

Estrés y estilos de afrontamiento de las enfermeras de un hospital en Veracruz

Stress and confronting styles of the nurses of a hospital in Veracruz

Esforço e estilos de enfrentamento de enfermeiras em um hospital em Veracruz

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Resumen

Hoy en día el estrés se ha convertido en un problema de salud para los individuos por diversas situaciones como la inseguridad, la economía personal, los divorcios y, sobre todo, el entorno laboral. Uno de estos sectores laborales es el hospitalario donde las necesidades de la sociedad por problemas de enfermedades han llevado a un incremento de pacientes en cuidados intensivos, propiciando que muchos profesionistas del sector salud tengan que afrontar diversos problemas para su solución. Por ello, el objetivo de este estudio fue determinar el estrés y los estilos de afrontamiento del personal de enfermería de cuidados intensivos de un hospital en Veracruz Puerto. La metodología aplicada fue cuantitativa, descriptiva, transversal y prospectivo. La población fue de cinco enfermeros (15.2%) y 28 enfermeras (84.8%), que participaron con previo consentimiento, sumando un total de 33 enfermeros de los tres turnos. Los instrumentos aplicados fueron una entrevista y la prueba de Perfil del Estrés de Nowack. Los resultados mostraron que 21 enfermeros (2 enfermeros y 19 enfermeras), reportaron percepción moderada de estrés y el resto baja. En estilos de afrontamiento, 16 enfermeros (4 hombres y 12 mujeres) usaron moderadamente la valoración positiva ante un problema presentado. En la entrevista, aproximadamente 60% del personal (3 hombres y 17 mujeres) manifestaron que el mayor problema laboral es la falta de insumos; seis trabajadores con una antigüedad menor a cinco años, presentaron mayor percepción de estrés. Por otro lado, en cuanto al género y estado civil se resalta que las enfermeras y los enfermeros que tienen de dos a tres hijos su estrés es moderado, no así con los que tienen solo uno o ninguno. Se denota también que las mujeres presentaron un estrés mayor que los hombres. Por otra parte, los turnos laborables de la población encuestada reflejan que 11 del turno matutino y 8 del turno vespertino evidencian estrés moderado. Con base en el perfil de estrés, se concluye que el estrés en el hospital estudiado es moderado y en el caso de los estilos de afrontamiento se observaron respuestas adecuadas en soluciones positivas ante una situación laboral estresante.

Palabras claves: estilos de afrontamientos, estrés, perfil de estrés.

Abstract

Nowadays, stress has become a health problem for individuals because of many situations such as insecurity, personal economy, divorces and, specially, the work environment. One of these labor sectors is the healthcare sector where the society's needs derived of disease's problems had led to an increase of patients with intensive care, causing that many of the health sector professionals had to confront some problems for its solution. Therefore, the main objective of this study was to determine the stress and the confronting styles of nurses at the intensive care area of a hospital in Veracruz Port. The methodology used in this research was a descriptive, observational, transversal and prospective study. The population were five male nurses (15.2%) and 28 female nurses (84.8%), in total 33 nurses of the three shifts, with previous concern. The results showed that 21 nurses (19 female nurses and two male nurses) reported moderate stress perception, while the rest reported low stress perception. In the confronting styles, 16 nurses (four men and 12 women) used in a moderate way a positive valuation before a problem. At the interview, around the 60% of the personal (three men and 17 women) manifested the lack of supplies as the major labor problem. Six workers with employment relationship bellow five years presented more stress perception. On the other way, about the genre and civil status, it stands out that nurses with two to three children have moderate stress, the contrary with those with one or none child. It also stands out that women shows more stress tan men. Additionally, laboral shifts of survey respondents show that 11 people from the morning shift and eight people from the evening shift have moderate stress. Based on the stress profile, the conclusion is that the stress in the hospital is moderate and, in the case of the confronting styles, they looked appropriate as a positive solution before a stressing labor situation.

Key words: confronting styles, stress, stress profile.

Resumo

Hoje, o estresse tornou-se um problema de saúde para indivíduos em várias situações, como insegurança, economia pessoal, divórcio e, acima de tudo, o ambiente de trabalho. Um desses setores trabalhistas é o hospital onde as necessidades da sociedade para problemas de doenças levaram a um aumento de pacientes em terapia intensiva, fazendo com que muitos profissionais do setor de saúde tenham que enfrentar diversos problemas para sua solução. Portanto, o objetivo deste estudo foi determinar o estresse e os estilos de enfrentamento da equipe de enfermagem de cuidados intensivos em um hospital no porto de Veracruz. A metodologia aplicada foi quantitativa, descritiva, transversal e prospectiva. A população era de cinco enfermeiros (15,2%) e 28 enfermeiras (84,8%), que participaram com consentimento prévio, somando 33 enfermeiros dos três turnos. Os instrumentos aplicados foram uma entrevista e o teste Nowack Stress. Os resultados mostraram que 21 enfermeiras (2 enfermeiros e 19 enfermeiras) relataram percepção moderada de estresse e o resto diminuiu. Em estilos de enfrentamento, 16 enfermeiras (4 homens e 12 mulheres) usaram moderadamente a avaliação positiva de um problema apresentado. Na entrevista, aproximadamente 60% do pessoal (3 homens e 17 mulheres) afirmou que o principal problema de trabalho é a falta de insumos; seis trabalhadores com idade inferior a cinco anos, apresentaram maior percepção de estresse. Por outro lado, em termos de gênero e estado civil, enfatiza-se que os enfermeiros e enfermeiras que têm de dois a três filhos estão moderadamente estressados, não com aqueles que têm apenas um ou nenhum. Também se observou que as mulheres apresentaram maior estresse do que os homens. Por outro lado, as mudanças de trabalho da população pesquisada refletem que 11 do turno da manhã e 8 do turno da tarde apresentam estresse moderado. Com base no perfil do estresse, conclui-se que o estresse no hospital estudado é moderado e, no caso dos estilos de enfrentamento, foram observadas respostas adequadas em soluções positivas para uma situação de trabalho estressante.

Palavras-chave: estilos de enfrentamento, estresse, perfil de estresse.

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Introduction

Today, in this globalized world, modern societies function during the day and night, 365 days a year; this means that different organizations and institutions operate in three different work shifts and that employees have to submit to working hours contrary to the natural rhythm of the organism. That is to say, the modification of the cycles of activity and rest can cause an imbalance in the natural rhythms of the worker's organism and, therefore, increase the probability of the development of diseases related to the metabolic system and the mood disorders.

Neo-liberal labor and economic models have transformed social institutional structures, mainly the family, since they imply, for example, that the father and the mother have to work to support this family institution, which leads to the lifestyles and family dynamics, interpersonal and social are affected. Thus, people are exposed to various pressures on the pace of agitated life in different areas of their lives, whether family, personal and work, which means that the subject undergoes constant changes and has the need to adapt to them. If these aspects are not addressed effectively, the person may present physical, mental and emotional saturation, pushing this to the work stress that can generate, at the same time, new consequences of high impact on the health of the worker.

Stress has become a social and health problem that has great repercussions not only on the worker and his family, but also on the company. According to the World Health Organization (WHO) (2015), stress is one of the main health problems that society is experiencing today, mainly related to work stress. In this category, Mexico leads the world ranking, followed by China, who previously led this list. WHO estimates that approximately 5% to 10% of employees in developed countries worldwide suffer from work-related stress, mainly due to labor pressure, while in industrialized countries between 20% and 50% of workers suffer from it . These working conditions are observed mainly in the health sector, where doctors, nurses and nurses in this area must in many cases work at different times.

One of the most recent definitions of stress is that of Cano Vindel (2002): "stress begins with a set of environmental demands that the individual receives, which gives an adequate response, putting their coping resources in place" . When the demands of the environment (labor, social, among

others) are excessive, compared to the coping resources that are possessed, a series of adaptive reactions will be developed, mobilizing resources that imply physiological activation. This stress reaction includes a series of negative (unpleasant) emotional reactions, of which the most important are: anger, anxiety, and depression.

It is considered that stress can lead to unhealthy behaviors like smoking, drinking, among others, as it modifies health-related habits, lack of time and tension, thus reducing healthy behaviors such as adequate sleep and exercise. On the other hand, it can also produce a high physiological activation, which causes psychosomatic dysfunctions: cardiovascular, sexual problems, immunosuppression, tension headaches, with probability of developing cancer.

In a report by the International Labor Organization (ILO, 2016), it is pointed out that stress is the physical and emotional response to damage caused by an imbalance between the demands and the resources and the perceived capacities of an individual to cope to them. Work stress is determined by the organization and design of work, as well as by labor relations, and occurs when the demands of the environment do not correspond to or exceed the employee's capabilities, resources or needs, or when knowledge and their skills do not match the expectations of the organizational culture of a company to face those demands

Undoubtedly, the economy has been an essential factor where the labor aspect is more demanding in time, as it results in great personal and family sacrifices; the above triggers conflicting situations of various kinds for the subject, who needs greater adaptability to solve new problems. In order for a person to develop this adaptive capacity, he needs to know and apply a series of coping strategies that allow him to react to stressful situations to reduce those levels of stress.

According to Everly Jr. and George (1989), coping is the psychological or behavioral efforts an individual makes to reduce or mitigate stress. For the purposes of this paper, it is important to note the difference between styles and coping strategies. The former are referred to when the subject has a predisposition to a situation that is presented to him; the second represent the processes or paths that are used. This variety of coping strategies has motivated the construction of a range of styles and coping strategies comprising 18 different strategies. Moos and Billings (1982) point out that in the case of coping styles three dimensions are considered: one of them is the method used,

according to which coping has two conditions: active or avoidance; a second dimension is the focus of the response, which incorporates three conditions focused on the assessment of the situation, focused on the evaluation or on the emotions; the third dimension, proposed by Feuerstein, Labbé and Kuczmierczyk (1986), addresses the nature of the response and may be behavioral or cognitive

With the above, it can be understood that any professional and those who perform any trade are likely to suffer from work stress, so the current imbalance between supply and demand has caused in many jobs there is regular work overload, turnover shifts, toxic labor climates, poor resources or inadequate circumstances to perform work, in addition to the wages that currently exist and often fail to meet the basic needs of the subject and his family.

In this perspective, health professionals, such as nurses, play an important role: promoting, restoring, caring for and rehabilitating health through comprehensive care actions, in order to provide safety and well-being to patients. This situation can generate a strong impact of stress on health professionals, as well as anxiety of care, which can have consequences in an inadequate professional practice for the people receiving their care and care. In addition to this, if this health professional is in an area of Intensive Care, these conditions can be increased due to the management of patients in severe condition, shortages of the inputs to perform their work, and in addition to considering the age and seniority of the nurse, which leads to generate emotional overload and put to the test the resistance of this professional.

According to WHO (2015), nursing encompasses autonomous and collaborative care provided to people of all ages, families, groups and communities, sick or otherwise, and under all circumstances. It includes health promotion, disease prevention and care for the sick, disabled, and terminally ill. According to the results of the second quarter of the National Survey of Employment and Employment of the National Institute of Statistics and Geography (INEGI) (2015), in Mexico the population over 15 years of age employed as a nurse or nurse adds 475 thousand 295 people, of which 85% are women and 15% are men; for every 100 people with this occupation, 43 are professionals, 31 technical and 26 are nursing assistants or paramedics. The average number of nurses per 1000 population is 3.9, an indicator that has been increasing in the last 12 years, since in the middle of 2003 the average per 1000 inhabitants was 2.9.

Mexico continues to be below the minimum set by the Pan American Health Organization (2016), which recommends that there be between 50 and 60 nurses per 10 000 inhabitants (between five and six nurses per 1000 inhabitants). According to the Organization for Economic Cooperation and Development (OECD) Statistics Report (2014), in Mexico the number of nurses had increased from 2.2 nurses per 1000 population in 2000 to 2.6 nurses in 2012, and this figure is very high. below the average of 8.8 nurses per thousand inhabitants of the OECD member countries, which shows the deficit in the training of nurses, despite the increase that the professionalization of this occupation has had in recent decades in the country .

It should be noted that the results of the National Survey of Occupation and Employment (2015) released by INEGI show that there are 10 federative entities that have an average number of nurses above the national average, and of these entities, five meet the international standards of having between five and six nurses per 1000 inhabitants, with Tamaulipas and Mexico City with an average of 6.1 and 6.0, respectively, followed by Campeche (5.9), Colima (5.7), Coahuila de Zaragoza (5.1), Nayarit (4.9), Mexico (4.6), Jalisco (4.4), Nuevo Leon (4.3) and Chihuahua (4.2). The states of Sonora, Yucatan, and Tlaxcala coincide with the average number of nurses at the national level, or 3.9 per 1000 population. The remaining 19 states are below the national average, ranging between 3.8 Yucatan and Zacatecas and 2.3 of Puebla.

In Mexico, for the young people who decide to study the career in Nursing, the working conditions are unfavorable; in addition, it is necessary to add the little social recognition, and the various roles that it plays: as person, mother or father, wife or husband, daughter or son, what produces a greater demand in attention by his family; Likewise, the current economic situation and social insecurity has led to increased stress. A hospital is a health institution that, due to the high demand of its population, has to manage three shifts to give attention to the affiliated workers and their family. Because of the above, the assigned work shift can influence the stress and coping styles of nursing staff.

In order to promote a culture of health, it is necessary to know how to carry out an adequate prevention of psychosocial risks. This implies and implies an in-depth study in which not only the type of methodology to be used for evaluation, intervention and prevention, but also to involve the

different instances of government (Secretariat of Labor and Social Security and the National Institute of Social Development) in order to solve the problem of substance and form.

The National Institute for Social Development (2016) (INDESOL) states that all companies and institutions must respect the articles of the Federal Regulations on Occupational Safety and Health. In section V. "Normalization in occupational safety and health" it is mentioned that:

The Secretariat shall issue the Standards based on the Federal Law on Metrology and Standardization and its Regulations; the Law and this Regulation, with the purpose of establishing occupational safety and health provisions to avoid: Risks that endanger the life, physical integrity or health of workers. Adverse and substantial changes in the work environment that affect or can affect the safety or health of workers or cause damage to the work center's facilities, machinery, equipment and materials.

Likewise, INDESOL indicates that it will be able to carry out studies and investigations in companies with high rates of accidents and work diseases, in order to identify and evaluate their possible causes, as well as to define the preventive measures to be applied. Therefore, the general provisions for occupational health include research and prevention of psychosocial risk factors. In point VI "Corresponding to Organizations for occupational safety and health" establishes the promotion of a favorable organizational environment and prevention of labor violence.

As well as the Ministry of Labor and Social Security (STPS) (2016) addresses psychosocial risk factors, such as work-related stress and its consequences, through the National Program for Emotional Well-Being and Human Development at Work (PRONABET). PRONABET is a public policy aimed at generating a culture of health at work, which promotes the care of emotions at work and the prevention of psychosocial risk factors that affect the welfare of workers, such as work and economic stress, addictions, alcoholism, drug use and workplace violence, among others.

The results of living high levels of stress not only affect the worker in his physical, mental and behavioral health, but also damage the institution or work organization where the person is working; that is to say, it influences the labor dynamics and interpersonal relations and, consequently, in the labor climate that in the medium term impacts on the satisfaction and labor

production of the employee. For this reason, it is necessary to implement different studies and intervention alternatives to prevent and reduce the consequences of work stress.

Method

The type of study was prospective, since the information is recorded as the observed situation transverse occurs, because the information was collected in a single time and corresponded from April 2015 to March 2016 in a hospital in the municipality of Veracruz, Veracruz.

According to the object of study, it was considered to apply both quantitative and qualitative methodology, considering that the former give an exploratory panorama while the qualitative ones provide a deeper investigation. The quantitative technique used was that of collection through a survey applied prior verbal informed consent.

The instrument considered for the survey was the one corresponding to the psychological test of Profile of Stress of Kenneth M Nowack, conformed by seven dimensions and a total of 123 reagents.

The reliability of the instrument is determined by the formula α Cronbach, valid in items with more than two answers, and whose internal consistency is 0.89 and 0.91

For the case of the qualitative technique, an interview of 10 open-ended questions was carried out to identify the sociodemographic characteristics and the nursing staff expressed the situations they felt caused them stress in their area of work.

The objective of the research is to determine the stress profile and coping styles of the intensive care nursing staff of a hospital in Veracruz.

Population

The study population represents the set of individuals who are measured by an attribute or characteristic (Polith-Hungler, 2011).

In the hospital there are a total of 1100 nurses and nurses distributed in all areas of the hospital and in the three shifts. The sample that was considered was 100% of nurses and nurses working in the intensive care area in the three shifts, for which it is of a non-probabilistic type, since it was directed according to the object of study being a total of 37.

Considering that four did not give their consent, the remaining 33 accounted for 91.9% of the entire study population (five men and 28 women) of the Intensive Care Unit of a Veracruz hospital.

Variables

Dependent variable

Stressful work situation. According to the Mexican Institute of Social Security (IMSS) (2017), work is one of the five causes of stress, and can cause an employee both in their health and in their environment due to the imbalance that can generate between personal and work.

Independent variables

Considering the seven dimensions (dimensions) that make up the stress profile: health habits (food, rest, exercise and prevention), stressful situations (family, health, work, finances and environment), social support network, cognitive strength. Behavior type A, coping styles and psychological well-being, in addition to age and sex.

Inclusion criteria

1. All nursing professionals who accepted and gave their consent.
2. Nursing professionals in the critical care area.

Exclusion criteria

- 1.- Nursing professionals who did not give their consent to the hospital in Veracruz.
- 2.- Professionals who are from other areas other than the intensive care area.

Collection procedure

Ethical considerations. It adheres to the General Health Law in research and is considered with minimal ethical risk.

Signature of informed consent of all nurses and nurses in the intensive care area was requested, obtaining 33, to which the instrument was applied in morning, evening and evening hours.

For the case of the interview was applied to the 33 nurses and nurses in the 3 shifts.

For the analysis of the obtained information, the IBM SPSS 22.0 classification was used, identifying means, median, range, 95% confidence interval, standard deviation and relative frequencies (percentages).

Results

The mean age was 40.73 ± 7.44 ; median of 39.00; range of 31 (27-58), with a 95% confidence index of 38.09-43.37 years.

As for the interview, sociodemographic variables such as gender, seniority, work shift, marital status were identified (see Table 1).

Table 1. Datos sociodemográficos del personal de enfermería, 2015.

N= 33

| Características | n | % |
|------------------------|----|------|
| Sexo | | |
| Hombre | 5 | 15.2 |
| Mujer | 28 | 84.8 |
| Estado civil | | |
| Soltero(a) | 21 | 63.6 |
| Casado(a) | 12 | 36.4 |
| Número de hijos | | |
| 0 | 9 | 27.3 |
| 1 | 8 | 24.2 |
| 2 | 14 | 42.4 |
| 3 | 2 | 6.1 |
| Turno | | |
| Matutino | 14 | 42.4 |
| Vespertino | 15 | 45.5 |
| Nocturno | 4 | 12.1 |
| Antigüedad | | |
| ≤ 5 | 16 | 48.5 |
| 6 – 10 | 3 | 9.1 |
| 11 – 15 | 8 | 24.2 |
| 16 – 20 | 2 | 6.1 |
| ≥ 21 | 4 | 12.1 |

Source: elaboración propia con SPSS 22.

In the question of the situation that causes them greater stress in their work, 20 responded that the lack of supplies and / or surgical material to care for the patient is one of the causes that causes them emotional problems.

The analysis of the stress variable is shown in Table 2.

Table 2. Perfil de estrés del personal de enfermería, 2015.

N= 33

| Perfil de estrés | n | % |
|------------------------------|----|------|
| Estrés | | |
| Alto | 0 | 0 |
| Moderado | 21 | 63.6 |
| Reducido | 12 | 36.4 |
| Hábitos de salud | | |
| inadecuados – Con riesgo | 14 | 42.4 |
| Mínimo indispensable | 11 | 33.3 |
| Adecuados– Sin riesgo | 8 | 24.2 |
| Red Social | | |
| Insatisfecho | 7 | 21.2 |
| Moderadamente satisfecho | 18 | 54.5 |
| Satisfecho | 8 | 24.2 |
| Conducta tipo A | | |
| Mayor frecuencia | 1 | 3.0 |
| Menor frecuencia | 32 | 97.0 |
| Fuerza cognitiva | | |
| Nivel bajo | 0 | 0 |
| Nivel medio | 17 | 51.5 |
| Nivel alto | 16 | 48.5 |
| Bienestar psicológico | | |
| Insatisfecho | 0 | 0 |
| Moderadamente satisfecho | 10 | 30.3 |
| Satisfecho | 23 | 69.7 |

Source elaboración propia con SPSS 20.

Referring to the coping styles are shown in Table 3.

Table 3. Estilos de afrontamiento del personal de enfermería, 2015.

N=33

| Estilos de afrontamiento | Ausencia | | Uso moderado | | Presencia | |
|------------------------------|----------|------|--------------|------|-----------|------|
| | n | % | n | % | n | % |
| Valoración positiva | 5 | 15.2 | 16 | 48.5 | 12 | 36.4 |
| Valoración negativa | 21 | 63.6 | 11 | 33.3 | 1 | 3.0 |
| Minimización de la amenaza | 3 | 9.1 | 15 | 45.5 | 15 | 45.5 |
| Concentración en el problema | 8 | 24.2 | 16 | 48.5 | 9 | 27.3 |

Source: elaboración propia con SPSS 20.

Table 4 shows health habits.

Table 4. Hábitos de salud del personal de enfermería, 2015.

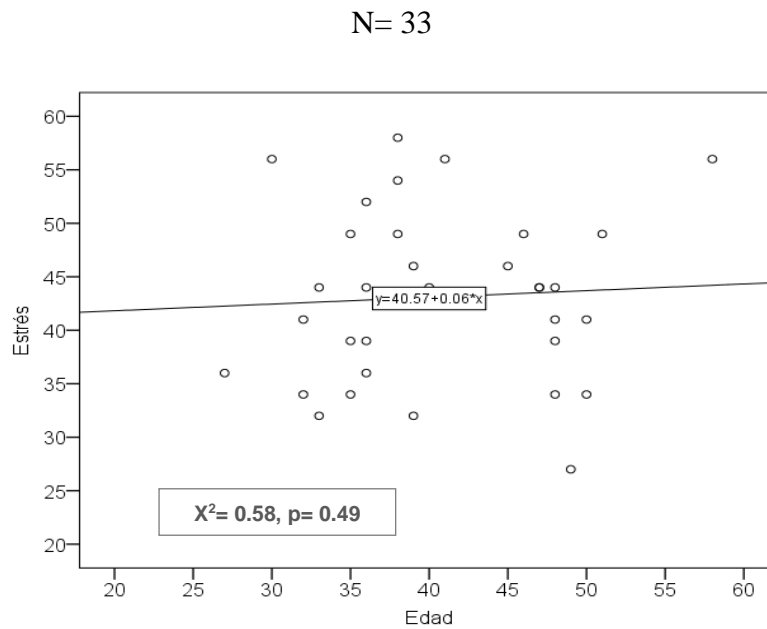
N=33

| Hábitos de salud | Inadecuados | | Mín. indispensable | | Adecuados | |
|----------------------------|-------------|------|--------------------|------|-----------|------|
| | n | % | n | % | n | % |
| Ejercicio | 24 | 72.7 | 7 | 21.2 | 2 | 6.1 |
| Descanso/sueño | 13 | 39.4 | 11 | 33.3 | 9 | 27.3 |
| Alimentación/ nutrición | 8 | 24.2 | 10 | 30.3 | 15 | 45.5 |
| Prevención | 8 | 24.2 | 14 | 42.4 | 11 | 33.3 |
| ARC | 3 | 9.1 | 2 | 6.1 | 28 | 84.8 |

Source: elaboración propia con SPSS 20.

Association analyzes established that the category of perceived stress has little relation to age ($X^2=0.58$, $p=0.49$), according to figure 1.

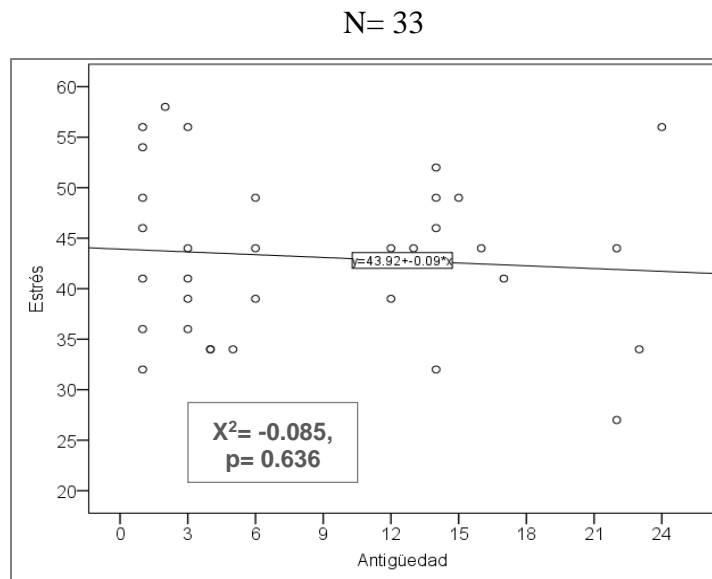
Figure 1. Relación entre edad en años y percepción de estrés de los participantes.



Source: elaboración propia con SPSS 20.

In the association between antiquity and perceived stress, Figure 2.

Figure 2. Relación entre antigüedad y percepción de estrés de los participantes, 2015.



Source: elaboración propia con SPSS 20.

The association of sociodemographic characteristics with stress is shown in Table 5.

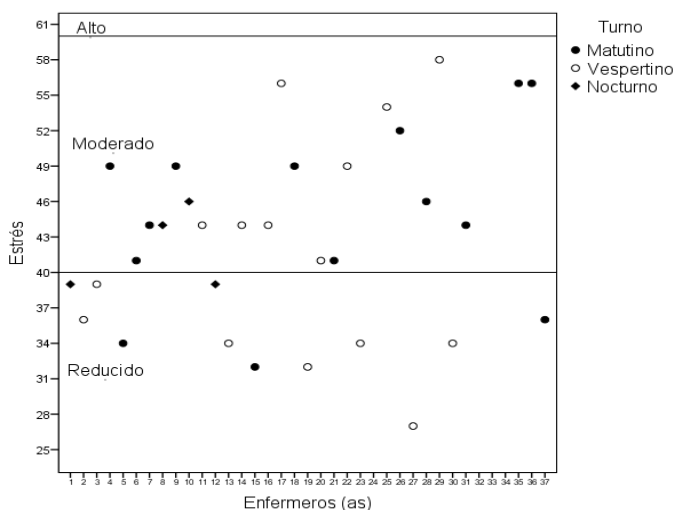
Table 5. Análisis de asociación del personal de enfermería, 2015.

| Características/Estrés | Reducido | | Moderado | | p |
|------------------------|----------|------|----------|------|----------|
| | n | % | n | % | |
| Sexo | | | | | |
| Hombre | 3 | 21.2 | 2 | 42.4 | 0.328* |
| Mujer | 9 | 32.1 | 19 | 67.9 | |
| Estado civil | | | | | |
| Soltero(a) | 7 | 21.2 | 5 | 15.2 | 0.918** |
| Casado(a) | 14 | 42.4 | 7 | 21.2 | |
| Número de hijos | | | | | |
| 0 - 1 | 7 | 21.2 | 10 | 30.3 | 0.554*** |
| 2 - 3 | 5 | 15.2 | 11 | 33.3 | |
| Turno | | | | | |
| Matutino | 3 | 9.1 | 11 | 33.3 | 0.307*** |
| Vespertino | 7 | 21.2 | 8 | 24.2 | |
| Nocturno | 2 | 6.1 | 2 | 6.1 | |

Source: elaboración propia con SPSS20.

Figure 3 shows the stress level according to the shift variable.

Figure 3. Percepción de estrés de los participantes, según turno.



Source: elaboración propia con SPSS 20.

Discussion

Stress plays an important role in the work environment, so that in the research the nursing professional was considered given his work environment, especially in the area of intensive care, because there are patients with severe problems of health. Mamani E. and Obando Z. (2007) point out that the groups most affected by work stress are especially nurses who are in contact with critical patients. On the other hand, a study carried out by Abreu D. (2011) in a hospital considers that health professionals, both physicians and nurses, who work in the intensive care unit are the most vulnerable to work stress, since they maintain with the patient an attitude of help and guidance.

The objective of this study was to determine the stress profile and coping styles of the nursing professional in the area of intensive care. The results showed that 16 nurses and nurses with a hospital age of less than five years, that is, young people, presented a greater perception of stress, not being so different from the scenario shown by the American Psychological Association (2014) that in a survey conducted with the participation of 1950 adults and 1018 adolescents in the United States gives results that unhealthy behaviors that are related to stress can begin to manifest among young people aged 18 to 33 years.

On the other hand, in terms of gender and marital status, it was identified that of the 20 nurses, 19 presented moderate and also higher stress than the male gender. About the marital status of the 33, 21 are married highlighting that the nurses or nurses who have two to three children their stress is moderate, not so with those who have only one or none.

Working shifts of the surveyed population reflect that 11 of the morning shift and eight of the afternoon shift show moderate stress.

This is evidenced by the current exigencies in which the health services force the worker to adjust the work schedule by placing them outside the physiologically appropriate times. In the study by Ramírez-Elizondo et al. (2013) points out that the system of constant rotation and adaptation of the health professional in his or her work activities makes their schedules go to extreme limits, which generates more problems that increase the stress.

For coping styles, results were found in different levels of coping, similar to what Labrador and Crespo (1993) commented when they consider that every person reacts differently to a situation that is presented according to their perception.

Villalba J. and Gavilanes M (1989) point out that the changes in sleep schedule cause the biological rhythm to be inadequate and have repercussions on the worker's quality of life. This assertion is related to the result obtained in this research where 13 of the respondents presented an inadequate rest (sleep in their health habits).

The strengths found in this study were the wide participation and openness of the nurses and nurses in the three working shifts, as well as the use of the SPSS 20 software for the statistical management of the results; however, there were limitations such as the time spent dedicated to the research.

The results of the present research allow to establish as a suggestion the need to establish in hospitals short-term strategies that seek to reduce the stress in their workers, with the purpose of promoting in them a better emotional state and, with it, a greater yield labor.

Conclusions

The following conclusions were drawn according to the analysis of the stress profile in the seven variables analyzed: health habits, stressful situations, social support network, cognitive strength, type A behavior (refers to internalized anger, expressed anger, impatience, rude driving of vehicles and competitive behaviors), coping styles and psychological well-being, in addition to age and sex.

In all three levels of stress, 63.6% were moderate and the remainder reduced, however, 16 (48.5%) nurses and nurses with moderate stress are prone to high levels. As for the shifts, it is reflected in the morning and evening a moderate stress. Following the variables, the female gender observed moderate stress, while the male gender was reduced.

Another situation that is highlighted in the interview is that the lack of inputs is the situation that causes them more stress in their work environment, since the staff has to deal with the problems that this generates, as well as having serious patients or have health complications and the necessary equipment does not work.

Following in the same line, the nursing staff mentioned that the situation that has generated the most stress is to have patients who bleed long after surgery, who do not stabilize or who become cardiac arrest, which implies that their relatives are distressed demanding immediate attention to his patient, further fomenting the tension in the work environment.

Of the 33 workers who participated in the study, 24 respondents presented inadequate health habits regarding exercise and 13 in terms of rest, which means that it is necessary to seek workshops and / or training for these health professionals to improve their health. health habits.

On the other hand, married nurses, with less seniority and with more than one child, were the ones who presented greater work stress.

With this background, it is suggested the incorporation of strategies that minimize the impacts of stressors on the mentioned professionals, as well as replicate this study in other work spaces with the intention of having more information and from the results establish mechanisms to decrease the work stress in health professionals and, with it, improve their quality of life and patient care.

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