

Factors related to the development of stress and burnout among nursing professionals who work in the care of people living with HIV/aids

Fatores relacionados ao desenvolvimento de estresse e burnout entre profissionais de enfermagem que atuam na assistência a pessoas vivendo com HIV/aids

Los factores relacionados con el desarrollo de el estrés y el burnout entre los profesionales de enfermería que trabajan en el cuidado de las personas que viven con el VIH / sida

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ABSTRACT

Objective: To identify factors related to the development of emotional exhaustion, stress and burnout that are present in nursing care to people living with HIV/AIDS. **Method:** Integrative review of literature with electronic search of publications in the MEDLINE and LILACS databases, using the descriptors: burnout, nursing, HIV infections in Portuguese and/or variations in the English. **Results:** Only 9 articles were included into the selection because they fit the inclusion criteria and answer the guiding question. It is noteworthy that 100% of these items were originated from international journals, as well as developed in Africa. **Conclusion:** Stressors such as lack of resources, difficulties to meet the customer's expectations, workload, need to deal with the death of customers and fear of contamination are present in the daily lives of these professionals and may result in the occurrence of stress and burnout, and compromise the assistance provided.

Descriptors: Burnout, Nursing, HIV.

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RESUMO

Objetivo: Identificar quais os fatores relacionados ao desenvolvimento de desgaste emocional, estresse e *burnout* estão presentes na assistência de enfermagem às pessoas vivendo com HIV/AIDS. **Método:** Revisão integrativa de literatura, com busca eletrônica de publicações nas bases de dados MEDLINE e LILACS, utilizando-se os descritores: esgotamento profissional, enfermagem, infecções por HIV em português e/ou em suas variações na língua inglesa. **Resultados:** Somente 9 artigos foram incluídos na seleção por se enquadrarem nos critérios de inclusão e atender a questão norteadora. Ressalta-se que 100% destes artigos são originários de periódicos internacionais, assim como desenvolvidos no continente africano. **Conclusão:** Estressores como falta de recursos, dificuldades para atender às expectativas da clientela, sobrecarga de trabalho, necessidade de lidar com a morte dos clientes e medo de contaminação estão presentes no cotidiano desses profissionais, podendo culminar na ocorrência de estresse e *burnout*, e comprometer a assistência prestada.

Descritores: Esgotamento Profissional, Enfermagem, Infecções por HIV.

RESUMEN

Objetivo: Identificar factores relacionados con el desarrollo de agotamiento emocional, estrés y *burnout* presentes en los cuidados de enfermería a personas que viven con el VIH/SIDA. **Método:** revisión integrativa de literatura con búsqueda electrónica de publicaciones en las bases de datos MEDLINE y LILACS, utilizando los descriptores: *burnout*, enfermería, infecciones por VIH en portugués y/o variaciones en el idioma Inglés. **Resultados:** 9 artículos fueron incluídos en la selección porque se ajustan a los criterios de inclusión y responden a pregunta de guía. 100% de estos artículos se originan en revistas internacionales, así como desarrollado en África. **Conclusión:** Factores de estrés como falta de recursos, dificultades para cumplir con las expectativas del cliente, carga de trabajo, tener que lidiar con la muerte y temor a la contaminación están presentes en la vida diaria de estos profesionales y puede resultar en aparición de estrés, agotamiento y daño a la asistencia prestada.

Descritores: Agotamiento Profesional, Enfermería, Infecciones por VIH.

INTRODUCTION

Nursing is considered the fourth most stressful profession in the world.¹ Considering the professional practice of nurses, we identify some individual and environmental risk factors that may lead to the occurrence of stress, such as work overload, existence of conflicts between personal and work values², salary dissatisfaction, accelerated work pace, double job links and lack of time for leisure.³

Stress is defined as a set of specific physiological responses, independent of the stressor, for the purpose of adaptation.⁴ These responses can generate physical and mental manifestations according to the worker's individual predispositions, which include musculoskeletal disorders, increased susceptibility to infections, cardiovascular disorders, anxiety, and depressive symptoms.⁵

The association between the psychophysiological mechanisms triggered by stress and the work environment is verified in several studies, through which a psychological

syndrome characterized by a prolonged reaction to the chronic stressors related to the work environment, known as *burnout* syndrome, was identified.⁶

Stress and *burnout* can arise in nursing care work for clients in the context of infection and, importantly, in human immunodeficiency virus (HIV) infection and the occurrence of acquired immunodeficiency syndrome (AIDS). In this regard, a study carried out with 47 nursing professionals from an HIV/AIDS unit of a school hospital located in the interior of the state of São Paulo showed that 44.2% of the individuals had physical and/or psychological symptoms that classified them as stressed⁷.

Despite the advent of antiretroviral therapy, which has brought about changes in the course of HIV/AIDS, it has prolonged life expectancy, decreased the occurrence of opportunistic infections, and thus allowed AIDS to cease to be a fatal disease and to be considered as a chronic disease⁸. The syndrome remains one of the most serious health challenges, totaling more than 35 million people currently affected and eliminating millions of lives around the world since the beginning of the epidemic.⁹

In addition, even in the face of the improvements promoted by antiretroviral therapy, no cure for the disease has so far been identified, and thus, clients are often hospitalized when their condition worsens.¹⁰

In view of the above, nursing assistance to the client living with HIV/AIDS can imply physical and emotional exhaustion to professionals, due to the particularities of the diagnostic and therapeutic process that constantly exposes workers to situations of death, impotence and pain.⁷ From this perspective, this literature review study sought to identify which factors related to the development of emotional exhaustion, stress and *burnout* are present in nursing care for people living with HIV/AIDS.

METHODS

For the development of this study, we used an integrative literature review, a research method whose purpose is to gather and synthesize results of studies on a specific topic, in a systematic way, contributing to the expansion of knowledge about the theme.¹¹

The elaboration of the integrative review comprises six stages: 1) identification of the theme and selection of the research question; 2) establishment of inclusion and exclusion criteria; 3) definition of the information to be extracted from the studies; 4) evaluation of the studies included in the literature review; 5) interpretation of the results and 6) presentation of the review.¹¹

The guiding question for this literature review was: What factors related to the development of emotional exhaustion, stress and *burnout* are present in nursing work in the care of people living with HIV / AIDS?

An electronic search of publications was performed in the databases Medline (National Library of Medicine) e Lilacs (Latin American and Caribbean Literature in Health Sciences), through the Internet access route, using the descriptors: professional exhaustion, nursing, HIV infections (for Lilacs) and burnout, nursing, HIV (for Medline), also using the Boolean operator AND.

In order to select the publications found, the following inclusion criteria were used: original articles, published and indexed in the referred databases in the period between January 2005 and April 2015, in Portuguese and/or English and addressing the occurrence emotional exhaustion, stress, and burnout among nursing professionals working with people living with HIV/AIDS and available on an electronic basis.

Data collection occurred in April 2015 and the search resulted in a total of 16 publications, 15 of them in the Medline database, and only one in the Lilacs database. Their pre-selection was done by reading the title and analysis of abstracts, excluding those that did not approach the proposed

theme. The articles selected in this first stage were read in their entirety.

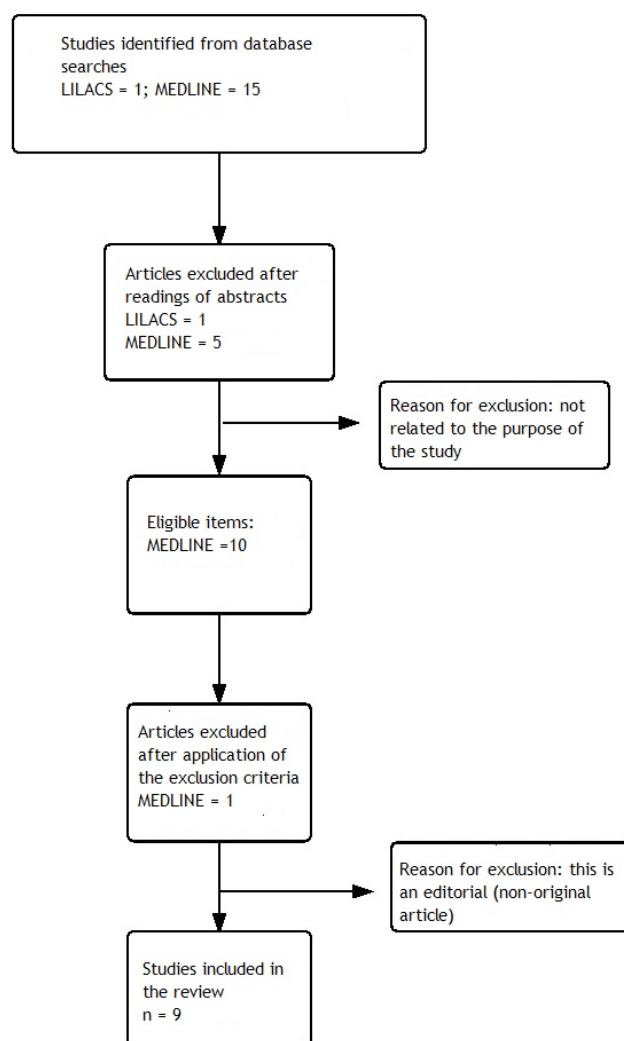
Thus, five articles and one monograph were excluded because they were not related to the purpose of the study and one because it was not an original article, totaling 9 articles that composed the analysis corpus. The flow referring to the analysis and inclusion and exclusion of articles is represented in Figure 1.

For the analysis of the articles, an instrument was elaborated to extract the following information: title, authors, periodical and year of publication, objectives, sample, methodology employed, main results and conclusions.

RESULTS AND DISCUSSION

The 9 articles that composed this literature review were published in the following international journals: “Nursing Research and Practice”, “International Quartely of Community Health Education”, “Online Journal of Issues in Nursing”,

Figure 1 – Flow chart referring to the searches and inclusion of studies in the literature review



“International Journal of Nursing Studies” “Curationis”, “AIDS Care”, “Nursing & Health Sciences” e “Holistic Nursing
“Journal of Obstetric, Gynecologic & Neonatal Nursing”, Practice”.

Figure 2 – Information regarding the publications selected in the literature review

Title	Authors	Year	Methodological Approach	Results
Evaluation of a brief intervention to improve the nursing care of young children in a high HIV and aids setting	Richter et al.	2012	Quantitative. The Compassion Fatigue Scale Revised and Maslach Burnout Inventory scales were applied before and after a training intervention.	Nurses had high levels of burnout and depersonalization in the pre-test and, despite educational interventions, these levels did not differ in the post-test, although caregivers reported that they felt more supported by them.
“I have lost sexual interest ...”-challenges of balancing personal and professional lives among nurses caring for people living with HIV and AIDS in Limpopo, South Africa	Sofolahan et al.	2010	Quantitative. Focal groups were used.	The caring for people living with HIV/AIDS generates emotional instability and difficulties in imposing limits between personal and professional life, and can cause difficulties in family roles. Some participants reported stigma by association, which creates feelings of frustration.
Compassion practice by Ugandan nurses who provide HIV care	Harrowing	2011	Qualitative. Observations and focus groups were used.	Nurses reported that the HIV/AIDS epidemic in the country causes overcrowding in care and that the offer of compassionate care decreases, as their personal reserves wear out, experiencing physical symptoms such as tiredness and headache. The implementation of an educational program allowed the participants to recover their motivation.
Moral distress among Ugandan nurses providing HIV care: a critical ethnography	Harowing; Mill	2010	Qualitative. Ethnographic study.	Nurses have reported nursing as a passion, but they are suffering because they cannot offer clients the care they believe they deserve. Lack of resources can lead to customer fatigue and negative attitudes. Because they are on the front line of care, they receive complaints about health system failures, which can cause suffering and burnout.
The impact of caring for persons living with HIV and AIDS on the mental health of nurses in the Limpopo Province	Davhana-Maselesele; Igumbor	2008	Quantitative. We used the AIDS Impact Scale (AIS), Maslach Burnout Inventory (MBI), Beck Depression Inventory (BDI).	More than 80% of the professionals felt distressed due to the difficulties of care for people living with HIV/AIDS and 89% reported the difficulty of dealing with the death of their patients. Levels of personal achievement, emotional exhaustion and depersonalization were 52%, 33% and 29%, respectively. It was also observed that 34% suffered from extreme depression and 55% from moderate to extreme depression.
Effects of HIV/AIDS on maternity care providers in Kenya	Turan et al.	2008	Qualitative. In-depth interviews were carried out and for the analysis of the data, thematic analysis was used.	The HIV/AIDS epidemic has brought more workload to maternity workers, and this, coupled with a shortage of professionals, can lead to burnout, affecting patient care. Depression, irritability and fear of contracting HIV infection in the workplace have been observed, for example, through an accident with contaminated cuttings.
Demotivating infant feeding counselling encounters in southern Africa: do counsellors need more or different training?	Buskens; Jaffe	2008	Qualitative. Ethnographic study.	Health professionals who advise on HIV prevention practices report having suffered from stress, depression, fatigue, frustration and anger, especially when women do not follow their instructions correctly.
Nurses' experiences of delivering voluntary counseling and testing services for people with HIV/AIDS in the Vhembe District, Limpopo Province, South Africa.	Mavhandu-Mudzusi; Netshandama; Davhana-Maselesele M	2007	Qualitative. In-depth interviews were conducted, which were analyzed using an open coding method.	The work in testing and counseling involves emotional exhaustion, associated with stress and burnout, since it is related to the disclosure of the seropositivity of the clients. In addition, addressing the deterioration of clients' health status is a source of intense stress among study participants.
Pediatric nursing in the context of the HIV/AIDS epidemic in resource-poor settings--balancing the "art and the science".	Govender et al	2006	Qualitative. Focal groups were used.	The nurses reported that working with children with HIV/AIDS is emotionally exhausting and that caring for these children refers to their children. Dealing with the afflictions of children make them feel exhausted and insensitive. Because they often deal with death and suffering, nurses report the occurrence of distancing, irritability, and dissatisfaction with work.

Figure 2 summarizes information regarding the 9 selected articles:

Regarding the place of development of the studies, all (100%) were carried out in the African continent, highlighting the fact that Brazilian articles on the subject were not found in this search, despite Brazil occupying the twelfth place in the ranking of countries with the largest number of people living with HIV/AIDS¹² and the second place among the countries with the highest level of stress among workers, being below only Japan.¹³

Regarding the methodological approach, seven (77.77%) studies used a qualitative approach and two (22.22%) quantitative approach. The search for a methodological approach of a qualitative nature may be related to the need to understand the experiences that circumscribe the reality of care for the person in HIV/AIDS infection situation. Even because the aspects related to the experiences of people about the process of illness and its therapeutic path are unique, although crossed by the collective¹⁴, and thus their quantification might not favor the rapprochement with these actors in labor relations.

Among the stressors commonly related to the care of people living with HIV/AIDS are the work overload¹⁵⁻¹⁶, the inability to meet expectations due to factors such as lack of resources, which makes it impossible to provide the assistance designed as adequate by the professionals and deserved by the clients¹⁷, and the frequent need to deal with the deterioration of health status¹⁸ and the death of clients¹⁹, especially when it comes to young customers or small children.¹⁸

Specifically in the maternity sector, HIV/AIDS infection has brought new demands, such as anti-HIV testing and the administration of antiretroviral drugs to prevent vertical transmission, which has been associated with increased workload. Another difficulty reported by these professionals concerns the conflict with the positive result for the HIV test at the time of delivery, especially when the partner is unaware of the serological condition.¹⁵

In addition, counseling for prevention of vertical HIV transmission has also been reported as a factor of emotional distress and stress for professionals, especially when the instructions provided by practitioners are not adequately followed by clients.²⁰

Nursing work in testing and counseling services was also associated with emotional stress and burnout. Participants in a study conducted in this type of service reported that their work involves delivering "bad news", ie positive results for HIV/AIDS infection, which implies feelings of discomfort and sadness for your customers' situation¹⁸.

In this scenario, according to the Federal Nursing Council (COFEN)²¹, the performance of these rapid tests and pre and post-test counseling are the responsibility of the nurse professional, provided that they are properly trained. However, in addition to technical training, professionals working in this

area must be willing to deal with topics such as sexuality and drug use,²² which may require emotional support.

The fear of contracting HIV AIDS infection in the workplace was another stress-generating factor.^{15,18} In view of the complexity of care, there is a need to perform frequent invasive procedures, which in turn increases the risk of accidental exposure to material with biological risk.²³

According to *Centers for Disease Control and Prevention* (CDC), the risk of transmission of HIV infection after percutaneous exposure is 0.03%, and may be increased when exposure involves large volumes of blood, deep wounds, or procedures involving veni puncture or arterial puncture.²⁴

However, although the risk of contamination by HIV is low, the possibility of accidents involving biological material causes suffering to the worker²³, mainly due to the incurable nature of the disease, which reinforces the importance of adopting preventive measures and the use of personal protective equipment, As well as the awareness of the workers about the safe practices and the recognition of the occupational risks to which they are exposed.²⁵

It is also worth noting that the work accident with biological material also implies consequences to the employer's health organization, such as withdrawals, need for reorganization of work and financial burden.²⁵

Studies show that the stress and emotional exhaustion associated with the nursing care demand of people living with HIV/AIDS can have repercussions on the professional and personal lives of nursing workers.

Considering the professional's point of view, a study carried out with 147 nursing professionals from South Africa pointed out that 10% of them reported treating clients impersonally, as if they had become more insensitive to the reality of their clients since they assumed their job.¹⁹

In a study of children living with HIV/AIDS, nursing professionals reported that dealing with death and suffering made them feel emotionally exhausted.²⁶

Another study, carried out with 24 nurses from Uganda, showed that as the careers' personal reserves are exhausted, the offer of compassionate and empathic care decreases. In this context, practitioners experience symptoms such as tiredness and headache, and clients receive assistance with less compassion.¹⁶

These findings corroborate the findings of authors, who observed that difficulties in meeting the demands of care can lead to moral suffering, fatigue and stress, which contributes to negative attitudes toward clients.¹⁷

In the scope of personal life, studies point to the difficulty that some nursing professionals face in dissociating personal and professional life, causing difficulties in the exercise of the roles of wife and mother²⁶⁻²⁷ whereas difficulties in sexual relations were made due to the fact that they associate their partners with people who are infected with HIV/AIDS and who provide care²⁷ or for fear of contaminating their partners because of possible exposure to HIV in their work environment.¹⁸

Stigma by association has also been reported in relation to the care they provide to people living with HIV/AIDS: professionals feel stigmatized because they have their image associated with the disease²⁷ and are fearful of the discrimination that accompanies positive status for HIV/AIDS infection.¹⁵

This stigma, which permeates the epidemic of HIV/AIDS since its inception, can lead the individuals affected by it to be considered as guilty of their illness due to risky behaviors.²⁸

Although these investigations are based in South Africa and their results cannot be generalized, they reinforce the need to offer emotional support by the employers' institutions, as well as training on the care of people living with HIV / AIDS.

Regarding the occurrence of burnout in nursing professionals who assist people with HIV/AIDS, the studies indicated divergent results.

For the evaluation of the occurrence of burnout, two of the studies used the Maslach Burnout Inventory,²⁹ referred to as one of the instruments most used by the scientific community to evaluate the occurrence of burnout.³⁰ This instrument is composed of three sub-scales: 1) emotional exhaustion, which describes feelings about being emotionally overloaded or exhausted; 2) depersonalization, which refers to the insensitive and impersonal response to the people with whom it relates to the work and 3) personal fulfillment, which focuses on feelings of competence and successful accomplishment at work.²⁹

A study involving 174 professionals from five reference hospitals in South Africa. In applying this instrument, they observed that the levels of personal fulfillment, emotional exhaustion and depersonalization were, respectively, 52%, 33% and 29%. In that study, about one-third of respondents reported dealing with emotional problems calmly and positively, and most practitioners reported low levels of emotional exhaustion, except for "feeling that they are overworked". In addition, the study underscored the fact that burnout levels were higher among nurses who had not been trained to care for clients with HIV/AIDS.¹⁹

In contrast, another study involving 17 nurses working with children living with HIV/AIDS in South Africa found that these professionals had high levels of emotional exhaustion, moderate levels of self-fulfillment, and low levels of depersonalization, and that these results did not have changed after the implementation of an HIV/AIDS education program. However, after the educational program, nurses demonstrated greater support for clients and caregivers.³¹

The contradiction of these results can be explained by the fact that the occurrence of stress and burnout are situational³² and also because the syndrome is insidious.³³

Thus, the implementation of training associated with organizational changes aimed at providing greater satisfaction in the work environment³⁴, as well as the adoption of other measures, including the use of communication to create pleasant spaces for work³⁵ and focus on problem identification

and resolution³⁶ can contribute to preventing and reducing the occurrence of stress and burnout.

Moreover, job satisfaction may be related to greater empathy and lesser attitudes to avoiding clients living with HIV/AIDS, which can be translated into benefits for clients, since it positively impacts the quality of care offered.³⁷

This study has as a limitation the fact that the articles that composed this literature review were developed in the African continent, which accounts for more than two thirds of all AIDS cases in the world and presents important fragilities in the health system and scarcity of material resources and humans.³⁸ Despite this, the study highlights the importance of the theme for nursing professionals and health institutions, given that the occurrence of burnout can negatively affect workers' health and quality of life, impose burdens on employers, as well as Compromise the quality of care offered to the client.

CONCLUSION

The present review allowed the identification in the literature of several stressors related to the development of emotional exhaustion, stress and burnout in professionals caring for people with HIV/AIDS. Stressors were identified as lack of resources, difficulties to meet client expectations, work overload, need to deal with clients' deaths, fear of contamination, and conflicts regarding positive HIV/AIDS testing.

These stressors, combined with personal characteristics, can lead to the development of stress and burnout, a fact that deserves attention, as their occurrence can result in negative or impersonal attitudes towards clients as well as entail physical symptoms and losses in the personal life of nursing workers.

Although these investigations are based in South Africa and their results cannot be generalized, they reinforce the need to offer emotional support by the employers' institutions, as well as training on the care of people living with HIV/AIDS.

Not least, it emphasizes the need for ongoing educational activities for the general population, with a view to contributing to increase knowledge about the disease and modification of the stigmatizing notion derived from prejudice and associated with this disease.

REFERENCES

1. Cooper CL, Mitchel S. Nursing and critically ill and dying. *Hum Relations* 1990 Apr; 43: 297-311.
2. Meneghini F, Paz AA, Lautert L. Fatores ocupacionais associados aos componentes da síndrome de burnout em trabalhadores de enfermagem. *Texto contexto enferm*. 2011 abr/jun; 20 (2):225-33.
3. Lima MB, Silva LMS, Almeida FCM, Torres RAM, Dordao HHM. Agentes estressores em trabalhadores de enfermagem com dupla ou mais jornada de trabalho. *R pesq: cuid fundam*. 2013 jan/mar; 5(1):3259-66
4. Selye H. *The stress of life*. New York: Mc Graw-Hill; 1956.

5. Ahola K, Hakanen J. Burnout and health. In: Leiter MP, Bakker AB, Maslach C. Burnout at work: a psychological perspective. New York: Psychology Press, 2014.
6. Maslach C. Job Burnout: how people cope. In: Mc Connell EA. Burnout in the nursing profession: coping, strategies, causes and costs. Saint Louis: Mosby, 1982.
7. Miquelim JDL, Carvalho CBO, Gir E, Pelá NTR. Estresse nos profissionais de enfermagem que atuam em uma unidade de pacientes portadores de HIV/aids. DST – J bras Doenças Sex Transm. 2004, 16(3):24-31.
8. Deeks SG, Lewin SR, Havlir DV. The end of AIDS: HIV infection as a chronic disease. The Lancet. 2013 Oct; 382: 1525-33.
9. UNAIDS. Unaid report on the global aids epidemic. Genebra, 2013* [acesso em 2015 Jun 3]. Disponível em: http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf.
10. Moreira V, Mesquita S, Melo AK. A experiência de hospitalização vivida por pacientes com AIDS. Bol Psicol. 2010 dez; 60(133):153-66.
11. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto contexto enferm. 2008 out/dez; 17(4):758-64.
12. UNAIDS. Aids info. Genebra, 2013, 2013b [acesso em 2015 Jun 3]. Disponível em: <http://www.unaids.org/en/dataanalysis/datatools/aidsinfo>.
13. Teodoro MDA. Estresse no trabalho. Com Ciências Saúde. 2012; 23(3):205-6.
14. Minayo MCS. Análise qualitativa: teoria, passos e fidedignidade. Ciência & Saúde Coletiva 2012 mar; 17(3):621-6.
15. Turan JM, Bukusi EA, Cohen CR, Sande J, Miller S. Effects of HIV/AIDS on maternity care providers in Kenya. J Obstet Gynecol Neonatal Nurs. 2008; 37(5):588-95.
16. Harrowing JN. Compassion practice by Ugandan nurses who provide HIV care. Online J Issues Nurs. 2011 Sep/Oct; 16(1):5.
17. Harrowing JN, Mill J. Moral distress among Ugandan nurses providing HIV care: a critical ethnography. Int J Nurs Stud. 2010 Jun; 47:723-31.
18. Mavhandu-Mudzusi AH, Netshandama VO, Davhana-Maselesele M. Nurses experiences of delivering voluntary counseling and testing services for people with HIV/AIDS in the Vhembe District, Limpopo Province, South Africa. Nurs Health Sci. 2007 Dec; 9(4):254-62.
19. Davhana-Maselesele M, Igumbor JO. The impact of caring for persons living with HIV/aids on the mental health of nurses in the Limpopo Province. Curationis. 2008 Jun; 31(2):67-73.
20. Buskens I, Jaffee A. Demotivating infant feeding counselling encounters in southern Africa: do counsellors need more or different training? AIDS Care. 2008 Mar; 20(3):337-45.
21. COFEN. Conselho Federal de Enfermagem. Parecer Normativo nº 001/2013.
22. Haag CB, Gonçalves TR, Barcellos NT. Gestão e processos de trabalho nos Centros de Testagem e Aconselhamento de Porto Alegre-RS na perspectiva de seus aconselhadores. Physis. 2013 jul/set; 23(3):723-39.
23. Ferreira RES, Souza NVDO, Gonçalves FGA, Santos DM, Pôças CRMR. O trabalho de enfermagem com clientes HIV/aids: potencialidade para o sofrimento psíquico. Rev enferm UERJ. 2013 out/dez; 21(4):477-82.
24. Centers for Disease Control and Prevention. Occupational exposure to HIV. Atlanta, 2014 [acesso em 2014 Dec 2]. Disponível em: <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/occupational-exposure-to-hiv>.
25. Marziale MHP, Santos HEC, Cenzi CM, Rocha FLRR, Trovó MEM. Consequências da exposição ocupacional a material biológico entre trabalhadores de um hospital universitário. Esc Anna Nery. 2014 jan/mar; 18(1):11-6.
26. Govender L, Rochat T, Richter L, Rollins N. Pediatric nursing in the context of the HIV/AIDS epidemic in resource poor-settings – balancing the art and the science. Holist Nurs Pract. 2006 Sep/Oct; 20(5): 247-54.
27. Sofolahan Y, Airhihenbuwa C, Makofane D, Mashaba E. “I have lost sexual interest...” - challenges of balancing personal and professional lives among nursing caring for people living with HIV and AIDS in Limpopo, South Africa. Int Q Community Health Educ. 2010; 31(2):155-69.
28. Ferreira RES, Souza NDO, Pôças CRMR, Gonçalves FGA, Santos DM. O sofrimento e o prazer dos trabalhadores de enfermagem no cuidado ao cliente com HIV/aids. Cienc Cuid Saude. 2014 jan/mar; 13(1):152-9.
29. Maslach C, Jackson SE. The measurement of experienced burnout. Journal of Occupational Behaviour. 1981; 2: 99-113.
30. Poghosyan L, Aiken L, Sloane DM. Factor structure of the Maslach Burnout Inventory: An analysis of data from large scale cross-sectional surveys of nurses from eight countries. Int J Nurs Stud. 2009 Jul; 46(7):894-902.
31. Richter LM, Rochat TJ, Hsiao C, Zuma TH. Evaluation of a brief intervention to improve the nursing care of young children in a high HIV and aids setting. Nurs Res Pract 2012 Mar; 2012: 647182.
32. Vasconcelos EF, Guimarães LAM. Esforço e recompensa no trabalho de uma amostra de profissionais de enfermagem. Psicologo Informação. 2009 jan/dez; 13(13):11-36.
33. Galindo RH, Feliciano KVO, Lima RAS, Souza AL. Síndrome de Burnout entre enfermeiros de um hospital geral da cidade do Recife. Rev esc enferm USP. 2012 abr; 46(2):420-7.
34. Theme-Filha MM, Costa MAS, Guilam MCR. Estresse ocupacional e autoavaliação de saúde entre profissionais de enfermagem. Rev. Latino-Am Enfermagem. 2013 mar/abr; 21(2):475-83.
35. Barboza MCN, Braga LL, Perleberg LT, Bernardes LS, Rocha IC. Estresse ocupacional em enfermeiros atuantes em setores fechados de um hospital de Pelotas/RS. Rev Enferm UFSM. 2013 set/dez; 3(3): 374-82.
36. Carlotto MS. Prevenção da síndrome de burnout em professores: um relato de experiência. Mudanças – Psicologia da Saúde. 2014 jan/jun; 22(1): 31-39.
37. Hamama L, Tartakovsky E, Eroshina K, Patrakov E, Golubkova A, Boqusevich J et al. Nurses job satisfaction towards people living with HIV and aids in Russia. Int Nurs Rev. 2014 Mar; 61(1):131-9.
38. De Cock KM, El-Sadr WM. When to start ART in Africa – an urgent research priority. N Engl J Med. 2013 Mar; 368(10):886-9.

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