



Mental well-being of nurses at an urgency and emergency hospital


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Objective: to identify nurses' self-perception about the factors that interfere with their mental well-being during the work process in an urgency and emergency hospital.

Method: a field study with a qualitative approach conducted by means of interviews with nurses in the red wards (trauma and clinic) of a reference hospital, located in the state of Alagoas. **Results:** there are several factors that positively or negatively affect the mental well-being of nurses, who work in urgency and emergency hospitals. The worker's mental illness process is unique, complex, and dynamic, in addition to being multifactorial. Thus, even with several negative factors found in the workplace, the positive factors can stand out and minimize the unhealthy interferences suffered by professionals. **Conclusion:** it is important that nurses and institutions are sensitive about this topic, which is still neglected, so that strategies compatible with the reality of each location and which can provide quality of life and mental well-being at work are built.

Descriptors: Mental Health; Occupational Health; Nursing; Urgency; Emergency.

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Bem-estar mental de enfermeiros em um hospital de urgência e emergência

Objetivo: identificar a autopercepção dos enfermeiros acerca dos fatores que interferem em seu bem-estar mental durante o processo de trabalho em um hospital de urgência e emergência. **Método:** estudo de campo com abordagem qualitativa realizado por intermédio de entrevistas com enfermeiros(as) das alas vermelhas (trauma e clínica) de um hospital referência, localizado no Estado de Alagoas. **Resultados:** existem diversos fatores que afetam, de forma positiva ou negativa, o bem-estar mental de enfermeiros que trabalham em hospitais de urgência e emergência. O processo de adoecimento mental do trabalhador é singular, complexo e dinâmico, além de ser multifatorial, desta forma, mesmo com diversos fatores negativos encontrados no ambiente de trabalho, os fatores positivos podem se sobressair e minimizar as interferências insalubres sofridas pelos profissionais. **Conclusão:** é importante que ocorra uma sensibilização das instituições e enfermeiros sobre o tema, que ainda é negligenciado, para que sejam construídas estratégias, compatíveis com a realidade de cada local, que possam proporcionar qualidade de vida e bem-estar mental no trabalho.

Descritores: Saúde Mental; Saúde do Trabalhador; Enfermagem; Urgência; Emergência.

Bienestar mental de enfermeros en un hospital de urgencia y emergencia

Objetivo: identificar la autopercepción en el personal de enfermería sobre los factores que interfieren en su bienestar mental durante el proceso laboral en un hospital de urgencias y emergencias. **Método:** se lleva a cabo un estudio de campo con enfoque cualitativo mediante entrevistas con enfermeras de las alas de riesgo (trauma y clínica) de un hospital de referencia en el Estado de Alagoas. **Resultados:** el bienestar mental del personal de enfermería que trabaja en hospitales de urgencias y emergencias se ve afectado positiva o negativamente por diversos factores. Dada la condición de unicidad, complejidad y dinamismo del proceso de enfermedad mental del trabajador de la salud; ante su esencia multifactorial, que incluye los varios factores negativos presentes en el entorno laboral, es posible que se pongan de relieve los factores positivos y se reduzcan, por tanto, las interferencias insanas que sufren los profesiones. **Conclusión:** es importante concienciar a las instituciones y a los enfermeros sobre el tema, que continua desatendido, con miras al desarrollo de estrategias alineadas con la realidad de cada local a fin de ofrecer calidad de vida y bienestar mental en el trabajo.

Descriptorios: Salud Mental; Salud del Trabajador; Enfermería; Urgencia; Emergencia.

Introduction

Labor organizations in our society follow a capitalist perspective, in which professionals are submitted to a high load of requirements and are framed into high production goals, in addition to the individualized evaluations and requirements that go beyond the health limits, likely to cause mental suffering to the worker⁽¹⁾.

In the last decades, studies on workers' quality of life were deepened and the term well-being was incorporated, which is defined as a positive health perception field, relating to affective and quality of life dimensions in the work routine. On the mental health side, well-being is designated as a systemic response that the body expresses by being subjected to certain life situations such as satisfaction, happiness, desires, disease, affection, cognition, emotions, feelings, experiences, and individual perspectives⁽²⁻⁴⁾.

Health professionals are prone to mental wear out, mainly those who work in hospital environments, since these are naturally exhausting, unhealthy, and stressful places. This process worsens in urgency and emergency institutions, where the professionals are often exposed to unbearable and unsustainable moments. This is very much due to the characteristics of the care provided in these units, where there is the need for resoluteness, rapid responses, no pre-established routines and, often, amid overcrowding and material shortage but, at the same time, having to provide efficient and integrated care, considering the needs and singularities of each user, causing vulnerability to physical and mental exhaustion⁽⁵⁻⁶⁾.

Nurses are the workers that most get in contact with the patient; this proximity added up to low wages, exhausting routines, second jobs, and extended working hours, makes these professionals go through a process of mental and physical wear out, emotional exhaustion, and feeling of frustrations and failure⁽⁷⁻⁸⁾.

The feelings caused by working in urgency and emergency institutions are diverse and intrinsic to each individual. Even amid difficulties of the environment, the professionals are capable of finding elements that cause satisfaction, happiness and fulfillment, thus providing them with gains in mental well-being, taking as an example the relationship with other professionals and with patients⁽⁹⁾.

Given the above, this study aimed to identify the self-perception of nurses on the factors that interfere with their mental well-being during the work process in an urgency and emergency hospital.

It is pointed out that the studies will be discussed in the institution where the research was carried out and in other institutions that have similar processes, contributing to improving the working conditions and the mental well-being of nurses. It is thus expected that, from this study

on, a sensitization of health professionals and institutions may occur, mainly of the nurses, about the theme. This work is also significant due to the scarcity of research studies on the theme.

Method

For the development of the research, a qualitative methodology was chosen, as it allows for a deeper and more realistic understanding of the individuals' subjective perceptions, enabling to observe, record, and analyze the study object with more proximity since, in its process, it is possible to know the subjects' experiences⁽¹⁰⁻¹¹⁾.

The field study was conducted through interviews with 09 red ward nurses (trauma and clinic) from a reference hospital in urgency and emergency, located in the city of Maceió, state of Alagoas. The number of participants was defined through the technique of data saturation.

The following inclusion criteria were adopted for their selection: nurses working for a period of six months or more in the red wards of the hospital. The exclusion criteria were as follows: nurses on vacation, leave, or any kind of distancing from work.

The data collection instrument used was a form in which 10 questions were listed referring to the employment contract, weekly working hours, perception of the work environment, suggestions for improving mental health at work, and work interferences in mental well-being. The approach to the interviewees occurred by means of a personal approach, when they were explained about the project, the objectives, and benefits, as well as, all clarifying doubts regarding the research. Respecting the availability of the participants, the interviews were scheduled, which occurred in the resting rooms of the red wards of the hospital, at moments when only the interviewee and interviewer were there to assure privacy at the data collection moment.

After data collection, which was done by audio recordings of the interviews, the data and information obtained were transcribed in full and excerpts were selected so that an interpretation and analysis could be conducted based on the instrument idealized by Moraes, in which this stage is divided into four phases. The first deals with the dismantling of the texts, where all the materials are thoroughly examined with the objective of identifying their constituent units; after that, the second phase begins, the establishment of relations or categorization, where there is a classification of the units found in the first stage with the objective of understanding how they can be reunited in more complex sets. The third phase is defined as "capturing the new emergent", which uses as a base the meta-text resulting

from the first two stages to show and understand the products found in a new way, combining the several elements built throughout the process. Finally, the fourth phase, called self-organized process, where new understandings of the subject matter emerge from the author's organizational sense and perceptions about the products found⁽¹²⁾.

The research was approved by the Ethics and Research Committee through opinion number 1,605,972. Data collection was carried out periodically, between July 2016 and June 2017, according to the schedule provided by the institution and the interviewees. They were informed about the research and invited to collaborate, clarifying all doubts, to then sign the Free and Informed Consent Form.

Results

To understand the specificities of the work of nurses who work at this place, questions were asked to the participants about their work routines and qualifications.

All (100%) continued studying. Six attended only one specialization (66.7%) and three attended more than one specialization (33.3%). Regarding the specialty, four were specialists in urgency and emergency (44.4%) and three did not have this specialty in their curriculum (33.3%).

Regarding the number of jobs, five had more than one job (55.5%) and four worked only at the study site (44.4%). They were asked only the weekly workload for that job, so there were only two different numbers, thirty weekly hours which seven nurses stated working (77.8%) and twenty-four weekly hours, which two nurses stated working (22.2%).

When asked about the working time at the study institution, the answers ranged from six months to six years. Two nurses answered from six months to one year (22.2%), three nurses from one to two years (33.3%), from two to three years, only one nurse (11.1%), from three to four years also one nurse (11.1%), and from five to six years, two nurses (22.2%).

From the gathering of information about the participants' profile, the interviewees were asked about the discursive questions, which provided support for the qualitative analysis. In respect to anonymity, the respondents were designated in code format between E1 and E9. In the discussion and presentation of the results, these codes will be used.

From the analysis of the data obtained in the interviews, three thematic categories were developed, which will be exposed below: main factors that negatively interfere with mental well-being; main factors that positively interfere with mental well-being; and, promotion of mental well-being in the work environment. In the presentation of these categories,

transcript excerpts from the interviews that enables the exposition and deepening of the content studied will be used.

Main factors that positively interfere with mental well-being

All the subjects managed to report some factor that positively interfered with their well-being. By means of the analysis of the interviewees' speeches, it was possible to determine the following factors that play this role: the relation between team and work colleagues; professional fulfillment at work; satisfaction in helping the patient; and professional vocation. However, the relation between the team and work colleagues, and professional fulfillment at work were those that stood out the most; thus, subcategories were created to address these themes more profoundly.

Relation between the team and work colleagues.

The relation between the team and work colleagues was identified in the speeches of six interviews (E1, E2, E5, E7-E9), illustrated in the following reports:

[...] somehow you make new friends, you have a dialog with the work colleagues, with the doctors, experience exchange and all this is worth it (E2); We try to work harmoniously with the team, this helps a lot [...] we try to balance with the team's structure, it gets easier for us not to absorb the work environment issues and seek to understand the patient in a general context. It softens (E5).

Professional fulfillment at work

Another factor that stood out, as it was expressed by six participants, was professional fulfillment at work; the following lines evidence this result.

[...] for me it's rewarding, I don't have complaints in relation to the position I occupy, for me it's rewarding and I like what I do, I'm professionally fulfilled, you know? I gave up my other job to be only here because, there, I wasn't happy (...) of course, we need to be financially well, but we have to be at a place where we feel well and where we are well, but there this didn't happen (E2); [...] it's something that we like, something that comes from the heart, even with the difficulties, we're here because we like it or it's vocation. For me, I think that it's because it's a vocation, you know, I like it. Even with a busy, exhausting duty, several serious patients, several patient admissions, it still is rewarding, because we know that the little we did we've done it with the heart (E7).

Main factors that negatively interfere with mental well-being

In this category, only participant E3 did not mention any negative factor. By analyzing the reports of the interviewees, it was possible to identify the following

factors as negative: shortage of material resources; work overload and high demand; shortage of human resources; overcrowding; conflicts in the work team; conflicts with patients and family members; and contact with death. However, by the relevance in the nurse's lines, shortage of material resources and work overload and high demand stood out; thus, it was decided to create subcategories about these themes to enable a greater debate.

Shortage of material resources

Throughout the research, it was possible to identify various factors of the work itself that negatively interfere with the mental well-being of the participants, with shortage of material resources standing out, as reported by seven participants (E1, E4-E9).

[...] several case types and the professionals don't have conditions to provide support due to lack of material [...] sometimes there's a needle, a syringe, a procedure glove missing, and we have to use a sterile one [...] (E6); [...] work material that we keep trying to get, trying to solve what does not depend on us, we request, but it does not depend on us [...] it's distressing to know that there is no stretcher for the patient, because he needs to take an exam. It's distressing, sometimes, we want to change a patient and sometimes there's no material such as diapers, sheets [...] (E7); [...] the lack of material, supplies, the deficient number of employees to assist the patients and thus, it also results in work overload (...) often we are overloaded, more employees are needed (E9).

Work overload and high demand

The second most mentioned factor was work overload and high demand, present in the statements of five interviewees.

Stress, tiredness from duties when the sector is overloaded, the patient limit, if not I'm mistaken, is 35 or 38 patients and sometimes, we end up assisting 60, once I saw 63 patients being admitted here (E2); Well, I feel fulfilled, on one hand, it is where I'd like to work, which is in urgency and emergency, but on the other hand, it is too much demand, several types of cases and the professionals don't have conditions to offer support due to lack of material, structure [...] (E6); [...] overload, you know, because it's demand, there's only this general hospital here (in Alagoas), the general hospital where the flux is enormous, the demand is big (E7).

Promotion of mental well-being in the work environment

The strategies used by the participants to promote mental well-being in the work environment were identified in the speeches. Interviewee E3 was the only one who did not mention any resource with this

purpose, for informing that he did not suffer negative interferences.

The strategies most used by the nurses to minimize the negative factors affecting well-being at work were self-solving, mentioned by seven interviewees, namely: E1, E2, E4, E5, and E7-E9.

[...] I myself try to separate the professional dimension to not interfere that much. I don't think too much about work when I'm home, in leisure time we leave it aside a little bit, the hospital, public health and this work dimension (E7); I try to, uh... hang out, distract, when I'm off for the weekend, watch a movie. Understand? Doing something, that... that... makes me forget momentarily the things which I experience every day here (E6).

Only interviewee E5 indicated seeking aid in therapies to try to minimize the negative interferences in his mental well-being.

[...] always trying a therapy, find a hobby, something to occupy my mind, always trying to study more to understand everything in a context, always improving my view, you know? So, it's this that I seek, when I don't get help. Uh... help before myself, then I really go after the other resources (E5).

All the interviewees suggested strategies capable of contributing to mental well-being in performing the work at the studied institution; of these, seven (E1, E3, E4, and E6-E9) signaled the structuring of resources and infrastructure of the institution as the factor that could most improve the working conditions and the mental well-being of the nurses.

A management reorganization mainly in the materials issue, such as stretchers, whose quantity is inappropriate for the number of patients that we receive, and a reorganization in the pharmacy and dispensing sector (E1); [...] this is a gateway, it is intended for the patient to stay here and be referred to another sector and not leaving vacancies here to other sectors, other ward is necessary, and also a new ICU that could take all patients (E4); [...] it should supply the highest amount of material needed so that we don't run out of the necessary materials and supplies (E9).

Other factors that could improve well-being in the nurses' work were identified, namely: management and administrative organization; permanent education, and psychological support. Of these, psychological support stood out.

[...] nurses are still the most exposed professionals and those who have the most contact with the diversities. So, the more you expose yourself, the more vulnerable you get to the problems, thus, I think that not only the nursing work issue should be worked on but also the psychological factor (E5); A suggestion, I believe, would be a support for us professionals, you know?

Psychological, something like this, to improve it [...] (E6); (...) giving more working conditions, like... Materials needed, environmental reform on the physical part and psychological support for the employees (E8).

Discussion

The mental well-being of the nursing work is of a perceptive and individual nature. The feelings in the performance of work activities are related to several factors that affect the professionals in different ways; thus, a single factor can generate positive feelings in one person and negative ones in another⁽¹³⁾. Conclusions or evaluations of the interviewed nurses' mental well-being, in this study, cannot stem from a joint or superficial analysis; each individual brought their self-perception about reality.

By means of the study on the nurses' self-perception, shown in their statements in the presentation of the results, this research found several factors that interfere with mental well-being in the work environment, which affect the feelings and experiences of nurses in diverse ways, being favorable or harmful for quality of life in the work environment.

Main factors that positively interfere with the mental well-being of nurses

Relation between the team and work colleagues.

The good relationship in a team is recognized as one of the most important factors for the mental well-being of nurses in the work environment. Effective communication and a cooperative feeling can make the service quality more efficient, resolute, and fast; in this way, the professionals can perform their duties without the need to put too much physical and mental effort beyond what is necessary⁽⁹⁾. In the interviewees' speeches it is possible to identify that, in the studied environment, this relationship had a positive impact and it was capable of providing better quality of life at work.

In the reality of urgencies and emergencies, where overload and demand are high, good relationships are still more emphasized, since the more fluid the care provided, fewer complications occur and, therefore, more quality of life at work, which can significantly favor the mental well-being of nurses⁽⁹⁾.

The relationships between team and co-workers are complex and subjected to individual interpretations. Depending on the experiences lived by each individual, these relationships may become favorable for mental well-being or not⁽¹⁴⁾. The relationship of the interviewed nurses with the work team, the multi-professional Nursing team, in the unit where the data collection of this study took place, was positive to mental well-being:

joint action, in favor of the patient amid adverse events, stood out as the main element so that it could occur.

The interviewees, in a more discreet manner, also pointed out that coexistence with other members of the work team was stressful for mental well-being. In a research study carried in a Brazilian public hospital, it was verified that this difficult intervention, in some cases, can become the factor that causes most stress to the nurses due to the friction that occurs during the work routine, being a factor of dissatisfaction in professional performance⁽¹⁵⁾.

It was noticeable during the analysis of the results that interpersonal relationships can be determinant for well-being at work. The experiences lived together by the multi-professional team during the service cause diverse feelings to the nurses, which, when in harmony, can favor the improvement in the care quality and agility in performing tasks, becoming one of the main factors of mental well-being and satisfaction at work, as verified in the study site.

Professional fulfillment at work

Professional fulfillment at work is directly related to the mental well-being of nurses, both in the professional and personal scope. When the interest in the development of their functions becomes discouraging, the workers enter a process of emotional exhaustion, which affects the quality of their care and their satisfaction at work, as well as it permeates the social and family spheres. In this process, nurses start to evaluate themselves in a negative way, directly interfering with their mental well-being⁽¹⁶⁾.

As it could be observed in the questions asked to the interviewees, even in an unhealthy place for the performance of the services, feeling well and motivated with the functions they carry out mitigates the negative interferences. This cannot be the only resource to promote mental well-being and does not exempt the responsibilities of the institutions in providing a proper work environment; however, it is fundamental for professional satisfaction.

Fulfillment in the activities they perform, even if simple, can generate several positive and rewarding feelings for the nurses. By providing care in a favorable intrinsic perspective, where the individuals are aware that they are doing a good job, the construction of an own identity is allowed for the subject, in which each nurse can formulate a particular view of their reality and overcome the adversities to which they are submitted⁽¹⁷⁾. This analysis corroborates the results found in this research since, despite the existence of negative factors, the positive factors, when present, can minimize and enable gains to the well-being of nurses.

Main factors that negatively interfere with the mental well-being of nurses

Shortage of material resources

Nursing care goes much beyond the provision of care actions, the professionals often perform an invisible task of drawing actions that ensure comprehensive care to the patient, even in the sector's adversity. In the reality of urgency and emergency hospitals, nurses are the ones who articulate and seek strategies to solve chronic problems, mainly in public institutions, such as lack of medications, correlated supplies, and pieces of equipment⁽⁹⁾. This fact demands time and effort, as could be observed in the present study, in which the participants needed to improvise or seek for basic supplies so that they could continue the work, causing anxious processes and negative feelings and, therefore, interfering with mental well-being.

The institutions that do not provide proper subsidies to the worker, most often provoke some negative overload for mental well-being, due to the great work demand to which nurses are subjected; however, in other occasions, this adversity can generate in the team a positive feeling, where teamwork in the provision of quality care surpasses the inadequate conditions, as evidenced in the results of this research, whose interviewees pointed to a relationship with the work team as a favorable factor⁽⁹⁾.

Accordingly with the information emerged in this study, some authors verified that the shortage of material resources is characterized as the main problem for the mental well-being of nurses, such as in the research study carried out in a public hospital in the inland of São Paulo that evidenced such factor as the most stressful for nurses in the performance of their activities⁽¹⁸⁾. In another study, it was identified that, in the work daily routine in urgencies and emergencies, this is the main difficulty listed by the nurses, negatively interfering with workers' satisfaction⁽¹⁹⁾.

The hospital that served as study environment is a public institution that suffers from precariousness and shortages. By evaluating the nurses' self-perception of their work, it is possible to verify that this working condition is mentally exhausting and stressful, in addition to causing negative feelings since they are subjected to a stressful work routine.

Work overload and high demand

Work overload and high demands are constant in urgencies and emergencies⁽²⁰⁾. There are several factors that lead to this situation, among which are the fast pace that the professionals must follow, the direct contact with the patients' suffering, pain and death, inadequate material resources, precarious

infrastructure, overcrowding, and multiple tasks, can have a negative impact on the mental well-being of nurses⁽²¹⁾.

Due to the precariousness of the Unified Health System (*Sistema Único de Saúde, SUS*), the current scene of Brazilian urgency and emergency services promotes great wear out in the nurses, mainly in great urban centers of the Northeast region⁽²²⁾. This assertion corroborates with the present research, which was carried out in Maceió/Alagoas, one of the largest urban centers in the Northeast, where the interviewees reported in their speeches the existence of negative interferences in mental well-being because of the requirements to which they were subjected.

Many times, it is in public institutions that the professionals most commonly come across work excess, lack of control to establish priorities, insufficient remuneration and recognition, generating a process of overload, in which more time and effort are necessary to try to solve the difficulties found⁽¹³⁾. This can be observed by correlating the reality of the participants interviewed, from the need to request or seek correlates that were lacking, in ergonomically inadequate or damaged structures, to the impossibility of providing assistance due to material shortage, which consequently affects the "feeling well" at work.

Promotion of mental well-being in the work environment

Illness at work is a dynamic and multi-causal process that affects different dimensions of each individual. The physical aspects are more valued, as they are more perceptible, while the mental ones, for being intrinsic to each participant, end up being neglected and only draw the attention when the overload level on the workers hinders their activities⁽²³⁾. Most of the nurses participating in this study did not feel duly welcomed in their mental aspects by the institution they work in, since it did not adopt measures to promote mental well-being or that would reduce the stress-triggering factors.

Addressing the negative factors affecting the mental well-being of Nursing workers as the best way to solve them⁽²⁴⁾. However, the nurses did not have this view since, to solve work problems, they tried to dissociate or forget what was experienced in the work environment; over time, this factor can cause mental overload to the nurses, as noted in the speeches of the participants who were in the institution.

Another point that stood out as a promoter of mental well-being is the professionals attending to complementary therapies, where better responses to the negative factors found in the work routine were enabled. There are several therapeutic approaches that can help the workers, such as focus groups and occupational therapies, which, when carried out properly, provide

the worker with improvements such as interaction with the team, organization, dynamics, and recognition of the difficulties that affect them, thus enabling positive changes at work⁽²⁴⁾.

The decrease in the well-being of nurses causes professional dissatisfaction and impairments in the care provided to the patient; to try and reverse this situation, it is necessary to know and act over the triggers that provoke wear out and negative interferences⁽²⁵⁾. Apart from the nurses themselves, the work institutions also need to actively participate in the process of improving the mental health of their employees, proposing and implementing actions that promote this, in particular, the guarantee of adequate working conditions, an issue raised by most of the nurses interviewed.

Conclusion

The mental well-being of nurses who work in urgency and emergency hospitals is a unique, complex, and dynamic process, in addition to being multifactorial. To know the mental well-being of nurses, it is necessary to take a deep look not only at their routine and the environment where they are inserted, but also to know, listen, and understand the particularities and perceptions of each one of them.

The nurses interviewed were capable of expressing, through their speeches, a series of factors that positively or negatively interfere with their mental well-being. Thus, it was possible to conclude that the work at urgency and emergency services is heterogeneous, capable of generating several feelings, opinions, and emotions in those who work there, and these can be favorable or not for mental well-being.

As solution strategies, various approaches can improve the working conditions and mental well-being of nurses; for this, it is necessary to know the reality of each work environment, as well as of the determinant factors of workers' health. Thus, it is possible to draw actions that minimize the interferences of the stressors found, in addition to stimulating the factors favorable for quality of life, such as complementary therapies, occupational therapy, rounds of talks, psychotherapy, labor gymnastics, and manual relaxing techniques. It is worth mentioning the importance of the participation of institutions, managers, and professionals in this process.

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Author's Contribution


Study concept and design: Rafael dos Santos Nascimento, Cristiane Maria Alves Martins, Thyara Maia Brandão. Obtaining data: Rafael dos Santos Nascimento. Data analysis and interpretation: Rafael dos Santos Nascimento, Cristiane Maria Alves Martins, Thyara Maia Brandão, Mara Cristina Ribeiro. Statistical analysis: Rafael dos Santos Nascimento. Drafting the manuscript: Rafael dos Santos Nascimento, Cristiane Maria Alves Martins, Thyara Maia Brandão, Mara Cristina Ribeiro. Critical review of the manuscript as to its relevant intellectual content: Rafael dos Santos Nascimento, Cristiane Maria Alves Martins, Thyara Maia Brandão, Mara Cristina Ribeiro.

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