch, 2016). A randomized study with 175 nursing professionals, whose intervention proposal was to assess the reduction of stress levels of professionals in 3 groups, pointed out that auriculotherapy with and without protocol was effective in reducing stress levels in the group with protocol by 37% , and 44% in the group without agreement protocol. The study also concluded that the individualized auriculotherapy expands the scope of the technique, especially among those who presented greater stress and previous morbidities. In the case of Nursing in the ICU environment, this intervention can be a good strategy to be implemented, since it is an easily accessible therapy, with quick participation and with satisfactory results in terms of reducing occupational stress. Another important strategy is the creation of several support groups for nurses in order to provide better emotional communication between the Nursing team, share experiences and relieve stress at work through group activities (Freitas, 2018).

This strategy can be used in association with the aforementioned weekly group session strategy. The didactics and discussions among the participants will be more pleasant to the professionals and facilitated the interaction between the team members at the time of light yoga practices and with music therapy in the workplace. These two associated strategies can promote a better interpersonal relationship, improving the working climate in the intensive care unit and, consequently, reducing the stress of professionals. A cross-sectional survey²⁵ carried out with nurses working in acute care, in a hospital in the southeastern United States, showed leadership support with an effective strategy. The results of that research showed that nurses who exhibit health-promoting behaviors experience less stress and greater job satisfaction. However, to ensure a healthy and effective workforce, health promotion must be supported by health leaders (Steinberg, 2016). And important aspects such as providing favorable environments for the professional practice of Nursing, autonomy, good professional relationships, the control and organization of the work environment, must be provided to these professionals, as they result in job satisfaction and lower levels of stress and Burnout. Therefore, efforts to reduce stress in the workplace of the nursing staff in the ICU should focus on some important points such as facilitating collaboration between the team, improving the availability of resources and managing the effective number of professionals. This, combined with the control of other stressors, is likely to have a greater impact on stress levels.

Combating and controlling stress in nurses in the ICU can benefit from the simple fact of correctly managing materials and nursing care. Actions such as the provision of personal protective equipment (PPE), the supply of materials for procedures, the creation of assistance protocols, the establishment of routines, avoiding overlapping tasks, jointly discussing events in the work routine and planning evidence-based actions, creating places for interaction between team members, for rest, breaks for relaxation, are low-cost action plans for health institutions that can be developed and that directly affect the reduction of stress in the ICU. Other studies (Steinberg, 2016; Williams, 2018) emphasize the importance of adequate rest and sleep periods as a direct response in reducing the effects of stress, typical of professional performance, on the worker's body and mind. It is noticed that the most effective way to minimize stress and combat it in the ICU environment is still to identify and recognize the stressors that are often experienced in this environment, so that, according to each factor found, they can be developed and more effective strategies are applied to cope with it. In this sense, the identification of coping strategies in the ICU scenario, used by nursing professionals, can enable knowledge of how stressful situations in everyday life are faced, in addition to favoring the planning of permanent education actions in order to sensitize and direct workers to the use of strategies that minimize stress at work. Combined with the coping strategy, self-control, positive reevaluation and social support are fundamental strategies, centered both on emotion and on the problem and favor coping with stress. These strategies, especially strategies focused on emotion, favor decision making and the resolution of the stressful situation or the event with a potential stressor²⁵. Therefore, coping strategies focused on the problem can be important aspects to avoid and / or overcome stressful circumstances in the ICU. In Brazil, one of the reference studies that addressed nurses' stress in the hospital environment in a surgical center was

Bianchi's doctoral thesis (1990), which used a validated instrument, which became known as the Bianchi Stress Scale (EBS). The instrument consists of 51 items that are divided into six groups, each one defined as a stress domain (or area), namely: relationship with other units and supervisors; activities related to the proper functioning of the unit; activities related to personnel management; Nursing care provided to the patient; coordination of the unit's activities; and working conditions for the performance of nurses' activities. In view of this, Kolankiewicz and his collaborators (2017) pointed out a significant association between the level of stress and the culture of patient safety among nurses. This stress and its associated factors, such as the precarious work environment, working conditions and the excessive workload, make Nursing professionals more vulnerable to developing unsafe care. Another study published in 2018 showed that there are some factors that should serve as a warning for the safety culture, such as the high workload, the culture of punishment and guilt, fragility in patient safety, incipient actions by the management of the units and the perception of occupational stress by health professionals (Golle, 2018).

Conclusion

Stress is an undeniable reality in nursing work practice, especially in an intensive care unit. Despite widespread knowledge of the negative impact of stress, there is still a need for initiatives on the part of hospitals to identify and combat the causes of this disease, as well as to measure the real or potential stress levels of nursing professionals. The level of pressure exerted in intensive care units, such as the demand for greater productivity, associated with the ineffective number of professionals, the pressure of time and the complexity of procedures, in addition to unrealizable expectations and tense and precarious work relationships, can generate nursing professionals with chronic stress that, consequently, will cause fatigue and professional exhaustion, and adverse reactions in patient care, putting at risk the safety culture in the intensive care unit.

The recognition on the part of hospital managers about stress factors of the nursing team, as well as the perception of the level of this stress, is fundamental for the creation of strategies for its combat and control directed to the reality and the environment of the intensive care unit. Among the main strategies found in the literature used in this research are: the identification of coping strategies; the awareness strategy by professionals from sources that generate stress in order to have self-control, through a positive reassessment and social support; the Stress Management for Nurses (BREATHE) strategy to provide nursing professionals with an adequate environment for the exchange of information and intervention tools to manage stress factors; the weekly group strategy for interaction between the team in a location within the unit that has music therapy and yoga; the strategy of individual auriculotherapy; and support groups for nurses to improve emotional communication between the team; leadership support. It is extremely important that hospital managers promote the training of professionals in stress and conflict management, in order to contribute to the environmental adequacy of health services to professional activity, promoting the quality of life at work, as well as to ensure a quality of life, excellence to patients under intensive care unit care.

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