

Occupational Stress: the Exposure of an Emergency Unit Nursing Team

Estresse Ocupacional: Exposição da Equipe de Enfermagem de uma Unidade de Emergência

El Estrés Laboral: Exposición de Equipo de Enfermería una Unidad de Emergencia

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ABSTRACT

Objective: The study's purpose has been to describe the stress factors that impact an emergency unit nursing team from a public hospital. **Methods:** It is a descriptive-exploratory research with a qualitative approach. The research had nurses and nurse technicians as participants, and used the semi-structured interview approach and the Bardin's thematic content analysis. The study was approved by the Ethics and Research Committee from the *Universidade Estadual do Sudoeste da Bahia*. **Results:** The professionals from the emergency nursing team are exposed to psychological risk factors, including occupational stress, due to the work overload, the demand being greater than the team's care conditions and the insufficient number of nursing professionals in the sector. **Conclusion:** There is a need for a wide discussion about the working conditions of these professionals and the implementation of actions aimed at improving the environment in order to guarantee their health rights at work.

Descriptors: Professional Burnout, Nursing Team, Occupational Health.

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RESUMO

Objetivo: Descrever os fatores estressores para a equipe de enfermagem do setor de emergência de um hospital público. **Métodos:** Estudo qualitativo, cujos sujeitos foram enfermeiros e técnicos de enfermagem, utilizou a entrevista semiestruturada e a análise de conteúdo temática de Bardin. A pesquisa foi aprovada pelo Comitê de Ética e Pesquisa da UESB-BA. **Resultados:** Os profissionais da equipe de enfermagem da Emergência estão expostos a fatores de riscos psicológicos, inclusive ao estresse ocupacional, devido à sobrecarga de trabalho, à demanda maior do que as condições assistenciais da equipe e ao número insuficiente de profissionais da enfermagem no setor. **Conclusão:** Percebe-se a necessidade de uma ampla discussão sobre as condições de trabalho destes profissionais e de implementação de ações que visem à melhoria do ambiente, de modo a garantir o direito à sua saúde no trabalho.

Descritores: Esgotamento Profissional, Equipe de Enfermagem, Saúde do Trabalhador.

RESUMEN

Objetivo: Describir los factores de estrés para el personal de enfermería de la sala de urgencias de un hospital público. **Métodos:** Estudio cualitativo, cuyos temas eran enfermeras y técnicos de enfermería, que se utiliza entrevistas semiestructuradas y el análisis de contenido temático de Bardin. El estudio fue aprobado por el Comité de Ética e Investigación de UESB-BA. **Resultados:** Los profesionales del equipo de enfermería de emergencia están expuestos a factores de riesgo psicológicos, como estrés laboral debido a la sobrecarga de trabajo, mayor demanda que las condiciones de bienestar del personal y el número insuficiente de profesionales de enfermería en el sector. **Conclusión:** Podemos ver la necesidad de un amplio debate sobre las condiciones de trabajo de estos profesionales y la implementación de acciones destinadas a mejorar el medio ambiente con el fin de garantizar el derecho a la salud.

Descriptorios: Agotamiento Profesional, Grupo de Enfermería, Salud Laboral.

INTRODUCTION

In the last two decades, health care levels have become better organized and with this, primary health care comes under the responsibility of the Basic Health Units (BHU). On the other hand, hospital emergency units should provide care for patients with specific acute conditions, where there is specialized teamwork.¹

The Health Ministry has the responsibility of stimulating integral care to the emergencies by means of the implantation and implementation of the services of basic attention and health of the family, nonhospital units of attendance to the urgencies, mobile prehospital, doors hospital of attention to the urgencies, services home care and integral rehabilitation. Therefore, in 2006, the *Política Nacional de Atenção às Urgências (PNAU)* [Emergency Care National Policy] was implemented in Brazil, aiming to improve care for the population in situations of acute illness.²

Nevertheless, a significant deficiency in the role of BHU in the community is still perceived today. The demand of people for public hospital emergencies grows in disorder, due to the still lack of policies that guide the primary care in the BHU. Accordingly, there may be

a drop in the quality of emergency care, since physical space and human resources do not include the number of patients, with insufficient materials and basic supplies for integral and quality assistance to the client.

It is important to note that in 1990 the Organic Health Law No. 8,080 was sanctioned. Such law places the responsibility for the promotion and protection of workers' health under the responsibility of the State.³ This law requires greater attention to be paid to the possible damages caused by working conditions in the emergency units can cause the subject that develops its activities in this sector.

The work overload and environment conducive to psychological risk in nursing team professionals can be observed mainly in the emergency unit. There is a need to pay more attention to the occupational stress exposure of nursing team, since the difficulties encountered in the emergency sector, for whatever reason, may reflect directly on the care and assistance of the nursing team and, mainly, in your health.

Given this perspective, the following guiding question came about: What is the impact of occupational stress on the perspective of nursing professionals who work in the emergence of a public hospital?

Considering the need to contemplate the guiding question, the overall objective was outlined as follows: to describe the stressors for nursing team professionals in the emergence of a public hospital in a city, *Bahia* State. The specific goals are as follows: verifying the activities developed by the nursing team of the emergency unit; identifying the impact of stress on the work process of the nursing team of the emergency unit and to ascertain the signs and symptoms of stress referred by nursing team professionals.

The relevance of this study is to identify the existence of potential factors for the development of stress in the health of the professionals of the nursing team of the emergency unit, being able to contribute with the management of the hospital unit so that the quality of life of the professionals can be improved which work there, thus providing satisfaction for the professionals and, consequently, for the patients assisted.

METHODS

It is a descriptive-exploratory research with a qualitative approach, which allows the individual understanding of the subjects involved in a given situation and the factors that can influence their responses and behaviors. Qualitative research responds to very particular questions since it works with the universe of meanings, motives, aspirations, beliefs, values, and attitudes.⁴

The research scenario was the Emergency Unit from the *Hospital Geral Prado Valadares (HGPV)*, located in Jequié city, *Bahia* State. The HGPV is one of the regional refe-

rence hospitals in the interior of Bahia, assists around 25 municipalities, has more than 200 operational and internal beds in the specialties of Clinical Medical and Surgical, Pediatrics, Psychiatry, Neurology, Orthopedics and Adult Intensive Care Unit.

In the Emergency Unit (EU), highly complex services are provided to patients in critical condition and acute conditions. The unit operates 24 hours a day and has 42 beds (22 fixed, of these 17 adults and 5 pediatric, and 20 extras). The fixed beds distribute themselves in the wings of resuscitation, semi-intensive, observation and pediatrics. In the aisles, there are extra beds. Its team counts, considering the average, 07 nursing professionals per shift (03 nurses and 04 nurse technicians), each shift lasting 12 hours.

The research had as the study population the nurses and nurse technicians who work in the EU, randomly chosen, and was carried out in the period from December 19th, 2012 to January 1st, 2013. We interviewed 10 nurses and 10 nurse technicians, being the data collection is suspended. The subjects of the research were identified by the letter "E" followed by numbering according to the order of the interview.

For the data collection, the semi-structured interview with the use of tape recorder was used. This instrument has the purpose of obtaining information about a particular subject, through the face-to-face meeting between two people (sender/recipient).^{5,6} Data analysis was based on one of Bardin's thematic content analysis techniques, the analysis by category, where the text breaks down into units, into categories. Among the different possibilities of categorization, the investigation of the themes, or thematic analysis, is fast, efficient and simple, and applies to direct discourses.⁷

The ethical aspects of this research were respected according to the Resolution 196/96 from the National Health Council, which recommends the guidelines and norms regulating research involving human beings.⁸ The subjects of the research were duly clarified as to the relevance of the study, the right to confidentiality of information, their anonymity, the preservation of their physical and moral integrity, assuring them the right to withdraw their participation in research. The subjects who accepted to participate in the research signed the Free and Informed Consent Term.

RESULTS AND DISCUSSION

The research results were divided into categories and subcategories in order to be presented and discussed.

Category 1 – Inadequate dimensioning of the nursing team

In Brazil, the increase in demand seen in hospitals represents an overload for the structure of emergency

services as a gateway to serious cases in the health system. Thus, it is relevant that the team is prepared qualitatively and quantitatively to provide the necessary care to these patients.

The nursing team dimension was created according to the needs perceived by the managers and managers of the health institutions so that parameters could be established that would make it possible to evaluate planning, control, regulation and nursing care, as well as guarantee patients quality and safety in care.⁹

The *Conselho Federal de Enfermagem (COFEN)* [Federal Nursing Council], through the Resolution No. 293/2004, established and established parameters for the dimensioning of nursing professionals in health care units. In order for the dimensioning to happen as recommended, it should be based on characteristics related to the institution, the nursing service, and the clientele.⁹

In the emergency of the hospital under study, there is an inadequacy of this dimension, since the majority of the nursing professionals were not in agreement with the recommended rules. Furthermore, they did not show skills in their assistance and management activities, and also these professionals were exposed to both psychological and physical hazards.

Subcategory 1.1 - Insufficient quantitative of employees

As one of the consequences of the inadequate design of nursing professionals, the number of nursing team is insufficient for the demand found. It reflects in the quality of care and health of both nurses and nurse technicians, which have too many activities and with a small number of professionals to execute them.

The professionals of the interviewed nursing team recognize that the number of employees to provide care to patients in a humanized way is insufficient, as can be seen in their speeches:

The number of employees is very small [...] (E2); Often you do not have enough professional (E6); The insufficient number of professionals (E4); For lack of professional (E15).

It is considered that the insufficient number of professionals will also imply a range of psychic problems. In this way, the lack of personnel will provoke accumulation of work, which will generate anxiety and a feeling of impotence in the workers.¹⁰

With the inadequacy of the dimensioning, the professionals that are in service need to work more to be able to provide assistance to all the patients that are under his responsibility, being able to cause some type of disorder in the health of the professional. The high number of patients for each nursing professional and the very large demand for the nursing team were evidenced in the statements:

There are few nurses, often a nurse for twenty, thirty patients (E13); It has a very large demand for few professionals (E10); The demand is large for the number of employees (E19); A professional with forty patients, which I think is absurd (...) few professionals to deal with many patients (E20);

The professionals interviewed report that the increase in the number of nurses and nurse technicians can reduce the risks to their health and make the care more humanized and safe.

For us to have a better development I think we should have more nurse technicians, more employee in the unit (E2); We have this difficulty also sometimes because of lack of personnel (E14).

On this, it is known that, from a material point of view as well as from human resources, there is a lack of investments in order to meet demands.¹¹ Therefore, the improvement of the care provided by nurses and nurse technicians is related to investments to increase the number of professional team in order to keep up with the demand found in the hospital and achieve the ideal in the professional/patient/workload ratio.

Subcategory 1.2 - Work overload

The urgency and emergency sectors present situations that expose workers to suffering and to work overload.¹² The number of attendances exceeding the capacity of the hospital is one of the generators of difficulties for the nursing team, resulting in the precariousness of care emergency sector.¹¹

This work overload is a result of the high patient demand, the inadequate number of professionals in the sector, the amount of service per person, the high hours of these professionals and the rush. The latter was associated with the sum of the factors mentioned above, as well as the admission and discharge flow of the patients, as can be seen in the reports:

By the rate, by the amount of patients, amount of service (E1); My daily routine is very fast (E2); Excessive working hours (E4); By quantity, the flow of people, of patient (E15); My day-to-day life at EU is very fast (E6); A great flow of patient, there are days that we do not have time nor to sit! (E11); It is such a large patient turnover; it is a very large patient in and out (E13); With the feeling that I did not fulfill my duty because of the overload of work (E18).

Therefore, in order to try to provide care to all patients and meet the need for employees, a perverse system of division of labor is established, with the redistribution

of tasks among the employees who remain in the sector, without any change in the levels of demand.¹¹ These factors were also highlighted as stressors at the end of the activities, and it was evidenced in the speeches:

Very large population size (E4); And here the demand is very large for the hospital unit (E8); Because we have few professionals we are overwhelmed (E10); Demand, which is a very large one (E10); And often we leave work very stressed, overloaded (E17); Due also to overwork, which is too much (E20).

And once again, the need for investments in material, human resources and the adequacy of workload appear as key pieces for the reorganization of the work of the nursing team. Hence, quality care becomes possible and the health of the professionals distances themselves from the aggravations resulting from the work.

Category 2 - Stress exposure

In order to exist the stress, one person needs to be exposed to one or more stressors. These vary from individual to individual and can be everyday objects, persons, situations, frustrations or controversies and places capable of stimulating the individual to have a psychological, physiological and behavioral response and that his organism tries to adapt to the new situation.¹³

The stress and other factors existing in the emergency are responsible for the emergence of diseases in the nursing team because their exposure occurs continuously. The effects of stress exposure include psychosomatic symptoms; the illness or aggravation of preexisting diseases and psychic effects, such as changes in sleep, depression, panic, a sense of distrust of everything and everyone, among others.¹¹

The exposure of nurses and nurse technicians to stress increases physical, psychic, and emotional loads.¹⁰ Physical burdens are found in the form of tiredness, aches, and discomfort. Already in the ambit of the psychic and the emotional are found feelings of anxiety, impotence, wear, stress, suffering, among others.

The possibility of these feelings being passed on to patients, influencing their therapeutic process, can generate more dissatisfaction and suffer on the part of the nursing professionals and, thus, make them experience feelings of professional emptiness, a sense of incapacity and disgust for work.¹⁰ With this, it is possible to perceive the importance of a team with the number of employees commensurate with the demand assisted, so that the possibilities of illness related to work are minimized.

Subcategory 2.1 - Signs and symptoms of tiredness

The insufficient number of professionals in the nursing team, the great demand in the emergency unit, the lack of

material, the extensive workload and the rush characteristic of the EU, among others, are factors responsible for signs and symptoms of fatigue presented by the nurses and nurse technicians.

There is a relationship between occupational stress and its repercussions on the daily performance of the nursing team that works in an environment where there are precarious characteristics. Factor that interferes both in the care and in the health of the professionals exposed to these adversities.¹⁰ Thus, statements emerged during the interviews about fatigue experienced by workers for various reasons, these being the number of activities developed during the shift, work, which is stressful in nature, the rush in the emergency sector and the responsibility to work in the EU.

Tired... very tired! (E6); We feel a little tired, due to activities (E8); It is quite tiring (E9); Because it is a highly stressful job... Tiring (E10); Very tired indeed (E13); Most of the time I go out very tired (E14); There is a day when we get more tired, more stressed (E16); When I leave work I leave very tired (E18); I arrive stressed and leave more stressed still, tired (E19); That's stressful! Because you're done at the end of the day (E3); Run, stress, not for a minute! (E10); My daily life is hectic, stressful and tiring! (E11); It is a stressful job, it is exhausting, it is a lot of responsibility (E13).

In other lines, professionals have often termed this tiredness as 'fatigue' and 'exhaustion'. Coming to arise in the testimony of E13, a comparison with death, as can be verified:

On leaving, fully stressed, body, exhausted physique (E20); Exhaustive. Very exhausting! (E4); Often people leave here exhausted (E1); When I get out of here I get exhausted (E19); And when I leave work my thinking is a bed! Sold off! (E7); It seems to have sucked your last drop of blood (E13).

As a physical form of fatigue, classic symptoms such as a headache in the lower limbs and spine were reported, which were attributed to the work rhythm in the EU.

Here you are already tired, with a headache, leg pain that you walk too much all day (E2) Excessive exhaustion, tiredness, headache (E3); At the end, I feel tired, spine pain, emotional exhaustion (E11).

In E11's speech came the 'emotional exhaustion'. It is known that the fact that the nursing team deals with situations that touch their emotions makes them more exposed to the diseases caused by stress. In this case, the emotional exhaustion comes from fatigue and living with events that interfere with the sensitivity of the human being.¹¹

Therefore, it is necessary to improve working conditions

in the EU and the incentive to work in a multi-professional team, in order to assist the population in a humanized way. Hence, the exposure of nurses and nurse technicians to stressful situations would be reduced and would lead them away from illnesses caused by stress, work overload and feelings of impotence in the face of some experiences in the EU.

Subcategory 2.2 - Inadequate working conditions

The nursing team needs the conditions to perform their daily functions without setbacks. When the environment does not provide the minimum conditions necessary for quality care to be delivered, professionals find themselves in a complicated situation where lack of material hampers their work process. This lack of materials to work in the emergency was also one of the problems mentioned, as it can be verified in the stories:

Sometimes the lack of material... (E2); Much material missing due to demand because other places in the city are not working, there is a missing syringe, lack of alcohol, sometimes lacking soap (E3); Although the environment does not provide much to help (E3); There are lots of resources here at this hospital (E12); The working condition here for us is a bit complicated (E13); We have a certain difficulty in terms of material that is always lacking (E14); Despite some difficulties that we will face (E15); We also face the lack of some materials (E15).

Nursing, because it makes up the majority of the workforce of hospitals, ends up being the group that suffers most from poor working conditions and unhealthy environment.¹² The professionals' thinking about the lack of working conditions that interfere with their process of caring is usually discouragement, a sense of incapacity, of unfulfilled duty and that they could have done something more to ensure that patients were adequately cared for. They emerged in their testimonies:

Sometimes something we cannot do, thinks, 'I could have done this and that...' (E3); I know my role was done (E4) I tried to do my best so that the people I cared for may have received the nursing care they needed (E4); I'll do what I can, understand? (E12); I often leave here with a duty as if I had done nothing (E13); Then I spend twelve hours in here and you say, 'I did what?' (E13); There is an hour when I stop 'I cannot do it!' (E13); There is a day that you leave with the feeling that things have not gone well (E14); You did your best, right? (E14); There is always a feeling that something remains to be done (E15); Knowing that it could be better, but it does not depend on people (E15); With the feeling that I did not fulfill my duty (E18); With the feeling that I rode, rode, rode, and did nothing (E19); So the feeling is... of nothing at all,

of garbage. It's how I feel, honestly and honestly (E19).

As an explicit form of suffering caused by the lack of working conditions, we have the following speech of E19, where his emotional state is very shaken.

I cried, and I came home devastated. Why I wanted to do but I could not do it (E19).

The lack of materials in the health units, especially in the public sector, is an old health problem and presents itself as one of the major causes of suffering in the work for the nursing team. The emergency environment, coupled with the lack of working conditions and awareness of the reality reported by the deponents result in fatigue, stress, suffering and a feeling of impotence on the part of the nursing professionals. Properly equipped, with the right amount of material, the emergency unit becomes a more pleasant place and this directly reflects on the health of nurses and nurse technicians, as well as on the quality of care provided.

Subcategory 2.3 - Difficulty of relationship with patients and companions

The hospital environment alone is already a stressful factor for the patient and his companion, especially when it comes to emergency unit. Fear of the unknown, insecurity in the face of life and death, concern for serious cadres of loved ones, and the perception of work overload for the team are feelings experienced by the patients and their companions.

Often the companions end up mistreating the nursing team by associating poor public service and the overcrowding of the sector with the assistance provided by the professional and, unfortunately, there is a difficulty in the relationship of the professional with the patient and his companion.

The deterioration of the relations with the users of the service can interfere with the execution of the nursing work, in the qualification of the nursing team and in the construction of professional projects. Such a situation ends up triggering feelings of inferiority and identity crises, which can lead to psychic damage and influence the mental health of the workers.¹¹ Thus, statements have emerged that show the discontent of the professionals about impatience and lack of recognition on the part of the patients and their companions to the work performed by nursing:

I'll assist you now... but sometimes a more serious case arises (...) there you have to put it in front, sometimes it gives that conflict (E3); So there is also this issue of respect that society does not have... we are still devalued in this sense too... Devaluation in all areas, right, financial, recognition and finally... (E18). One calls you if you're not going to answer you're rude, you're no good, you're

all bad (E19); It seems like people never so satisfied with the job of the nurse (E19).

Patients and companions seek in nursing listeners for complaints, solutions to problems and clarifications regarding the evolution of the patient. Most technicians and nurses become impatient with families' anxiety, especially when their requests cannot be satisfied by the nursing team. In addition to information, visitors request the exchange of sheets, serum, water to drink, medicines, opening or impediment to the entry of other family members, things that the nursing team is already aware of, often making the companions inconvenient.¹¹

The pressure and overload caused by the companions become another factor to which the nursing team is exposed and that can lead to fatigue and stress, affecting their mental health. There is still no appreciation of nursing work by society, especially in the hospital area. Thus, the great demand for work and the lack of material and human resources mean that the work of nursing becomes exhausting and stressful, thus hindering relations between these professionals, companions, and patients.

Category 3 - Pleasure to go to work

The feelings and experiences experienced by the nursing team due to the precarious conditions in the EU setting did not manage to cause some professionals to lose the pleasure of going to work. Even work as a source of suffering is also a source of pleasure, health promotion and human development.¹¹

Despite exposure to stress, it is possible to perceive that there is a pleasure for professionals to go to work, either because they are employed or simply because they enjoy the profession they are doing. One can see this in the lines that emerged:

I come to work satisfied because I do what I like (E1); When I come to work I come well, willing (E2); I feel good when I go to work (E4); I feel very satisfied that you are doing what I like (E6); I feel a satisfaction [...] for being employed (E7); Because only in the people we have a job, we have to thank God for having a job! (E8); I feel good going to work... I like, I love the EU (E10); I like my profession (E12); I have the pleasure to work in the emergency unit (E13); I am happy to come (E15).

Nonetheless, even with all the satisfaction and appreciation reported by professionals, the need for good working conditions was reinforced as a determinant of pleasure in working in the emergency, as stated in this speech "I love the EU. But, by showing working conditions (E19)."

In contrast to work as a source of pleasure, work can also cause harm to the worker's health. Thus, in relation to mental health, working can promote psychic balance, identification

with what is done, self-realization, can also give meaning to life, or, on the contrary, generate pathogenic suffering and be a source of imbalance, physical and mental illness.¹¹

Based on the viewpoint of the conditions to which the professionals from the EU are submitted, it can be seen that, despite the talk that has emerged about the pleasure of going to work, nurses and nurse technicians are still exposed to risk factors for their health, and can cause their illness, whether in the physical or mental. Therefore, the institution should provide these individuals with work activities as a way to stimulate them and be carried out a health prevention of workers in this sector.

Category 4 - Activities performed by the nursing professional in the Emergence Unit at HGPV

The work of the nursing team is divided into processes such as care, management, research, and teaching. It is noted that in the emergency sector, these tasks become more dangerous. This is because the cases treated in the emergency need nursing attention and, in addition to more careful care, it is necessary that the teaching and management processes must be carried out with quality.

The professional nurse is more dedicated to care and management.¹⁴ In nursing units, it is common to see the division of nursing activities between nurses and nurse technicians, where nurses compete for the organization and supervision of tasks, while care activities properly speaking, are attributions of nursing auxiliaries and assistants.¹¹

In the emergency this division exists, however, due to the overload of work, nurses perform both the management and supervision of the tasks, as well as the care and delivery of basic care. During the interviews, there were speeches that divided the managerial and care activities of the nursing team in the EU.

Subcategory 4.1 - Management activity

It is necessary for the nursing team to organize and manage the activities. For some time management in clinical practice has been based on the bureaucratic needs of the institutions, which end up privileging organizational goals and causing injury to nursing care, the care. For the professional, this can culminate in tensions, demotivation, and lack of stimulation in the work environment.¹⁵

During the interviews, statements were made, mainly from nurses, about the managerial activities related to the needs of the unit and the patients, as can be verified:

We take the shift, take care of the patients, evaluate the unit, provide what the unit needs, manage the unit, refer the patients and receive the emergencies (E5); I am always looking for to solve outstanding questions regarding hospitalization, patient vacancy, exams to be done (E6); See the question of referral of patients for examinations

- electro, X-ray, tomography - and records all this in the medical record and in the report (E7); You have to be calling the coordinator, you have to call other people to try to solve things that are apparently simple (E14). We arrive, receive the call, then try to start the round, and then, according to the demands we are prioritizing... when there is no very serious patient, when there is not much intercurrent, we can make the round right, during the round we see who has some more urgent need (E19);

In the emergency, there is a combination of management and care, where the prevalence of one over the other occurs when one patient needs immediate solution over another. It is perceived that, depending on how patients are and the emergency unit, the professionals choose to manage or assist. Management depends on the availability of human resources and conditions of the hospital institution, such as: vacancies in the beds of the infirmaries, vacancies in the Intensive Care Unit, persons from the laboratory to perform exams, vacancies in the X-ray room, among other services, nursing management to be performed.

Subcategory 4.2 - Assistance activity

The care activity is linked to the direct care with the patient, in which there is an association of technologies, the articulation between professionals and therapeutic environments, in order to attend to the peculiar needs of each individual.¹⁶ The assistance process is well executed when there is a management.

In order for healthcare actions in the EU to happen with quality, there must be an association of light technologies (relations, reception, service management), light-hard (well-structured knowledge, such as the nursing process) and hard technologies), as well as the interaction among all emergency professionals.¹⁷

In the course of the interviews, assistance activities were mentioned, such as the performance of probes, dressings, aspiration, bath, among others, according to the statements.

We take the shift, take care of the patients, evaluate all patients, see what needs to be done - i.e., catheter passage, aspiration, tracheostomy cleaning (E7); We take care of all the patients - ambulatory, serious patients (E8); My daily life is more assistance, management, referral for exams, accomplishment of dressings, I assist in the bath, but basically, the same nursing care, maintenance of care (E17); We receive the most critical patients, stabilizes, there happens some intubations, stops, referral to the surgical center (E17); In the trauma we are there receiving the patients who arrive victims of some type of trauma, motorcycle accident, mainly, and also, serious accidents: heart attack, stroke. (E18); We have to observe all patients and also see what has been prescribed by the physician, or whether it will need to be reassessed to see what behavior

the doctor has requested for people is speeding up (E18); Then we'll do some procedure, some dressing, some probe... If we do not go to the medical records to make the changes, open the medical prescriptions (E19).

With so many activities performed daily by the nursing team, it becomes easier to understand one more cause of overwork in the emergency unit. It is necessary to increase the number of professionals in the nursing team and to organize the activities carried out by nurses and by the nurse technicians.

Category 5 - Basic care deficiency

Basic Health Care is characterized by a set of individual and collective health actions that aim to promote and protect health, prevent health problems, diagnose, treat, rehabilitate and promote health maintenance.² When well structured, they may be ready to prevent small illnesses from leading unnecessarily to hospital emergencies.

Conditions sensitive to primary care are a group of diseases and preventable diseases and, for this, adequate and effective ambulatory care and the control of acute or chronic events are used. It is a group of situations that would hardly progress to the point of requiring hospitalization if approached appropriately in the promotion, prevention, early treatment and ambulatory follow-up.¹⁸

During the interviews the following statements appeared about the lack of resolving of the Basic Units and their relation with the great demand existing in the EU:

It's a work that assists to patients who most of the time was not supposed to be treated here. It could be assisted in a first care, in a basic unit (E8); what interferes a lot is the resolving of basic care that does not work and ends up overwhelming the people of the third sector (E19).

Only two professionals interviewed mentioned the basic care as co-responsible for the overcrowding and consequent work overload of the EU nursing team. It is a fact that the lack of resolving in the basic units is still a strong contributor so that the emergencies of the hospitals are the first choice of the population. As long as primary and secondary care is not equipped with a minimal team to perform their duties adequately, people will opt for emergencies where they know they will find a health team ready to assist them.

CONCLUSIONS

With the increasing morbidity and mortality of the Brazilian population, deficiency in the resolution of basic care and with the insufficient number of professionals of the nursing team in the emergency units, there are patients who need to attend the health services, especially in the emergency units,

causing overcrowding and, consequently, difficulty for the nursing team to provide quality care.

Herein, it was noticed that, even when provided by law, the protection and promotion of health for the professional in his work environment has not always been ensured. This environment exposes daily the professional, especially nursing, to physical and psychological risks. It was reported by the interviewees as factors that made it difficult to carry out their activities in a satisfactory way, as follows: lack of material resources, lack of human resources, excessive daily activities, patient demand beyond the physical conditions of the hospital inadequate to meet all demand and often due to deficiency in the resolution of basic care, lack of professional recognition by patients and caregivers.

These factors add up and directly affect both the professional's self-esteem and emotional structure, then contributing to exposing the nursing team to situations that provide a sensation of decreased stimulation to perform their functions and feeling of impotence. In this way, it is necessary that there is an improvement in the working conditions in the Emergency Unit so that the health of the nursing team is guaranteed and thus these professionals can provide quality assistance to the patients without causing damage to itself.

Hence, when identifying the existence of potential factors for the development of stress in professionals of the emergency unit nursing team from the HGPV, the present study may contribute to the management of this hospital, through the dissemination of results, so that there is improvement of the working conditions and, consequently, health guarantee of the nursing professionals.

REFERENCES

1. Salome, GM; Martins, MFMS; Esposito, VHC. Sentimentos vivenciados pelos profissionais de enfermagem que atuam em unidade de emergência. Rev bras enferm [Internet]. 2009 Dez [Acesso em 2012 Ago 28]; 62 (6). Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000600009&lng=en&nrm=iso>. <http://dx.doi.org/10.1590/S0034-71672009000600009>.
2. Brasil. Ministério da Saúde. Política nacional de atenção às urgências. Ministério da Saúde. (Série E. Legislação de Saúde). 3ª. ed. ampl. Brasília: Editora do Ministério da Saúde; 2006.
3. Brasil. Ministério da Saúde. Lei 8080. Brasília: Editora do Ministério da Saúde; 1990. Legislação de Saúde.
4. Minayo, MCS (org.); Cruz Neto, O; Gomes, R. Pesquisa social: teoria, método e criatividade. 28ª. ed. Petrópolis (RJ): Vozes; 2009. p.108.
5. Richardson, RJ; Peres, JAS. Pesquisa social: métodos e técnicas. 3ª. ed. São Paulo: Atlas; 2009.
6. Lakatos, EM; Marconi, MA. Metodologia do trabalho científico: procedimentos básicos, pesquisa bibliográfica, projeto e relatório, publicações e trabalhos científicos. 4ª. ed. Rio de Janeiro (RJ): Atlas; 2001.
7. Bardin, Laurence. Análise de conteúdo. São Paulo: Edições 70; 2011.
8. Brasil. Ministério da Saúde. Resolução 196/96. Conselho Nacional de Saúde. Brasília: Editora do Ministério da Saúde; 1996. Legislação de Saúde.
9. Conselho Federal de Enfermagem (COFEN). Resolução n. 293 de setembro de 2004. Fixa e estabelece parâmetros para dimensionamento do quadro de profissionais de enfermagem nas instituições de saúde e assemelhados. 21 Set 2004. [Acesso em 2012 Dez 20]. Available from: <http://www.coren-sp.gov.br/drupal6/node/3538>

10. Castro, JL de. *Gestão de Trabalho no SUS: entre o visível e o oculto*. Natal: Editora Observatório RH NESC/UFRN; 2007.
11. Assunção, AÁ. *Trabalhar na saúde: experiências cotidianas e desafios para a gestão do trabalho e do emprego*. Rio de Janeiro: Editora Fiocruz; 2011.
12. Fakihi, FT; Tanaka, LH; Carmagnani, MIS. Ausências dos colaboradores de enfermagem do pronto-socorro de um hospital universitário. *Acta paul enferm* [Internet]. 2012 [Acesso em 2013 Jan 09]; 25 (3). Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002012000300010&lng=en&nrm=iso>
13. Brunner, LS; Suddarth, DS. *Tratado de enfermagem médico-cirúrgica*. 11ª, ed. Rio de Janeiro: Guanabara Koogan; 2008. Interamericana.
14. Maya, CM; Simoes, ALA. Implicações do dimensionamento do pessoal de enfermagem no desempenho das competências do profissional enfermeiro. *Rev bras enferm* [Internet]. 2011 Oct [Acesso em 2013 Fev 02]; 64 (5). Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000500015&lng=en&nrm=iso>. <http://dx.doi.org/10.1590/S0034-71672011000500015>.
15. Montezelli, JH; Peres, AM; Bernardino, E. Demandas institucionais e demandas do cuidado no gerenciamento de enfermeiros em um pronto socorro. *Rev bras enferm* [Internet]. 2011 Apr [Acesso em 2012 Dez 13]; 64 (2). Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000200020&lng=en&nrm=iso>. <http://dx.doi.org/10.1590/S0034-71672011000200020>.
16. Junqueira, RMP; Duarte, EC. Internações hospitalares por causas sensíveis à atenção primária no Distrito Federal, 2008. *Rev Saúde Pública*. 2012 Oct. São Paulo, 46 (5).

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