

EXPERIENCE OF STRESOR EVENTS AMONG NURSING STUDENTS FROM A PUBLIC UNIVERSITY

VIVÊNCIA DE EVENTOS ESTRESSORES ENTRE ACADÊMICOS DE ENFERMAGEM DE UMA UNIVERSIDADE PÚBLICA

VIVENCIA DE EVENTOS ESTRESSORES ENTRE ACADÉMICOS DE ENFERMERÍA DE UNA UNIVERSIDAD PÚBLICA

Nataly Cristina Bastos Silva¹
Marcelle Paiano²
Maricy Morbin Torres³
Maria Aparecida Salci⁴
Andre Estevam Jaques⁵

ABSTRACT

Objective: to understand how nursing students experience, during the formative process, stressful events caused by the course. **Methods:** exploratory-descriptive study with a qualitative approach. A total of 18 nursing students from a state university in the Northwest of Paraná participated in the study. For the data collection, a semi-structured interview was used. The data analysis was obtained through Content Analysis, Bardin's thematic modality. **Results:** it was possible to identify stress-triggering aspects: insecurity in the clinicals, pressure for grades and participation in projects and excessive academic activities, making it difficult to keep social life, leisure and an adequate sleep pattern, resulting in physical, emotional and behavioral disturbance. Coping strategies were the presence of family and friends and carrying out leisure activities. **Final Considerations:** Faced with the stressful events cited and coping strategies, it is necessary to review the role of the university in the promotion of health and the quality of life of students.

Descriptors: Students, Nursing; Education, Nursing; Stress, Psychological; Nursing; Mental Health.

¹ Nurse from State University of Maringá (UEM). E-mail: nataly.cristina@gmail.com

² Nurse. PhD in Nursing. Professor of Nursing Department of UEM. E-mail: marcellepaiano@hotmail.com

³ Nurse. PhD in Nursing. Professor of Nursing Department of UEM. E-mail: maricymorbin@uol.com.br

⁴ Nurse. PhD in Nursing. Professor of Nursing Department of UEM. E-mail: masalci@uem.br

⁵ Nurse. PhD in Nursing. Professor of Nursing Department of UEM. E-mail: andre.jaques@hotmail.com

Corresponding author: Marcelle Paiano. Address: Av. Colombo, 5790, Bloco 1, sala 10 - Jd. Universitário, ZIP Code 87020-900 - Maringá - PR - Brazil.

RESUMO

Objetivo: compreender como acadêmicos de enfermagem vivenciam, ao longo do processo formativo, eventos estressores ocasionados pelo curso. **Métodos:** estudo exploratório-descritivo, de abordagem qualitativa. Participaram 18 acadêmicos do curso de enfermagem de uma universidade estadual do Noroeste do Paraná. Para a coleta de dados utilizou-se a entrevista semi-estruturada. A análise dos dados obteve-se por meio da Análise de Conteúdo, modalidade temática de Bardin. **Resultados:** foi possível identificar aspectos desencadeadores de estresse: insegurança nos estágios, cobrança por notas e por participação em projetos e excesso de atividades acadêmicas, dificultando a manutenção da vida social, do lazer e de um adequado padrão de sono, resultando em alterações físicas, emocionais e comportamentais. Estratégias de enfrentamento citadas foram a presença da família e amigos e realização de atividades de lazer. **Considerações Finais:** Frente aos eventos estressores citados e as estratégias de enfrentamento, torna-se necessário rever o papel da universidade frente a promoção da saúde e da qualidade de vida dos acadêmicos.

Descritores: Estudantes de Enfermagem; Educação em Enfermagem; Estresse Psicológico; Enfermagem; Saúde Mental.

RESUMEN

Objetivo: comprender cómo los académicos de enfermería vivencian, a lo largo del proceso formativo, eventos estresores ocasionados por el curso. **Métodos:** estudio exploratorio-descriptivo, de abordaje cualitativo. Participaron 18 académicos del curso de enfermería de una universidad pública del Noroeste de Paraná. Para la recogida de datos se utilizó la entrevista semiestructurada. El análisis de los datos se obtuvo por medio del Análisis de Contenido, modalidad temática de Bardin. **Resultados:** fue posible identificar aspectos desencadenantes del estrés: inseguridad en las prácticas, cobro por notas y por participación en proyectos y exceso de actividades académicas, dificultando el mantenimiento de la vida social, del ocio y de un adecuado patrón de sueño, resultando en alteraciones físicas, emocionales y comportamentales. Las estrategias de enfrentamiento citadas fueron la presencia de la familia y amigos y la realización de actividades de ocio. **Consideraciones finales:** Frente a los eventos estresores citados y las estrategias de enfrentamiento, se hace necesario revisar el rol de la universidad frente a la promoción de la salud y la calidad de vida de los académicos.

Descriptor: Estudiantes de Enfermería; Educación en Enfermería; Estrés Psicológico; Enfermería; Salud Mental.

INTRODUCTION

Nowadays, the work has great social importance and perhaps, therefore, the labor stress is widely diffused in our society⁽¹⁾. Stress can be defined as a state of psychological discomfort in which there is an abnormal physical and/or reduction of the work potential that leads to the inability to tolerate, overcome or adapt to situations that require the psychic acting in the life environment⁽²⁾. This state of psychological discomfort is caused by so-called "stressor events", that is, sporadic or routine events that pressure the individual to deal with such a situation⁽³⁾. The cognitive and behavioral

forms of everyone used for dealing with stressful events are called "coping strategies" and are used with the purpose of reducing or having control over the damages perceived by that person. That is, they are strategies to shorten suffering⁽³⁾.

Considering the general routine of hospitals and the routine of specific areas, such as oncology, it is observed that the physical exhaustion, caused by both, labor factors and exhaustive working day (often double), can cause physical-emotional overload in these professionals⁽⁴⁾. It is also known that stress is linked to living with people who have/present diseases that arouse great compassion, sympathy or suffering among workers^(2,5).

Therefore, this challenge is experienced by health professionals in their daily work and constitutes a psychosocial risk⁽¹⁾.

In addition to these factors, the nurse performs many functions in his/her acting, in the actions of management and assistance; suffers from the devaluation of the profession when compared to other professionals; and must deal with precarious work situations (quite common in several scenarios). These situations generate intense psychic overload, in addition to causing physical fatigue and demotivation that, possibly, are reflected in decrease of the vitality of the team^(1,2).

All these professional stress generators have already been noticed since the initial training. In addition, there are stressors peculiar to the under-graduation period. In the academic field in general, the student experiences situations of great stress, namely, the need to establish contact with new and different people, new rhythm of studies, different forms of evaluation, concern with the career, with the construction of an "attractive" curriculum, a new identity being discovered/developed, as well as the challenges of living away from parents, caring for their own food, expenses, managing time, among other things⁽³⁾. These facts reinforce the need and importance of studying stress among undergraduate students.

It is also important to address the issue among nursing students regarding the association of high stress situations, such as university life and clinicals in the professional training. Studies focused on stress and Burnout Syndrome in nursing students^(1,3,4,6-9), which can be defined as a set of signs and symptoms related to stress chronification of the work environment marked by reduced efficiency and professional or student efficacy⁽⁹⁾, emphasize and confirm the presence of the pathological state of stress among these academics and reveal the need for studies that address intervention strategies, as well as the participation of the collegiate of teachers promoting health and preventing states of stress among students.

Considering the current reality, in which the presence of stress among nursing students has been discussed in recent years^(6,8) and, concomitantly,

considering the lack of studies that deal with the formulation of support strategies by educators, coordination and other involved with the students⁽³⁾, the relevance of this research to the academic environment is highlighted, which aimed to understand how nursing students experience stressful events caused by the course during the formative process.

METHODS

This is an exploratory-descriptive study, with a qualitative approach. The study was conducted at the State University of Maringá - UEM, main campus, located in the northwest of the state of Paraná. The University has six campuses, as well as teaching, research and assistance complexes⁽¹⁰⁾.

The study population encompassed the undergraduate nursing students in the Maringá Campus. At the time of data collection, the nursing course had approximately 53 students enrolled in the first grade, 32 in the second grade, 29 in the third grade and 30 in the fourth grade, totaling 144 students.

Data collection took place through semi-structured individual interviews, with a questionnaire based on current literature on the subject, as well as on the research objective. This questionnaire had sociodemographic and open questions in order to understand the main stressors experienced by students during the undergraduate course, the guiding question being: "Tell me how you experience stressful events during the graduate period".

For the accomplishment of the interviews the first contact with the academics was made after class of each grade. In this first contact, the interview with the students was scheduled according to their availability as to the best place, date and time. The researcher developed a list of interviews with the students interested in attending, according to the order of the students described by the Department of Academic Affairs (DAA). All the students enrolled in the Nursing course were enrolled, ranging from the first-grade students (enrolled in the year 2016) to the fourth grade (enrolled in the year 2013).

The interviews were started with the first grade students and ended when the qualitative data was saturated, that is, the data collection was interrupted when it was found that new elements to subsidize the desired theorization were no longer understood from the field of observation⁽¹¹⁾. After the completion of the first grade, the interviews continued with the second grade academics and so on until the completion with the fourth grade students of the course. The process of identifying the data saturation was repeated in all the series of the course. In this way, the research was finalized with the participation of 18 academics.

The interviews were recorded and transcribed in full and analyzed through Content Analysis, thematic modality proposed by Bardin⁽¹²⁾. This method of analysis aims to uncover the critical, primarily, from the description and inferences that seek to clarify the causes of a problem or the possible consequences arising from it. This analysis is divided into 1) Pre-analysis: includes preparation of the material, construction of hypotheses and formulation of indicators that will guide the final interpretation; 2) Exploitation of the material: at this moment the data are codified, that is, transformed systematically and grouped into record units, which can be themes, words or phrases; 3) Treatment of results: work done through inference, which is guided by several poles of attention/communication. These are clarified, and then new themes and data are discovered, making it necessary to compare statements and actions in order to verify possible unifications⁽¹²⁾.

The research was developed according to the procedures established by Resolution 466/2012 of the National Health Council, with the signing of the Term of Free and Informed Consent (TCLE) by the participating individuals or their parents in case they were not 18 years old. Data collection only occurred after the authorization of the coordinator of the nursing course and approval of the project by the Standing Committee on Ethics in Research with Human Beings of the signatory institution (CAAE: 56823916.1.0000.0104).

To preserve the confidentiality of the participants, the identification was made

through the letter A (Academic) and the sequence number according to the order of the interviews, followed by the student grade.

RESULTADS

Four students from the first grade, four from the second grade, five from the third grade and five from the fourth grade were interviewed, totaling eighteen students. The age of the interviewees ranged from seventeen to twenty-five years; three were male and fifteen were female; and only one resided in another municipality.

From the analysis of the interview data, two categories were identified: "Stressors reported by nursing students" and "Lessening the stress experienced by the students".

Stressors reported by nursing students

Students exposed various situations that led to stress. Among them is the routine characterized by a great number of tests, works and clinicals that are due in the near dates, the pressure for project participation in order to fulfill the complementary academic activities required by the university, besides the desire to have an attractive curriculum.

[...] when you must do some work, some test, everybody gets crazy, you must study (A3 - 1st year).

At the clinicals, I'm particularly nervous when I'm going to do a procedure for the first time. [...] it is where I most stress myself (A12 - 3rd year).

[...] we have project, we have a lot of things to do, besides the pressure to have a good curriculum (A14 - 4th year).

Another factor mentioned by the interviewees was related to the high hourly load, mainly because it was a full-time course and the length of stay at the university was considered extensive, causing a sensation of overload. This entailed a lack of free time, rest or meal time, to carry out the school activities and difficulties in memorizing the content

taught in class, as can be seen in the following statements:

[...] we lost the whole vacation doing this work, going after things. For that I was very nervous, because I wanted to rest (A3 - 1st year).

We have Friday free to participate in projects. And there's that matter too, that maybe the time you could have a leisure time on Friday afternoon, you must meet the project schedules (A12- 3rd year).

[...] we do not have time to sleep, neither to study nor to have a social life here, because we have classes every morning and afternoon, do a project in the evening, do clinicals, it ends up being a very heavy routine (A15 - 4th year).

Another circumstance presented as stressful for the students was the weak relationship with the teachers. They say they feel afraid of exposing themselves to a situation of difficulty or stress, feel they are charged enough and report a lack of understanding and humanization on the part of teachers.

When you feel that the teacher [...] you need some help, something, you follow the lessons, you are interested, but the teacher does not seem to understand that it is not only his/her subject, he/she is not very flexible, you know? It stresses me a little, it irritates me (A5 - 2nd year).

So, we push ourselves, but besides us pushing ourselves, there the teachers doing that too, they push us a lot too. And, they talk so much about humanization in the first year, but that's not what they do with us (A10 - 3rd year).

They do not understand, sometimes, we're learning, you know? That we are there for the first time and that the possibility that we do not do correctly at first, in the procedures is natural, you know? And, sometimes, they require you to be perfect [...] and this creates a very stressful environment (A12 - 3rd year).

Faced with these stress situations, the students reported physical, emotional and behavioral changes that may reflect the accumulation of stress during graduation, especially because they did not know how to deal effectively and operatively with the problems experienced at this stage.

Look, we are, we have reached a point where we are exhausted now. So, everyone is stressed with clinicals, stressed with grades, stressed with class [...] I have come to a point, I think it reached such a great level, so you know, my hair fell a lot, a lot, a lot, because I got so nervous (A13- 3rd year).

A lot of headache that I feel is exhaustion, it is insomnia, it me gives tachycardia, I get sweaty [...] so sad (A16 - 4th year).

I got depressed this year and it was hard to handle, due to the university itself. I was having difficulty associating clinicals, projects, final paper, and having a social life, of being able to sleep (A15 - 4th year).

In summary, in this category, it was possible to identify that different aspects cooperated to trigger stress among nursing academics, such as insecurity in the clinicals, pressure for grades and participation in projects and excessive academic activities, making it difficult to maintain social life, leisure and an adequate sleep pattern. These aspects may have released physical, emotional and behavioral changes. But when they sought for the teachers, the students did not feel welcomed in a humanized way.

Lessening the stress experienced by academics

The main influences for good coping with stress experienced by academics were family and friendships in and out of college. Students also used music, physical activity, religion and dating, as well as their own physical rest, including sleeping, saving the weekend for a walk and spending time without studying.

I try to relax. When I have a little bit of time left, I go for a walk, or I turn off everything, and watch a movie, I forget about college and the things I must do to try to relax a little and not suffer because of it (A6 - 2nd year).

[...] most of my time when I'm not in college, is in church. So, my way of de-stressing is this, it's my relationship with church things, my prayer life, my life with God [...] (A12 - 3rd year).

Look, I think it's stop, to think and to breathe, and my mother helps me a lot, she balances me a lot. So, these conversations, like [...] my

parents, I mean, my father also helps me a lot, talking to me. They calm me down. Kind of like that (A13- 3rd year).

Students also focused on the role of the college in the face of the challenges of dealing with stress in the nursing course. They suggested the extension of the course to five years, the presence of a psychologist to listen to them and help them overcome the situations of conflict experienced, organization of the curriculum in order to reduce the concentration of activities such as clinicals and tests.

Having a psychologist to talk to the person (laughs). For example, having someone in case you got stressed and want to talk, sometimes you're quiet, then you go there and talk to that person, he/she can help you at that moment (A4- 1st year).

I think our workload is so heavy. So, perhaps, to lengthen the course a little, I agree with five years of school, to try to distribute a little this time and this burden that we have so that we have more time to organize and rest and to be able to dedicate ourselves to other things too (A6 - 2nd year).

There was also a need to change the methodology of the class, the participation of students in departmental meetings for the development of greater student/teacher dialogue and, among other things, the revision of an ethical and humanized behavior by the teaching staff so that there is greater understanding with students.

Yeah, maybe having round table conversation, you know? For example, in the nursing course there is no class representative at department meetings [...] we sometimes have a lot of contact with what teachers bring to us, but sometimes information is not brought to them of what we students think or feel (A12-3rd grade).

But in the matter of theoretical classes I think it needs to be changed a little on the question of not being so dull [...] Like, ask if, in addition to understanding, sort of, debating which fits in our daily life [...] what we are going to live in the hospital. There is still more talk between teacher and student (A8 - 2nd grade).

In this category, it was verified that the students, when experiencing the stress in

the academic scope, used strategies to reduce it. Among them stood out the presence of family, friends and boyfriends/girlfriends and leisure activities. In order to assist students in this daily stress experience, they suggested that it would be interesting to increase the time of the course, to have a psychologist available and improve the relationship/interaction with the teachers.

DISCUSSION

Stress in the university environment is well studied and common stressors can be found in several studies and populations⁽⁵⁻⁹⁾. An integrative review, for example, on stress in nursing students⁽⁶⁾, showed that the teaching method and the personal difficulties experienced at university were the main causes of stress in the academic environment, besides the difficulty of arrange tests and work and leisure time.

The National Education Guidelines and Law adopts the notion of competences as the structuring axis of training curriculum and this is also expressed in the national curriculum guidelines for the training of nurses, valuing the relationship with the world of work, its major transformations and demands. From this relationship emerges the idea of social and educational production of a new worker, with skills, with technical qualification, with global knowledge, with the capacity to make decisions, to engage, to work as a team and to face continuous situations of change⁽¹³⁾.

In this sense, the nursing student is susceptible to psychosocial risks in the academic environment due to the combination of factors inherent in training and work in the hospital area. Consideration should be given to the time dedicated to activities such as completion of the end-of-course monograph and clinical studies in the fields of practice. In addition, the high level of stress of the academics is evident when starting the practical activities in the general hospital, when they are faced with the little familiarity with the organization of the work⁽¹⁾.

The nursing graduation routine becomes stressful because it is, in most cases, an full-time course, in which, in

clinicals, there is direct contact with the patient who is sick and in need of care, sometimes complex care, which will be provided by the students, directly supervised by teachers⁽¹⁴⁾. Therefore, there is an important pressure from teachers so that the procedures are executed correctly and safely. And even if this is stressful among students, teachers need to consider the quality of care provided directly to users who are being served by students, but a warm and humanized approach to these situations is needed.

A study carried out in a public university in south of Brazil with nursing students showed several manifestations regarding the three dimensions of Burnout, which were associated with the high workload of the subjects, extra class and extracurricular activities, perception of being permanently in the process of evaluation by the teachers, a dichotomy between theory and practice, lack of reception during practical activities and clinicals by different health teams, frequent contact with situations of suffering, lack of recognition and appreciation of nursing and identification with the activities of the profession⁽⁷⁾.

Still, according to this same study, the specificities of the situations experienced by the students seem to trigger the emotional exhaustion evidenced, contributing for students to distance themselves from studies and to compromise their sense of professional effectiveness⁽⁷⁾. It is believed that stress manifestations referred by students require attention and appreciation by educational institutions, with the planning and implementation of actions that aim to minimize the stress caused by the identified situations, which seem to be associated with the development of the dimensions of Burnout among students.

In addition, the number of tests and assignments, the need to fulfill complementary activities in projects and the pursuit for the construction of an attractive curriculum for the job market were cited as factors that pressure and increase the students' sense of overload. In the previously cited research⁽⁷⁾, these factors resulted in physical and mental fatigue among the interviewed students, in addition to body aches, sweating and

other psychosomatic symptoms. It is noteworthy that the stressor events were present in all the years of the course.

Still in this research⁽⁷⁾, the students' disbelief towards the course was related to the teachers' pressure and lack of understanding by them. In this way, the students felt unmotivated with their studies and with the possibility of seeking emotional support from the teachers. This stressful event has a great impact on academic life, because, as observed in a study, the bad relationship between student and teacher can lead, indirectly, to student evasion, while good relationship with them leads the student to postpone the withdrawal of the course, because they feel welcomed in their doubts and needs⁽¹⁵⁾.

As for the alterations presented by the students, such as tachycardia, increased sweating, insomnia and depression, they fit into the most frequent physical and emotional signs and symptoms of stress. This situation occurs when the body is in a state of exhaustion, in which the mechanisms of adaptation cannot compensate for the constant stress experienced. The individual in stress situations can develop diseases such as hypertension, anxiety and depression, dermatological problems, among others⁽⁴⁾.

In a study about coping strategies employed by nursing students⁽¹⁴⁾, it was observed that the most used were the escape from reality, followed by positive reevaluation. Similarly, the data observed in the present study also showed that withdrawal was the most evident strategy among academics, who sought to sleep and spend a few days without studying, in order to forget the commitments to college for a moment.

This type of strategy that does not aim at confronting or changing the situation is seen as negative. After using non-effective strategies, the student becomes passive in the face of the stressor event, which can lead to psychological, behavioral and physical changes that influence student performance and lead to the abandonment of personal leisure activities in order to reduce the overload of activities⁽¹⁴⁾.

As an effective way to reduce stress, the students found in family, friends and

church support a strong strategy for coping with academic conflicts, in which dialogue and play generated relief, comfort and perseverance. This result can be framed in the social support coping strategy and represents an important form of stress management that needs to be encouraged by teachers when dealing with students who present or complain of overload and/or stress⁽¹⁴⁾.

It should be emphasized that research among health academics is an important aspect in terms of promotion and prevention in Occupational Health, meeting the efforts of the Brazilian Ministry of Health regarding the humanization of health. People who are already in the training period may represent less empathetic professionals and less attentive to the needs of health service users during their professional lives. Factor that contributes both to the illness of the professionals and to the quality of care of the Brazilian health system⁽⁹⁾.

In this sense, a study conducted with medical students during the period of internship questioned the lifestyle adopted by them, since they are constantly exposed to several stressors. It is suggested to practice regular physical activity for this population, more time for rest and leisure, and tolerance to changes in daily life, since these factors are positively associated with low levels of stress, contributing to minimize the physical and mental overload in these individuals⁽¹⁶⁾.

Regarding the university's role in reducing stress, it has been observed that knowing about the problems that affect the university student can be useful for the members of the educational units to rethink their strategies of action and to propose focal solutions for these matters⁽⁸⁾. Thus, it would be important for intervention strategies to invest in the development of resources for coping with students (personal resources, greater self-confidence, building support networks, assessing the size and relevance of problems) so that these situations do not reach proportions that reduce the student's engagement with the course and career, and that these interventions are created from information specific to

the context of study and practice experienced by the students.

Thus, it should be emphasized that national studies need to invest in identifying focal problems, specific areas and groups of students, which would facilitate the creation of interventions aimed precisely at these problems. Detailed research on the particularities of the different groups of university students can provide important subsidies for the creation of interventions and support services that really meet the demands of the student and are not just generalizations of interventions created for other groups and settings adapted to the university context⁽¹⁵⁾.

FINAL CONSIDERATIONS

It was possible to identify from the results of this research, that some students of the nursing course of the investigated university are experiencing a high level of stress due to the routine of the course, the dramatic experiences at the clinicals, the great amount of tests and paper, the pressure and the lack of understanding of teachers, among other aspects.

It was also emphasized that the students sought different stress coping strategies aimed at overcoming the problem, and social support was one of the most common and widely reported as effective. The teacher, in turn, must be sensitized about his/her role in the professional formation of each student in the classroom, seeking different strategies that attract the attention of the student, that generate knowledge and especially that humanize the students in their diverse needs.

This demonstrates that university plays an important role in promoting the health and quality of life of the students, since some coping strategies of nursing students have proved negative and not effective in combating stress. Universities are suggested to create a Psych-pedagogical Counseling Office with a multidisciplinary opinion, in which the student will go through consultation with the psychologist, receive support from other students and participate in

scholarship programs in cases of socioeconomic difficulties.

It is believed that the results listed here could contribute to university students, specifically nursing students who experience stress and overload, as well as to the teachers in order to raise a more critical view of the university's role

in the face of academic stress, however, leaving gaps regarding the changes to be made in the curriculum, structure and methodology of class, as well as the creation of a secondary environment for the promotion of physical health and, mainly, mental health of the students.

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