CORRELATION BETWEEN STRESS AND LIFE SKILLS IN HEALTH PROFESSIONALS

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SUMMARY

Introduction: In view of the impact and losses that stress can generate in the life of workers, research is essential, especially when it aims at the development of life skills that can contribute to its prevention. **Objective:** to identify, describe and correlate Sociodemographic Characteristics, Health/Disease Conditions, Stress Symptoms and Life Skills in health workers. **Method:** This is a descriptive, cross-sectional study with a survey design and correlation of variables. Participants were 36 employees of a tertiary hospital in the interior of the state of São Paulo, Brazil, who agreed to participate and respond to the evaluation protocol. The following instruments were used: 1) Protocol with sociodemographic information and health/disease conditions; 2) Lipp's Stress Symptom Inventory and 3) Life Skills Scale developed by the researchers. The data were tabulated in Excel spreadsheets, presented in tables and figures for descriptive analysis and association between the variables by Spearman*'s Correlation Coefficient*. The level of significance adopted was 0.05. **Results:** It was verified that the study population consisted of individuals aged between 30 and 57 years, with a predominance of females (n-34; 94.4%). Some of the participants indicated some health problem and used medication (n-16; 44.4%), reported not using tobacco (n-31; 86.1%) and alcohol (n-30; 83.3%), not performing physical activity (n-25; 69.4%); and practicing leisure activities (n-11; 30.6%). Presence of support or support was indicated by most respondents (n-35; 97.2%). Regarding stress, 29 (80.6%) of the workers presented significant symptoms, 19 (52.8%) in the resistance phase and 10 (27.8%) in the near-exhaustion phase. The sample studied demonstrated impairments in life skills, and most of these established a negative correlation with stress. **Conclusion:** Results indicate the presence of important symptoms stress and low life skills of the participants, but they require further research to investigate the relationship between these variables in order to propose programs for the training of these skills in health workers.

Keywords: Occupational Health. Stress. Life Skills.

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INTRODUCTION

STRESS, LIFE SKILLS AND WORK IN THE HEALTH AREA

Work has several meanings in the life of the worker. It can be understood as a way to obtain income, an opportunity for personal fulfillment, and make new interpersonal contacts (FERNANDES, GEDRAT & VIEIRA, 2023). It should be an experience, lived with dignity, well-being, satisfaction and not with illness (BARBARO, ROBAZZI, PEDRÃO, CYRILLO & SUAZO, 2009). Work has a fundamental importance in the constitution of subjectivity, in the way of life and, consequently, for people's physical and mental health (SOUZA, 2013).

According to Gomes, Neto, Silva and Silva (2011), in the health area there is a significant supply of work, but the new forms of organization and management in this sector have contributed with several consequences for professionals in the area. A job that has its own characteristics, such as having to live daily with situations of illness, suffering, death, high work demand, in addition to the care provided to the patient and family members are factors that contribute to the worker's exhaustion (URBANETTO, et al., 2013). Research on occupational stress, problems related to physical and mental health has contributed to a better understanding of the work situation of professionals, to the awareness of institutions and the elaboration of preventive measures for the work environment, full of factors that can predispose to stress and other forms of illness (SCHMIDT, DANTAS & MARZIALE, 2011).

Stress is a common health problem in both professional and personal contexts and has many etiologies (SADIR, BIGNOTTO & LIPP, 2010). According to Lipp (2004), stress is characterized by a psychophysiological reaction of the organism in response to something that leads to imbalance and that requires it to adapt to the new situation. This can present itself in four phases: 1) alert phase, in which the body needs more energy in the face of a threat; 2) resistance phase, in which energy is used for the body to rebalance itself, which can generate some reactions such as a feeling of exhaustion, among others; 3) near-exhaustion phase, in which the body's defenses begin to decrease, unable to resist tensions and diseases may arise; and 4) exhaustion phase: symptoms similar to those of the alert phase appear, but significantly more intense, the body's resistance is broken, which can lead the individual to death by exhaustion. Stress has become a common health problem in postmodern society, it can harm the health, quality of life and well-being of individuals. High levels of stress can bring negative consequences such as sick leave and absenteeism, decreased productivity, demotivation, irritation, impatience, interpersonal difficulties, troubled affective relationships, divorces, various physical illnesses, depression, anxiety and unhappiness in the personal sphere (LIPP & ROCHA, 2007).

Work-related stress is characterized as a process in which the individual perceives the demands or needs of the work context as stressful or stressful aspects, which cause negative reactions (SANTOS, et al., 2019). A study on the association between levels of vulnerability to stress and sociodemographic, work, and mental health variables of nursing professionals found that stress is linked to seven of the ten leading causes of death globally and the second most serious occupational health problem among nursing professionals (FLORIANO et al., 2023). At work, the consequences of stress can include depression, lack of enthusiasm and involvement with tasks, frequent delays and absences, increased number of visits to the medical outpatient clinic, and dependence on medication. Other conditions that can generate stress in Brazilian workers involve work overload and family overload, dealing with bossing, self-demand, lack of unity and cooperation in the team, insufficient salary, lack of expectation of professional improvement and the person's own position (LIPP & ROCHA, 2007). According to Oliveira and Cunha (2014), health professionals face situations of significant pressure, which contributes to triggering several health problems for them due to the high degree of stress they face.

Efforts to deal with the illness of health workers are fundamental, since they face several stressful situations that can contribute to the mental illness of these professionals (CARREIRO, FILHA, LAZARTE, SILVA & DIAS, 2013). The World Health Organization (WHO) proposes the development of programs for the training of life skills as a health promotion strategy. They are defined as adaptive and positive behavior skills, which contribute to the subject better dealing with the demands and challenges of daily life. According to the WHO, there is a group of ten skills that can help promote health, develop emotional, social, and cognitive skills, and thus contribute to individuals better facing everyday conflict situations. These skills are: decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-knowledge, empathy, dealing with feelings and emotions, and dealing with stress (WHO, 1997).

A study conducted by Netto et al. (2015) in the hospital context, with workers of different functional levels, found positive results after an intervention with Life Skills Training in reducing participants with stress symptoms by 13.7%. The authors found an improvement in interpersonal relationships, in the ability to face challenges and express feelings, in self-control and the ability to solve problems, analyze and reflect before acting/deciding. The effects of the program were identified in the social, affective and cognitive areas of the workers, who began to present positive attitudes towards life more frequently. The data reinforce the importance of interventions aimed at training and strengthening professionals

to face daily demands; since stress can contribute to negative effects such as worsening mental disorders.

Considering the detrimental effects that stress can have on mental health, that the hospital is an environment with many stressors and in view of the possibility that life skills training can contribute to the reduction of emotional and behavioral problems, it is important to carry out more research to expand knowledge in this area and make it possible to implement promotion programs. prevention and intervention, to the mental health of workers, based on the training of these skills. Considering the above, the present study aimed to identify and describe sociodemographic characteristics, health conditions and stress and to correlate them with the Life Skills of workers in a teaching hospital in the interior of the State of São Paulo.

METHODOLOGY

STUDY DESIGN AND SETTING

This is a descriptive, cross-sectional study, with a survey design and correlation of variables based on quantitative and qualitative analyses. To achieve the proposed objectives, the methodological path is described below, with the presentation of the research participants, materials and procedures used.

PARTICIPANTS

Employees of a high-complexity hospital in the interior of the state of São Paulo, Brazil, participated in the research, adults, men and women who volunteered agreed to participate and spontaneously responded to the assessment instruments. The invitation was disseminated through posters fixed in the sectors and on the time cards, with information about the procedures and objectives of the work. 40 employees enrolled, and of these, four left work, making it unfeasible to participate in the research.

INCLUSION AND EXCLUSION CRITERIA

The following inclusion criteria were considered: being an employee of the Hospital, and being available to participate in the study, and the exclusion criteria were: having severe mental impairments and/or disorders (e.g., severe depression with psychotic episodes; intense symptoms of acute stress or anxiety disorders with phobic or panic characteristics) that would require other forms of intervention or that would make it impossible to understand and respond to the instruments Proposed.

INSTRUMENTS

For data collection, a protocol was used containing specific assessment instruments described below:

Identification Form, Sociodemographic and Health Conditions: prepared by the researchers, with the purpose of identifying sociodemographic data of the sample such as gender, age, education, profession, area of activity and health conditions.

Lipp's Adult Stress Symptom Inventory (ISSL): is an instrument that aims to objectively identify the symptoms that the individual presents according to the four-phase model of stress. This instrument measures the level of stress with high reliability (alpha coefficient of 0.91) and relates somatic and psychic symptoms. It allows a diagnosis of the symptoms, type and intensity of the stress present, and can be applied to both young people and adults, with an estimated duration of about 10 minutes. It consists of three tables, which refer to the phases of stress (Alertness, Resistance, Near-Exhaustion and Exhaustion), with symptoms presented in different periods of time by the respondents: Chart 1, composed of 12 physical and three psychological symptoms, the respondent indicates the symptoms he has experienced in the last 24 hours. It corresponds to the Alert phase. Table 2, consisting of 10 physical and five psychological symptoms. Symptoms experienced in the last week are marked. It refers to the phases of resistance and near-exhaustion. Chart 3, consisting of 12 physical and 11 psychological symptoms. Symptoms experienced in the last month are highlighted. It corresponds to the exhaustion phase. The ISSL allows us to verify, through percentages, in which phase of stress the respondent is located and what is the predominance of symptoms. All these data are based on the tables, which are transformed into percentages for the instrument's correction (LIPP, 2000).

Scale to assess Life Skills (EHV): developed by the researchers themselves (DIONÍSIO-LUCÂNIA, 2015), based on definitions from the World Health Organization (1997), Minto, Pedro, Netto, Bugliani and Gorayeb (2006) and Murta, Del Prette and Del Prette (2010). The definitions of each skill are presented and the respondent evaluates how much it is present in his life, based on a Likert scale, being 1 (never), 2 (almost never), 3 (sometimes), 4 (almost always) and 5 (always). For the present study, the values of the scale were divided into two intervals: answers considered to be less skillful (1 Never, 2 Almost Never and 3 Sometimes) and answers considered to be more skillful (4 Almost Always and 5 Always). The maximum score of the scale is 50 and the minimum of 10 points. The closer to 50 points, the greater the presence of the life skills demonstrated by the individual.

ETHICAL ASPECTS

Data were collected after the project was approved by the Human Research Ethics Committee, under Opinion No. 571,948. And the employees who agreed to participate in the study signed the Free and Informed Consent Record, with information about the objectives of the study, risks and benefits, the non-identification of the participants, the freedom to withdraw from the research without prejudice, the confidential nature of the data and the intended use of the information collected. After clarifying doubts, all of them signed the Consent Record in two copies, one copy kept by the participant and the other by the researcher. Individuals who were identified with psychosocial or clinical demand that went beyond the study dimension were taken to the aforementioned service for the necessary procedures, as recommended by Resolution 510/2016 of the National Health Council - CNS.

PROCEDURES

Data collection took place in the psychological care rooms of the hospital where the research was carried out and were suitable for these procedures. The evaluation was carried out collectively, but each participant received a protocol with the evaluation instruments to answer individually based on the researcher's instructions, according to the sequence indicated in the item of materials. In case of doubt or not knowing the meaning of a word, the researcher made herself available to explain or offer a synonym to facilitate the understanding and completion of the evaluation instruments.

During the completion of the Life Skills Scale, three participants asked about the meaning of the word assertive, in view of this doubt, a synonym was provided (to communicate clearly, objectively and non-aggressively) to facilitate the understanding of the effective communication skill. As someone asked about a word, the other participants stopped and paid attention to the explanation provided.

DATA ANALYSIS

A descriptive analysis was performed and the data were presented as mean, median, standard deviation for numerical variables (income, hours of sleep, age), and absolute (number of patients) and relative (percentages) frequencies for categorical variables (gender, marital status, profession).

The association of the stress measure with life skills was established by Spearman's correlation coefficient. For the analysis between socio-demographic characteristics and health conditions with life skills, Fisher's exact test was used, in which it was only possible to analyze physical activity and the ability to deal with feelings and emotions, given the number

of responses in each variable. For this evaluation, the values of the Likert scale were categorized into two intervals: answers considered to be less skillful (1 Never, 2 Almost Never and 3 Sometimes) and answers considered to be more skillful (4 Almost Always and 5 Always). The level of significance adopted for all evaluations was 0.05 and the statistical analysis was performed using the Statistical Package for Social Science (PASW) version 18 for Windows (SPSS, Chicago, Ill, USA).

FINDINGS

The study sample is between 30 and 57 years old (mean age of 40.92), with a significant predominance of females (34 = 94.4%), and married (27 = 75%). Education varied between elementary and incomplete higher education, but high school predominated (24 = 66.7%), followed by complete higher education (10 = 27.8%). Regarding occupation, n-16 (44.5%) are in the nursing area, being: n-9 (25%) nursing assistants, n-5 (13.9%) nursing technicians and n-2 (5.6%) nurses. The others were divided into administrative assistants (5 = 13.9%); secretaries (3 = 8.3%); sector leaders, laboratory technicians, maids and radiology technicians (2 = 5.6%), and kitchen assistants, telephone operators, occupational safety technicians and occupational therapists (1 = 2.8%), respectively.

The number of children ranged from zero to five, and most respondents reported one (11 = 30.6%) and two (13 = 36.1%) children. The family income was between two and 15 minimum wages, with a predominance of four wages (12 = 33.3%) and five wages (8 = 22.2%). Regarding the type of housing, owning a home (17 = 47.2%) and financed home (10 = 27.8%) were the most mentioned, although nine of the participants still pay rent or live in a rented house.

Data on health conditions showed that a significant number of participants indicated some health problem and used medication (16 = 44.4%). The main complaints reported were depression (11 = 30.6%), hypertension (3 = 8.4%), thyroid (2 = 5.6%), followed by orthopedic, diabetes, HIV, gastritis, dermatitis, rectocolitis, sinusitis, rhinitis, and fibromyalgia (1 = 2.8% each).

He reported not using n-31 tobacco (86.1%) and n-30 alcohol (83.3%); not performing physical activity n-25 (69.4%); and practicing leisure activities n-11 (30.6%). Support was indicated by the majority of respondents (35 = 97.2%), who perceive it, mainly from family members (35 = 97.2%), friends (20 = 55.6%), followed by church and psychotherapy (5 = 13.9%) and work (1 = 2.8%). Healthy eating was mentioned by n-24 (66.7%). The sample had a mean of 5.94, a standard deviation of 1.33, and ranged from four to eight hours of sleep per day.

The distribution/dispersion of the participants' responses among the sociodemographic and health conditions variables did not allow associative analysis with life skills for the sample studied. However, a significant association was found, based on Fisher's exact test, between physical activity and the ability to deal with feelings and emotions, p = 0.025.

Table 1 describes the participants who presented stress and the phases that predominated. Twenty-nine (80.6%) of the workers were in a situation of stress, 19 (52.8%) in the resistance phase, and 10 (27.8%) in the near-exhaustion phase. No workers were identified in the alert or exhaustion phases, according to the symptoms presented.

TABLE 1
Participants' Stresses (N=36)

Stress	Participants	(%)
It does not present	7	19,4
Presents	29	80,6
Phases:		
Alert	0	0
Resistance	19	52,8
Near-Exhaustion	10	27,8
Exhaustion	0	0

Table 2 presents the description of the Likert scale of life skills in two intervals: answers considered to have lower ability (1 Never, 2 Almost Never and 3 Sometimes) and answers considered to be more capable (4 Almost Always and 5 Always), with respective medians. The skills that had more than 50% of the answers present in the interval (4 and 5) and median of 4 points were self-knowledge (69.5%), empathy (51.1%), problem solving (63.9%) and creative thinking (61.1%). The other skills had more than 50% of the answers in the interval (1, 2 and 3) and median of 3 points, being effective communication (61.1%), interpersonal relationships (63.9%), decision-making (52.8%), critical thinking (55.6%), dealing with feelings and emotions (58.4%) and dealing with stress (66.7%).

TABLE 2
Description of the life skills scale at two intervals and median

Skills	Range 1,2,3*		Range 4 and 5**		Median
	Frequency	%	Frequency	%	
Self	11	30,5	25	69,5	4
Empathy	16	48,9	20	51,1	4
Effective Communication	22	61,1	14	38,9	3
Interpersonal Relationships	23	63,9	13	36,1	3
Decision Making	19	52,8	17	47,2	3
Troubleshooting	13	36,1	23	63,9	4
Creative Thinking	14	38,9	22	61,1	4
Critical Thinking	20	55,6	16	44,4	3

Dealing with Feelings and Emotions	21	58,4	15	41,6	3
Dealing with Stress	2	66,7	12	33,3	3

***Interval with** answers considered with less skill.
**** Interval with** answers considered with greater skill.

Spearman's correlation coefficient was applied between the score obtained in the instrument that assessed stress symptoms (ISSL), referring to the phases of resistance and near exhaustion of the study sample, and life skills. The data indicate: the higher the stress symptom score, the lower the life skills in self-knowledge; empathy; interpersonal relationships; decision-making; problem solving; creative thinking and dealing with stress (Table 3).

TABLE 3
Correlation between Stress Score and Life Skills

Skills	Spearman's correlation coefficient (rho)	(p)
Self	-0,34*	0,04
Empathy	-0,47**	0,004
Effective Communication	***-0,268***	0,114
Interpersonal Relationships	-0,44**	0,007
Decision Making	-0,52**	0,001
Troubleshooting	-0,32*	0,05
Creative Thinking	-0,40**	0,01
Critical Thinking	***-0,19***	0,265
Dealing with Feelings and Emotions	***-0,25***	0,13
Dealing with Stress	-0,49**	0,003

* Significant correlation at the 0.05 level. ** Significant correlation at the 0.01 level.

Participants who did not make a diagnosis for stress (n-7) presented 100% of the responses of self-knowledge, decision-making, problem-solving and creative thinking skills between 4 and 5 points on the Likert scale, followed by empathy skills (85.7%), interpersonal relationships and dealing with stress (71.5%), critical thinking and dealing with feelings and emotions (57.1%). Effective communication had less than 50% of responses on a scale between 4 and 5. On the other hand, among participants diagnosed with stress (n-29), more than 50% of the answers on the Likert scale were between 1, 2 and 3 points in almost all life skills, except for self-knowledge (38%), problem-solving (45%) and creative thinking (48.3%) skills.

DISCUSSION

The sample studied, with a predominance of women and married, is a relatively young and diversified group in relation to the professions, but there was a predominance of

professionals in the nursing area. Similar results are found in the study by Schmidt, Dantas and Marziale (2011) that aimed to assess symptoms of anxiety and depression in nursing professionals, which corroborates the data of the present study, and which should reflect the nursing population. In a study conducted by Filho et al. (2023), cases of work-related mental disorders were verified, prevalent in women, between 30 and 49 years old.

A significant portion of the evaluated mentioned some health problem and the use of medication (n-16), and of these n-11 reported depression, which was confirmed with the results of the evaluation found in the present study. In the study by Schmidt, Dantas and Marziale (2011), which used the same instrument (HADS), with 211 professionals from eleven hospitals in Londrina, Paraná, a lower percentage (n-51= 24.2%) of depression was verified, which may be related to the specific population (nursing professionals in operating rooms), the variability of fields, and the form of recruitment and data collection (the questionnaires were delivered by hand to potential participants who returned in ten days in envelopes ensuring the anonymity of the respondents), different from the procedure used in the present study.

Most of the evaluated patients reported not using tobacco (n-31) or alcohol (n-30), however, to measure them, no measures or questions about the consumption pattern were used, but whether or not there was use of substances, which may have interfered with the favorable results of the sample.

A study carried out by Reisdorfer, Moretti-Pires, Kunyk and Gherardi-Donato (2014), on the use of alcohol and tobacco by health professionals and the relationship with care practice, found that the meanings attributed to the use of these substances by these professionals lead them to correspond to a social expectation of being a model of behavior for the community. To meet these expectations, the professional may omit or avoid mentioning the use of these substances, a fact that may have occurred in the present study.

Regarding the practice of physical activity, n-25 (69.4%) reported not performing it, a similar result was found in the study by Oliveira and Pereira (2012), in which 52% of the health professionals did not practice physical exercise and also had a significant presence of symptoms of anxiety and depression, such as those observed in this study. Other research in the area points out that among the psychic and social benefits, physical activity contributes to reducing stress, psychological balance, promoting social interaction, developing affectivity and improving social integration (ZANELLI, 2010). In accordance with Zanelli's findings, the participants in the present study who reported performing physical activity had greater ability to deal with feelings and emotions, demonstrated by the significant association ($p = 0.025$) between these variables.

A study on the practice of leisure activities and psychic morbidity carried out with 3,190 residents of urban areas of Feira de Santana, Bahia, found that 60.8% of the interviewees reported moments of recreation on a regular basis. The prevalence of common mental disorders was 31.2% (ARAUJO, JUNIOR, ALMEIDA & PINHO, 2007). In the present study, 30.6% (n-11) of the participants reported such activities. The sample also showed a significant incidence of stress symptoms. Although these associations were not measured, the data confirm the literature that points to leisure as an alternative to improve the mental health of individuals. In view of this, it is important that organizations become aware of the importance of their employees having moments of leisure, as well as developing strategies that encourage a balance between work and moments of rest. The balance between leisure and work can impact mental health, the quality of care provided, and professional satisfaction (ABRÃO, 2024). A study with individuals from Feira de Santana, Bahia, who were inactive in leisure time showed a higher prevalence of common mental disorders (ROCHA, ARAUJO, ALMEIDA & JUNIOR, 2012), reinforcing the importance of combining leisure time with physical activity as protective factors for mental health.

Healthy eating that is appropriate to the pace of life, associated with stress control, physical activity practices, among others, are among the factors that contribute to the lifestyle of a healthy person (ZANELLI, 2010). Diet and physical activity are two of the four pillars for stress control, according to Lipp and Novaes (2003). In the present study, healthy eating was mentioned by an important number of workers (66.7%, n-24), however, it does not seem to be contributing to stress management, as 80.6% of those evaluated were identified with this disorder. Although the sample reported eating healthily, no question was asked to describe the participants' eating habits to confirm whether they were adequate or similar to what is recommended by the Ministry of Health (2006), in this case. It is likely that the concept of healthy eating demonstrated by the respondents of this research is not consistent with those established by reference bodies for this area of knowledge.

Support was indicated by the majority of those evaluated (n-35), who perceive this support mainly from family members (97.2%) and friends (55.6%). However, of the n-36, one (2.8%) participant reported support or support at work. Considering that the employee spends a significant portion of the day at the place of his work activities, this support can be considered significant for his mental health, as pointed out by the study by Braga, Carvalho and Binder (2010), according to which the number of common mental disorders is lower in situations of high social support at work when compared to situations in which this support is low. Low social support at work, both from colleagues and managers, is seen as one of the factors that also contributes to stress in this environment (GHERARDI-DONATO, LUÍS &

CORRADI-WEBSTER, 2011). Zanelli (2010) highlights that increasing the levels of social support contributes to making the workplace healthier, developing a perception of support and security in employees, in addition to promoting interaction, increasing confidence, increasing the ability to face problems, as well as influencing the maintenance of health and favoring adaptive behaviors in situations of stress.

The participants in the sample had an average of 5.94 hours of sleep, significantly below what is considered adequate for this practice. A study that aimed to analyze stress, sleep quality and quality of life, of a student in the health area, found a high level of general stress (52.9%), high stress in theoretical activities (23.5%), very high stress in professional training (20.6%) and medium stress in the performance of practical activities (20%). They had low sleep quality (79.4%) and moderate sleep quality (41.2%) and low quality of life (35.3%). The academic context and its demands are perceived as stressors by students, especially in relation to theoretical activities, clinical practices, and professional training, with a negative impact on their sleep quality and quality of life (GONÇALVES et al., 2022). Health professionals who work at night have greater impairment in sleep quality, which can generate dissatisfaction with their quality of life when compared to professionals who work during the day, who have better sleep quality, becoming more satisfied with their quality of life, which indicates that nurses' sleep patterns need to be improved, as well as the quality of life of these professionals, especially those who work the night shift (MIRANDA et al., 2020).

Regarding stress, it was observed in 80.6% of the workers (n-29), 19 (52.8%) in the resistance phase, and 10 (27.8%) in the near-exhaustion phase. According to Sadir, Bignotto and Lipp (2010), stress has become a very common health problem in postmodern society, affecting about 40% of the population of São Paulo. In a study with 211 nursing workers, similar results were found in the present study, although it used a different instrument, it was found that 82.4% of the professionals presented stress (SCHMIDT, DANTAS, MARZIALE & LAUS, 2009). Researchers who used the same instrument (ISSL) to assess stress in health professionals found that more than 50% of the workers investigated were stressed, 58% in the study by Carvalho and Malagris (2007) and 57.9% in the study by Mogentale and Vizzoto (2011). The number of workers with stress in the present study is worrying, mainly because they are health professionals and because of the similarity of the results found in the literature. Health professionals may be exposed to several situations that contribute to generating stress, such as overwork, relationships with patients and companions, scarcity of resources, conflicts with other professionals, patient deaths, and tiring and exhausting work shifts. Stress at work is harmful to health professionals, which reinforces the need to develop

preventive measures to reduce these losses and thus improve the quality of life of health workers (SANTOS, et al., 2019).

The analysis of the life skills scale demonstrated that the study participants had four out of ten skills with more than 50% of the responses in intervals 4 and 5 (higher values) and median of four. The other six skills had more than 50% of the answers in intervals 1, 2 and 3 (lower values) and median of three. The data show that, in general, the study sample had low life skills, related to the presence of symptoms of anxiety, depression and stress in the participants, with a negative correlation of most life skills with such variables, that is, the lower the life skills, the greater the presence of these symptoms among these health professionals. A study by Netto et al. (2015) with employees in the health area, found that life skills training contributed to a reduction in stress by 13.7%. The authors found other benefits from this intervention, such as improvement in the social, affective and cognitive areas of workers, who began to present more frequent positive attitudes towards life. The data reinforce the importance of interventions aimed at training and strengthening professionals to face daily demands; since stress can contribute to negative effects such as worsening mental disorders. And the treatment of emotional problems and the conduct of appropriate behaviors are of fundamental importance and also benefit companies, since it improves the quality of life of employees, increases productivity and can contribute to the reduction of medical costs (ZANELLI, 2010).

CONCLUSION

The sample evaluated consisted of health employees from different professions, however, there was a dominance of nurses and females who indicated the presence of health problems and use of medication, and the most reported problem was depression.

In the health work environment, there are many stressful factors and conditions, which was found in the present study and in other studies in the literature. Regarding stress, 80.6% of the participants presented significant symptoms of stress, indicating the need for actions to manage and control it. The sample had low life skills and most of them had a negative correlation with stress. Therefore, the lower these abilities were, the greater the presence of mental health impairment in the participants.

Considering the damage that stress can trigger and the importance that workers' health has in the production of health care, the results found in this study may contribute to the development of preventive and interventional measures for work in hospitals, evidenced as stressful environments and with factors that can predispose to significant mental impairments.

The results presented do not aim at generalization, but to foster discussions and reflections on the relationship between stress and skills and the damage caused to workers. It is hoped that this study can stimulate further investigations on the relationship between these variables in health workers; and to encourage the development of programs for the training of these skills in order to improve mental health, quality of life and consequently the quality of the work provided, as well as to contribute to the population in general.

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