

Strategies for coping with occupational stress from the perspective of emergency nurses

Estrategias de enfrentamiento al estrés laboral desde la perspectiva de las enfermeras de urgencias

Estratégias de enfrentamento do estresse ocupacional na ótica de enfermeiros emergencistas

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Abstract

A descriptive exploratory study was aimed at, using field research as a source of information, a qualitative approach on the stressors of nurses working in adult emergencies and the capture of different experiences related to the topic. The research scenario will be a general hospital in the Baixada Fluminense that performs urgent and emergency care. The subjects will be nurses and the sample selection will be by spontaneous demand during the workday, individually, where the research objectives will be clarified. The script will be answered at your home, along with the semi-structured questionnaire. After reading the reports, the themes identified for the construction of the results and the elaboration of the analysis categories will be described.

Descriptors: Nursing; Occupational Stress; Health Strategies; Nurses; Emergencies.

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Resumén

Estudio descriptivo exploratorio tuvo como objetivo, utilizando la investigación de campo como fuente de información, un abordaje cualitativo sobre los estresores de los enfermeros que actúan en emergencias de adultos y la captación de diferentes experiencias relacionadas con el tema. El escenario de la investigación será un hospital general de la Baixada Fluminense que realice atención de urgencias y emergencias. Los sujetos serán enfermeros y la selección de la muestra será por demanda espontánea durante la jornada laboral, de manera individual, donde se aclararán los objetivos de la investigación. El guión será contestado en su domicilio, junto con el cuestionario semiestructurado. Después de la lectura de los informes, se describirán los temas identificados para la construcción de los resultados y la elaboración de las categorías de análisis.

Descriptor: Enfermería; Estrés Ocupacional; Estrategias de Salud; Enfermeras y Enfermeros; Emergencias.

Resumo

Objetivou-se de um estudo exploratório descritivo, tendo como fonte de informação a pesquisa de campo, a abordagem qualitativa sobre os fatores estressores do enfermeiro atuante em emergência adulta e a captação de diferentes experiências relacionadas ao tema. O cenário da pesquisa será um hospital geral da baixada fluminense que realiza atendimentos de urgência e emergência. Os sujeitos serão enfermeiros e a seleção da amostra será por demanda espontânea durante a jornada de trabalho, de forma individual, onde serão esclarecidos os objetivos da pesquisa. O roteiro será respondido em sua residência, junto com o questionário semiestructurado. Após a leitura dos relatos, serão descritos os temas identificados para a construção dos resultados e a elaboração das categorias de análise.

Descritores: Enfermagem; Estresse Ocupacional; Estratégias de Saúde; Enfermeiras e Enfermeiros; Emergências.

Introduction

Currently, the word stress has been much used, associated with feelings of discomfort, with an increasing number of people who define themselves as stressed or relate to other individuals in the same situation. Hard and prolonged work can negatively affect health, appearing as a source of stress and exposing workers to occupational stress. This condition offers physical or mental symptoms as a result of events in the work environment or its activities, highlighting the nursing care process. In addition to being related to the environment and work overloads, this type of stress can be associated with situations that disrupt the professional^{1,2}.

In this situation, the professional nurse stands out, who, during the care process, can be subjected to a level of stress that will cause physical and psychological damage. Among the various areas of nursing practice, emergency is considered the one with the greatest stress, mainly due to the work process, which requires physical, mental, psychological and emotional efforts. The routine and tensions of work can result in occupational stress and interfere with professional and personal behavior, results, effectiveness and quality of life^{3,4}.

Related to stress, there are other factors that help in physical and mental exhaustion, such as precarious working conditions, long hours and work overload, exposure to risk factors, professional demotivation, low remuneration and double working hours, which results in negative reflections on the quality of life of this professional⁵.

In this context, it is evident that the quality of life comprises numerous factors, among which are physical and

psychological health, level of independence, social relationships, interactions with family, friends and the environment itself. The literature points out the influence of stress on the quality of life of the nursing professional due to the routine contact with pain, suffering, terminality of life, expectations of the user of the health system and the limitations of the care system. In addition, the high level of stress common to the work sector leads to risks of failures during the care process, which directly reflects on the safety of the care provided⁶⁻⁸.

Difficult situations become a problem because they favor the emergence of physical and psychological imbalances in the professional nurse, as well as those that lead to a phase of exhaustion and exhaustion that, consequently, can result in pathologies, such as burnout syndrome and absenteeism. If the nurse is unable to return to his biopsychosocial balance⁹.

Stress is a recurrent chronic disease that, in the long term, can cause incapacity to work, generating costs, loss of lifetime income and early retirement, in addition to the risks of mental disorders¹⁰.

Occupational stress results from the way a person deals with the needs of work and the way in which they cope. There are several sources of stress, and these can interfere with the individual stress level presented. In this sense, in order to withstand stressful situations, several coping strategies can be used, in order to allow them to experience them better, avoiding pathological conditions. Therefore, it is important for the nursing professional to recognize the stressors in the work environment to avoid occupational stress^{1,11,12}.



Considering the professional nurse working in emergency, it becomes relevant to identify the stressors that are part of their professional routine, as well as the coping strategies. In this sense, it is expected to favor the development of occupational stress prevention actions and, mainly, the promotion of the integral health of the professional nurse.

Prolonged exposure to stressors results in occupational stress, which in turn contributes to increased emotional exhaustion and depersonalization, as well as low professional fulfillment. Due to exhausting and tense work, nursing professionals are more likely to develop occupational stress that over time can trigger burnout syndrome, as well as other mental disorders^{6,8,13}.

Burnout and stress are the topics most addressed by researchers in the field of occupational mental health and there are reports that burnout among nurses is higher than among other health professionals, since they experience constant stressful situations at work, in addition to acting in direct contact with patients who have different prognoses and different degrees of suffering¹⁴⁻¹⁶.

The literature describes that Emergency Units are marked by a lack of human and material resources, lack of recognition by managers, institutional political intervention at work, work overload, high turnover, and overcrowding, inadequate physical space, direct and indirect assistance to critically ill patients, sick and at risk of imminent death, divided work process, conflicts and asymmetries of power, exclusion of users at the entrance door, disrespect for their rights, among others. Such a reality, experienced in the work environment, causes wear and tear, favors occupational stress, resulting in a low quality of life for workers, and, consequently, can generate changes in physical and mental health, directly contributing to the growth of absenteeism at work, absences, requirement of re-adaptation of functions, drop in productivity and possible loss of quality of services offered^{17,18}.

This study is based on the need to analyze the existence of stressors in emergency nurses, in order to understand the relationship between nurses' work and the stressors that can trigger burnout syndrome, among other complications. The fields of nursing practice are diverse, however, emergency services have characteristics that cause greater tension for the professionals who work there, exposing them to a higher level of occupational stress that can compromise their health and favor a poor quality of life at work¹⁹.

Quality of life at work and occupational stress are topics that have aroused increasing interest, since their relationship with the health-disease process of workers can directly interfere with absenteeism and the quality of care provided²⁰.

In view of this, the study has as guiding questions: What are the main stressors pointed out by nurses who work in adult emergencies? What coping strategies are used by adult emergency nurses in the face of occupational stress?

In order to address the investigative questions, the objectives are to understand the occupational stress of

nurses working in adult emergencies, to identify the main stressors mentioned by nurses who work in adult emergency and to describe the coping strategies used by nurses in adult emergency facing occupational stress.

Methodology

This is an exploratory descriptive study, having as a source of information field research and a qualitative approach on the stressors of nurses who work in adult emergency and capturing different experiences related to the proposed theme. Considering that some of the data found can be viewed subjectively and thus, the qualitative approach will better suit the study proposal.

An exploratory research should follow the following steps: choice of research topic, delimitation of the problem, definition of the object and objective, construction of the conceptual theoretical framework, data collection instruments and field exploration²¹.

Also a field research is defined as those developed in cultural scenarios where social interaction is practiced. The researcher, when carrying out a field study, seeks to deeply evaluate the practices, behaviors, beliefs and attitudes of people or groups, while they are in action in real life²².

Regarding the qualitative method, it is a process applied to the study of biography, the representations and classifications that human beings make about how they live, build their components and themselves, feel and think²¹.

The qualitative approach to health raises issues similar to those in the field of social sciences, as health is not characterized as a separate field from other instances of social reality, but the specificity of health within a qualitative approach occurs through socioeconomic, political and ideological theories related to theoretical and practical knowledge about health and disease²¹.

It is worth mentioning that this research can also be classified as descriptive, considering that, through this study, the confrontation of nurses working in the adult emergency sector related to stressors was identified.

It should be noted that descriptive research has the main objective of exposing the characteristics of a particular nation and population, phenomena or establishing links between results that can be acquired through standardized data collection techniques through observation of the referred population or questionnaire of this public²³.

This study was based on a scientific initiation work entitled "Stressing factors that affect the professional nurse working in Emergency", where different objectives of the original research were addressed.

Given the ethical principles of the Resolution of the National Health Council (CNS) no. 466/2012, which ensures the rights and duties of the scientific community and research subjects, respecting the principles of justice, equity and safety, this project was sent to the Research Ethics Council (CEP) of Universidade Iguacu and has authorization, according to CAAE No. 13532719.2.0000.8044, according to opinion No. 3,380,665²⁴.

In compliance with the legislation on research involving human beings, the subjects of this research



signed the Free and Informed Consent Term and then were informed about the research objectives, voluntary participation, the right to anonymity and confidentiality of the informed data, in addition to the right to abandon the research at any stage if they so choose.

Procedures were foreseen to ensure confidentiality and privacy, image protection and non-stigmatization, ensuring that information is not used to the detriment of people, including in terms of self-esteem, prestige or economic and financial. To preserve the identity of the subjects, fictitious common names were used to identify their speeches.

During the interviews and data analysis, cultural, social, moral, religious and ethical values, as well as the habits and customs of the research subjects were respected. The research scenario was a general hospital in the Baixada Fluminense that provides urgent and emergency care (pediatric and adult) of medium and high complexity in the clinical and surgical area, consisting of 360 beds registered in the Unified Health System, which serves an average of ten thousand patients/month, the cases are identified by colors, according to the protocol of the Ministry of Health of Risk Classification.

It is worth mentioning that the institution in question has a work schedule of 24 hours worked with 120 hours of rest. It is worth noting that the institution offers all the physical, functional, technological, human resources, management models and assistance necessary for the execution of the project. The subjects were the nurses who met the inclusion criteria and who freely and spontaneously accepted to participate in this research. The selection of the sample was by convenience, that is, it happened by spontaneous demand, it is worth mentioning that the inclusion criteria of the subjects were: having at least 1 year in the position and being available to participate in the study, duly formalized by signing the Term of Free and Informed Consent.

The approach to possible research subjects was carried out during the workday, where the objectives of this study were clarified and the script was answered by the professional nurse at his residence with tranquility to answer the directed questions, along with the semi-structured questionnaire and the consent form. free and enlightened. Both were delivered together in an envelope with the guarantee of anonymity and not prejudice to the continuity of treatment in case of non-agreement to participate in the research.

The interviews were carried out individually, using a semi-structured script with the objective of ensuring minimal interference, so that the person could answer the questions without any embarrassment. It is worth mentioning that the speech always remained with the interviewee, however, it was always guided by the research topic and ended when the participants reported that they had nothing more to say about the topic in question²⁵.

After identifying the emerging themes of each questionnaire, similar themes that appeared more frequently in the subjects' speeches were identified. At this stage, the themes were highlighted through clippings of

sentences from the speeches, identified with fictitious names, having to define this action as a transformation of the raw data of the text into coded data. Then, for the analysis of the information, the thematic content analysis was used, which made it possible to discover the nuclei of meaning that make up the communication and whose frequency could mean some information for the chosen analytical objective²⁵.

Thus, the thematic analysis "is transversal, that is, it cuts the set of interviews through a category grid projected on the content. The dynamics and organization are not taken into account, but the frequency of themes extracted from the sets of discourses, considered segmentable and comparable data^{25"}. After reading the participants' reports on the level of knowledge, execution and limitation of self-care, the themes identified for the construction of the results and the elaboration of the categories of analysis were described.

Results and Discussion

The study population is formed by nurses who work in adult and pediatric emergencies at the General Hospital of Nova Iguaçu, totaling 44 participating nurses. Following the exclusion criteria, two nurses did not fit in the role for at least one year, three refused to participate and twenty did not return the quantitative stage of the research.

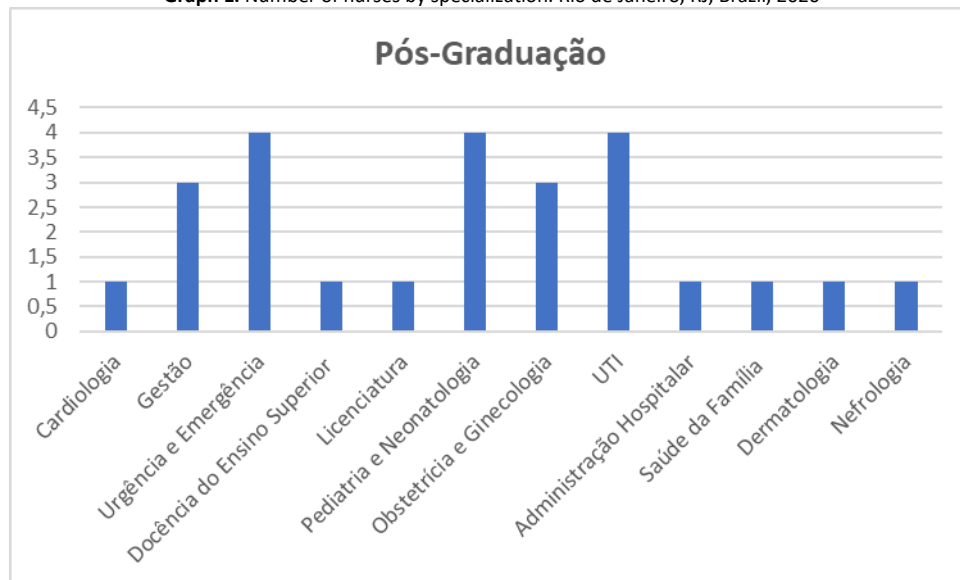
Bianchi Stress Scale

The Bianchi Stress Scale was applied to collect quantitative data. The questionnaire consists of two parts: the first with the characterization data of the population (gender, age, position, work unit, working time in the unit, work shift, time since graduation, postgraduate courses) and the second part with the possible stressors in the nurse's performance, containing 51 items using the Likert-type scale, ranging from 1 to 7, with the value 1 being determined as little exhausting; the value 4 as medium and the value 7 as highly stressful. The value 0 was reserved for when the nurse does not perform the activity addressed. The 51 items of the Bianchi Stress Scale were divided into six domains (A, B, C, D, E and F): A - Relationship with other units and supervisors (Nine items: 40, 41, 42, 43, 44, 45, 46, 50, 51); B - Activities related to the proper functioning of the unit (Six items: 1, 2, 3, 4, 5, 6); C - Activities related to personnel administration (Six items: 7, 8, 9, 12, 13, 14); D - Nursing care provided to the patient (Fifteen items: 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30); E - Coordination of unit activities (Eight items: 10, 11, 15, 31, 32, 38, 39, 47); F - Working conditions for the performance of nurses' activities (Seven items: 33, 34, 35, 36, 37, 48, 49).

According to the study, the level of stress was considered with the following standardized score: Equal to or below 3.0 – low level of stress; Between 3.1 and 5.9 - medium level of stress and equal to or above 6.0 - high level of stress¹³.

Of the scales that were delivered, 38 participants are female, and 06 are male. Most participants are aged between 31-40 years (10) and have postgraduate degrees (26).





Source: Strategies for coping with occupational stress from the perspective of emergency nurses, 2020.

The second part of the research showed that domain D (nursing care provided to the patient) proved to be the most stressful, while domain B (activities related to the proper functioning of the unit) showed the lowest wear rate. In this context, knowledge, efforts and skills are required from nurses, as well as quick and effective decision-making. In this situation, stress appears as a complex and dynamic physiological and psychological response of the organism, triggered when the individual is faced with stressors, which can generate physical and psychological diseases. In this way, occupational stress is determined by the professional's perception of their work demands as stressors, and by their ability to face them^{27,28}.

The damage caused by these factors depends on the vulnerability of each human being, personality, culture, values, among others. Studies have shown that when faced with a stressor, the body experiences three phases: the first, alarm or alert phase, the body identifies the stressor and activates the neuroendocrine system. The second phase, adaptation or resistance, is when the body repairs the damage caused by the alarm reaction and reduces hormone levels. The third phase occurs if the stressor remains present, this is the exhaustion phase, which comprises the emergence of a stress-associated disease^{26,29}.

Semi-structured questionnaire

For qualitative data, a semi-structured questionnaire was applied, with open and closed questions, which were delivered to be answered outside their work environment. Through the analysis of the interviewees' speeches, the main stressors mentioned by the participants are highlighted.

Great demand

Thirty-one reported the high demand at the hospital as the most stressful factor. Regarding this factor, some professionals reported.

"We serve the amount of a hundred or so people per day and we only have two technicians for all that people [...]" NUR 09.

"The large amount of public for little employee. And this stresses us a lot, because we can't give quality attention and quality care to patients. You can't pay attention to patients and then you do things little by little and don't finish what started there at the beginning of the service, and then the care is incomplete. Then you can't give enough quality that every patient needs. There are many serious patients here who, due to lack of space, end up staying outside the place where they should be treated. Overcrowding of patients who come out of the limit amount they should have of care" NUR 30.

"Stress factor here is the amount of patient, surplus. Number of employees is also very small [...]. We work with 16 patients, it's surreal to have 16.18 patients. A single nurse, 2 technicians, is the one that most stresses" NUR 05.

The Federal Nursing Council (COFEN), in the use of the powers conferred on it by Law No. 2012, and considering that the quantity and quality of nursing professionals directly interfere with the safety and quality of patient care, it states that in its Art. 3, the minimum reference for the nursing staff, for the 24 hours of each inpatient unit (UI), considers the Patient Classification System (SCP), the hours of nursing care, the percentage distribution of the total number of nursing professionals and the professional-patient ratio. For calculation purposes, the percentage distribution of the total number of nursing professionals must be considered. The SCP configures the following minimum criteria to be met: For semi-intensive care: 42% are nurses and the other nursing technicians; for intensive care: 52% are nurses and the other nursing technicians.

For calculation purposes, the SCP and the professional-patient ratio in the different work shifts in the semi-intensive care units must be considered: 1 nursing professional for 2.4 \cong 2.5 patients, 1 nurse for 5.7 \cong 6 patients and 1 nursing technician for 4.13 \cong 4 patients. In Intensive Care: 1 nursing professional for 1.33 \cong 1.5 patients, 1 nurse for 2.56 \cong 2.5 patients and 1 nursing technician for

2.77 \cong 3 patients. The emergency sector is considered an environment with a high level of stress, causing physical and mental exhaustion in professionals working in this sector, which trigger harmful effects on health. In this environment, there are several barriers, including the difficulty of providing good assistance due to personal and professional exhaustion. The psychic burdens and daily demands fall almost entirely on the nurse. Stress takes into account the internal causes of the individual, peculiar to their personality, and may intensify in stressful situations³⁰⁻³³.

Historically, nurses have faced challenges and dilemmas, inherent to their work context in the health area, whether to define their goals, professional relationship with the multiprofessional team as well as society in general. Despite having the largest contingent of personnel today, there is still a significant number of professionals who devalue themselves and do not seek to show their real value in the care context, in addition to submitting to the accumulation of functions in multipurpose activities. This reality leads to bad outcomes, causing frustrations that will significantly interfere with professional identity and autonomy^{34,35}.

The nurse in the emergency unit feels undervalued for often not acting in the unit's decision-making. They only work with work overloads and accumulation of functions, generating physical and emotional exhaustion caused by operational and physical conflicts, and a reduced number of professionals, added to the unsuitable salary³⁶.

Lack of supplies

Eighteen participants indicated that the lack of supplies to provide a minimum of comfort and adequate care for patients is considered a stressor for them.

"The lack of resources together with the high complexity of the patient that the health system places on us is one of the most aggravating stressors [...]" NUR 03.

"You know what you need, go after it, but you won't always have it and sometimes you lose a patient because you don't have anything to do, this is sad, it affects me psychologically, I don't get used to it, I don't accept it, even more so when it's the lack of support [...]" NUR 33.

"The lack of material is one of the most aggravating stressors, as we cannot provide adequate patient care [...]" NUR 14.

"Not having all the subsidies to do a good job, you inevitably don't do what you should do, even with our scientific technical knowledge; we don't have the essentials to work [...]" NUR 21.

"We don't have beds for all patients, we don't have adequate physical structure, we don't have medication, so this is all very stressful [...]" NUR 37.

In a research carried out with the nursing team of a university hospital of the public health network, in the city of Rio de Janeiro, the results showed that unfavorable working conditions contribute to the feeling of violence at work, as well as the lack of material leads to the improvisation. Thus, the worker is prevented from doing his job correctly, which in a way triggers a stressor for this professional³⁷.

Studies on work situations such as the

precariousness of working conditions due to the shortage of personnel, insufficient material and human resources, inadequate materials associated with the excessive demand of patients to be attended by a reduced number of nursing professionals can lead to low quality assistance and, in turn, generate suffering among nursing professionals. Thus, they become situations of violence on the vast majority of Brazilian nursing professionals³⁸.

In this research, the interviewees stated that the lack of human resources to care for patients leads to an overload of activities, wear and tear and leads them to experience feelings of sadness at work. In a bibliographic review study that aimed to identify the occupational risks to which the nursing team is exposed in the hospital environment, it was found that the deficit in human resources leads workers to work overload and is directly associated with mental health problems and physical, in addition to impairing the quality of care provided³⁹.

The precariousness of working conditions resulting from the deficit of personnel and material resources causes dissatisfaction, demotivation and occupational stress to the teams, both due to the workload and the specificity of the activity with regard to the assistance to critically ill patients, which, in turn, requires, quick decision making. Nursing, for providing direct assistance to patients and families, is one of the teams most affected in its emergency work process due to the pressure for productivity, having to adapt to the requirements imposed by the organization and the users themselves⁴⁰.

Relatives and companions

Thirteen nurses reported the presence of family members and companions as one of the most stressful factors. Regarding the presence of companions, some professionals reported some difficulties

"Sometimes patients do not have major complaints of pain, but when they are with a companion, it gets more complicated [...]" NUR 11.

"Parents [...] want immediate care, it's just that the care goes through the priority scale, and they don't understand this priority scale, for them all cases are emergencies [...]" NUR 26.

"What stresses the most here is the impatience of the companions, they think everything is our fault. The doctor takes time, it's my fault; the exam takes time, it's my fault. Then they scream, curse at me. When the doctor arrives, stay calm [...]" NUR 25.

According to Laws No. 8.069/90, No. 10.741/03 and No. 11.108/05, the child, the adolescent, the elderly and the parturient have the right to a companion during the hospitalization. In relation to the adult, the National Policy for the Humanization of Health recommends the presence of the companion, however, his/her permission depends on institutional agreements and releases whose compliance, in most cases, is decided by the nurse⁴¹⁻⁴³.

It can be considered that the insertion of the accompanying family member in the care of the hospitalized adult is permeated with moments, sometimes gratifying, sometimes exhausting for the nursing team. Since the



companion represents a positive presence when he contributes to the physical, mental, social and spiritual well-being of the patient, as well as someone who relieves and shares work activities with the team. When the companion does not meet the expectations of the nursing team, their presence in the hospital environment is considered negative⁴⁴.

The partnership between the health team and the companion is an objective to be pursued during the stay of the hospitalized subject and afterwards. Elderly people, pregnant women, children and individuals with special needs do not need special authorizations to have companions in hospitals. The nursing professional, surrounded by already known stressors, such as overload of tasks, lack of basic supplies to carry out their work and low remuneration, is also exposed to an emotional burden of suffering, pain and death with which they live daily.⁴⁵

Low salary

Four nurses reported low salary as one of the most stressful factors. Regarding this factor, some professionals reported some dissatisfaction.

"My lack of supplementary income, when you get home you have to buy things and the money doesn't give you. You receive that there, pay the bills and [...]. That's a stressor [...]" NUR 11.

"Low salary, we earn very little, the nurse here earns almost the same salary as the technician. There is always the promise that it will get better, but it never gets better, then you have that expectation that it will get better, but unfortunately it never gets better. This is also very stressful [...]" NUR 13.

"My salary. Because I'm a contractor, I'm not a formal worker, so there's always something missing, something is always missing, so that's stressful. Because when we are going to receive, we never close that amount at the end of the month, there is always money missing [...]" NUR 25.

Continuing the results of factors that lead the professional nurse to be unfavorable in working conditions, one of the factors for the professional's stress is the low salary. The precariousness of labor relations stems from a model that is based on precepts that directly influence the world of work: workers have precarious ties, losing stability in their jobs and labor rights⁴⁵.

In addition, they face inadequate remuneration, lack of professional recognition, devaluation at work and long working hours where they receive ignominious remuneration. Therefore, in order to maintain themselves in minimum conditions of subsistence, they are exposed to double and even triple working hours. These and other factors reinforce the exposure of nurses to situations of stress, suffering and conflicts that can negatively interfere with health and professional satisfaction⁴⁶.

These conditions in question adversely reflect on nurses' health, causing manifestations such as stress, tachycardia, systemic arterial hypertension, drowsiness, sweating, physical and mental exhaustion, depression, fatigue, headache, epigastric pain and irritability. Manifestations that compromise the care provided to patients and the quality of life of professionals⁴⁷.

Coping strategies used by nurses

Through the analysis of the interviewees' speeches, the main coping strategies cited by the participants are highlighted.

"[...] I don't usually go out a lot, because I work a lot [...]. So my coping is trying not to hear the offenses we receive, trying not to absorb it, no matter how much [...]. If you get caught in a moment of anger, everything gets much worse, so I try not to absorb what the patients tell me, even though it causes me a lot of harm. The lack of respect is what makes me very stressed. Most of the time they end up apologizing to us, but they already said it, right [...]. But I use a strategy: the more you mistreat me, the better I treat you. It's a way for me to get them to come to their senses and apologize [...]" NUR 09.

"[...] not having many jobs, not doing many extra shifts, even if financially it causes a deficit and always something that distracts and gets out of the routine, traveling [...]. it's my escape" NUR 30.

"[...] leave the work environment, when the shift ends I will walk, fight [...]. I take all my stress out with fighting, which is a sport that I like, and that's what relieves me [...]" NUR 05.

"[...] my family is essential [...]. Leisure is very important, a good read [...]" NUR 03.

"[...] sleep, I prefer sleeping than going out, due to fatigue and the salary we can't enjoy our day to day [...]" NUR 07.

Among the coping strategies cited, escape or avoidance of problems was the most found. In this strategy, the professional aims to reduce the unpleasant sensation that is being caused by the stressor, in which the individual avoids thinking and talking about it, avoiding the feelings that the situation can cause, but without modifying the occupational stressor. Professionals who use this strategy manage to deal with the stressor, distancing themselves from the problem in which they do not have many resources to face, in order to maintain control of the situation.

However, in a survey carried out with a Nursing team that works with potential organ donors in the ICU, it is mentioned that this strategy can generate repression of feelings, causing fatigue, stress and tiredness^{48,49}.

It is worth mentioning that temporary removal from the work environment, as reported by ENF 05, is a strategy in which Nursing workers leave the sector for a few moments, as a form of distraction and psychological reorganization in the face of the problem that causes stress. It is an effective coping strategy, according to a survey carried out with Nursing teams in closed sectors, in a way that helps them to deal with the stressful event, preventing it from interfering with the work and personal lives of professionals⁵⁰.

The strategy of rationalizing the problem, through a simple and logical interpretation, as reported by ENF 09, leads to a reduction in anguish, fear and insecurity in situations related to work, for example, dealing with the patient. Another study carried out with professionals from the Nursing team of emergency units of a large hospital showed that the self-control strategy is indispensable in this unit, as situations are unforeseen and requires effective decision-making^{51,52}.



One can mention the practice of leisure, which is a strategy used by nursing professionals. The development of alternative practices, such as leisure for relaxation, favors the mental health of the worker, contributing to the relief of stress and fatigue caused by stressful situations in daily work. This strategy is effective in managing the stressors experienced in the work environment, as it promotes an improvement in the professional's quality of life and there are no negative consequences for patient care^{53,54}.

It is worth mentioning that the practice of physical activity as a way of coping with stress is also mentioned as a strategy. Physical exercise helps release tension, in an attempt to maintain internal balance. It contributes to the improvement of the individual's quality of life, helping, in the short term, to reduce stress and anxiety. During physical exercise, endorphins are released, promoting well-being and self-esteem, acting as a therapy in all dimensions of the human being⁵⁵⁻⁵⁷.

Relaxation techniques after the end of the shift, such as taking a shower and listening to music, are alternative ways of promoting physical and mental relaxation that provide feelings of pleasure, with consequent stress relief. This strategy is considered effective in relieving the stress experienced at work⁵⁸.

Thus, it is considered important that nurses working in the emergency scenario recognize the stressors in their work environment and their repercussions on the health-disease process, and seek solutions to alleviate and face them, preventing damage to their health and ensuring good assistance to users. These coping strategies are known as coping, which means ways of dealing, and coping, which includes creating conditions and possibilities, so that the situations with which professionals are faced, entail the least wear on their health, that of their work colleagues, patients and family²⁶.

Conclusion

Therefore, considering that coping strategies depend on the individual characteristics of the professional and the situations experienced in the occupational

environment, the adoption of several strategies is more effective than the use of just one, since the individual has more alternatives to face the stressful situation by adhering to diversified strategies. The impossibility of excluding stress in the daily life of nursing professionals highlights the importance of seeking new coping strategies, in an attempt to contain the emotional damage caused to workers by stressors.

A humanized look should be directed to this group of professionals, as the fact that this study identifies nurses' coping strategies in the face of occupational stress strengthens the need for actions to be specifically directed to this problem, seeking to guarantee the principle of integrality.

The importance of recognizing stressors and their effects on the body is highlighted so that specific coping measures are adopted, according to each individual, in order to avoid psychological and physiological disorders associated with reduced production and quality of work, as well as the increase in absenteeism, the turnover of professionals and the emergence of accidents, which can generate financial losses to the institution and damage to the health of these professionals, in addition to compromising the quality of care provided.

Creating coping strategies and measures to reduce sources of stress, based on the reorganization of the occupational environment, are extremely necessary in order to guarantee the integral protection of the worker. It is suggested that health institutions create moments and environments for professionals to share experiences and feelings experienced during shifts, as well as the strategies used by them.

The scarcity of up-to-date scientific research in this area deserves reflection, as these are essential to identify advances or setbacks in the subject in question. New coping strategies can be learned by professionals and it is useful to initiate or deepen this discussion in order to provide greater job satisfaction among nursing professionals, as it will certainly reflect positively on the care they perform, improving the qualities of the care and life process.

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