

# THE NURSING TEAM'S INTERPERSONAL RELATIONSHIPS V. STRESS: LIMITATIONS FOR PRACTICE\*

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**ABSTRACT:** This descriptive study aimed to analyze the relations between the interpersonal relationships and stress of the professionals of the nursing team of the intensive care unit in a teaching hospital in Natal, in the State of Rio Grande do Norte (RN), Brazil. The data were collected through semi-structured interviews held between September and October 2011 with 21 members of the nursing team. The data were treated using thematic content analysis. This analysis allowed the elaboration of two categories: The nursing team's interpersonal relationships in the intensive care unit: reflections in the professionals' practice; and Inadequate communication between the team members. It was possible to evidence the context of fragile relationships which exist within the nursing team as a result of successive times of stress experienced in their work dynamic. Thus, it is necessary for these professionals to raise their awareness and notice the importance of caring for themselves in their work environment.

**DESCRIPTORS:** Nursing; Psychological stress; Interpersonal relationships.

## RELACIONAMENTO INTERPESSOAL DA EQUIPE DE ENFERMAGEM X ESTRESSE: LIMITAÇÕES PARA A PRÁTICA

**RESUMO:** Estudo descritivo com o objetivo de analisar a relação entre o relacionamento interpessoal e o estresse dos profissionais da equipe de enfermagem da unidade de terapia intensiva de um hospital universitário de Natal-RN, Brasil. Os dados foram coletados através de entrevista semiestruturada entre setembro e outubro de 2011, com 21 integrantes da equipe de enfermagem. Os dados foram tratados a luz da análise temática de conteúdo. Essa análise permitiu a elaboração de duas categorias: Relacionamento interpessoal da equipe de enfermagem na unidade de terapia intensiva: reflexos na prática dos profissionais; e Comunicação deficitária entre os membros da equipe. Foi possível evidenciar o contexto de relações frágeis que existe dentro da equipe de enfermagem em decorrência de sucessivos momentos de estresse vivenciados em sua dinâmica laboral. Assim, faz-se necessário que esses profissionais se sensibilizem e percebam a importância de cuidar de si em seu ambiente de trabalho.

**DESCRIPTORIOS:** Enfermagem; Estresse psicológico; Relações interpessoais.

## RELACIÓN INTERPERSONAL DEL EQUIPO DE ENFERMERÍA X ESTRÉS: LIMITACIONES PARA LA PRÁCTICA

**RESUMEN:** Estudio descriptivo cuya finalidad fue analizar las relaciones interpersonales en el ambiente del estrés de los profesionales del equipo de enfermería de la unidad de terapia intensiva de un hospital universitario de Natal, RN, Brasil. Los datos fueron obtenidos a través de entrevista semiestruturada entre septiembre y octubre de 2011, con 21 integrantes del equipo de enfermería. Los datos fueron trabajados a la luz del análisis temático de contenido. Ese análisis permitió la elaboración de dos categorías: Relaciones interpersonales del equipo de enfermería en la unidad de terapia intensiva: reflejos en la práctica de los profesionales; y Falta de comunicación entre los miembros del equipo. Fue posible evidenciar el contexto de relaciones débiles que hay en el equipo de enfermería en razón de sucesivos momentos de estrés de su dinámica laboral. Así, es necesario que esos profesionales se sensibilicen y perciban la importancia de cuidar de si en su ambiente de trabajo.

**DESCRIPTORIOS:** Enfermería; Estrés psicológico; Relaciones interpersonales.

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## INTRODUCTION

The current transformations in the world of work entail direct consequences for the workers' life and health, incisively and, in most cases, negatively. The increase in the work rhythm entails consumption of workers' physical and psychological energy, leading them to develop a situation of stress in their personal and professional lives.

Disharmony therefore occurs in the person-work relationship, allowing innumerable alterations in health as a result of the rhythm and work process itself. In the area of health, this can be evidenced in various aspects, among which the following stand out: workers who are excessively tired due to the long work days, triggering physical and psychological problems, responding in the form of chronic illnesses such as systemic hypertension and various musculoskeletal consequences, among which it is appropriate to emphasize occupational stress<sup>(1)</sup>.

Stress is defined as a physiological, psychological and behavioral response on the part of an individual seeking to adapt to the demands of the environment and to the internal demands, and is seen as stimulating and as a source of balance<sup>(2)</sup>. The harm only develops when this state of adaptation is inefficacious, potentially resulting in a pathological process. Occupational stress is considered a consequence of the imbalance between the work's demands and the worker's coping ability and needs<sup>(3)</sup>. Among the main precursory factors, one finds aspects of the organization, administration, and quality of the human relationships<sup>(4)</sup>.

In the profession of nursing, this context stands out, given that shift work, double and even triple shifts, as well as the working conditions, promote the appearance of negative consequences in these workers' bodies and minds, as well as in the care provided<sup>(5)</sup>. Thus, this intense labor dynamic directly influences the relationships between these professionals, as well as between them and the other members of the health team, which can lead to fragile relationships, lacking links, and a fragmented team; in this way it causes mechanized care for the patient. Moreover, these relationships may be affected due to the circumstances of the professional routine, and aggravated by the work environment in which they work; leading to various conflicts, with

stressful situations experienced within the work environment.

It is in this context that this article focuses on the interpersonal relationships and their interface with stress in the intensive care unit (ICU). This study's guiding question is: How does the nursing professional's stress influence these workers' interpersonal relationships in their work environment?

As a result, this study aimed to analyze the relationship between the professional's stress and the interpersonal relationships of the workers who make up the ICU nursing team in a teaching hospital in the city of Natal, RN, Brazil.

It is worth emphasizing that this study is relevant due to the strong influence which stress entails in the routine and in the actions of various health professionals, in particular those of nurses. As a result, it is desirable to demonstrate how this negative work-related factor is able to trigger a variety of disorders for the service, in the form of poor communication and fragile relationships between team members, directly affecting the care for the patients whom they assist.

## METHOD

This is a qualitative study with a descriptive approach, undertaken with the nursing team of an ICU in a teaching hospital in Natal, RN, Brazil.

This was chosen because it is a department of excellence for the State of Rio Grande do Norte, and because there is a high flow of students and interns/residents from various areas, whose interpersonal relationships are sometimes conflictual. In addition to this, the large number of health professionals in a single hospital environment, providing care to seriously-ill patients in a terminal state, can influence how they work in this environment.

The setting studied has a capacity of 12 beds, of which 8 are for general ICU and 4 for neurocardiology. All beds are Unified Health System (SUS), and the majority of patients have chronic pathologies or are receiving post-operative treatment. The fact that it is a teaching hospital environment entails a high flow of students from a broad variety of undergraduate courses and postgraduate courses (residencies) in health, as well as a large number of ancillary staff on each shift.

In this way, the choice of the approach afforded greater closeness between the researchers and the subjects studied, the aim being to understand the context under study, thus allowing, moreover, cross-checking and integration between the literature and the study question, leading to the comprehensive and reliable approach of the team members' perceptions regarding the context which they experience<sup>(6)</sup>.

Data collection occurred in the period September – October 2011. For this stage of the research, the participants were selected according to the following inclusion criteria: being available to respond to the semi-structured interview; to have worked for more than six months in the above-mentioned department and to be employed on a long-term contract by the hospital. Those professionals who were on leave for any reason were excluded.

The study was approved by the Research Ethics Committee of the institution in question, under N. 0037.0.294.000-11 and was guided based on the ethical recommendations established in the guidelines for research involving human beings<sup>(7)</sup>.

A semi-structured interview script was used, with questions regarding stress and these professionals' daily routine in the work environment, and the interpersonal relationships between the team members. A total of 21 members of the nursing team participated in the study, these being five nurses and 16 nursing technicians. The interviewees were identified as Nurse (N1, N2...) and Nursing Technician (NT1, NT2, ...) followed by a number indicating the chronological order in which the interviews were held.

These data were transcribed and analyzed according to the method of thematic content analysis, allowing a systematic evaluation of the interlocutors' messages and a summary of the data according to the following stages: pre-analysis, analysis and interpretation<sup>(8)</sup>. These distinct phases allowed the organization of ideas and the codification of the information; when the interviews' units of meaning were attained, the issues which formed the basis for the study were defined.

## RESULTS

Following the tabulation and interpretation of the data, it was possible to note that 80% of the professionals are female; in the age range of

30 – 39 years old (52.3%); are married (52.3%) and are holding down two jobs (65.7%).

After successive readings and analysis of the literature investigated, two categories emerged, titled The nursing team's interpersonal relationships in the intensive care unit: reflections in the professionals' practice; and Inadequate communication between the team members.

The excerpts below outline the accounts of the first category: The nursing team's interpersonal relationships in the intensive care unit: reflections in the professionals' practice. This study's interviewees characterized stressful times of the teamwork and the interpersonal relations. This can be seen in the excerpts below:

*Some things that are happening in the relationships between nurses themselves, because of the shift schedule, some problems from the team itself, speaking only of the nurses, so we receive the schedule in a way that causes us to be kind of upset from the start, or thinking that we are doing something wrong, in terms of the interpersonal relationship with the nurses, so you are already tense when you start working. (N1)*

*I think that sometimes what is stressful is little things [...] as you have in any job [...] and unnecessary demands, when we know we are working correctly. (NT5)*

*We have a very large team, it's a teaching hospital and there is a constant coming and going of students from various professions, a large number of people circulating in ICU, it annoys me, for me, it is a very stressful factor. (N4)*

In the context investigated, the following were perceived as influencing the interpersonal relationship and increasing stress and tension in the work environment: problems with the shift schedule, lack of interaction within the team, shortcomings in the resolution of problems typical of the sector, unnecessary demands, and an excessive number of students from different categories in the department, due to this being a teaching hospital.

In addition to this, nursing professionals work at intense rhythms, have long shifts and work in

a mechanized way, contributing to a working environment which is full of tensions, which may be reflected in the individual's body, behavior and mind, causing problems in his or her workplace.

The interviewees also mentioned that the fact of co-existing in an environment which promotes stressful situations contributes to increasing the level of tension experienced in this environment, and reported feelings which pervade the team's interpersonal relationships which are grounded in distress and in the tension in the professional work environment. Living with negative situations can be understood and experienced as the main stressor for the team working in intensive care.

Regarding the study's secondary category: Inadequate communication between the team members, the team mentioned the presence of a rupture in this process, as referred to by the interviewee in the following excerpt:

*People who work in a closed department know that, if the team doesn't interact, things don't go well [...] Sometimes something is missing, an observation made regarding your patient that was not recorded, so, in this way, causes a problem for the night duty staff. (NT2)*

*Handover stresses me a little, because it is done as a group, you have to hear the information for all of the other patients, so you don't understand what is happening with your patient, and you still have to tell the others about it. (NT6)*

*What stresses me is the high turnover of personnel [...] that, that crowd of people who are here, but luckily, they only stay here up to six hours. (TE7)*

The professionals in question described the following as influential factors in the poor communication between the team members: handover, undertaken in a group, in which the number of cases discussed together stops them from understanding the real needs of the patients to whom they were assigned; and the turnover of personnel, as – this being a teaching hospital – there is always a large number of students, but they do not remain in the department, stopping there from being continuity of relationships.

Furthermore, they recognize the importance

of communication in the ICU environment, as should there be inadequate interaction between the professionals, there is a rupture in the process of care for the patient, stopping the shift from flowing satisfactorily.

## DISCUSSION

### **The nursing team's interpersonal relationships in the intensive care unit: reflections in the professionals' practice**

The interpersonal relationship is a determinant factor for the undertaking of the care of the patients in intensive care. After all, this environment, where the professional relationships are more intense, and the professionals become closer to each other, becomes a stage for conflictual relationships.

It is necessary to understand that, in an environment in which the interaction with the team is daily, there should be a harmonious balance between these subjects, as these relationships influence the routine and can hinder the development of the undertaking of the team activities<sup>(9)</sup>.

The interpersonal relationship can positively influence the routine of the team's work, through harmonious relationships which allow people to improve, or negatively, through unfavorable, tense relationships, hindering the development and undertaking of the activities<sup>(10)</sup>.

These negative influences on the team can be visualized if we face characteristics which are inherent to the nursing work. The first of them has to do with the fact of it being a profession which involves care in all its interfaces, causing the professional to interact with the ill people at all phases of life, experiencing losses, suffering and death in her work environment, which can create burden, exposing this professional to emotional stress<sup>(11)</sup>.

Through experiencing these distressing situations, the interpersonal relationship between the professionals can be compromised, due to the high load of tension to which the professional is subjected. In spite of this, it is essential to maintain healthy coexistence with the team, such that the appropriate therapeutic care for the patient should not be impaired<sup>(9)</sup>.

According to one study undertaken in a hospital in the non-metropolitan area of the Brazilian State of Rio Grande do Sul, which aimed to investigate the nursing team's interpersonal relationships, other factors can be mentioned which influence the interpersonal relationship, such as the number of persons per shift, the extent to which each person is capable of resolving problems confronted, the leadership's power, the degree of flexibility, the extent of demands from the senior staff, as well as the satisfaction or dissatisfaction experienced in undertaking a specific task<sup>(9)</sup>.

It is the direct contact with a routine of this type which promotes becoming closer to or more distant from the other professionals in the team. This being the case, it is this coexistence which is capable of causing a series of consequences for the work and for the care provided by these professionals. As an example, one can cite the instability of relationships, which makes the work environment negative; the emotions which determine how to handle conflicts; and the care for the patient is also impaired, the assistance being permeated by negative factors.

It is necessary to understand that the nursing team establishes, between its members, and with the other members involved, a web of complex group relationships, which requires appropriate management of these relationships on the part of the members of the team.

To participate in a team is to understand that the relationships transcend the personal link, as, after all, there are others apart from this which need good interaction. Multi-professional work is an essential tool when dealing with patients and family members, due to the complexity inherent in health care. It is necessary to support reflection regarding individual diversity and articulate the team members to perceive and focus on deviations in this coexistence, and to develop efficient ways of relieving tension so that negative consequences should not outweigh positive ones<sup>(12)</sup>.

### **Inadequate communication between the team members**

Another category which emerged from the interpersonal relationship was the inadequate

communication between the members of the work team. It is known that this is an important instrument for achieving care goals. In addition to this, it is through this that the professional can express her actions, opinions, fears and attitudes within the environment in which she works.

In a work environment such as that of the hospital, communication, whether verbal or non-verbal, is part of the care process in nursing, as it increases the interaction between the team, the patients and the family members; for this reason it needs to be conducted ethically and seriously so as to make the human relationships more harmonious<sup>(10)</sup>.

In intensive care, however, this act is a challenge, principally between the team members. This is because this environment has intense technological apparatus and complex situations involving the professionals in a routine which demands continuous care.

Should this communication process between the team members be inefficient, factors which caused dissatisfaction in the health institutions appear, potentially entailing poor quality in the care provided. It is believed that the nurse, due to being in contact constantly with the multi-professional team should be the link of the communication chain<sup>(13-15)</sup>. The fact of having to rely on and interact with the other members is of fundamental importance for there to be continuity of the care for the patient. This expresses the meaning of the teamwork, that is, its dynamicity.

Thus, one can say that the role of the nurse is not restricted to undertaking technical skills, but that a wide-reaching care action is also necessary, which implies developing the communication ability<sup>(14)</sup>. It is through an efficient communicative process that one can expect the forming of a bond, respect, warmth and trust – which are essential for a good relationship in the work environment, and consequently for the continuity of the care process.

The interruption of the communication process could be noticed during handover, which is an exercise of communication by nursing professionals and which, should the process not be undertaken appropriately, causes the interruption of the care. It is also considered a source of stress for some professionals.

In the work routine in the ICU investigated,

each nursing technician was assigned to one patient, and at the time of handover has to understand what is happening with all of the patients in a large group. It is known that handover is a time which the team has for ensuring the continuity of the care provided, reporting any tasks which were left undone, the patients' states of health, and bureaucracy typical of the department, and it is undertaken exclusively through the communication process.

In analyzing the communication process established in handover, some authors<sup>(13-15)</sup> evidenced negative points, such as divergences of opinions between team members, the presence of noises which cause loss of concentration, inattention and failures to understand communications.

In the case of the ICU in question, due to its being in a teaching hospital, there are many people in the units at nearly all times, which can cause noise to build up during communication, potentially causing a misunderstanding during handover, for example. However, it should be emphasized that there must be a perception of these flaws which are stressing the professionals and compromising the communication process of the team in question, such that the care for the patients should not be affected.

## FINAL CONSIDERATIONS

The present study allowed analysis and reflection regarding stress felt by nursing professionals working in ICU, and its relation with the interpersonal relationships of the team. Among the elements which increase stress and which directly influence this team's interpersonal relationships, the following were cited: problems arising from the shift schedule; the lack of interaction between the members of the team; lack of resolute capacity for resolving problems in the department; unnecessary demands from senior staff; the excessive number of students in the department, and inadequate communication.

Such stressors bring direct consequences to the workers' interpersonal relationships, and end up making the care for the patients lack interaction, formal and routine, thus mechanizing the assistance.

The undertaking of this research brought

benefits for the population studied. It allowed reflection on how the stress can be manifested in the team and directly influence the professional relationships and the care for the patients; this raised these subjects' awareness regarding this fact, causing them to improve their coexistence in the department, so as to bring various improvements to the work environment and for the patients whom they assist.

It should be noted that this study was undertaken in a single context, characterizing actions and reflections of a specific population, being either closer to or more distant from the context in other institutions and places, further studies being necessary on the issue, so as to broaden horizons regarding the relation of stress and the team's interpersonal relationships.

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