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REVIEW

Impact of Workplace Stress on Nursing during the Pandemic: Challenges and Intervention Strategies for Mental Health

Impacto del Estrés Laboral en Enfermería durante la Pandemia: Desafíos y Estrategias de Intervención para la Salud Mental

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ABSTRACT

Introduction: Job stress is a response to demands that exceed the adaptive capacity of the individual, with implications for physical and psychological health. In the field of nursing, recognized as a highly stressful profession, work factors are aggravated by conditions such as excessive workload, organizational conflicts and, more recently, by the COVID-19 pandemic. National and international studies highlight the emotional and physical overload of health professionals, showing a negative impact on their well-being and performance.

Methods: Several studies have addressed work stress in nursing, using quantitative, qualitative and mixed methodologies to identify stressors and evaluate their effects. The analyses focused on factors such as lack of resources, uncertainty in the face of emerging pathologies, and psychosocial risks in different geographical contexts. In Argentina, research showed high levels of anxiety, exhaustion and burnout during the pandemic, with factors such as fear of contagion and work overload being predominant. Internationally, physical and psychological disorders associated with stress were reported, including sleep disturbances, depression and emotional difficulties.

Conclusions: Job stress in nursing, intensified by the pandemic, evidences the need for structural interventions. Improvements in working conditions, provision of adequate resources, and emotional and psychological support are essential to mitigate its effects. In addition, protective factors such as professional resilience highlight the importance of strengthening organizational support networks. The physical and mental stability of staff is crucial for the effectiveness of health services and to ensure quality care in critical times.

Keywords: occupational stress; nursing; pandemic; mental health; intervention; mental health.

RESUMEN

Introducción: El estrés laboral es una respuesta a demandas que superan la capacidad adaptativa del individuo, con implicaciones en la salud física y psicológica. En el ámbito de la enfermería, reconocido como una profesión altamente estresante, los factores laborales se agravan por condiciones como carga excesiva de trabajo, conflictos organizacionales y, más recientemente, por la pandemia de COVID-19. Estudios nacionales e internacionales destacan la sobrecarga emocional y física de los profesionales de salud, evidenciando un impacto negativo en su bienestar y desempeño.

Métodos: Diversos estudios han abordado el estrés laboral en enfermería, empleando metodologías cuantitativas, cualitativas y mixtas para identificar estresores y evaluar sus efectos. Los análisis se centraron en factores como falta de recursos, incertidumbre ante patologías emergentes, y riesgos psicosociales en diferentes contextos geográficos. En Argentina, investigaciones mostraron altos niveles de ansiedad, agotamiento y Burnout durante la pandemia, con factores como el miedo al contagio y la sobrecarga laboral siendo predominantes. A nivel internacional, se reportaron trastornos físicos y psicológicos asociados al estrés, incluyendo alteraciones del sueño, depresión y dificultades emocionales.

Conclusiones: El estrés laboral en enfermería, intensificado por la pandemia, evidencia la necesidad de intervenciones estructurales. Mejoras en condiciones laborales, provisión de recursos adecuados, y apoyo emocional y psicológico son esenciales para mitigar sus efectos. Además, los factores protectores como la resiliencia profesional resaltan la importancia de fortalecer redes de apoyo organizacional. La estabilidad física y mental del personal es crucial para la eficacia de los servicios de salud y para garantizar una atención de calidad en tiempos críticos.

Palabras clave: Estrés laboral; enfermería; pandemia; salud mental; intervención.

INTRODUCTION

To contextualize work-related stress within a working framework, we will quote Azcona et al. (2016), who argue that this is an individual and collective human activity that requires a series of contributions such as effort, time, aptitudes, and skills and that individuals perform expecting economic and material, but also psychological and social compensation in return that contributes to satisfying their needs. However, it is often a source of stress, a process in which the demands compromise or exceed the organism's adaptive capacity, giving rise to biological and psychological changes that are detrimental to workers' health.

To this, we can add the complexity of nursing work, which is recognized as highly stressful. The responsibilities attributed to nursing professionals are configured in diverse situations of tension (Kirchhof, Magnago, Camponogara, Griep, Tavares, Prestes, et al., 2019), making it a public health problem to be considered.

An agitated situation arose when health workers faced the risk of contagion from epidemics of infectious diseases (Paris, 2015). In complete agreement, a survey carried out by CONICET (2020) and different universities in the Argentine Republic concluded that health workers exposed to COVID-19 infection could be psychologically stressed as their abilities to control emotions, manage work time, and manage resources endanger their emotional abilities (Reyna et al., 2020).

All this is added to preexisting work stressors such as low salaries, workload, conflicts between services, and other organizational aspects, which constitute a factor of previous vulnerability to manifest physical and/or emotional symptoms (Muñoz-Fernández et al., 2020).

General objective

Analyze the factors associated with work-related stress in nursing professionals, considering its biological, psychological, and social implications, to identify intervention strategies that improve their well-being and mitigate the adverse effects on their performance and quality of life.

DEVELOPMENT

Work-related stress

International research:

Estévez and Goicoechea (2020) researched work-related stress in Belgium. 95% of the people participating in the survey stated that they had, at some point, felt work-related stress during the COVID-19 pandemic. Their main reasons for this were work overload, lack of material, and lack of knowledge about the disease. The majority of those surveyed agreed that the stress to which they were subjected hurt their health and was high, with the most notable symptoms being musculoskeletal and depressive disorders and psychosomatic alterations.

In Lima, Peru, Aldazabal Puma (2020) sought to determine the stress experienced by nurses working on the front line of a hospital in Lima during COVID-19 during the pandemic. The results were that, according to the stress in nurses, the low level predominated; in terms of its dimensions, in the physical environment and social environment, the low level predominated, and in the psychological environment, the medium level.

In Ecuador, Moncada Rodríguez, Suárez Llucca, Duque Cordova, and Escobar Segovia (2021) analyzed work-related stress among primary care health professionals (doctors and nurses) working in a Health District of the Ecuadorian Ministry of Public Health during the COVID-19 health emergency.

The study was a quantitative cross-sectional study; a sociodemographic variables questionnaire and the job stress questionnaire (JSS) were applied to a non-probabilistic convenience sample of 41 people. The results were that both types of professionals presented high levels of work-related stress, with doctors obtaining the highest scores and people over 30 years of age. It is essential to deepen this type of analysis to obtain data that will allow for sound decision-making that will prevent the loss of life, unnecessary Burnout of healthcare personnel, and a decrease in their productivity.

In Colombia, Monterrosa Castro, Dávila Ruiz, Mejía Mantilla, Contreras Saldarriaga, Mercado, and Flores Monterrosa (2020) carried out a cross-sectional study that explored symptoms and perceptions during the COVID-19 pandemic in general practitioners subjected to compulsory quarantine who were practicing their profession in March 2020. Results: Seven out of ten participants presented symptoms of anxiety or work-related stress, while four presented symptoms of fear of COVID-19 (FCV-19S).

Mero Quijije, Salas Tomalá, Acuña Cedeño, and Bernal Gutiérrez (2021) gathered enough information to show the differences found in work-related stress generated by the COVID-19 pandemic in healthcare personnel in any of its dimensions in Ecuador. They carried out bibliographic research, prioritizing searching for and selecting useful information scientifically validated by academic indexes and institutions to generate valuable results for the scientific community. This research showed that the impact of episodes of stress on individuals can affect them in different ways, which can alter their work performance, leading to anxiety, apathy, depression, fatigue, frustration, irritability, low self-esteem, tension, and nervousness, among others; cognitive alterations have also been reported, such as lack of concentration, irritability and perception of lack of control. These behavioral changes also negatively affect the individual's health, predisposing them to increased stress levels, episodes of nervousness, physical decline, physical tension, and heart problems.

In the Cuban case, Sarmiento Ardebol, N., Chacón Hernández, E., Fernández Carballo, J., and Fernández Sarmiento, D. (2021) evaluated the psychological effects on nursing staff who worked with suspected COVID-19 patients by conducting a quantitative study with a descriptive cross-sectional design applied at the Octavio de la Concepción de la Pedraja Hospital in Holguín, Cuba, from April 2020 to March

2021, which resulted in a predominance of females (76.3%), the average age was 30-55 years, 80.26% presented psychological effects, with a predominance of worry (80.26%), work-related stress (76.3%) and anxiety (57.89%); the dominant symptoms were sleep onset and sleep maintenance disorders (75.86%), increased appetite (72.4%) and digestive disorders (56.89%).

National Research

The national case did not differ much from the international ones. For this reason, Torrecilla, N. M., Victoria, M.J., and Richaud de Minzi, M. C. (2021) worked on anxiety, depression, and stress in nursing staff working in intensive care units with COVID-19 patients, whose objectives were to explore and describe the levels of anxiety and depression in nursing staff caring for COVID-19 patients in intensive care units, and to describe the indicators of stress about their work activity. The results showed high levels of anxiety in 72.1% of the sample and depression in 13.5%. The highest stress indicators were feeling discouraged and tired (80.8%), mentally exhausted (76.9%), lacking energy (73.1%), and feeling worried (75%). The favorable indicators were that 76.9% did not feel obliged to do their tasks, and 55.8% felt they enjoyed their work.

Indicators of stress related to tension, physical-emotional exhaustion, and work overload were identified; indicators related to protective factors within the workplace were also found.

Richards, A. (2021) analyzed the experience of nurses regarding psychosocial occupational risk in the context of the COVID-19 pandemic at the Hospital Rural Dolavon. Chubut investigated nurses' experiences in relation to exposure to psychosocial occupational hazards to understand the vicissitudes in the performance of their profession in the context of the COVID-19 pandemic.

A qualitative approach was used, important for reliably capturing the experiences from the perspective of the nurses who work at the Dolavon Rural Hospital, who are protagonists due to their direct contact with the patient, family, and community in this new reality imposed by the pandemic. The results obtained reaffirm the effective presence of exposure to psychosocial occupational risks. From March 2020, the sudden increase in exposure to biological risk concurrently generated fear, anxiety, anguish, sadness, and greater responsibility for care in all areas in which workers operate, significantly increasing psychosocial stressors that can compromise their health.

The lack of professional recognition is a crucial point the informants perceive in the context of the government's constant non-compliance with labor and wage issues. Improvements are proposed fundamentally at the structural level through more contemplative laws.

In the city of Buenos Aires, Novas, S. V., Nahmod, M., Nespral, M., Bori, C., Zappa, L. M., Korin, H., and Pena, F. (2022) analyzed the frequency of anxiety, post-traumatic stress and Burnout in healthcare personnel in hospitals in the city of Buenos Aires, Argentina, in the context of the COVID-19 pandemic, determining the frequency of anxiety, Burnout and post-traumatic stress, according to the degree of exposure in healthcare personnel during the COVID-19 pandemic in three healthcare facilities of different complexity in the public sector in the city of Buenos Aires, Argentina.

Using a multicenter, prospective, analytical method and taking a three-phase sample through voluntary and anonymous responses to an online form with three inventories: GAD 7, Maslach Burnout Inventory and Davidson Trauma Scale, and a risk self-perception questionnaire, they reached the results that in a total sample of n=1391, a higher prevalence of anxiety symptoms (mild: M=41%; moderate to severe: M=27%) and sleep difficulties (M=73%), while levels of post-traumatic stress (M=36%) and Burnout remained lower (M=19%). The results of the Chi-square tests indicated associations between the positions of most significant exposure and the symptomatology variables; the logistic regression models indicated that the professionals in training and those who reported higher levels of self-perceived risk were those who would have had a more significant presence of psychological symptomatology. The study concluded that interventions to promote mental well-being in healthcare personnel should be implemented immediately and sustained over time, especially in young people, females, and frontline workers.

Similarly, Scatularo, C. E., Battioni, L., Bellia, S., Costa de Robert, S., Gatti, M., Racki, M., and Pereiro, S. M. (2021) evaluated the psychophysical impact of the COVID-19 pandemic on healthcare workers in Argentina, concluding that the Coronavirus-2 (SARS-CoV-2) pandemic generated adverse psychological effects on the entire population. The objective is to describe this impact on healthcare workers in the Argentine Republic. Material and methods: A cross-sectional, multicenter study from June to September 2020 evaluated anxiety, depression, Burnout, alterations in lifestyle, and personal relationships through an anonymous survey.

The results obtained from the survey were applied to 1221 health workers, with a median age of 42 years (IQR 34.5-52), and 65.9% were women. 51.8% stated that not all biosecurity recommendations were being followed in their work. 40.5% of the sample showed signs of anxiety, 22.1% of major depression (4.5% reported frequent suicidal ideation), 10.9% of minor depression, and 38.7% of Burnout. 9.4% increased their consumption of tobacco and 22% their consumption of alcohol; 62.1% experienced a deterioration in their quality of sleep, 50.2% reduced their physical exercise, and 18.4% experienced a deterioration in their affective relationships. 40.4% suffered discrimination for being healthcare workers. It was concluded that the Coronavirus pandemic led to an increase in depression, anxiety, Burnout, and unhealthy lifestyle habits among the healthcare workers surveyed in Argentina.

Similarly, Viedma, Assef, A. and Bamonde, L. (2021) sought to analyze how Burnout syndrome, a consequence of work-related stress, influences motivation, the work environment, and, consequently, service provision and productivity within an organization. They deal with issues such as stress, work environment, motivation, leave, absenteeism, their interrelation with Burnout, their implications for occupational health, and what measures the organization takes to contain or remedy this ailment. The methodology used was qualitative, documentary, descriptive, correlational, and Virtual Field. The data collection tools were based on structured questionnaires and open interviews, which made it easier to understand the perspective of the participants and to expose their daily reality as nurses, such as the Maslach Burnout Inventory questionnaire as a tool to measure the prevalence of Burnout, within the Area of Progressive Patient Care.

The study concluded that around 80% of the staff surveyed showed signs of stress that exposed them to the manifestation of Burnout Syndrome, mainly derived from "the nature of the task." However, a high "Personal Fulfillment" level was noted, reflecting motivation and esteem for the profession.

Contextualization of Covid-19

The start of the pandemic in March 2020 has been a global challenge for healthcare institutions and their professionals. As of February 5, 2022, 8,589,879 confirmed cumulative cases of COVID-19 were reported globally, including 122,684 deaths, of which 43% of the cases and 48% of the deaths were in the Americas (PAHO, 2021).

Ramonet (2021) argues that COVID-19 does not discriminate. It is true, but unequal societies do. When health is a commodity, poor, discriminated-against, marginalized, and exploited social groups are much more exposed to infection. The lack of supplies, the rapid rate of contagion between people, fear, and ignorance were barriers that had to be gradually overcome by health personnel as new discoveries and research were made in the field.

Uncertainty was the first barrier that those dedicated to caring for the sick had to overcome. At the same time, the lack of preparation to deal with this type of event, the lack of adequate protective equipment, and effective treatment lines against a newly discovered virus did not allow the tasks to be carried out efficiently.

"The caregivers also needed to be cared for" (Escardó, 2020).

Paradoxically, Cassiani et al. (2020) argue that just as the world was about to celebrate the International Year of the Nurse and the Midwife, it had to face the coronavirus disease 2019 pandemic.

COVID-19 exposed the vulnerability of health systems and the shortage of nursing staff to deal with the situation on the front line.

About containing and mitigating the virus in Latin America, Cassiani et al. (2020) state that it is essential to have suitable and sufficient personal protective equipment, continuous training, decent working conditions, protocols by international standards, multidisciplinary and interdisciplinary teams, technological tools in the framework of telehealth and political will from the management of health institutions. Suppose the above measures are considered and implemented. In that case, the nursing staff will be able to demonstrate their full potential as care managers through education and guidance, implementation of self-care practices, and assertive communication aimed at the individual, the family, and the community.

Nursing staff's support in this scenario is essential to mitigate the difficulties presented by the health services and promote personal protection measures.

Faced with this uncertain panorama, we will try to demonstrate that emotional intelligence and stress represent two highly relevant variables for considering the development of the nursing profession in the COVID-19 pandemic health situation.

This has resulted in exhaustion, fatigue, lack of personal motivation, and depression, as some of the consequences that the pandemic has had on the psyche of health professionals at work.

In this situation, guaranteeing health services means having an adequate supply of health personnel, not only in terms of quantity but also in terms of mental and physical health, which is the main focus of the process. However, previous studies, such as those by Zegarra et al., 2020 showed that nurses on the front line of care for people with Covid-19 experience acute stress (31%), high anxiety (45%), depression (38%), Burnout (29%), sleep and appetite disorders, demotivation, hopelessness, exhaustion, fear, panic, and clinical depression.

The quality of healthcare in highly interpersonal professions is subject to the quality of the emotional stability of those in charge of providing that care. Ramonet (2021) affirms that the pandemic had its heroes and martyrs. Moreover, in this fight, the warriors who were on the front line, in the outposts to face the lethal SARS-CoV-2, were the doctors, nurses, auxiliary staff, and other health workers who became involuntary protagonists, winning praise and applause from the balconies, squares, and streets of cities all over the world.

When the lines of action were unclear, working hours were made highly flexible and extended, and there was a lack of trained personnel, conditions were created that were not suitable for the emotional stability of the professionals.

This was added to the conditions of anguish, fear, hopelessness, and often guilt that arose for the families of which the nurses were a part.

Fear became a focus of contagion. The impossibility of spending enough time at home or the need to sleep or move away from home were everyday situations that nurses around the world had to face.

Following this line of thought, we will try to demonstrate that the significant presence of stress, anxiety, and depression in nurses would not only affect their health and performance but could also indicate future psychiatric morbidity, with intense symptoms of fear, panic disorders, and obsessive behavior that influence behavior and decision-making ability (Fernández et al., 2019).

Stress

Although the concept of stress has become popular in recent decades, it has a long history. For example, in the 15th century, it was used to express hardness and tension. At this time, the term was born from the physics of metals.

Physicists understood that there were two different moments: one in which an external force or stimulus is exerted, causing, in a second moment, a response or a modification in the receptor (Navarrete, 2022).

However, at the end of the 19th century, medicine adopted this concept as a precursor to health loss (Arias, 2022).

In agreement with Arias (2018), we maintain that it is not correct to generalize, although in this case, almost everyone in the Western world has used the word "stress" at some point in their life, probably without knowing its origin.

Throughout life, we have heard these terms: fatigue, tiredness, and pain, which today are some of the symptoms that people associate with stress. However, it is extremely necessary to define them clearly and precisely.

First, stress is a muscular condition: a stiffness or hardening of the muscles and connective tissue that exceeds the tone necessary for normal functioning (Badilla Quintana, 2020). However, medical doctor Hans Selye, who introduced the term to the health field in 1956, defines it as a non-specific bodily response to any demand made on the body when it exceeds the available resources. In this way, the body is left with only two options for action: to prepare to face the event or to flee.

The American Foundation for Mental Health, in its latest update on stress, maintains that stress is the feeling of being overwhelmed or unable to cope with mental or emotional pressure; it is our body's response to pressure. This response is characterized by elements that could have a positive impact (eustress) or a negative impact (distress) on any organism (Myslivecek, 2015).

The World Health Organization (WHO, 2022) maintains that stress is the set of physiological reactions that prepares the body for action. In general terms, it is a biological alert system necessary for survival.

Any change or different circumstance that arises in our lives can generate stress, although it will also depend on the physical and psychological state of each individual (Torrades, 2007, cited in Hidalgo and Castillo, 2018).

Taking the above into account, it should be noted that different studies have demonstrated the existence of a relationship between stress and illnesses such as high blood pressure, headaches, cancer, immune system disorders, allergies, cardiovascular diseases, and diabetes, among many others (Osborne, M., Shin, L., and Mehta, N.).

The adverse effects of stress can affect different areas of the person suffering from it. For example, muscle tension, tension headaches, gastrointestinal disturbances, tachycardia, tremors, and skin aging can be observed on a physical level.

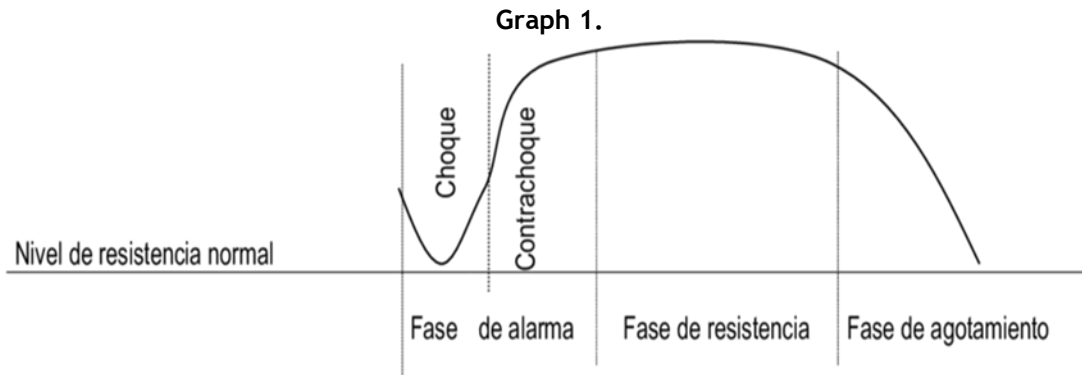
On a mood level, people with stress may present irritability, impatience, anxiety, depression, negativism, or changes in behavior such as drug abuse, relapses during abstinence, abandonment of healthy habits, appetite disorders, and poor interpersonal relationships among the most common effects (Vidal Lacosta & Zaragoza, 2019).

Selye (1936), cited by Guerri (2021) was the one who described the stress response and argues that it is a non-specific reaction of the organism to any event that threatens its homeostasis or its balance, calling it General Adaptation Syndrome (GAS), which he divides into three parts:

1st is the alarm reaction: This is the initial response to the harmful agent that causes tachycardia, loss of muscle tone, drop in temperature and blood pressure, and the release of adrenaline and corticoids. The person then develops signs and symptoms opposite to the previous ones, as it is a state of defense of rebound (opposite phase).

The second stage of resistance is when the person adapts to the harmful agent, and therefore, the previous signs and symptoms disappear.

3rd stage of exhaustion: At this stage, the person loses the adaptation they had acquired in the previous stage, and all the signs and symptoms of the 1st stage reappear. In severe cases, they can lose their life.



The work published by Acosta, G., Escobar, G., Bernaola, G., Alfaro, J., Taype, W., Marcos, C., and Amado, J. (2020) refers to a compilation of different concepts of stress, carried out by Hernández Pérez (2013) who groups them into 3 approaches. This research has practical implications for understanding and managing stress in various contexts.

-Stress as a stimulus: Stress of the environment is a source of pressure that impacts people.

-Stress as a response: about the physical consequences, emotions, feelings, and behaviors that damaged people develop.

-Interactive approach: It is attached to the previous two and limits the person's interaction with the surrounding environment and their assessment of that reality. This position is the most current.

As mentioned above, stress is a term that is quite well-known in today's society. In some cases, its prominence has brought it to the attention of the media (Miranda, 2020), transcending the realm of the every day and the academic; however, it must be recognized that as a field of study, it is relatively new, and indicators of a process of consolidation are only just beginning to emerge (Barraza, 2018).

Classifying stress as one type or another depends on the situation in which the person is immersed and the demands or requirements for action necessary, so it is customary to talk about academic stress, work stress, family stress, acculturation stress, surgical stress, teaching stress and stress from raising children with disabilities, psychological stress, among others. However, studies on the subject have favored some types of stress, such as academic stress (Vega, Rodríguez and Arenal, 2019) and work stress (Martínez, Rodríguez and Cobeña, 2019). However, the demands of the pandemic can become stressors and trigger the stress process that could be called pandemic stress (Barraza Macías, 2020).

Different types of stress

The American Psychological Association (2010) describes three types of stress: acute, episodic, and chronic. Because of this diversification, stress management can be complicated and confusing; acute stress, episodic stress, and chronic stress all have different characteristics, symptoms, duration, and treatment approaches. Acute stress is the most common form of stress; it only lasts briefly and does not cause permanent damage. Acute stress disorder can be secondary to a serious injury or a threat to physical integrity.

In this situation, the individual responds with a series of cognitive, behavioral, emotional, and physical reactions, all orchestrated by a governing body: the brain. Then, episodic acute stress presents itself in personalities with an excessive drive for competence, aggressiveness, impatience, and an overwhelming sense of urgency. In addition, there is a form of hostility for no apparent reason, which is well rationalized and almost always a deep-rooted, permanent insecurity. These personality characteristics create frequent episodes of this type of stress.

Thirdly and finally, chronic stress is the most exhausting of the three. It destroys the body, the mind, and life. It wreaks havoc in the medium and long term. The worst thing about this type of pathology is that people get used to living like this. On many occasions, the situation is so traumatic and the crisis so

deep that it becomes fatal. This physical tension is linked to the different emotions of frustration or negative thoughts or feelings of fear in a specific situation, which until that moment was believed to be dormant and burst out instantly.

Another point to bear in mind is the type of stress produced by the long working hours that, as mentioned above, nursing professionals suffer, and which over time has been given different names, from the famous surmenage to the more recent Burnout syndrome. This type of pathology "produces an exhaustion of the nervous system, with certain implications of becoming chronic, producing a wear and tear that gives rise to symptoms such as depression" (Nastri, 2018, p. 10).

Workplace stress

Stress in the workplace is an everyday reality; many are convinced that it is inevitable and think it is a consequence of being productive and of life itself. If we talk about health personnel, for example, there is no doubt that during the COVID-19 pandemic, their work intensified exponentially due to various factors. Instability, ignorance, unpredictability, and often a lack of response from the health authorities at a political level and the management level of different health institutions have led to a noticeable increase in tensions at different levels and in different work areas. At least, that is what the Emotional Wellbeing and Stress Index in Argentine Workers (2021) claims, which states that the number of workers suffering from chronic work-related stress syndrome has increased by 5%.

According to the WHO (2022), work-related stress is the reaction that an individual may have to work demands and pressures that do not match their knowledge and abilities and test their ability to cope with situations (Carballo Ortega, B., 2021). Judging by Becerra (2016), this phenomenon promises to remain in force, considering that we will continue to be immersed in an increasingly advanced, globalized, and connected world of work that constantly challenges the limits of people's skills and abilities.

This model of stress is a manifestation of today's society, affected by excessive overload that surpasses its normal possibilities of self-regulation. In fact, in 2016 the WHO sounded the alarm about its consequences. Therefore, it is urgent to address work-related stress, as it not only affects individuals in particular but also the results of companies and the economy in general.

There is no doubt that a bad approach or, worse, an absence of it triggers illnesses and aggravates those it does not produce. This is why work or occupational stress and its effects on health and quality of life have become one of today's most prominent and worrying issues.

Every day, the work environment in healthcare institutions exposes healthcare professionals to occupational hazards, mainly psychosocial ones, due to a work environment that is psychologically very intense. This can be caused by having to deal with suffering, death, and pain, high demand from patients, relatives, and carers, shift work, conflicts in interpersonal relationships, low recognition, and significant professional devaluation (Vidotti, Trevisan, Quina, Perfeito and Cruz, 2019).

According to Carrillo (2018), occupational stress in nursing is any manifestation that a nurse presents in demanding situations that arise in daily practice. These situations reveal the ability to cope with the work pressure exerted by the work environment in order to comply with patient care.

As mentioned above, work-related stress has been classified as an illness due to all the signs and symptoms that appear, such as anxiety, fear, irritability, bad moods, frustration, exhaustion, helplessness, insecurity, demotivation, intolerance, headaches, stomach aches, fatigue, infections, tachycardia, increased blood pressure, cardiovascular problems, and back and neck tension, among others (Aguilar, 2018).

Long-term suffering from all of these can lead to reduced productivity, a decrease in quality of life, depression and anxiety disorders, family problems, and the risk of addiction (Sanz, 2017).

Stress at work is considered a difficulty in adapting to work. Stress occurs when a person is aware that there is no such adjustment either because of the demands or because of the working conditions that exceed their capacity for resistance.

For Verduzco (2018), the dynamics of work-related stress are complex, not only because of their dynamic nature and multiple dimensions but also because of all the aspects that make them up. These include the different sources of stress, the modulating variables (cognitive evaluation-coping strategy-social support), the different physical and psychological responses to stress, and the consequences for both the individual and the institution.

Work-related stressors

Work-related stressors refer to those situations considered stressful for the nursing professional and which, despite being something every day, can cause physical and mental imbalance, even producing actual harm. Excessive workload, lack of control over work, inadequate reward, role ambiguity, a toxic boss, unnecessarily critical colleagues, strenuous schedules, boredom, feelings of injustice, stagnation or lack of professional development, tasks with impossible deadlines, the emotional demands of the job, one's abilities are some examples of the situations that are most likely to generate stress in healthcare workers in particular.

The list can be endless, and each worker may have circumstances that are a source of stress.

Bardón Treceño (2018) reviewed the most important occupational stressors and identified three groups: those referring to the organization (1), those related to the job position (2), and those referring to the person themselves (3). Other factors can also be included, perhaps more distant, which have more to do with the political/economic/legal/cultural framework of labor dynamics but which, in this particular case, will not be analyzed.

In this class, difficulties appear, such as role-related conflicts or ambiguities, such as role overload, communication problems and conflicts between different departments, insufficient career plans and development, organizational structure, work climate, the institution's location, its design, or the services it offers to the worker.

Role-related conflicts are the main stressors associated with the job. For example, people become stressed when they are unaware of or unclear about their objectives and/or responsibilities, receive conflicting orders, do not know how far their tasks extend, or do not have the support available to assess their work. All these conflicts are typical in huge companies or institutions or in poorly structured ones.

In the second case, workers become stressed because there is a poor distribution of work, they are given too much responsibility for which they do not have enough time, or they lack the training or the hierarchical position to be able to take charge. However, they can also become stressed if the opposite happens, with the worker's abilities being underestimated and, therefore, being assigned work that has nothing to do with their training or skills.

Communication problems or problems between departments that cause stress in workers are caused by poor communication because there is a power imbalance between departments or because they have conflicting objectives. When the company or institution cannot meet people's expectations about their careers, they also become stressed and feel enormous professional dissatisfaction because they aspire to improve and expect the institution to help them achieve this. Everything can get even worse if the institution encourages this idea at some point.

As mentioned above, a highly hierarchical organizational structure is also a source of stress for workers.

The organizational climate and culture also tend to cause stress for workers, either due to organizational tension and/or excessive control over them, which can turn into workplace bullying or mobbing or cause emotional exhaustion in workers, better known as burnout. Moreover, the location of the company or institution and the services it offers its workers can also be a source of stress. For example, the absence of parking or a place like a bar or cafeteria or the lack of a rest/relaxation area can force workers to use their free time to deal with these issues, thus increasing their working hours due to deficiencies in the company.

On the other hand, if we talk about job-related stressors, job insecurity is one of them, as temporary and precarious jobs tend to suffer from work-related stress. Jobs that require much-sustained attention are also sources of stress. One of the variables most recognized by various studies is related to jobs in which the worker has no control over the task to be performed as it depends on third parties or situations beyond their capacity, which causes much stress. Tasks that are too monotonous or, on the contrary, too complex can also cause stress in workers.

Likewise, workers can feel frustrated and stressed when they feel that their work is useless, nobody sees what they do, or their work is ignored by others and therefore has no impact on the institution or company. Similarly, when workers have bad relationships, they can become stressed, and even more acute problems can arise.

The physical and material conditions of the workplace can also cause stress, for example, exposure to extreme temperatures, noise, humidity, light, and the lack of adequate materials. Exposure to different jobs can also cause work-related stress: musculoskeletal damage, working hours predominantly spent standing or sitting, excessive weight, use of toxic materials, exposure to pathogenic microorganisms, eyestrain, and use of personal protection that reduces free movement, among others.

Shift work can also cause stress among workers, especially those who work the night shift or those who work rotating shifts, as well as those who receive a salary linked to the fulfillment of objectives that are either very high or that the worker perceives as unattainable. Finally, taking into account the factors related to the job position, those related to schedules, breaks, and vacations cannot be ignored. Workers who have long working days without rest or are deprived of their vacations can become stressed.

In other words, stress appears when the person feels a mismatch between the demands of the environment and their capacities to respond, so there is no doubt that personality plays an important role since it is what allows the threat to be assessed; in other words, some personality characteristics can feed or attenuate stress and contribute to coping strategies. For example, some can maintain control over their emotions, adapting them to the moment and the situation. Therefore, they do not overreact to negative emotions but do not deny them either, achieving a balance in their life and at work. This is known as emotional control. However, just as it is important to recognize one's own emotions, it is also important to recognize the emotions of others and empathize with them (Emotional Empathy) to achieve a good climate and social support among all those who are part of the organization.

Another personality trait that decreases the likelihood of stress is the ability to be self-motivated, a characteristic of workers who feel that their work serves someone with a "purpose." Workers' degree of constancy, perseverance, and firmness also helps minimize stress since they can approach the task systematically and orderly. Emotional stability is also another personality trait that has a positive impact since it influences their mood and their perception of stress.

Finally, when people maintain healthy lifestyle habits, the possibility of adequately managing stress increases, which refers to eating habits, sleep, and exercise (Bordón Treceño, 2018).

Many professions experience the stressors mentioned above every day. Below are some specific aspects for nursing professionals.

Flores et al. (2021) demonstrated that the work-related stressors that impact nursing staff are, in descending order, the physical environment (work overload), the psychological environment (suffering of patients and lack of support), and the social environment (conflicts among themselves and with other professions).

However, Morales Vélchez (2021) in his work "Occupational stress in nursing graduates in Covid areas of the José Cayetano Heredia Hospital - Piura," concluded that the level of occupational stress in nursing graduates of that institution is due to the presence of critical situations, lack of time, inadequate communication, unexpected events (death of patients), difficulties among colleagues, lack of staff, anxiety, and fear of contagion, among other circumstances.

Another study by Carrasco Crivillero et al. (2022) argues that occupational, environmental, and personal stressors are the most prevalent among nursing professionals. Examples include those associated with lighting, ventilation, availability of materials and equipment, professional development (continuing training), interpersonal relationships, recognition, and communication.

Similarly, the work carried out by Rodríguez (2022) entitled "Stressors and their relationship with the level of work-related stress in emergency nurses, Huaraz" concludes that there is a highly significant relationship between stressors in the dimension of pressure-demand, organizational-human relations, and in the dimension of environmental factors with the level of work-related stress of nurses. This shows that factors such as the excessive workload of nursing professionals, the lack of equipment and supplies to provide quality care, the lack of professional resources, interruptions in communication, and over-communication are stressors that nursing professionals perceive (and suffer from).

Navarro Alvarado et al. (2021), in their work entitled "Occupational Health of the Nursing Staff of the Bogotá Maternal and Child Hospital in Pandemic," identify the following as occupational stressors that affect the occupational health of nursing professionals at the Physical Level: work overload-risk of contamination and extreme temperatures, at the Physiological Level: lack of leisure time between work activities, lack of time to eat and drink, constant exhaustion and dizziness and sleep crises, at the psychological level: panic, depression, sadness, stress, anxiety and finally at the social or family level: stigmatization, social or family rejection, physical violence, and work or family conflicts.

These were and are difficult times for nursing professionals facing the daily contagion risk. Logically, these stressful situations increase, particularly during pandemics.

Recent studies, based on medical reports, highlighted that the main factors related to the aggravation of occupational stress and mental overload are physical and mental exhaustion, the complexity of making difficult decisions in the detection of suspected patients, suffering due to the loss of patients and co-workers, and the daily risk of infection with the new coronavirus (Lancet, 2020).

The study by Torralba Melero et al. (2021), "Work stressors in nurses in critical care and emergency units during the COVID-19 pandemic," concludes that new staff who were hired to respond to the enormous demand showed a higher level of stress due to poor preparation to assist critical patients.

Belizario (2021) also tells us in his work "Stressors in Nursing Professionals Working in Critical Hospital Areas" that work overload stresses nursing professionals the most. At a psychological level, aspects such as lack of support, uncertainty in treatments, insufficient preparation, and death/suffering are the most common causes of work-related stress. Finally, regarding the social aspect, he argues that problems with doctors and other professionals or among peers are the work-related stressors that most affect nursing professionals.

The most common stressors among Argentine medical professionals and nursing professionals

As this problem has been little studied in the country, very few studies have been found on the sources of work-related stress.

Report No. 1 published by the Argentine Network for Comprehensive Health and Care (2020) called "Stressors and Protective Factors in Health Workers," which is part of the international multicenter research, states that "the impact of the Covid-19 pandemic on the mental health of health service workers" was conclusive in sustaining that more than half of those surveyed were "very or extremely" afraid of catching the disease, while 87% were "very or extremely" afraid of infecting their loved ones. Therefore, both fears could be considered relevant stressors due to their positive correlations.

Another study by Torrecilla (2021) entitled "Anxiety, depression, and Stress in Nursing Staff Working in Intensive Care Units with COVID-19 Patients" states that stress, physical-emotional exhaustion, and work overload are risk factors for work-related stress.

Kelleyian and García (2020) of the Santa Fe College of Nursing Professionals demonstrated that the leading causes of job burnout are continuous and sustained contact with suffering and pain, the fall in the social value of professions related to healthcare, work overload related to the excessive number of

patients, the lack of resources, time pressure and the distortion of functions and roles; the decrease in remuneration and incentives of various kinds, the disturbing threat of suffering trials, injustices, insecurity; and the fact of having to resolve ethical and legal dilemmas that frequently arise. This study is important as it collected and analyzed the responses of nursing professionals from twelve departments in the province of Santa Fe.

In the article was published in *Intramed*, an exclusive medical and scientific information portal, entitled "Mental health of personnel affected by COVID-19 care in danger" and produced by the GPS Salud Research Team (Health Personnel Evaluation and Monitoring Group), made up of scientists from CONICET and public and private universities in Argentina, it is concluded that the concerns and indicators of the discomfort of health personnel are: becoming infected and infecting their loved ones, lack of personal protective equipment in terms of both quantity and quality, a perceived worsening of the working environment, tiredness interfering with work, absence or lack of support groups within the workplace, increased levels of irritability, anxiety and intolerance to uncertainty. The authors argue that the persistence of each of these sources of stress could have serious consequences for the physical and psychological wellbeing of healthcare personnel.

Broadly speaking and to summarize the above, for both medical and nursing professionals, the factors that generate the highest level of occupational stress are the risks of malpractice, social vulnerability, abuse, caring for terminal patients and infectious diseases due to fear of contagion, and of infecting others.

CONCLUSIONS

The analysis of work-related stress in nursing professionals, especially in the context of the COVID-19 pandemic, shows that this phenomenon represents a critical public health problem with profound biological, psychological, and social implications. The studies reviewed confirm that extreme working conditions, lack of resources, work overload, and constant exposure to suffering and death exacerbate the levels of stress, anxiety, and physical and mental exhaustion in this professional group.

Likewise, the specific stressors identified, such as uncertainty in the face of new pathologies, fear of contagion and of infecting loved ones, and lack of professional recognition, demonstrate the urgent need to address these issues from multiple perspectives. Implementing institutional and political strategies to mitigate these effects is essential, including adequate personal protective equipment, emotional and psychological support, and improvements in working conditions and salaries.

On the other hand, protective factors such as a sense of personal fulfillment and professional commitment highlight the inherent resilience of nursing staff and emphasize the importance of strengthening organizational support and social support networks to preserve their mental health and well-being.

In conclusion, guaranteeing nurses' emotional and physical stability is crucial for their quality of life but also for the effectiveness of the health system as a whole. The pandemic has revealed the fragilities of the sector, underlining the need for immediate and sustained interventions to avoid the negative impact of work-related stress on the quality of health services.

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FINANCING

None.

CONFLICT OF INTEREST

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