



Category: Applied Research in Health and Medicine

ORIGINAL

Job Stress in Primary Care Nurses Facing the Covid-19 Pandemic

Estrés Laboral en Profesionales de Enfermería de Atención Primaria frente a la Pandemia de la Covid-19

Mercedes del Carmen Acuña ¹, Ruth Castillo Benites ¹

¹ Universidad Abierta Interamericana, Facultad de Medicina y Ciencias de la Salud, Licenciatura en enfermería. Sede Rosario. Rosario, Santa Fe, Argentina.

Cite as: Acuña M del C, Castillo Benites R. Job Stress in Primary Care Nurses Facing the Covid-19 Pandemic. SCT Proceedings in Interdisciplinary Insights and Innovations. 2025;3:484.DOI: <https://doi.org/10.56294/piii2025484>

Submitted: 12-09-2025

Reviewed: 27-11-2024

Accepted: 03-01-2025

Published: 05-01-2025

Editor: Emanuel Maldonado 

ABSTRACT

The new SARS-CoV-2 coronavirus or Coronavirus Disease 2019 (COVID-19) emerged in Wuhan, China and was officially declared as the source of the pandemic in March 2020 by the World Health Organization (WHO). Its impact on nursing was significant as it caused numerous stressors on staff working on the front line of care. The pandemic imposed new working conditions on nurses, which impacted on personal and work-related issues that were interrelated with the quality of health care. The present study aimed to determine the presence of Job Stress in primary care nursing professionals working in health centers belonging to the Route No. 18 corridor of Rosario during the first quarter of 2022. The study design was simple descriptive quali-quantitative and worked with only one variable: work stress. The instrument applied was a structured questionnaire called Occupational Stress Inventory which is divided into two parts: the first one that allowed us to obtain sociodemographic data and the second one that contains 3 sessions that allowed us to assess the physical and psychological signs and the internal factors of the work environment responsible for occupational stress with a total of 13 items, scored on a 3-point Likert-type scale that inquired about the frequency of occurrence of these using options with an answer range that vary from “1” never, “2” infrequent and “3” very frequent. This tool is an abbreviated adaptation of the Maslach MBI Inventory and was applied to 8 primary care nursing professionals working in health centers belonging to the Route No. 18 corridor of Rosario. The results were analyzed and interpreted in the Excel program and arranged in statistical tables, concluding that 50% of the ages of the nursing professionals surveyed ranged between 36 and 45 years, 25% between 25 and 35 and the remaining between 46 and 55 years. On the other hand, it was observed that 100% of the nursing professionals were female and that their academic level corresponded to the technical level. In addition, the study revealed that 62% of the professionals undertook training during the 2020/2021 period and, of the total, 50% had been working for between 1 and 5 years and only 13% had more than 11 years in the position. Coincidentally, 62% of the sample reported working the morning shift and having more than one job. With regard to the presence of physical signs of stress, 67% of the

total number of nursing professionals surveyed responded that they were Very Frequently Stressed, while only 7.5% responded that they had never been stressed, but 47.5% had been Very Frequently Stressed. Likewise, the nursing professionals interviewed expressed that, in relation to the presence of internal factors of the work environment, these are present very frequently in 70% of them. As for the presence of work-related stress, 50% of the sample showed high levels, while 38% had medium levels of work-related stress.

Keywords: Occupational stress; Covid-19; Nursing staff; Nursing personnel.

RESUMEN

El nuevo coronavirus SARS-CoV-2 o Enfermedad del Coronavirus 2019 (COVID-19) surgió en Wuhan (China) y fue oficialmente declarado como origen de la pandemia en marzo de 2020 por la Organización Mundial de la Salud (OMS). El impacto del mismo en enfermería fue significativo ya que ocasionó numerosos estresores en el personal que trabajaba en la primera línea de atención. La pandemia impuso nuevas condiciones laborales al personal de enfermería, las cuales impactaron en temas personales y laborales que se interrelacionaban con la calidad de la atención de salud. El presente estudio tuvo como objetivo determinar la presencia de Estrés Laboral en profesionales de enfermería de atención primaria que trabajaron en los centros de salud pertenecientes al corredor de la ruta N° 18 de Rosario durante el primer trimestre del 2022. El diseño del estudio fue descriptivo simple cualcuantitativo y se trabajó con una sola variable: estrés laboral. El instrumento aplicado fue un cuestionario estructurado llamado Inventario de Estrés Ocupacional el cual está dividido en dos partes: la primera que nos permitió obtener datos sociodemográficos y la segunda que contiene 3 sesiones que nos permitieron valorar los signos físicos, psíquicos y los factores internos del ambiente laboral responsables del estrés laboral con un total de 13 ítems, puntuados en una escala tipo Likert de 3 puntos que indagaron por la frecuencia de ocurrencia de estos utilizando opciones con un rango de respuesta que varían desde “1” nunca, “2” poco frecuente y “3” muy frecuente. Esta herramienta es una adaptación abreviada del Inventario MBI Maslach y se aplicó a 8 profesionales de enfermería de atención primaria que trabajan en los centros de salud pertenecientes al corredor de la ruta N° 18 de Rosario. Los resultados fueron analizados e interpretados en el programa Excel y ordenados en tablas estadísticas concluyéndose que el 50% de las edades de los profesionales de enfermería encuestados oscilaba entre los 36 y 45 años, un 25% entre 25 y 35 y el restante entre los 46 a 55 años. Por otro lado, se observó que el 100% de los profesionales de enfermería era de sexo femenino y que su nivel académico correspondía al nivel técnico. Además, el estudio relevó que el 62% de los profesionales realizó capacitaciones durante el periodo 2020/2021 y, del total, un 50% contaba con una antigüedad laboral que fluctuaba entre 1 a 5 años y apenas un 13% tenía más de 11 años en el puesto. Coincidientemente el 62% de la muestra manifestó trabajar en el turno mañana y poseer más de un empleo. Respecto a la presencia de signos físicos de estrés el 67% del total de profesionales de enfermería encuestados respondió presentarlos de forma Muy Frecuente, mientras que en relación con los signos psíquicos solo un 7.5% respondió Nunca haberlos padecidos pero el 47.5% lo ha padecido de forma Muy Frecuente. Asimismo, los profesionales de enfermería entrevistados expresaron que, con relación a la presencia de factores internos del ambiente laboral, estos están presentes en el 70% de forma Muy frecuente. En cuanto la presencia de estrés laboral, el 50% de la muestra evidencia altos niveles mientras que el 38% posee niveles medios de estrés laboral.

Palabras clave: Estrés Laboral; Covid-19; Personal de enfermería.

INTRODUCTION

This study is necessary because it aims to determine the presence or absence of work-related stress in primary care nurses who worked in health centers along Route 18 during the pandemic, which was a health emergency that was not addressed, with consequences for primary care nurses, health centers and the beneficiary population, which supports its social relevance since, according to data from the Ministry of Health of the Argentine Republic, as of January 30, 2022, there were more than 120,000 deaths and a total of more than 5.3 million people infected with Covid-19. This figure continues to grow, and the health system and its personnel daily are tested.

On the other hand, this research could be helpful for all healthcare institutions to establish programs that protect mental health with the same commitment that should be assigned to personal protective equipment and decent wages for nursing professionals. Perhaps it will provide a basis for institutions to develop emotional competence intervention programs that will enable nursing professionals to reduce the negative consequences of COVID-19 and future epidemics that may appear, enhancing the quality of life and collective health in a way that constitutes a real Caring for the carer program. In turn, specifically for nursing, this type of study would improve the quality of patient care and train better-prepared and more predisposed professionals in providing care while also increasing efficiency rates in the workplace.

These components, together with mental health protection programs and high work efficiency rates, would significantly improve all healthcare institutions.

Finally, the results obtained will constitute theoretical and scientific evidence, strengthening the role of nursing professionals by proposing strategies for coping with stress.

Work-related stress is currently considered worldwide (WHO, 2022) to be the disease of the 21st century, as various investigations have shown that it generates various types of physical and psychological conditions. For this reason, the present study aims to investigate whether the presence or absence of work-related stress occurred in primary care nurses working in health centers belonging to the corridor of Route 18 during the first quarter of 2022.

General objective

To determine the presence of work-related stress in primary care nurses working in health centers along Route 18 during the first quarter of 2022.

METHODS

Type of study/design

This research is a simple non-experimental descriptive cross-sectional field study with a qualitative-quantitative approach carried out in the primary care health centers corresponding to the corridor of Route 18 during the Covid-19 pandemic in the first quarter of 2022. The health centers (HC) corresponding to the corridor of Route 18 are:

HC Alvear, HC Los Pinos, HC María Tirabassi, HC de Carmen del Sauce and HC de Uranga.

Study area

The selected population comprises nurses who work in the primary care health centers corresponding to the corridor of Route 18 in Rosario and who voluntarily agreed to participate in this research. The study universe consists of 8 participants.

We worked with 100% of the population, who were selected based on the study's inclusion and exclusion criteria.

Inclusion criteria

For this study, the following were included:

- Nursing professionals working in the health centers of the Route 18 corridor.
- Nursing professionals who accept and collaborate to participate in the research.

Exclusion criteria

The following were excluded:

- Nursing professionals working in the second or third level of care.
- Nursing professionals working in health centers that do NOT belong to the corridor of Route 18 in Rosario.
- Health professionals who are not nursing professionals.

Techniques, procedures, and instruments.

The information was collected during the first quarter of 2022 using an anonymous questionnaire developed through the Google Forms platform and sent to the participants via email.

To evaluate work-related stress in nursing professionals working in primary care in the Route 18 corridor during the COVID-19 pandemic, it was decided to use the structured questionnaire called the Occupational Stress Inventory. The questionnaire is divided into two parts, the first of which allows for the collection of sociodemographic data. This first part includes the following items: age and gender and inquires about academic qualifications, updates carried out, and professional seniority.

The second part contains three sessions that allow for the assessment of physical and psychological signs and the internal factors of the work environment responsible for occupational stress, with a total of 13 items, scored on a 3-point Likert-type scale that inquires about the frequency of occurrence of these, with answer options ranging from "1" never, "2" infrequent and "3" very frequent. The Occupational Stress Inventory (OSI) by Osipow and Sponake (1987) is a tool that allows us to measure sources of stress in organizations. It is an abbreviated adaptation of the Maslach Burnout Inventory (MBI), in which the categories of depersonalization and loss of personal achievements have been adapted and replaced by the categories of physical and psychological signs, and the category of internal factors in the workplace have also been added (Cooper et al., 1988).

Once the questionnaire had been applied and the information collected, a statistical analysis was carried out using graphs and frequency tables to obtain the number of nursing professionals, the percentage, and frequency determining how the presence of physical, psychological, and work environment factors in this population affect their health.

First, the population was grouped according to age and the situations that arose in the questionnaire, using frequency tables showing us the number and the proportion that this number represents for each case.

The instrument was tested on two professional nurses who work - appropriately - with expertise as replacement nurses in the health centers of the Route 18 corridor. Criteria such as understanding the items and the answer options, the instrument's complexity, the participants' motivation when answering, and the time taken to complete the survey were reviewed. It was concluded that the instrument is understandable, easy to apply, and motivating for those who agree to complete it. This pilot test allowed for an improvement in the internal validity of the study.

The study had its strengths and weaknesses, the most notable being the strengths since 100% of the sample universe comprised nurses who worked on the front line and were coworkers of the surveyor. For this reason, the sincerity of the responses yielded corroborative data and allowed for accurate results. This helped to create a narrative of the conclusion that was almost told in the first person. Another notable strength was using digital technologies such as the Google Form questionnaire, which allowed for data collection. As a descriptive study, this work provided valuable data for the development of future research.

The weaknesses of this study were the result of the subject of the study itself, the pandemic that is still present, generating the same situations analyzed, delaying survey and delivery times, added to the work demands that, far from relaxing after the vaccination campaigns, continue to be strenuous and as long-lasting as the pandemic itself.

Ethical considerations

In its entirety, the study was carried out in an ethical context, and its purpose was to fulfill an academic requirement.

The participating nurses met the selection and exclusion criteria. All participants' voluntary and informed participation was guaranteed, and their confidentiality of the data was ensured, as well as their exclusive use for the present investigation, through the delivery and completion of the Informed Consent document.

RESULTS

The study population consisted of 8 nursing professionals, all women (100%), with a prevalence of respondents aged between 36 and 45.

The ages of the nursing professionals surveyed show that 50% are between 36 and 45, 25% are between 25 and 35, and the rest are between 46 and 55.

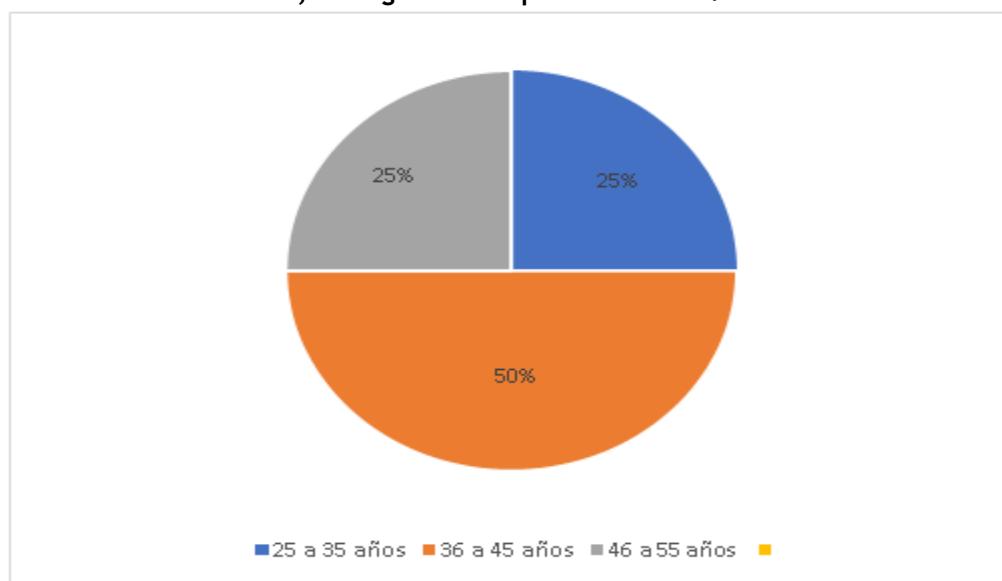
All of the nursing professionals working in the health centers in the Route 18 corridor are female and are technical professionals. In other words, none of the nursing professionals in the health centers in the Route 18 corridor in Rosario have a university degree.

62% of those surveyed received training during 2020/2021.

50% of the sample have been working for between 1 and 5 years, and only 13% have been in their job for more than 11 years.

Coincidentally, 62% of the sample said they work the morning shift and have more than one job.

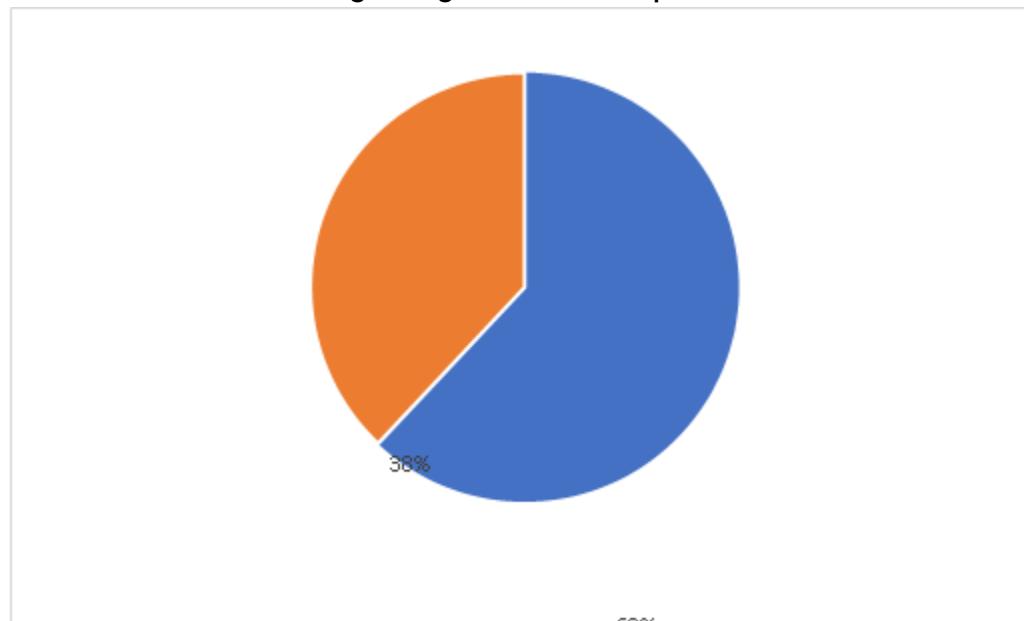
Graph 1. Age of the nursing professionals surveyed in the health centers of the corridor of route 18, during the first quarter of 2022.



Source: data collected in the survey.

The level of academic training, in its entirety (8), was represented by undergraduate nursing professionals (100%). Regarding continuous training, more than half of the professionals (62%) stated that they had received training during the 2020/2021 period.

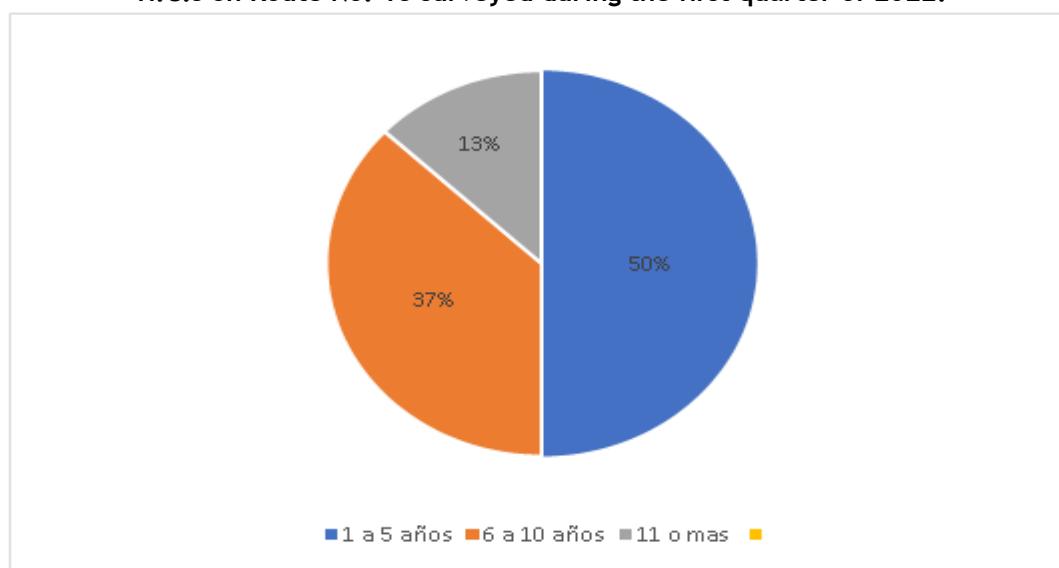
Graph 2. Percentage of nursing professionals from the C.S. on Route No. 18 who received training during the 2020/2021 period.



Source: data collected in the survey.

With regard to professional/work seniority as nursing professionals in the health centers belonging to route No. 18, 50% of the population has more than 5 years of experience.

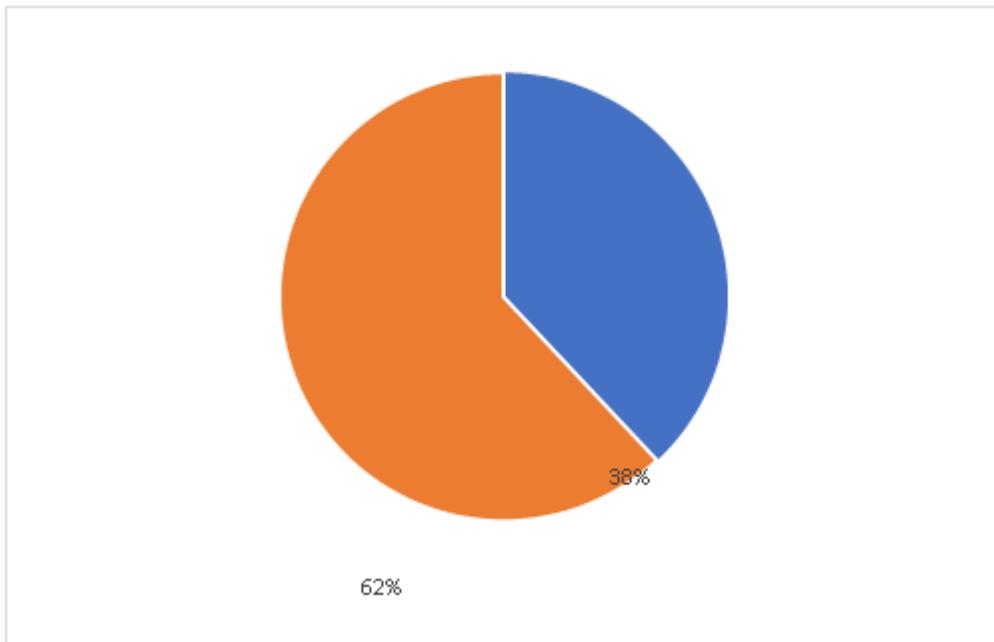
Graph 3. Professional/work seniority as nursing professionals in the H.C.s on Route No. 18 surveyed during the first quarter of 2022.



Source: data collected in the survey.

With regard to employment, the results show that the majority of this group of nursing professionals (62%) have more than one job.

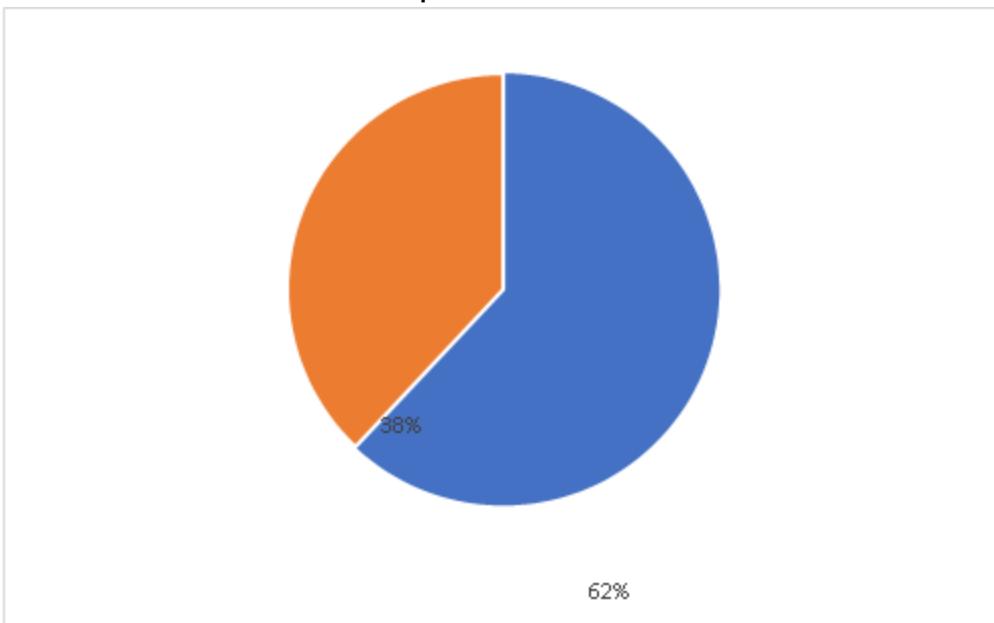
Graph 4. Holding more than one job.



Source: data collected in the survey.

With regard to work shifts, the majority of those surveyed (62%) work the day shift. It is important to point out that some of the health centers are in rural areas and for that reason only have staff available during that shift.

Graph 5. Work shift.



Source: data collected in the survey.

All (100%) of the nursing professionals working in the health centers on Route 18 are women. All of them have technical qualifications, are predominantly aged between 36 and 45, and 50% reveal that they have been working for more than 5 years. However, more than half of these nursing professionals, specifically 62%, work the morning shift, have more than one job, and coincidentally underwent training during the 2020/2021 period.

Although the sample of this population is small, it is related to the report published by the Ministry of Health of the Nation in 2020 based on official data from the Federal Observatory of Human Resources in Health (OFRHUS), which states that women are predominantly over men in nursing activity; However, there is also a gradual trend towards the incorporation of men. Even though no male nursing professionals are working in the health centers on Route 18, it is hoped that this will change.

Data on the distribution of nursing staff by age group was also published in the same study, and these coincide with the results obtained in this research in relation to the age range for technical professionals, which is between 35 and 45.

Regarding the results obtained in this work, due to academic training, Latugaye, D. (2022), coincidentally with his publication prepared by the School of Nursing of the Faculty of Biomedical Sciences of the Austral University, argues that only 1.6 out of every 10 nursing professionals have a bachelor's degree.

In line with data from the World Health Organization (WHO), it was shown that there is currently a global deficit of 18 million health workers. It argues that Argentina had the lowest level of nursing staff with a degree (11% of the total number of professionals) among the 27 American countries in 2017. The document Global Strategic Directions for Nursing and Midwifery 2021-2025 of the World Health Organization states that having professionals with a full degree (Bachelor of Science in Nursing) improves patient outcomes, and they can assume broader responsibilities in the health system and the academic field.

Montero Vizcaíno et al. (2017) state that health professionals' initial training must be complemented by continuous training during their professional practice because training deficits can "affect the knowledge of procedures that should be mandatory in the services" (Montero Vizcaíno Y, Izquierdo Santa Cruz M, Vizcaíno Alonso MC, and Montero Vizcaíno, Y.Y.).

Knowledge of the practical handling of drugs in nursing. Neonatal resuscitation service. Guanabacoa Obstetrics and Gynecology Hospital. Revista Habanera de Ciencias Médicas. 16 (5), 822- 831.

Table 1. Absolute frequencies of physical signs of work-related stress manifested by nursing professionals at the health centers on Route 18.

PHYSICAL SIGNS	NEVER	UNUSUAL	VERY FREQUENT	TOTAL
Constant Tiredness	-	2	6	8
Tension headache	1	3	4	8
Cervical contracture	-	2	6	8
TOTAL	1	7	16	24
%	4%	29%	67%	100%

Source: Author's own creation.

According to the results obtained from the nursing professionals of the C.S. of route No. 18 regarding the presence of the following physical signs: constant tiredness, tension headaches, and cervical

contracture, 67% of those surveyed said they suffered from them very frequently, and the physical signs suffered most by this group were constant tiredness and cervical contracture.

These values are related to the results found in the work called "Risk factors of work-related stress in nursing professionals, Intensive Care Unit, Bolivian Japanese Gastroenterological Institute, La Paz-Bolivia" carried out by Aruquipa Mamani, B. (2018), whose values for the physical alteration cervical contracture also reach 67%.

Table 2. Absolute frequencies of psychic signs of work-related stress manifested by nursing professionals at the health centers on Route 18.

PHYSICAL SIGNS	NEVER	UNUSUAL	VERY FREQUENT	TOTAL
Irritability	2	4	2	8
Anxiety	-	3	5	8
Distress	-	6	2	8
Insecurity	1	3	4	8
Feeling of stress	-	2	6	8
TOTAL	3	18	19	40
%	7.5%	45%	47.5%	100%

Source: data collected in the survey.

When analyzing the data obtained regarding the frequency of suffering from signs such as irritability, anxiety, distress, insecurity, and feelings of stress, only 7.5% responded that they had never suffered from them. In other words, only 7 out of every 100 nursing professionals did not suffer from these psychological signs. On the contrary, 47.5% of the nursing professionals of the C.S. of route No. 18 have stated that they frequently feel them.

As evidenced throughout this work through the publications of different researchers, stress causes different adverse effects on workers' health. In this sense, the work of Fischer M (2021), "Stress and psychosocial factors," argues that among the most prominent psychological effects are irritability, anxiety, sadness or distress, insecurity, nervousness, or feelings of stress.

Table 3. Absolute frequencies with regard to the presence of internal factors in the work environment.

INTERNAL FACTORS IN THE WORKING ENVIRONMENT	NEVER	UNUSUAL	VERY FREQUENT	TOTAL
Excessive responsibility	1	-	7	8
Interpersonal conflicts	2	3	3	8
Lack of human resources	-	2	6	8

Work overload	1	-	7	8
Conflict in the workplace	1	2	5	8
TOTAL	5	7	28	40
%	12.5%	17.5%	70%	100%

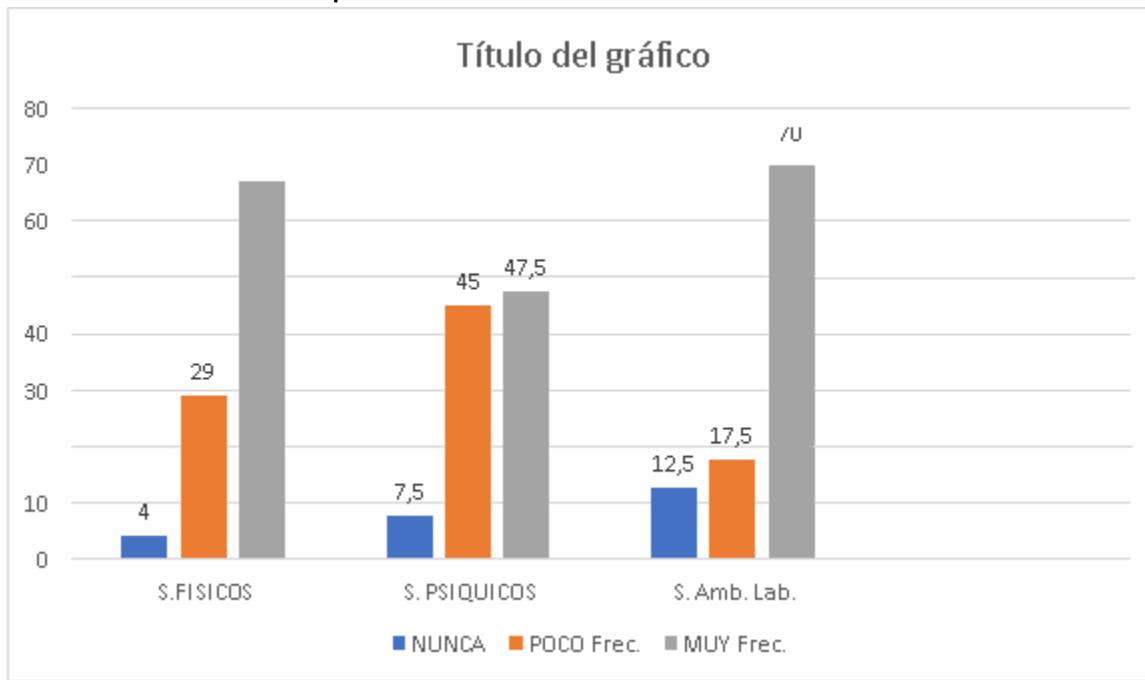
Source: data collected in the survey.

The percentage of responses from the surveyed nursing professionals regarding the presence of internal factors in the work environment, such as excessive responsibility, interpersonal conflicts, lack of human resources, excessive workload, and conflicts in the workplace, clearly shows the predominance of these signs and symptoms as being very frequent.

As with each physical and psychological sign, different researchers have demonstrated the presence of signs in the work environment as stressors. For example, Cremades Puerto (2016) states that work overload is the top workplace stressor.

Likewise, Apaza Alanoca (2018) states that among the factors that generated a higher frequency of Occupational Stress in nursing professionals were work overload, poor personal relationships, lack of continuous training, and also the lack of personnel to cover the service, among others adequately.

Graph 6. Presence of Physical and Mental factors and of the working environment in the nursing professionals of the C. S of Route 18.



Source: data collected in the survey.

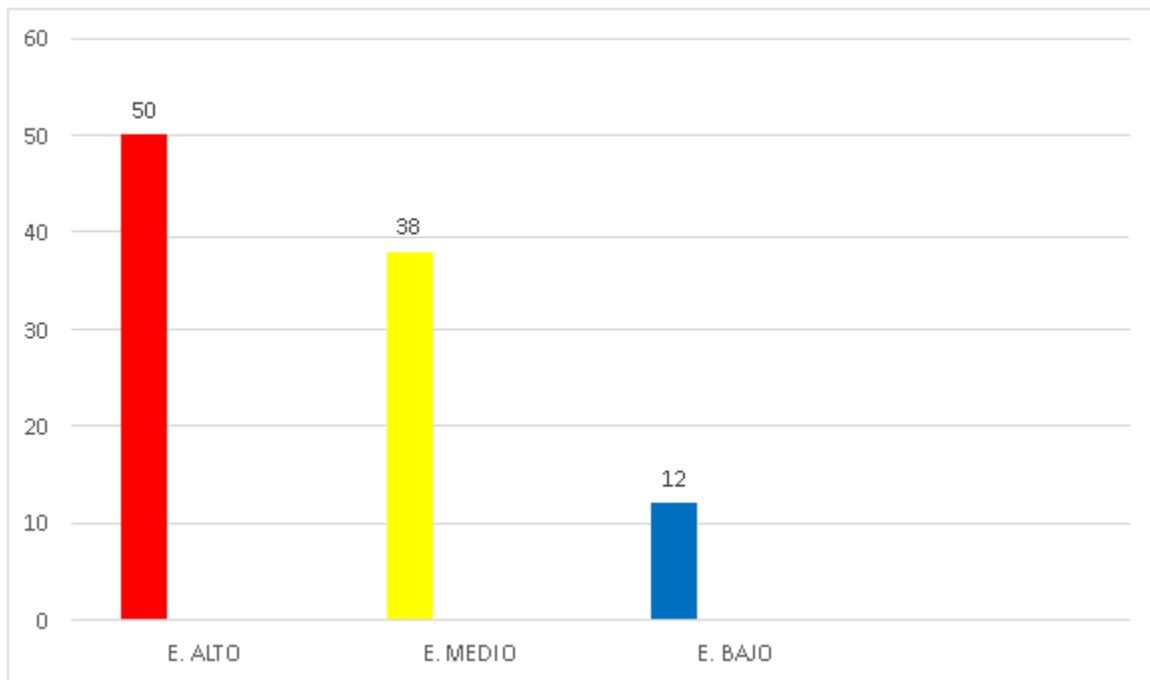
The graph allows us to easily visualize the presence of physical and psychological signs and those related to the work environment in the nursing professionals of the C.S. of Route 18, observing that these prevail in said sample in a VERY Frequent manner.

For the measurement of the study variable, the Staton Scale was used, obtaining the following values:

STRESS LEVELS	SCORE
Low	Under 39
Medium	Between 39 and 57
High	Over 57

With regard to the stress level of nursing professionals working in the health centers of the Route 18 corridor in Rosario, out of 100% (8), 50% (4) have a high level of stress, 38% (3) have a medium level and 12% (1) a low level.

Graph 7. Level of work-related stress among nursing professionals at the health centers on Route 18.



Source: data collected in the survey.

Data processing

A structured questionnaire called the Occupational Stress Inventory was used to carry out the data processing to carry out the data processing. The questionnaire is divided into two parts: the first allows sociodemographic data to be obtained. This first part includes the following items: age and gender and inquires about academic qualifications, updates carried out, and professional seniority. The second part contains three sessions that allow for the assessment of physical and psychological signs and the internal factors of the work environment responsible for work-related stress, with a total of 13 items, scored on a 3-point Likert-type scale that investigates the frequency of occurrence of these, with answer options ranging from “1” never, “2” infrequent and “3” very frequent.

CONCLUSIONS

According to the results obtained from the primary care nursing professionals working in the health centers belonging to the corridor of route No. 18, it is concluded that stress was present during the period of the pandemic in 88% of cases and that the factors that generated a higher

frequency of Work Stress in nursing professionals were: work overload 44%, poor personal relationships 28%, lack of continuous training 62% and, in addition to the lack of personnel to cover the service 80%, among others adequately.

Thus, in capitulating, an attempt was made to examine the stressors that violated their work trajectory and their efficient or inefficient performance in extreme situations such as the COVID-19 pandemic that has not yet been eradicated.

I also want to state my desire to conduct a more in-depth study of the subject, as it continues to be relevant without an obvious solution. Vaccination was effective in stopping the waves of deaths, but workplaces continue with their strenuous working hours, and fear prevails as a hidden enemy ready to attack.

REFERENCES

1. Acosta, G., Escobar, G., Bernaola, G., Alfaro, J., Taype, W., Marcos, C., y Amado, J. (2020). Caracterización de pacientes con COVID-19 grave atendidos en un hospital de referencia nacional del Perú. Revista Peruana de Medicina Experimental y Salud Pública. 37, 253-258.
2. Aldazabal Puma, Y. (2020). Estrés durante la pandemia en enfermeros que laboran primera línea en un hospital Covid-19 en Lima. Revista Científica Ágora. 7(2), 107-113. <https://doi.org/10.21679/arc.v7i2.178>
3. American Psychological Association. (2010). Los distintos tipos de estrés. Adaptado de
 - a. "The Stress Solution" de Lyle H. Miller y Dell Smith Alma.
4. Aniței, M., Stoica, I., y Samsonescu, M. (2013). Particularities of personality traits and perceived stress at workplace. For the young workers in Romania. Edit. ?
5. Arias Gallegos, W. L., & Muñoz del Carpio T. (2016). Síndrome de Burnout en personal de enfermería de Arequipa. Revista Cubana de Salud Pública, (42), 559-575.
6. Arias, F. (2017). Mitos y errores en la elaboración de tesis y proyecto de investigación. Episteme.
7. Arnold, J; Randall, R; Patterson, F; Robertson, I; Cooper, C; Burnes, B; Harris, D. y Axtell, C. (2016). Work Psychology: Understanding Human Behaviour in the Workplace.
8. Arroyo, A., Lancharro, I., Romero, R., y Morillo, Ma S. (2011). La Enfermería como rol de género. Index de Enfermería. (4)20, 248-251. <https://dx.doi.org/10.4321/S1132-12962011000300008>.
9. Assef, A. y Bamonde, L. (2021). La Salud laboral en el Hospital Artémides Zatti de la ciudad de Viedma: El síndrome de Burnout y sus implicancias en la prestación de servicio dentro del Área de Cuidados Progresivos. Período 2019-2021. (Tesis de grado, Universidad Nacional del Comahue). Repositorio Digital Institucional. <http://rdi.uncoma.edu.ar/handle/uncomaid/16600>
10. Azcona, J. R., Iniesta, A., Álvarez Castellot, Guillén, C., Meléndez López, A., Pastrana Jiménez, J. I. (2016). Guía sobre manejo del estrés desde Medicina del Trabajo. Editorial Sans Growing Brands.
11. Badilla Quintana, M. G. (2020). Presentación edición 41. Revista de estudios y experiencias en educación, (41) 19, 9-16.
12. Bar-On, R. (2004). The Bar-On Emotional Quotient Inventory (EQ-i): Rationale, description, and summary of psychometric properties.
13. Barraza, A. (2018). inventario sistémico cognoscitivista para el estudio del estrés académico. Segunda versión de 21 ítems. Ecorfan.
14. Boyatzis, R. E. y Sala, F. (2004). Assessing emotional intelligence competencies. The measurement of emotional intelligence, 147-180.
15. Cadman, C., y Brewer, J. (2001). Emotional intelligence: a vital prerequisite for recruitment in nursing. Journal of nursing management, (6) 9, 321-324.
16. Cano, A. (2002). Estrés laboral. Ibermutuamur. https://webs.ucm.es/info/seas/estres_lab/el_estres.htm

17. Cassiani SHB, Munar Jimenez EF, Umpiérrez Ferreira A, Peduzzi M, Leija Hernández C. (2020). La situación de la enfermería en el mundo y la Región de las Américas en tiempos de la pandemia de Covid-19. Rev Panam Salud Pública.
18. Cooper, J., Kendall, J. y Francis, M. (1988). Occupational Stress Inventory. Evaluación Psicológica del Estrés Laboral.
19. Deviggiano A. (2017). Señales para reconocer cuándo el estrés se torna peligroso para la salud. INFOBAE.
 - a. <https://www.infobae.com/salud/2017/09/09/señales-para-reconocer-cuando-el-estres-se-torna-peligroso-para-la-salud/>
20. Di Giorgi, A. (2016). El Estrés Laboral: supuestos para su inclusión en el listado de enfermedades profesionales de la Ley de Trabajo. Trabajo final de Grado. Universidad SIGLO 21.
21. Elam, C. L. (2000). Use of “emotional intelligence” as one measure of medical school applicants non cognitive characteristics. Academice Medicine, (5)75, 445-446.
22. Estévez p., y Goicoechea, A. (2020). Covid 19 y el estrés laboral del enfermero. Revista Ocronos. 3 (5), 5-693.
23. Fernández S, Estrada S, Arizmendi J. (2019) Relación de estrés-ansiedad y depresión laboral en profesionales de enfermería. Rev. Enfermería Neurología. (1) 18, 29-40.
24. Fernández-Abascal, E. G., Rodríguez, B. G., Sánchez, M. P. J., Díaz, M. D. M., y Sánchez,
25. F. J. D. (2010). Psicología de la emoción. Editorial Universitaria Ramón Areces. Gardner, H. (1983). *Frames of Mind: The Theory of Multiple Intelligences*. Basic Books. Goleman, D. (1996). *Emotional Intelligence*. Bantam Books.
26. Griffiths, A., Leka, S., y Cox, T. (2004). La organización del trabajo y el estrés: estrategias sistemáticas de solución de problemas para empleadores, personal directivo y representantes sindicales.
27. Hernández C. (2020). La situación de la enfermería en el mundo y la Región de las Américas en tiempos de la pandemia de Covid-19. Rev Panam Salud Pública.
28. Hernández, M. T. C., Torres, N. C. M., Romero, C. L. N., y Díaz, M. C. R. (s/f). Una mirada a la excepcionalidad desde la dimensión socioafectiva.
29. Izquierdo, C. M. (2001). Implicaciones de la escolaridad en la calidad del empleo. BIBLIOTECA FRANCISCO XAVIER CLAVIJERO, 155.
30. Jiménez, B. M., y León, C. B. (2010). Factores y riesgos psicosociales, formas, consecuencias, medidas y buenas prácticas. Universidad Autónoma de Madrid. 19, 4-50.
31. Kirchhof, A. L. C., Magnago, T. S. B. D., Camponogara, S., Griep, R. H., Tavares, J. P., Prestes, F. C. y Paes, L. G. (2019). Working conditions and social-demographic characteristics related to the presence of minor psychic disorders in nursing workers. Texto y Contexto Enfermagem, 18(2), 215-223.
32. Lazarus, R. y Folkman, S. (1986). Estrés y procesos cognitivos. Martínez Roca.
33. Leka Stavroula, H., Griffiths, A., Cox, T., y World Health Organization. (2003). Work organization and stress: systematic problem approaches for employers, managers, and trade union representatives. Word Health Organización.
34. Limonero, J. T., Tomás-Sábado J., Fernández-Castro J. & Gómez-Benito J. (2004). Influencia de la Inteligencia Emocional percibida en el estrés laboral de enfermería. Ansiedad y Estrés. Universidad Autónoma de Barcelona.
35. López-Fernández, C. (2015). Inteligencia Emocional y relaciones interpersonales en los estudiantes de enfermería. Educ Med. (1) 16, 83-92.
36. Mayer, J. D., y Salovey, P. (1997). What is emotional intelligence? En P. Salovey y D. Sluyter (Eds.). *Emotional development and emotional intelligence: Implications for educators*. Basic Books. 3-31.

37. Martínez, H., Rodríguez, L. A., y Cobeña, K. G. (2019). Estrés laboral en los docentes psicosociales prevalentes. *Revista Cognosis. Revista de Filosofía, Letras y Ciencias de la Educación*, 4(1), 83-98. doi : 10.33936/cognosis.v4i1.1822
38. Martínez Selva, J. M. (2004). *Estrés Laboral: Guía para empresarios y empleados*. Ed. Pearson Educación SA, N° 7.
39. Maslach, M., y Jackson, G. (1986). *Maslach Burnout Inventory. Evaluación psicológica del estrés laboral*.
40. Mejía Ramos, C; Campos, M y Suárez, C. (2019). Factores asociados al estrés laboral en trabajadores de seis países de Latinoamérica. *Rev. Asoc Esp Est Médicos*. 204-211.
41. Mero Quijije, E., Salas Tomalá, Y., Acuña Cedeño, L. y Bernal Gutiérrez, G. (2021). Estrés laboral en el personal de salud en tiempos de COVID-19. *RECIMUNDO*. 5(3), 368-377.
 - a. DOI: <https://doi.org/10.26820/recimundo/>
42. Mesa, N. (2019). Influencia de la IE percibida en la ansiedad y el estrés laboral de enfermería. *ENE, Revista de Enfermería*, 2(26).
43. Millán Ríos, P. (2021). La Inteligencia Emocional y su relación con el Estrés Laboral en el Personal de Enfermería del Hospital Departamental San Antonio del Municipio de
44. Roldanillo. (Artículo de investigación, Facultad de Ciencias Humanas, Sociales y de la Educación).
45. Miranda, P. (2020). Jóvenes llegan al suicidio por altos niveles de estrés académico: especialista. *El Universal*. <https://www.eluniversal.com.mx/nacion/politica/itam-jovenesllegan-al-suicidio-por-estres-academico-dice-especialista>.
46. Moncada Rodríguez, B., Suárez Lluccha, M., Duque Cordova, L.y Escobar Segovia, K. (2021). Estrés laboral en personal médico y enfermería de atención primaria ante la emergencia sanitaria por Covid-19. *Revista científica Perfiles*. 1 (25), 13-23.
47. Montañez Orozco, M. (2022). Inteligencia emocional y estrés laboral en el personal de enfermería durante la pandemia Covid 19 el Hospital General de Zona N°1 Aguascalientes.
48. Montero Vizcaíno et al. (2017).
49. Monterrosa Castro, A., Dávila Ruiz, R., Mejía Mantilla, A., Contreras Saldarriaga, J., Mercado Lara, M. y Flores Monterrosa, C. Estrés laboral, ansiedad y miedo al COVID-19 en médicos generales colombianos. *MedUNAB*. 23(2), 195-213.
 - a. DOI: 10.29375/01237047.3890
50. Montes-Berges, B., y Augusto-Landa, J. M. (2014). Emotional intelligence and affective intensity as life satisfaction and psychological well-being predictors on nursing professionals. *Journal of Professional Nursing*, 80-88.
51. Morales, F et al. (2005). Inteligencias múltiples e inteligencia emocional. *ACADEMIA*. 16- 17.
52. Muñoz-Fernández, S. I., et al. (2020). Estrés, respuestas emocionales, factores de riesgo, psicopatología y manejo del personal de salud durante la pandemia por Covid-19. *Acta Pediátrica Méx*. 5127-5136.
53. Muñoz AI, y Velásquez MS. (2016). Síndrome de quemarse por el trabajo en profesionales de enfermería de los servicios de urgencias y de unidad de cuidado intensivo de tres hospitales de Bogotá. *Rev. Fac. Nac. Salud Pública*. (2) 34, 202-211.
54. Myslivecek, J. (2015. The basis of the stress reaction. *Current Science*, 716-726.
55. Nastri, S. (2018). Servicio de Psiquiatría. ¿El estrés laboral, por qué se produce?
56. Navarrete J. L. C., Guzmán-Castillo, A., Bustos y C., Zavala, W. (2022). *Inventario SISCO del estrés académico: revisión de sus propiedades psicométricas en estudiantes universitarios. Terapia Psicológica*, 197-211.
57. Novas, S. V., Nahmod, M., Nespral, M., Bori, C., Zappa, L. M., Korin, H., y Pena, F. (2022). Frecuencia de ansiedad, estrés postraumático y “Burnout” en personal de salud en hospitales de

- la Ciudad de Buenos Aires, Argentina, en el contexto de la pandemia por COVID-19. *Vertex Revista Argentina de Psiquiatría*. 33(155), 25-35.
58. Obando Zegarra, R, Arévalo-Ipanaqué, J, Aliaga Sánchez, R, & Obando Zegarra, M. (2020). Ansiedad, estrés y depresión en enfermeros de emergencia Covid-19. *Índex de Enfermería*, Vol. (4) N° 29, 225-229.
 59. Organización Panamericana de la Salud. (2021). Estado de situación de América Latina ante la Pandemia de Covid-19. 19 de abril del 2021.
 60. Organización Internacional del Trabajo (2013). El estrés relacionado con el trabajo, como un problema de preocupación global. Informe N° 123 del año 2013.
 61. Osorio, E. y Cárdenas Niño, L. (2017). Estrés laboral: estudio de revisión en Diversitas: Perspectivas en Psicología. (13)1. <https://doi.org/10.15332/s1794-9998.2017.0001.06>
 - Paris (2015). Estrés laboral en trabajadores de la salud. Obtenido de Teseo: <https://www.uai.edu.ar/media/109543/paris-estres-laboral.pdf>
 62. Peiró, J. M., Prieto, F., & Roe, R. A. (1996). El trabajo como fenómeno psicosocial. En *Tratado de psicología del trabajo*, Vol. (2), 15-33. Editorial Síntesis.
 63. Petrides, K. V., y Furnham, A. (2001). Trait emotional intelligence: Psychometric investigation with reference to established trait taxonomies. *European journal of personality*. (6)15, 425-448.
 64. Ramonet, I., Prieto, A., y Boron, A. (2021). Ante lo desconocido... La pandemia y el sistema mundo. RUTH.
 65. Reyna, C., Ortiz, M. V., Mola, D. J., Correa, P. S., y Lieberoth, A. (2020). ¿Cómo está afectando el Covid-19 la vida de los/as argentinos/as? - Reporte final. Repositorio Digital UNC.
 66. Richards, A. (2022). Experiencia de los/as enfermeros/as respecto al riesgo laboral psicosocial en el marco de la pandemia por COVID-19 en el Hospital Rural Dolavon, provincia de Chubut (Bachelor's thesis, Universidad Nacional del Comahue. Facultad de Ciencias del Ambiente y la Salud).
 67. Sarmiento Ardebol, N., Chacón Hernández, E., Fernández Carballo, J., y Fernández Sarmiento, D. (2021). Efectos psicológicos en personal de enfermería que trabajaron con sospechosos de COVID- 19. *Revista Cubana de Enfermería*. (1) 37.
 68. Scatularo, C. E., Battioni, L., Bellia, S., Costa de Robert, S., Gatti, M., Racki, M., y Pereiro,
 69. S. M. (2021). Impacto psicofísico de la pandemia COVID-19 en trabajadores de la salud en Argentina. Encuesta ImPPaCTS-SAC. 20. *Revista argentina de cardiología*. 89(3), 204- 210.
 70. Salovey, P., Stroud, L. R., Woolery, A., y Epel, E. S. (2002). Perceived emotional intelligence, stress reactivity, and symptom reports: Further explorations using the trait meta-mood scale. *Psychology and health*, (5) 17, 611-627.
 71. Schutte, N., Schuettpelz, E. y Malouff, J. (2001). Inteligencia Emocional y Desempeño de Tareas. *Imaginación, Cognición y Personalidad*.
 72. Selye, H. (1976). The stress concepts. *Canadian Medical Association Journal*. (8) 115, 718.
 73. Selva, J. (2020). A risk-based multi-level stress test methodology: application to six critical non-nuclear infrastructures in Europe. *Natural Hazards*. (2) 100, 595-633.
 74. Slipak, O. E. ALCMEON (2019). Estrés laboral.
 75. Simpson, R. L., & Keegan, A. J. (2001). How connected are you? Employing emotional intelligence in a high-tech world. *Nursing Administration Quarterly*. (2) 26, 80-86.
 76. Son C, Hegde S, Smith A, Wang X, y Sasangohar, F. (2020). Effects of Covid-19 on College Students' Mental Health in the United States: Interview Survey Study. *J Med Internet Res* 2020. (9) 22, e21279.
 - a. URL: <https://www.jmir.org/2020/9/e21279>.
 77. Soto-Rubio, A., Giménez-Espert, M. D. C., & Prado-Gascó, V. (2020). Effect of emotional intelligence and psychosocial risks on Burnout, job satisfaction, and nurses' health during the

- covid-19 pandemic. International journal of environmental research and public health, (21) 17, 7998.
78. Thorndike, E. L. (1920). Intelligence examinations for college entrance. The Journal of Educational Research. (5), 1329-337.
 79. Torrades, Sandra (2007). Estrés y Burnout. Definición y prevención. (26) 10, 104-107.
 80. Torrecilla, N. M., Victoria, M. J., y Richaud de Minzi, M. C. (2021) trabajaron la ansiedad, depresión y estrés en personal de enfermería que trabaja en unidades de terapia intensiva con pacientes con COVID-19. Revista Argentina De Salud Pública, 13.
 81. Urbano-Jiménez, M. (2017). La personalidad y la inteligencia emocional como predictores del rendimiento de los equipos de trabajo. Trabajo de fin de grado Facultad de Humanidades y Ciencias de la Educación (Jaén).
 82. Vega, M. C., Rodríguez, B., y Arenal, T. (2019). Estresores académicos percibidos por estudiantes del grado de enfermería en una universidad española. Revista Enfermería Castilla y León, 11(1), 16-21.<http://www.revistaenfermeriacyl.com/index.php/revistaenfermeriacyl/article/viewFile/227/196>
 83. Vitello-Cicciu, J. M. (2002). Exploring emotional intelligence: Implications for nursing leaders. JONA: The Journal of Nursing Administration. (4) 32, 203-210.
 84. Vidal Lacosta, V. (2019). Estudio del estrés laboral en las pymes en la provincia de Zaragoza. (Tesis Doctoral, Universidad de Zaragoza). Repositorio de la Universidad de Zaragoza - Zaguan <http://zaguan.unizar.es>
 85. Zegarra S. P., Trejo, L. L., Moreno, S. V., Zegarra, Marín, M. P., y Castilla, I. M. (2020). Ajuste familiar durante la pandemia de la COVID-19: un estudio de diádas. Revista de Psicología Clínica con Niños y Adolescentes, 7(3), 66-72.

FINANCING

None.

CONFLICT OF INTEREST

None.