Original article

Revista de Enfermagem do Centro-Oeste Mineiro
2026; 16/5627
www.ufsj.edu.br/recom

RECOM
Revista de Enfermagem
do Centro-Oeste Mineiro

Influences of work routine in the Intensive Care Unit on nurses' mental suffering

Influências da rotina de trabalho na Unidade de Terapia Intensiva sobre o sofrimento mental dos enfermeiros

Influencias de la rutina de trabajo en la Unidad de Cuidados Intensivos en el sufrimiento mental de los enfermeros

ABSTRACT
Objective: To investigate the influences of the Intensive Care Unit work routine and its impact on the mental suffering of these professionals. **Method:** A qualitative and descriptive study, using semi-structured interviews conducted via digital media, with nine nurses working in Intensive Care Units I at a large hospital in the northeastern region of Belo Horizonte, Minas Gerais. The thematic content analysis proposed by Bardin was applied. **Results:** The following categories and their subcategories emerged: work dynamics in the intensive care unit, mental suffering, and defense strategies. All interviewees exhibited characteristics related to mental or physical suffering, triggered by their work dynamics in the intensive care unit. **Final remarks:** The importance of psychological, social, and physical support for professionals is evident, aiming to improve their quality of life and consequently the quality of care provided.
Descriptors: Nursing; Intensive Care Unit; Occupational burnout; Psychological distress; Mental health.

RESUMO
Objetivo: Investigar as influências da rotina de trabalho da Unidade de Terapia Intensiva e suas interferências no sofrimento mental de enfermeiros. **Método:** Estudo de abordagem qualitativa e descritiva, por meio de entrevista semiestruturada, mediante entrevista on-line, com nove enfermeiros atuantes em Unidades de Terapia Intensiva I de um hospital de grande porte de Minas Gerais. Procedeu-se à análise de conteúdo temática, proposta por Bardin. **Resultados:** Emergiram as categorias: "Influências da dinâmica de trabalho da UTI sobre o sofrimento mental", "Sofrimento mental de enfermeiros(as) na UTI" e "Estratégias de defesa de enfermeiros que atuam em UTI diante do sofrimento mental". Todos os entrevistados apresentavam alguma característica relacionada ao sofrimento mental ou físico, desencadeada por rotinas de trabalho na terapia intensiva. **Considerações finais:** Os relatos apresentados apontam que a rotina de trabalho na Unidade de Terapia Intensiva, com demanda administrativa excessiva, exposição biológica, absenteísmo e desvalorização profissional, interfere no sofrimento mental dos enfermeiros.
Descritores: Enfermagem; Unidade de Terapia Intensiva; Desgaste laboral; Angústia psicológica; Saúde mental.

RESUMEN
Objetivo: Investigar las influencias de la rutina de trabajo de la Unidad de Terapia Intensiva y sus interferencias en el sufrimiento mental de estos profesionales. **Método:** Estudio cualitativo y descriptivo, mediante entrevistas semi-estructuradas realizadas a través de medios digitales, con nueve enfermeros que trabajan en Unidades de Terapia Intensiva y en un hospital de gran tamaño en la región noreste de Belo Horizonte, Minas Gerais. Se aplicó el análisis de contenido temático propuesto por Bardin. **Resultados:** Emergieron las categorías: dinámica de trabajo en la unidad de terapia intensiva, sufrimiento mental y estrategias de defensa. Todos los entrevistados presentaron características relacionadas con el sufrimiento mental o físico, desencadenadas por las dinámicas de trabajo en la terapia intensiva.
Consideraciones finales: Se destaca la importancia de establecer apoyo psicológico, social y físico para los profesionales, con el objetivo de mejorar su calidad de vida y la calidad de la atención brindada.
Descriptores: Enfermería; Unidad de Cuidados Intensivos; Agotamiento laboral; Angustia psicológica; Salud mental.

Carolayne Ribeiro Procópio Cascalho[1]
0000-0003-1985-1422

Marcelly Lorayne Soares Freitas Arruda[2]
0000-0002-6685-5920

Ana Catarina Coeli Rodrigues[2]
0000-0002-9670-6491

Siomara Jesuina de Abreu Rodrigues[3]
0000-0002-0270-4744

Elen Cristiane Gandra[1]
0000-0002-4623-6495

Allana dos Reis Corrêa[1]
0000-0003-2208-958X

[1]Federal University of Minas Gerais (UFMG) – Belo Horizonte, Minas Gerais, Brazil.

[2]Teaching College of Minas Gerais (Facemg) - Belo Horizonte, Minas Gerais, Brazil.

[3]Health and Human Ecology College (Faseh) - Belo Horizonte, Minas Gerais, Brazil.

Corresponding author:
Carolayne Ribeiro Procópio Cascalho
E-mail: carolayneprocopio@gmail.com

INTRODUCTION

Each individual receiving nursing care has unique health needs that result from a complex interaction between biopsychosocial and spiritual factors. Accordingly, it is essential for nursing to understand these dimensions in a comprehensive manner in order to improve the management of situations, problems, diseases, and mental changes that may arise[1].

The context of the Intensive Care Unit (ICU) is identified as a highly complex environment, characterized by intense demands, a fast-paced rhythm of work, and situations that often involve life-threatening risks for patients. In the face of the demands of this environment, professionals are exposed to a variety of factors that, on a daily basis, can result in high levels of physical and mental exhaustion[2]. In addition to being responsible for direct patient care, the nursing professional also assumes the management of his/her team and unit, maintains interactions with the multidisciplinary team and management, and also deals with attending to companions and family members[3].

The activities carried out by the intensive care nurse are diverse and involve direct patient care, management of work processes, organization of the service, and coordination of the multiprofessional team. This work routine is not limited to performing technical tasks, but also includes standards of professional behavior, time management, compliance with institutional policies, communication skills, decision making, and the application of scientific knowledge aimed at safety and comprehensive care[4]. The literature highlights that nurses working in the ICU face a high workload, long shifts, rotating schedules, as well as a constant need for resilience to deal with critical and unpredictable events[4]. Additionally, the professional profile of these nurses includes competencies in care and resource management, with implications for working conditions and job satisfaction[5]. In the Brazilian context, environmental conditions such as lack of control, limited support, and insufficient resources have been associated with emotional exhaustion and lower well-being among hospital nurses, including those working in the ICUs[6]. Thus, the "work routine" can be understood as the structured set of activities, behaviors, and interactions that shape the professional daily life of the ICU nurse — a multidimensional process influenced by organizational, technological, and subjective factors, which directly impacts the performance and well-being of these professionals[6].

Adding to all this demand, it is noteworthy that, in 2020, the COVID-19 pandemic, considered by the World Health Organization (WHO) as an international health concern, intensified the already existing tension in ICUs and around the world. Characterized by respiratory symptoms associated with viral pneumonia, it infected many people who, simultaneously, developed more severe symptoms[7]. There was a need for more intensive care, overloading ICU admissions, as these patients required invasive ventilatory support, endotracheal intubation, and mechanical ventilation[7].

The routine of nursing professionals reveals that professional responsibilities and work activities are not only manifested through experiences of pleasure and personal satisfaction but are also associated with moments of suffering. This suffering is evidenced by uncomfortable working conditions, insufficient pay, expo-

sure to empathetic feelings of pain, death, and loss, as well as excessive subordination and the development of mental suffering[8].

Psychological suffering among health workers has been widely discussed in the literature, often associated with factors such as excessive working hours, inadequate working conditions, interpersonal conflicts, and prolonged exposure to stressful situations[2,3],. It is understood as an emotional disturbance that can have a progressive nature, manifesting more clearly in situations related to loss, grief, or difficulties in the professional sphere[8]. It is often mistaken for psychiatric disorders, although it has distinct characteristics.

In Psychiatry, common mental suffering refers to emotional states such as anxiety, sadness, and psychosomatic manifestations that do not necessarily constitute a mental disorder. Nonetheless, certain emotions, especially sadness and frustration, can cause chemical imbalances in the body, increasing the risk of developing serious conditions such as generalized anxiety and depression[8].

Given the aforementioned context, the following research problem emerged: How does the work routine of nurses working in the Intensive Care Unit influence the mental suffering of these professionals? Therefore, the objective of this study was to investigate the influences of the work routine in the ICU and its interferences with nurses' mental suffering.

METHOD

A qualitative research approach, typified as descriptive, was chosen because this design aims to observe, record, analyze, and correlate facts or phenomena without manipulating them, seeking to describe their characteristics and relationships with the studied reality[9]. Through this type of study, the aim was to describe how the work routine of nurses working in the ICU influences and contributes to the mental suffering of these professionals.

The structuring of this manuscript followed the recommendations of the COnsolidated criteria for REporting Qualitative research (COREQ) instrument, translated and validated for Brazilian Portuguese, with a view to maintaining greater methodological rigor.

The study was conducted in the ICU of a large teaching hospital in Minas Gerais – a philanthropic, private law entity with administrative and financial autonomy, governed by its own statute, founded in 2010. In January 2011, it was recognized as a hospital complex and began offering care exclusively through the Brazilian Unified Health System (SUS, as per its Portuguese acronym), being divided into two units: one dedicated to clinical procedures and hospitalizations, and the other unit exclusively for orthopedic procedures of medium and high complexity. The two units have a total of more than 344 beds, including three intensive care units (ICU I, II, and III), with a total of 60 beds. It also has more than 1,400 employees, who provide low, medium, and high complexity hospital and surgical services in 33 medical specialties.

Nine nurses participated in the study, of whom 21 work in the three ICUs. The inclusion criteria were: being a supervisory and health care nurse, working both even and odd shifts, day and night shifts, and agreeing to participate in the study. Nurses in coordination positions and those who were on leave or vacation during the data collection period were excluded.

In order to collect data, a semi-structured guide was used, divided into two sections: the first comprised items on the participant's sociodemographic data, and the second included 14 open-ended questions related to the study's objective, with the option in this section not to answer a question if the interviewee did not feel comfortable. The questions addressed different dimensions of the studied phenomenon: understanding of mental suffering (one question), working conditions and organization (four questions), demands and pressures in the work environment (two questions), professional recognition and emotional experiences (two questions), coping and self-care strategies (two questions), psychological support and medication use (two questions), and physical repercussions of work (one question). It should be noted that a pilot test was conducted with the semi-structured guide to validate the instrument and to quantify the average duration of the interviews.

Data collection took place in October and November 2021. Due to guidelines from health authorities regarding the SARS-CoV-2 pandemic, the interviews were conducted online via the Zoom® platform, using the institutional login account of the study coordinator.

Initially, prior contact was made with the nurses in the department via WhatsApp to explain the study proposal and the duration of the interview, as well as to clarify any other questions. The professionals' contacts were provided by the department's coordination. Once the professional expressed interest in participating in the study, the interview was scheduled and he/she was informed that it would be conducted via the Zoom® platform.

Subsequently, the Free and Informed Consent Form (ICF) was sent, prepared via a Google Forms template. After it was completed, the meeting link was provided according to the scheduled day.

The interviews took place outside the nurses' working hours, with an average duration of 20 minutes and 16 seconds, and were concluded after all items on the script had been addressed. The statements were recorded and fully transcribed using the InqScribe® software, preserving the literal content of the speeches. Participant anonymity was respected, using codes referenced by abbreviation and numbering, assigned by lottery, that is, Nurse 1 (Nrs 1), Nurse 2 (Nrs 2), and so on.

Next, the data were analyzed through thematic content analysis, which, according to Bardin[10], consists of the stages of pre-analysis, material exploration, results processing, and interpretation. Accordingly, thematic analysis was performed to identify, analyze, interpret, and report the core meanings presented during a communication whose presence was important to the studied object.

The analytical process was guided by the theoretical framework of Work Psychodynamics, proposed by Christophe Dejours, which recognizes that suffering and pleasure in the work context derive from the interaction between organizational demands and workers' subjective experiences[11]. Accordingly, the aim was to understand how the routine and work dynamics in the ICU influence nurses' mental health, as well as the defensive strategies used to cope with psychological suffering.

During the coding and interpretation of the material, the recording units were grouped into thematic axes that express core dimensions of the participants' experience. The process resulted in the defini-

tion of three analytical cores, which served as the theoretical basis for organizing the findings: "Influences of the work dynamics in the ICU on mental suffering," which refers to the conditions and organization of work, characterized by excessive care and administrative demands, exposure to biological risks, a reduced team, and constant time pressure; "Nurses' mental suffering in the ICU," which encompasses feelings of mental fatigue, distress, loss, anxiety, professional devaluation, and impact on physical health; and "Defense strategies of nurses working in the ICU in the face of mental suffering," which include coping actions such as organization and mental reflection, professional support, medication therapy, and entertainment.

Interrelationships were observed between mental suffering, work dynamics, and defense strategies, supporting the analysis of the discourses and the interpretation of the meanings attributed by nurses to their experiences in the Intensive Care Unit.

The researchers involved in the project committed to maintaining the confidentiality of the collected data, as well as the privacy of the content. This study followed all ethical aspects provided for in Resolution n. ° 466/2012 of the National Health Council. The project was submitted via Plataforma Brasil (CAAE n. ° 49089621.8.0000.5120) and approved by the Ethics and Research Committee of the institution chosen as the setting for this study (Opinion n. ° 5.069.052).

RESULTS

Nine nurses participated in the study, including two men and seven women, aged between 26 and 51 years. Most (67%) were single, with an average monthly salary of one to five minimum wages. Almost all (89%) had a Lato sensu specialization, and their professional experience ranged from two to 22 years.

From the reading and analysis of the interviews, homogeneity was observed in the testimonies regarding the objectives of the study. Based on the theoretical framework of Work Psychodynamics, proposed by Christophe Dejours[11], three thematic categories emerged that represent the main dimensions of the investigated phenomenon: "Influences of the work dynamics in the ICU on mental suffering," "Nurses' mental suffering in the ICU," and "Defense strategies of nurses working in the ICU in the face of mental suffering."

These categories summarize what was observed in the participants' speeches and help to understand how the routine and working conditions in the ICU influence the mental suffering experienced by nurses and the ways they find to deal with these situations.

Below, the three identified categories are presented, illustrated by excerpts from the participants' speeches, discussed in light of the scientific literature.

Influences of the work dynamics in the ICU on mental suffering

From the nurses' perspective, the work dynamics in the ICU is described in a very diversified way, encompassing aspects related to excessive administrative and health care demands, biological exposure, understaffed teams, and excessive pressure. As for intense administrative and health care demands, the nurses point out that their activities are listed in various sub-processes that deal with patient care. "Today, what demands the most from me are administrative tasks,

as they end up somewhat interfering with providing quality care to my patient due to the large amount of paperwork and bureaucracy" [...]. "I spend hours filling out forms" (Nrs 6). "It's a lot of paperwork, a lot of things. There is a huge demand for filling out forms; a patient requires, on average, about 15 forms. You can't fill them out in a rush or carelessly; the data has to be accurate, because sometimes that paper can make a difference" (Nrs 2).

The aspects related to biological risks are also evident in the testimonies and raise concerns about the unhealthiness of the work environment and the increased risk of illness for the team. "Infected and contaminated patients, malfunctioning air conditioning, materials that may pose a risk to the worker, and even direct contact with the infected patient pose a risk to us" (Nrs 8). "We have direct contact with the patient; at times, they are patients who have some kind of infection or bacteria. Even though we use gowns, masks, and gloves, I truly believe that being there with the patient is an unhealthy environment" (Nrs 2).

The successful implementation of the proposed actions for nursing care in the ICU requires the continuity of the work process by nurses on subsequent shifts, as well as coordination with the overall health work process. It was noted in the statements that this interaction can cause stress and overload for professionals, as, even though shifts last 12 hours, there are many activities to be carried out. In addition to bureaucracy, there is also the unpredictability of incidents, a situation quite peculiar to this department, which contributes to the fact that the schedule set at the beginning of the shifts is not always completed. "At times, you don't account for the absence of a team member or, even, there is dissatisfaction from him/her within the team, which leads him/her to not carry out his/her duties properly, and this ends up creating certain impacts, both in terms of patient care and also in team management" (Nrs 1). "In general, it is not and has never been 100%; gaps in the schedules, staff shortages, lack of physical resources, and the elevators are always a problem" (Nrs 9).

The ICU nurse is a professional who represents an important link in the multiprofessional team. In his/her work dynamics, it is natural that many responsibilities are centered on him/her. In this regard, participants point out that, linked to this momentum, there is excessive pressure coming from immediate supervisors, the multiprofessional team, the patient's family, and others. Faced with demands in daily work routine, the nursing professional tries to manage these requirements, which ends up resulting in overload, mental strain, and consequently, harm to physical and mental health. "The managers are also held responsible, and I am also held responsible by them and by everyone there, because everything there is the nurse. So, it's a very exhausting burden if the team doesn't trust the nurse; if he/she's not a foundation, it doesn't work. Everyone becomes insecure, afraid; you have to be strong and really be a good professional in everything we do" (Nrs 3).

Nurses' mental suffering in the ICU

The textual body of the interviews with the nurses revealed that mental suffering in the face of the work dynamics in the ICU is connected to mental exhaustion, distress over losses, anxiety, professional undervaluation, and impact on physical

health. Regarding exhaustion, mental suffering is related to the demands and work dynamics in the department itself, responsibility, excessive pressure, and work overload due to a lack of staff. "Mental suffering is the aggressive effort of the mind, given the situations we are subjected to in the department; it can also be understood as mental distress, having a heavy workload, which can lead to depression. All of this is part of mental suffering" (Nrs 3). "I understand mental suffering as everything that causes distress on the professional, and most of the time, it is related to anxiety, depression, and dissatisfaction" (Nrs 6).

The interviewees also express that dealing with imminent death is frequent in the work routine of ICU nurses, being one of the main causes of mental suffering. This feeling stems from the difficulty of dealing with the magnitude of clinical cases or from forming an emotional bond with the patient. Consequently, this leads to a sense of helplessness in the face of the patient's death. This reality is reflected not only in the perceived failure of care but also in feelings of distress and defeat when faced with death and in situations where they feel that more could have been done for the patient. "Only those who work in the health field, specifically in the ICU, know that what we go through isn't easy. We have to have very good mental health because the vast majority of the cases we see are sad [...]; we see deaths and witness the patient's suffering; it's not a pleasant thing. So, I think there needs to be a solid support structure, since otherwise it really ends up affecting the employee, who is on the front lines of all that" (Nrs 2).

The experience of encountering professional colleagues in critical condition who pass away intensifies this suffering even more. "The worst moment throughout my time here in the ICU was the death of an employee of the institution during my shift; everyone was shaken because the employee had been at the institution for a long time. We think it will never happen to someone we know or have a connection with, and when it does happen, the suffering, not only initially but also afterward, is very intense" (Nrs 4).

The mental suffering expressed by the professionals in the study is related to the feeling of undervaluation of the professional category, which goes beyond the institutional context, thus affecting the work process of the category in the Brazilian context. In the participants' speeches, this finding is evident when they mention the undervaluation, the deterioration of relationships and working conditions, as well as the consequences, such as demotivation and psychological suffering. "Nursing itself, in this country, is not valued; we are deteriorated, undervalued, and demotivated all the time. We have no recognition whatsoever [...]. And, so, more and more jobs are being taken away, and nursing is being overloaded; everything is always the nursing staff's fault. We have no valuation at all for the work we do" (Nrs 3). "I think there's a bit of a lack of valuation, but not from the institution. I think that, no matter where we go to work, nursing is much undervalued. We still can't get approval for the wage level of our working hours, and that makes us a bit frustrated, especially because of the period we went through, which was a pandemic period, you know?" (Nrs 7).

When the nurses were asked about the impact of their daily work on their physical and mental health, eight out of nine respondents said yes, that it had affected

their health, such as swelling in the lower limbs (due to not having time to stop and drink water), hair loss (due to overload), weight gain (due to irregular meal times), and insomnia (related to excessive worry about schedules, possible absences, pressure from management, and lack of teamwork among colleagues). "Well, in light of everything I experience within the institution, especially in the Intensive Care Unit, I have been experiencing, almost daily, headaches, stress, anxiety, and body aches, and today what affects me the most is the anxiety of being in a unit that demands so much from me" (Nrs 5). "The ICU is a department that demands a lot from the professional. In this department, I developed several issues, but the main ones that still cause me discomfort today are back problems (from lifting weight), obesity (from not having a regular time to eat), and anxiety disorder, and I have had several episodes of depression" (Nrs 6). "High blood pressure and weight gain, because you don't eat at the right time. If there's time to eat, we eat. I've been on shifts where I went 12 hours without drinking water. When it comes to food, if there's time to eat, I buy something unhealthy" (Nrs 3). "I wasn't drinking enough water; so, I started having swelling in my lower limbs; my leg swells too much. I would get home, and my foot looked like a loaf of bread [...]. So, one thing I improved was carrying my water bottle, and in terms of anxiety" (Nrs 7).

Defense strategies of nurses working in the ICU in the face of mental suffering

From the nurses' testimonies, it was observed that the defense strategies used to cope with mental suffering, triggered by occupational activities in the ICU, occur through the adaptation of work methods and time management. Immediacy can give way to organization and prioritization of activities, considering that the ICU has infinite demands. "Actually, nowadays, I take a breath, count to three, think, and get organized; before, I would pressure, freak out, and talk to the coordination. I'm really discouraged with nursing [...]" (Nrs 8). "These days, I stay calm, look at what is best to be done, and organize who will do it. Before, I was very explosive; I wanted everything immediately, but over time, I got used to the fact that not everything goes the way we want, especially here in the unit; because one moment everything is fine, and suddenly, the situation changes" (Nrs 5).

The search for both professional help and medication-based therapies was also mentioned as a resource for dealing with suffering and real illness. "I have been seeing a psychologist, psychiatrist, and therapist for three years; it was one of the things that helped me to decide that I no longer want to work in nursing, but everything we go through here is very exhausting. I take the medication named duloxetine hydrochloride" (Nrs 8). "I never needed (therapy). When my mother was alive, she was my psychologist, but internally, never, because the institution does not offer psychological support" (Nrs 3).

Family activities and moments of leisure and rest were mentioned as mechanisms for coping with mental suffering. "Besides enjoying reading, when I have time, I try to go out with my son and my family, do something creative and different, and what I love most: travel and explore nature" (Nrs 6). "Honestly, a good night's sleep relaxes me. I wake up the next day feeling renewed" (Nrs 2).

DISCUSSION

From the nurses' speeches, it was noted that all expressed characteristics related to mental or physical suffering, influenced by the work dynamics experienced in the ICU.

It is worth underlining that, during the conduct of this study, health professionals were experiencing tense moments due to the SARS-CoV-2 pandemic, which further intensified the risk factors for the mental suffering of intensive care nurses, whose daily work was completely altered and intensified by the overload of services, deaths, risk of contamination, among other factors. This context may have increased the impact of the work routine on the mental suffering of ICU nurses, since the pandemic heightened health care demands, scarcity of human resources, and emotional overload.

It is known that the increase in the level of complexity and the overload of care, due to the high number of consultations resulting from the pandemic, led to longer working hours, which, combined with the need to use tight and hot personal protective equipment (PPE), caused numerous consequences for nursing professionals in these departments[7].

A national study indicated that, during this period, nursing professionals experienced a significant deterioration in mental health, associated with prolonged exposure to occupational stress and the exhausting rhythm of work[12]. In units dedicated to caring for patients with COVID-19, a high prevalence of common mental disorders, such as anxiety, fatigue, and emotional exhaustion, was observed[13]. Additionally, reflections on nursing work in this context highlight that the pandemic increased the physical and psychological demands of professional practice, intensifying suffering and emotional distress[14]. Thus, it is plausible that the pandemic scenario influenced the perceptions and experiences reported by the participants, contributing to the intensity of the mental suffering reports observed in this study.

Beyond the aforementioned facts, it is expected that the nurse has a strategic vision and attitudes related to the management of nursing processes, task delegation, and conflict resolution. The nurse is responsible for sizing the nursing team and managing the nursing process as a whole, and must create mechanisms that support the performance of tasks and actions planned and implemented by the team[15].

However, in the findings of this study, the feeling of frustration and fatigue among nurses is evident in the face of numerous administrative demands, alongside health care duties, which may lead to questions about the essence of their training: the centrality of patient care. These factors should be analyzed and mitigated so that nurses can work efficiently and with dignity, thus helping to reduce the effects of diseases caused by mental suffering[2].

Another aspect of the work dynamics in the ICU relates to biological exposure, a risk to which professionals are subjected. According to nurses' understanding, the ICU is an unhealthy environment, with a wide range of infectious diseases and multi-resistant microorganisms, widespread use of antibiotics, as well as various invasive procedures, greater exposure to blood and bodily fluids, among other vulnerabilities.

The nurse performs activities in the ICU that require close contact with pa-

tients in different care settings, which increases the risk of exposure to biological materials and contamination by viruses, bacteria, and other agents. The occurrence of occupational accidents involving biological materials may be related to several predictive factors, such as the need for greater flexibility in performing daily activities, physical and mental fatigue, lack of personal protective equipment, and lack of professional experience(16).

It is also observed that absenteeism complicates the dynamics of the work process in the health field, including in the ICU. The findings show that, in the face of unplanned absences, there is always significant discomfort and impact on the department's routine, with work overload being the main consequence in the ICU for the present professionals. The activities carried out in the unit are already very tiring, since unplanned absences make it impossible for the supervisor to request a professional to cover another professional's absence in a timely manner.

Employee absenteeism is a significant and common factor in health institutions. For nurses working in the ICU, it is observed that absenteeism entails dissatisfaction, overload, and physical and psychological problems among the present staff. In addition to directly affecting the quality of the provided care, it constitutes a complex and cyclical administrative problem. Absence is understood to have multiple causes, with the main reasons being social, cultural, biological, and psychological factors, or characteristics related to the worker's personality[16]. Absenteeism at work can be considered an organizational risk factor, as the lack of professionals ends up causing dissatisfaction among regular employees, in addition to affecting the quality and costs of the services provided by institutions[17].

Work is considered a source of pleasure and suffering; however, for suffering, defense strategies are mediated that unconsciously allow the professional to modulate his/her negative experiences. When the balance is broken and suffering is no longer controllable, that is, when the intellectual, psychological, and emotional investment of the worker is no longer sufficient to meet the demands and tasks imposed by the organization, a state of mental suffering will occur[18]. The nurse working in the ICU operates at a very dynamic and fast-paced rhythm, faces deadline pressure to complete tasks, has strong demands for results, and carries out tasks with strict specifications. Furthermore, work in intensive care is often time-sensitive: everything is urgent and a priority, and the high level of care complexity maintains a cycle of rigidity and pressure[16,18].

Nursing professionals routinely experience events that can lead to physical and mental illness, compromising their quality of life and professional well-being. Since they spend most of their time providing care to sick patients and developing closer relationships with the patients' families, these professionals go through situations that cause suffering and anxiety in their practice, especially if they work in environments under intense emotional pressure, such as closed hospital wards or, in most cases, intensive care units[19].

The nurses' testimonials emphasize that working in the ICU contributes to mental exhaustion, where mediating between the demands of this department and minimizing administrative issues are challenges for managers, aiming to pro-

vide quality care with less impact on the professional's mental health. Personal and professional quality of life, as well as humanized nursing, should become the cornerstone of both the professional's and the user's experience. Therefore, one must constantly strive for psychological, physical, and social balance, especially for nurses[19].

It becomes evident that suffering and anxiety influence the progress and efficiency of professionals. In such a situation, the professional begins to show non-specific signs and symptoms, which, in most cases, are mistaken for disinterest, inactivity, and discouragement, masking possible psychological disorders[20]. In this context, it is known that the ICU is a department with unstable demands, as patients require high-complexity care. This fact demands continuous attention from the health staff, leading to higher levels of physical and emotional exhaustion. Thus, it is clear that these workers may progress to high levels of anxiety[20-21].

Nursing professionals today make up the largest professional category working in the health field in Brazil and are considered essential pillars of patient care(21). Nonetheless, they still face a situation marked by poor working conditions, shortages of equipment and supplies, work overload, and other factors that exacerbate mental suffering[22]. According to the findings, it is also noted that professionals often forgo activities necessary for maintaining their own health and well-being in order to meet the demands and routines of their departments, making these demands a priority.

Added to this context is the fact that the professional, most of the time, works in unhealthy, exhausting environments that do not provide adequate conditions for health. This reality leads to precarious working conditions, whether due to the overload of physical and mental work, the accumulation of working hours, poor remuneration, or the employment relationship, which results in instability. These conditions end up bringing little quality of work life to professionals, negatively impacting their health and leading to physical and mental illness[22].

Work is a source of fulfillment, satisfaction, and pleasure for humans, but it can also be harmful to health, as some illnesses result from the body's wear and tear process and are exacerbated both by aging and by the type of work organization. Work-related pathologies can affect both daily life activities and work activities. Faced with these challenges, it is essential that health workers seek help so that the suffering caused by work does not affect their health or compromise the activities carried out by them[23].

Among the many peculiar characteristics of the profession, intensive care nurses need to remain calm and be quick and witty to adapt immediately to each situation that arises, as they are responsible for providing comprehensive and continuous care to people in different critical situations in the ICU. For this reason, ICU nurses need to think critically, analyze problems, and find solutions, as well as be prepared to face emerging complications, which require scientific knowledge and clinical skills. In addition, they are the main communicators for the health staff, bringing most of its complaints and issues to light[24].

In order to deal with the impacts on mental and physical health, nursing professionals need to deal with a lot of infor-

mation, events, attitudes, and, above all, their own emotions. It is no different for nurses working in the ICU, as they face challenges during their shifts, including work overload, scarcity of human and material resources, uncertainty about the effectiveness of the employed treatments, and concerns about managing their own health, as well as the health conditions of their family members and patients[25].

The emergence of responses related to mental fatigue as a result of intense work dynamics in the ICU becomes inevitable, often requiring psychological support and recreational strategies. Therefore, the importance of providing psychological, social, and physical support to professionals should be recognized, aiming to improve the quality of the provided care and enhance the quality of life of the professionals working in these environments, who risk their own health to care for patients[25].

It is believed that hospital institutions need to establish a more participative management, where attention to measures related to health maintenance and improvement of working conditions prevails. It is possible to achieve a better level of physical and mental health, thus increasing worker's satisfaction, which can have a positive impact on the care provided to patients, thus reducing absenteeism[17].

As a limitation of this study, the impossibility of collecting data in person due to the restrictions imposed by the COVID-19 pandemic should be highlighted, which created discomfort for researchers and participants in terms of conducting online interviews, as it was something new at the time of the study. Despite this, virtual interviews allowed participants the freedom to express their opinions, reinforcing the fundamental aspects of qualitative research, such as the valuation of subjectivity and individual experiences. The high workload in the ICU also made it difficult for some professionals to participate, but this barrier was mitigated through the provision of flexible schedules.

It is important to mention that the study was conducted in a single hospital, with a small sample of nurses, which limits the generalization of the results to other contexts. Therefore, future research is recommended, considering different scenarios and realities, with a view to expanding knowledge on the impact of work routines on the mental health of health professionals and highlighting the need for institutional policies focused on emotional care, professional valuation, and the creation of spaces for listening and psychological support in the hospital environment.

FINAL CONSIDERATIONS

The reports presented by the interviewed nurses show that the work routine in the ICU affects the mental suffering of these professionals, highlighting the many administrative demands that overload the nursing professionals, as they require a lot of time to complete and often overlap with patient care, generating distress and anxiety. Biological exposure is also another factor mentioned as a concern by the participants, since, although they recognize that it is inherent to the department, they still feel exposed and under constant tension of contamination. The collection period coincided with the pandemic period, which may have exacerbated this concern.

Coupled with these problems, absenteeism creates an even greater physical and mental overload, as it requires the present professional to exceed his/her

work duties in order not to compromise the patient, since it is impossible to interrupt care for a patient who is hospitalized in an ICU, precisely because he/she requires continuous and complex care. Furthermore, no less important and frequently mentioned by the participants, the feeling and perception of undervaluation of the nursing professional further reinforce the experienced daily distress.

Over the years of professional experience, the combination of these factors directly affects the nurses' mental suffering, with many experiencing anxiety and depression, using medication, undergoing therapy with a psychologist, receiving psychiatric treatment, in addition to dealing with physical illnesses such as musculoskeletal disorders, obesity, and systemic arterial hypertension, among others.

The results and discussions presented in this study bring relevant contributions in terms of ensuring that care in departments where patients require highly complex treatment is considered beyond just the accuracy of techniques, also considering the caregiver and what needs to be reconsidered for a lighter work environment. This will certainly have an impact on everyone involved: patients, professionals, families, and institutions.

REFERENCES

1. Botelho JO, Vieira DVF, Costa MB da, Silva IA da Júnior, Mato LM da C. Promoção do cuidado espiritual pelo enfermeiro intensivista. Rev Enferm UFPE Line. 2019;13:e241619. DOI: https://doi.org/10.5205/1981-8963.2019.241619

2. Ribeiro WA, Coutinho VVA, Morais MC de, Souza DM da S, Couto C de S, Oliveira LS de, et al. Evidências e repercussões do estresse vivenciado pelos enfermeiros da Unidade de Terapia Intensiva. Rev Pró-UniverSUS. 28 de junho de 2019;10(1):61-65. Disponível em: https://editora.univassouras.edu.br/index.php/RPU/article/view/1659

3. Muniz DC, Andrade EG da S, Santos WL dos. A saúde do enfermeiro com sobrecarga de trabalho. Rev Inici Cient. e Ext. 2019;2(Esp 2):274-9. Disponível em: https://scholar.archive.org/fatcat/release/qiwwmtczpveypob7j7f7oz4pga

4. Tajari M, Ashktorab T, Ebadi A. Components of safe nursing care in the intensive care units: a qualitative study. BMC Nurs. 2024;23(613). DOI: 10.1186/s12912-024-02281-5

5. Achury Saldaña DM, Achury Beltrán LF, Rodríguez Colmenares SM, Alvarado Romero HR, Cavallo E, Ulloa AC, et al. Professional profile and work conditions of nurses working in intensive care units: a multicentre study. J Clin Nurs. 2022;31(11-12):1697-708. DOI: https://pubmed.ncbi.nlm.nih.gov/34655269/

6. Rivera DIC, Torres CC, Romero LAL. Factors associated with nursing workload in three intensive care units. Rev Esc Enferm USP. 2021;55:e20200272. DOI: http://dx.doi.org/10.1590/1980-220X-REEUSP-2020-0272

7. Humerez DC, Ohl RIB, Silva MCN. Saúde mental dos profissionais de enfermagem do Brasil no contexto da pandemia covid-19: ação do Conselho Federal de Enfermagem. Cogitare Enfer. 2020;6:1-10. DOI: http://dx.doi.org/10.5380/ce.v25i0.74115

8. Silva LT. As maiores causas de sofrimento psíquico na sociedade contemporânea no Brasil. Hematology, transfusion and cell therapy. 2023;45:S918-S919. DOI: https://doi.org/10.1016/j.htct.2023.09.1652

9. GIL AC. Métodos e técnicas de pes-

quisa social. 6a ed. São Paulo: Atlas; 2008. Disponível em: https://ayanrafael.com/wp-content/uploads/2011/08/gil-a-c-m-c3a9todos-e-tc3a9cnicas-de-pesquisa-social.pdf

10. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1977. 229 p. Disponível em: https://bds.unb.br/handle/123456789/904

11. Lancman S, Sznelwar LI. Christophe Dejours: da psicopatologia à psicodinâmica do trabalho. Fiocruz, Paralelo; 2004. Disponível em: https://www.scribd.com/document/768125697/Da-Psicopatologia-a-Psicodinamica-Do-Trabalho-Christophe-Dejours

12. Kantorski LP, Oliveira MM de, Treichel CA dos S, Bakolis I, Alves PF, Coimbra VCC, et al. Mental health of nursing professionals during the COVID-19 pandemic: a cross-sectional study. Rev. saúde pública [Internet]. 14 de março de 2022. DOI: https://doi.org/10.11606/s1518-8787.2022056004122

13. Centenaro APFC, Andrade A de, Franco GP, Cardoso LS, Spagnolo LM de L, Silva RM da. Common mental disorders and associated factors in nursing workers in COVID-19 units. Rev Esc Enferm USP. 2022;e20220059-e20220059. DOI:10.1590/1980-220X-REEUSP-2022-0012

14. Barbosa DA, Schirmer J, Balsanelli AP. A enfermagem no contexto da pandemia pela covid-19: que lições aprendemos? Rev Bras Enferm. 2022;75:e750601. DOI:10.1590/1518-8345.6023.3555

15. Tomasi M, Rissi V, Pauli J. Influencia del soporte organizacional en las vivencias de placer y sufrimiento en el trabajo en un contexto hospitalario. Rev Psicol Organ e Trab. setembro de 2020;20(3):1072-9. DOI: https://doi.org/10.17652/rpot/2020.3.18253

16. Forekevicz G, Rossa R, Schwab A, Birolim MM. Acidentes com material biológico: uma análise com profissionais de enfermagem. Rev Enferm UFSM. 2021;e60-e60. DOI: https://doi.org/10.5902/2179769263570

17. Jiménez O del CM, Nogueira LT, Lira JAC, Silva AN e, Rocha ÁSC, Araújo LB, et al. Fatores associados ao absenteísmo no trabalho de profissionais de enfermagem. Rev Enferm Atual Derme. 9 de março de 2024;98(1):e024275-e024275. DOI: 10.31011/reaid-2024-v.98-n.1-art.2157

18. Guimarães ZMB, Pitta AMF, Maia HMSF. Prazer e sofrimento no trabalho da equipe de enfermagem no hospital. Rev Recien – Rev Científica Enferm. 7 de junho de 2022;12(38):42-50. DOI: https://doi.org/10.24276/rrecien2022.12.38.42-50

19. Rocha LJ, Cortes M da CJW, Dias EC, Fernandes F de M, Gontijo ED. Esgotamento profissional e satisfação no trabalho em trabalhadores do setor de emergência e terapia intensiva em hospital público. Rev Bras Med Trab. 2019;300-12. DOI: https://doi.org/10.5327/Z1679443520190404

20. Alkubati SA, Alsaqri SH, Alrubaiee GG, Almoliky MA, Al-Qalah T, Pasay-An E, et al. The influence of anxiety and depression on critical care nurses' performance: a multicenter correlational study. Aust Crit Care Off J Confed Aust Crit Care Nurses. janeiro de 2025;38(1):101064. DOI: https://doi.org/10.1016/j.aucc.2024.04.008

21. Oliveira APC de, Ventura CAA, Silva FV da, Angotti H Neto, Mendes IAC, Souza KV de, et al. State of Nursing in Brazil. Rev Lat Am Enfermagem. 2020;28:e3404. DOI: https://doi.org/10.1590/1518-8345.0000.3404

22. Souza TPM, Ribeiro AC, Teixeira KR, Valim MD, Souza MRC. Quality of work life among nursing workers who work in hospitals. Texto Contexto – Enferm. 2023;32:e20230062. DOI: https://doi.or-

g/10.1590/1980-265X-TCE-2023-0062en
23. Silva AF, Robazzi ML do CC. Alterações mentais em trabalhadores de Unidades de Terapia Intensiva. SMAD Rev Eletrônica Saúde Ment Álcool e Drog. setembro de 2019;15(3):1-10. DOI: https://doi.org/10.11606/issn.1806-6976.smad.2019.151483
24. Vilela G de S, Ferraz CMLC, Moreira D de A, Brito MJM. Expressões da ética e do distresse moral na prática do enfermeiro intensivista. Acta Paul Enferm. 2021;34:eAPE01661. DOI: https://doi.org/10.37689/acta-ape/2021AO01661
25. Silva EJ da Júnior, Balsanelli AP, Neves VR. Care of the self in the daily living of nurses: an integrative review. Rev Bras Enferm. 2020;73(2):e20180668. DOI: https://doi.org/10.1590/0034-7167-2018-0668

Authors' contribution:
Research conception and design: CRPC, MLSFA, ACCR, SJAR, ECG, and ARC
Data collection: CRPC, MLSFA, ACCR, SJAR, ECG, and ARC
Data analysis and interpretation: CRPC, MLSFA, ACCR, SJAR, ECG, and ARC
Manuscript writing: CRPC, MLSFA, ACCR, SJAR, ECG, and ARC
Critical review of the manuscript for intellectual content: CRPC, MLSFA, ACCR, SJAR, ECG, and ARC.

Editors in charge:
Patrícia Pinto Braga – Chief-editor
Kellen Rosa Coelho Sbampato – Scientific editor

Note:
There was no funding from a development agency.

Received on: 12/06/2024
Approved on: 11/19/2025

How to cite this article:
Cascalho CRP, Arruda MLSF, Rodrigues ACC, et al. Influences of work routine in the Intensive Care Unit on nurses' mental suffering. Revista de Enfermagem do Centro-Oeste Mineiro. 2026;16:e5627. [Access_____]; Available in:_____. DOI: http://doi.org/10.19175/recom.v16i0.5627