

Stressful situations and coping strategies adopted by leading nurses

Situações estressoras e estratégias de enfrentamento adotadas por enfermeiras líderes

Situaciones estresantes y estrategias de afrontamiento adoptadas por enfermeras líderes

Camila Dourado Reis¹  <https://orcid.org/0000-0003-3329-1927>Simone Coelho Amestoy¹  <https://orcid.org/0000-0001-8310-2157>Gilberto Tadeu Reis da Silva¹  <https://orcid.org/0000-0002-0595-0780>Sélton Diniz dos Santos²  <https://orcid.org/0000-0002-3992-4353>Patrícia Alves Galhardo Varanda¹  <https://orcid.org/0000-0001-8120-7983>Ises Adriana Reis dos Santos¹  <https://orcid.org/0000-0002-5858-5537>Naomy Safira Batista da Silva¹  <https://orcid.org/0000-0001-9331-8680>

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Corresponding author

Camila Dourado Reis
E-mail: camila.drivrgens@gmail.com

Abstract

Objective: To analyze coping with stress experienced by leading nurses in the workplace, as well as identify stressful situations and coping strategies.

Methods: A mixed study based on the case study method and developed in a private hospital. 23 leading nurses participated in the qualitative phase by applying a questionnaire for sociodemographic and professional characterization and the Nurses' Stress Inventory (*Inventário de Estresse em Enfermeiros*). In the qualitative stage, 21 leading nurses answered the narrative interview. Data were statistically analyzed descriptively with measures of central tendency and dispersion by univariate analysis using the Stata SE 12 software. The qualitative ones, treated according to the content analysis and aid of the NVIVO® software version 11. Christophe Dejours' theoretical framework was adopted.

Results: An overall score between 55 and 134 was identified, with a mean stress of 93.65 ± 20.33 . Participants did not show high stress levels. Situations as the major source of stress in the workplace were: having a short time to fulfill orders (43.8%), performing different tasks simultaneously (39.1%) and working with unprepared people (39.1%). In the interviews, emotional overload, sleep disturbance, binge eating, episodes of forgetfulness and anxiety were evidenced. Using individual and collective defensive strategies to cope with stress and adopt coping.

Conclusion: Even without presenting high levels of stress, participants experience stressful situations in their daily lives and adopt strategies for coping with them.

Resumo

Objetivo: Analisar o enfrentamento do estresse vivenciado por enfermeiras-líderes no ambiente de trabalho, bem como identificar situações estressoras e estratégias de enfrentamento.

Métodos: Estudo misto, fundamentado no método de estudo de caso, desenvolvido em um hospital privado. Na etapa quantitativa, participaram 23 enfermeiras líderes, com aplicação de questionário para caracterização sociodemográfica e profissional e do Inventário de Estresse em Enfermeiros. Na etapa qualitativa, 21 enfermeiras líderes responderam a entrevista narrativa. Os dados foram analisados estatisticamente de forma descritiva com medidas de tendência central e dispersão, por meio de análise univariada com uso do programa Stata SE 12. Os qualitativos, tratados conforme a análise de conteúdo e auxílio do software NVIVO® versão 11. Adotou-se o referencial teórico de Christophe Dejours.

Resultados: Identificou-se *score* global entre 55 a 134, média de estresse de $93,65 \pm 20,33$. As participantes não apresentaram elevados níveis de estresse. Situações como maior fonte de estresse no ambiente laboral foram: ter um prazo curto para cumprir ordens (43,8%), executar tarefas distintas simultaneamente (39,1%) e

¹Escola de Enfermagem, Universidade Federal da Bahia, Salvador, BA, Brasil.

²Universidade Estadual de Feira de Santana, Feira de Santana, BA, Brasil.

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trabalhar com pessoas despreparadas (39,1%). Nas entrevistas, evidenciou-se sobrecarga emocional, distúrbios do sono, compulsão alimentar, episódios de esquecimento e ansiedade. Utilização de estratégias defensivas individuais e coletivas para enfrentamento do estresse e adoção de *coping*.

Conclusão: Mesmo não apresentando níveis elevados de estresse, as participantes vivenciam em seu cotidiano situações estressoras e adotam estratégias para seu enfrentamento.

Resumen

Objetivo: Analizar el afrontamiento del estrés vivido por enfermeras líderes en el ambiente de trabajo, así como identificar situaciones estresantes y estrategias de afrontamiento.

Métodos: Estudio mixto, basado en el método de estudio de casos, desarrollado en un hospital privado. En la etapa cuantitativa participaron 23 enfermeras líderes, con aplicación de un cuestionario para caracterización sociodemográfica y profesional y del Inventario de Estrés en Enfermeros. En la etapa cualitativa, 21 enfermeras líderes respondieron una entrevista narrativa. Los datos fueron analizados estadísticamente de forma descriptiva con medidas de tendencia central y dispersión, a través de análisis univariado con uso del programa Stata SE 12. Los cualitativos fueron tratados según el análisis de contenido y auxilio del software NVIVO® versión 11. Se adoptó el marco referencial teórico de Christophe Dejours.

Resultados: Se identificó puntuación global entre 55 y 134, promedio de estrés de $93,65 \pm 20,33$. Las participantes no presentaron niveles de estrés elevados. Situaciones identificadas como mayor fuente de estrés en el ambiente laboral fueron: tener plazos cortos para cumplir órdenes (43,8%), ejecutar distintas tareas simultáneamente (39,1%) y trabajar con personas no preparadas (39,1%). En las entrevistas, se observó sobrecarga emocional, trastornos del sueño, compulsión alimentaria, episodios de olvidos y ansiedad. Utilización de estrategias defensivas individuales y colectivas para afrontamiento del estrés y adopción de *coping*.

Conclusión: Aunque no presentaron niveles de estrés elevados, las participantes viven en su día a día situaciones estresantes y adoptan estrategias para afrontarlas.

Introduction

The nurse's work process is a complex dynamic that involves not only patient care, decision making, such as group work, conflict mediation, management activities and leadership. Conduct and actions should be directed in order to achieve objectives, with supervision and legal responsibility for the nursing staff activities.

Such attributions can trigger suffering in nurses due to living with stressful situations in the workplace. From the perspective of work psychopathology, this relationship never occurs in a neutral way, in view of reflexes in mental health, both in the construction of health and in the development of pathologies.⁽¹⁾

National studies suggest that stressors are present in work activity and infer greater susceptibility to professionals with longer experience, due to the responsibility with the team and institutional reality. It is possible to perform activities routinely with a predisposition to the emergence of stress and professional dissatisfaction.^(2,3)

Responses triggered by stress, considered a reaction to an adaptation, can cause physical, psychological and behavioral symptoms while using coping strategies can equalize them. However, failure to achieve these skills can trigger psychological disorders as stress exposures

remain and strategies fail resulting in physical and mental illness.⁽⁴⁾

Defensive strategies can be classified as individual and collective regarding aspects related to the nature and organization of the work. Social, cultural and economic issues stand out that impact on workers' lives, with possible impacts on physical and mental health.⁽⁵⁾

Studies⁽⁶⁻⁹⁾ show the complexity of stress as a phenomenon that comprises the interaction of the individual with internal and external environment. Coping will be influenced by the environment in which the professional is inserted, as well as the experiences of previous stressful situations. There are sociodemographic and functional influences regarding the coping strategy used; Therefore, individual efforts linked to organizational conditions related to occupational stress and professional instrumentation on coping are necessary to understand and use them more effectively.

The choice of females as reference during the study is due to the fact that most workers in this professional field are women. Study participants were unanimously female, due to not having any nurse in managerial positions in the population studied.

Given the relevance of exposure to stressful situations and possible outcomes to workers' health, the following guiding question was constructed: how

does the nurse-leader deal with stressful situations experienced in the workplace? And as its objective: to analyze the stress coping experienced by leading nurses in the workplace, as well as to identify stressful situations and coping strategies.

Methods

This is a mixed study with a quantitative and qualitative cross-sectional approach through content analysis, such as field research, with methodological design based on a single case study.⁽¹⁰⁾ It was conducted in a large, private, general hospital. Salvador, Bahia, with care for neonatal, pediatric and adult patients. The present study was conducted with 23 nurses who assume managerial positions including unit leaders, coordinators and supervisors, who respectively assume increasing hierarchical positions. Inclusion criteria were to exercise management positions for at least six months and exclusion criteria due to sick leave, maternity leave or being on vacation during the period of data collection.

The collection took place between August and December 2018. Quantitative data were extracted through a questionnaire containing sociodemographic and professional information, followed by the application of the Nurses' Stress Inventory (IEE - *Inventário de Estresse em Enfermeiros*). The questionnaire was constructed and validated in Brazil. It consists of 38 items, answered through a likert scale, classifying answers between never (1) and always (5) for experiences of situations in the workplace considered sources of tension and stress in the last six months. With scores ranging from 38 to 190, the variables are grouped into three domains: career stressing roles, consisting of eleven items; interpersonal relationships, consisting of 17 items; and intrinsic work factors, with 10 items.⁽¹¹⁾

It was adopted as reference experience of the situation in the workplace referred to as a source of tension and stress. Responses with a score lower than 3 were considered as low hypothesis and above 3 as high hypothesis.^(9,12)

Quantitative data were transposed into a database (Microsoft Excel) and statistically analyzed in

a descriptive, univariate manner, presented as mean (and standard deviation (SD) for continuous variables and percentages for categorical variables using the Stata SE program 12).

After applying the inventory, nurses were invited to the second stage of the research. Of the 23 nurse leaders initially included, 21 agreed to participate in the qualitative stage, conducted through Narrative Interviews, based on the guiding question: tell me about how you face stressful situations experienced in the workplace? Data were analyzed based on Bauer and Aarts content analysis⁽¹³⁾ and aid of NVIVO[®] version 11 software.

This study was approved by the Research Ethics Committee of *Universidade Federal da Bahia*, under Protocol 2.795.163. The information provided by research participants was transcribed and published, upon authorization after completing the Free and Informed Consent Term. They were complied with the ethical norms provided for in Resolution 466/12, which provide the ethical aspects of research involving human beings, taking into account the relevant ethical and scientific foundations.

In order to preserve participant identity, the acronym N was assigned to correlate the word Nurse to identify them, followed by the ordinal number adopted in the quantitative step.

Results

The 23 nurses in the sample were female, with a mean age of 47.0 years, ranging from 31 to 59 years. Regarding the time of training, they reported an average of 23.3 years, minimum of 8 years and maximum 37 years. 95.6% of participants reported having a *lato sensu* graduate degree in various areas including management and administration, of which 8.7% residency and 4.3% *stricto sensu*. Regarding working time in the hospital, an average of 18.7 years was obtained, ranging from 5 to 30 years. Among participants, 22 have a single employment relationship, with workload ranging from 42 to 44 hours per week and a total of 74 hours per week for the nurse who has more than one job.

Overall scores in this study had a mean stress of 93.65 ± 20.33 and ranges from 55 to 134, revealing low stress levels. It is noteworthy that the domain career stressor roles obtained more situations pointed as sources of tension and stress the professionals of this investigation.

The items mentioned as stressful situations in the workplace, with scores 4 and 5 on the Likert scale with their respective frequencies were: have a short deadline to fulfill orders (43.8%), perform different tasks simultaneously (39.1%) and work with unprepared people (39.1%), as shown in Table 1.

Table 1. Descriptive measures for higher stress variables of IEE

Domain/Variations	(\bar{x})(\pm)SD
Work Intrinsic factors	
To perform distinct tasks simultaneously	3.3 \pm 0.7
Career stressful roles	
To have a short deadline to fulfill orders	3.2 \pm 1.0
To work with unprepared people	3.3 \pm 1.1
Interpersonal relations	
To take responsibility for the quality of service the institution provides	3.2 \pm 1.0

Source: Translated and adapted from Mullen K. Barriers to work – life balance for hospital nurses. *Workplace Health Saf.* 2015; 63 (3): 96–9. (8).

In the narrative interview, two categories emerged: stressful situations; and strategies for coping with stress in the workplace.

Stressful situations are experienced in the face of demands, work assignments, aspects related to overload, team conflicts, demands, as well as issues related to absenteeism, as revealed below:

...employee to relocate.... to see scale and here comes tachycardia [...] several symptoms associated with it... (N.3)

I want to take care of everything [...] I couldn't do a job ... as I wanted, it was doing me very bad psychologically and even physically [...] I've spent sleepless nights [...] eating a lot, fattening, extreme anxiety. (N.4)

... I had problems with him regarding behavior, for me this is extremely stressful [...] that kind of employee you want to approach and can't because he's aggressive... (N.7)

... a lot of work, little time ... a lot of responsibility and a lot of accountability... (N.23)

Study participants face stressful situations in the workplace, using individual and collective defensive strategies, acting in this way with coping. According to the findings, the search for self-control, resolvability, use of horizontal communication and spirituality were strategies to cope with occupational stress in this study:

... I don't have much difficulty dealing with conflict situations [...] I think a good dialogue permeates any interpersonal relationship [...] (N.14)

[...] I try to breathe [...] I know sometimes there is no way to solve that, so I try to help. (N.16)

Prayer [...] I pray a lot, when I set foot in the hospital I begin to pray; during an intercourse I pray. (N.17)

[...] I try to separate things well today, that is, trying to solve in the workplace as best we can, without absorbing too much, because we bring a lot in the workplace to our lives... (N.22)

Discussion

Stressful situations are present in the nurse's work, as evidenced in this study through the application of the IEE and Narrative Interviews. These findings can be attributed to the pace imposed by nurses in leadership positions, as well as by institutional policy demands, which include these professionals.

It is worth mentioning similar results related to work situations, physical and mental loads such as high responsibility, limitation of professional autonomy, rhythms, times and demands, especially in the organization of the private network.⁽¹⁴⁻¹⁶⁾

Experiences of stressful situations at work reported by participants trigger sleep disorders, binge eating and anxiety. Corroborating these results, studies indicate occupational stressors linked to

high demands and lack of supervisory support, affecting the well-being and work characteristics of nurses. It is possible that there is a limitation in the professional's search to adapt their personal needs to the organizational ones in view of their way of work.^(13,15,17) In addition, stress and wear inherent in the hospital environment contribute to the triggering of anxiety and tension for employees.⁽¹⁶⁾

From the perspective of work psychodynamics, anxiety may be associated with situations involving fear of work rhythm. This occurs in response to the risk of not following up on this imposition or existing relationships, despite the hierarchy and reflexes of anxiety experienced in human relations in work organization.⁽⁵⁾

Fear becomes an instrument of social control and is consciously instrumentalized in favor of pressure on workers to make them work.⁽⁵⁾ In the present research is denoted charging, which can probably be associated with fear imbued in the issues that permeate the job and responsibilities to fulfill.

Issues related to leadership and psychological distress consider the individual's psychological dimension, emotions and feelings. The exercise of the position held is associated with the responsibility of meeting goals, managing people and other relationships, which linked to the way professionals cope with stress can have repercussions for suffering and relationship with workloads.^(18,19) These results are similar to the study in question by attributing stress to situations experienced in the exercise of leadership and level of collection, short term to perform tasks, nonconformities and other issues attributed to the position.

Gender may be a contributing factor to increase stress levels, due to the need to reconcile family demands with work activities, which makes it imperative to look at coping strategies.

It is worth mentioning that score 3 was evidenced several times by participants. Converge with research conducted in the city of São Paulo that did not reveal high levels of occupational stress in a sample of intensive care unit nurses who held care and coordination positions, facing the application of IEE.⁽²⁰⁾

Different results in the literature regarding stress levels in nurses, such as a survey conducted in the

south of the country, identified low stress intensity for a population of nurses in critical and semi-critical units.⁽¹³⁾ Another study conducted also in the southern region with nurses and nursing technicians of a reference center for burn care highlighted high levels of occupational stress, which can be attributed to the sector of work and workloads.⁽²⁾ Different results of these experiences in the work environment are revealed, peculiar to each sector and region, but converge to the presence of occupational stress.

Through the quantitative results of this study no high levels of occupational stress were identified in the leading nurses. Situations that corresponded to the lowest stress score were lack of material needed to work, working in inadequate physical facilities and providing patient care. These aspects can be attributed as a lower source of stress, due to the context of the private network and the possibility that low stress levels are considered for nurses, as they do not match the working reality.

Investigations point out that lack of physical structure, material resources and inappropriate conditions in the workplace are destabilizing factors and are factors of emotional distress.^(20,21) These factors contrast with the conditions of the locus facilities of the present study.

The provision of care by leading nurses can be attributed to low levels of stress due to less frequent care demands or through the use of defense strategies in the light of work psychodynamics.⁽⁵⁾

Based on the results obtained coping strategies, both individually and collectively, are used by the study participants. A study conducted in a private institution in the south of the country showed self-control factor with the highest average coping strategies used for occupational stress. This avoids hasty, impulsive attitudes and enables decision-making in resolving the stressful situation or event with potential stressor.⁽²²⁾

These results converge with this investigation, which was most prominently apprehended seeking to maintain balance, patience and calm in the face of stressful situations, with a view to better problem solving and understanding of the setting.

Investigations carried out in the Southeast and South regions of Brazil revealed a predom-

inance of stress intensity in nurses through validated measuring tools. Given the application of Occupational Coping Scale (OCS), the control factor was the strategy most used by the population in both studies. This denotes the use of strategies focused on problem solving as most effective. Actions and attitudes prevail where professionals seek alternatives to solve situations in the face of stress in daily work.^(13,23)

The use of relational skills through dialogue as a coping strategy also emerged. Conflict resolution is an intrinsic part of the nurse's managerial skills, using relational aspects through impartial attitudes and listening. Nurses aim to improve skills, competencies and leadership.

The collective defense from Dejour's perspective is formulated by the group in view of the relationship between risk and danger. Skills, knowledge and experience are considered; to escape the existing sensations in the face of fear in labor relations.⁽⁵⁾

A horizontal relationship between leader and employees is one of the assumptions of dialogue-based leadership, emerging as a fundamental strategy in the exercise of this competence. Contrasts with vertical conducts, where decisions start from management without valuing workers' autonomy and the team is often not heard about their opinions and suggestions.⁽²⁴⁾

Spirituality has emerged as a strategy that minimizes stressful situations. Similar result was signaled in a study in which nurses from a public hospital in the Center-West Region found it as a strategy in situations of suffering.⁽²⁵⁾ It is possible to infer that spirituality is used as an individual defensive strategy in an attempt to minimize pathological effects to the non-transformation of suffering, which will help in coping with stress in the workplace.

Conclusion

This study allowed us to analyze the stress coping experienced by nurse leaders in the workplace, as well as to identify stressful situations and coping strategies. Leading nurses experience stressful situations, but it was observed that they do not

have high levels of stress. Analysis of stressful situations that prevailed as a major source of stress in the work environment resulted in: having a short deadline to fulfill orders, performing different tasks simultaneously and working with unprepared people. It is possible to infer that these situations are a source of stress due to the profile of the work environment, with productivity characteristics associated with quality indicators that can trigger feelings of tension and suffering amid non-compliance with demands, demands and institutional demands. The most prominent stressful situations are emotional overload at the mention of accumulation of activities and feeling unable to resolve demands in a timely manner, such as adversities inherent in interpersonal relationships and conflict management. Consequences such as sleep disturbance, binge eating and anxiety were pointed out. In addition, situations involving employee relocation have emerged as a source of tension and stress due to absenteeism and embezzlement of employees on duty. Even in the face of limitations due to the small sample size, these converge with results reported in the literature and infer the presence of occupational stress in the daily work of nurses. It is also inferred the need to adopt coping strategies and reflections on prevention of mental illness, knowing that stress consists of trigger and prolonged exposure threatens workers' health. There is relevance of the object even as a known phenomenon, since it presents varied forms in different populations. It deserves attention from the scientific community and further research to better understand the involvement and possible repercussions.

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Collaborations

Reis CD, Amestoy SC, Silva GTR, Santos SD, Varanda PAG, Santos IAR and Silva NSB declare that they contributed to the study design, analysis and interpretation of data, writing of the article, relevant critical review of the intellectual content and approval of the final version to be published.

References

- Dejours C. Psicodinâmica do trabalho: casos clínicos. Porto Alegre: DUBLINENSE; 2017.
- Antoniolli L, Guanilo ME, Martins CL, Amestoy SC, Longaray TM, Souza SB. Coping e estresse na equipe de enfermagem de um centro de tratamento de queimados. *Rev da Esc Enferm da USP*. 2017; 16(3):174–80.
- Kestenberg CC, Felipe IC, Rossone FD, Delphim LM, Teotonio MC. O estresse do trabalhador de enfermagem: estudo em diferentes unidades de um hospital universitário. *Rev Enferm UERJ*. 2015; 23(1):45–51.
- Lima DR, Luna RC, Moreira MS, Marteleto MR, Duran CC, Dal Mas Dias ET. Habilidades sociais em estudantes de medicina: treinamento para redução de estresse. *ConScientiae Saúde*. 2016; 15(1):30–7.
- Dejours C. A loucura do trabalho: Estudo de psicopatologia do trabalho. 6a ed. São Paulo: Cortez – Oboré; 2015.
- Adriaenssens J, De Gucht V, Maes S. Causes and consequences of occupational stress in emergency nurses, a longitudinal study. *J Nurs Manag*. 2015; 23(3):346–58.
- Cheng C-Y, Liou S-R, Tsai H-M, Chang C-H. Job stress and job satisfaction among new graduate nurses during the first year of employment in Taiwan. *Int J Nurs Pract*. 2015; 21(4):410–8.
- Mullen K. Barriers to work–life balance for hospital nurses. *Workplace Health Saf*. 2015; 63(3):96–9.
- Umann J, Guido LA, Silva RM. Estresse, coping e presenteísmo em enfermeiros que assistem pacientes críticos e potencialmente críticos. *Rev Esc Enferm USP*. 2014; 48(5):891–8.
- Yin RK. Estudo de caso: planejamento e métodos. 5a ed. Porto Alegre: Bookman; 2015.
- Stacciarini JM, Tróccoli BT. Instrumento para mensurar o estresse ocupacional: Inventário de Estresse em Enfermeiros (IEE). *Rev Lat Am Enfermagem*. 2000; 8(6):40–9.
- Umann J, Silva RM da, Benavente SB, Guido LA. The impact of coping strategies on the intensity of stress on hemato-oncology nurses. *Rev Gaúcha Enferm*. 2014; 35(3):103–10.
- Bauer MW, Aarts BA construção do corpus: um princípio para a coleta de dados qualitativos. In: Bauer MW, Gaskell G, editores. Pesquisa qualitativa com texto, imagem e som: um manual prático. Petrópolis: Vozes; 2002. p.39-63.
- Okita S, Daitoku S, Abe M, Arimura E, Setoyama H, Koriyama C, et al. Potential predictors of susceptibility to occupational stress in Japanese novice nurses - a pilot study. *Environ Health Prev Med*. 2017; 22(1):20.
- Van Doorn Y, van Ruyssveldt J, van Dam K, Mistiaen W, Nikolova I. Understanding well-being and learning of Nigerian nurses: a job demand control support model approach. *J Nurs Manag*. 2016; 24(7):915–22.
- Silveira CD, Bessa AT, Paes GO, Stipp MA. La gestión del equipo de enfermería: factores asociados a la satisfacción en el trabajo. *Enferm Global*. 2017; 16(3):193-207.
- Johnston D, Bell C, Jones M, Farquharson B, Allan J, Schofield P, et al. Stressors, Appraisal of Stressors, Experienced Stress and Cardiac Response: A Real-Time, Real-Life Investigation of Work Stress in Nurses. *Ann Behav Med*. 2016; 50(2):187–97.
- Li L, Ai H, Gao L, Zhou H, Liu X, Zhang Z, et al. Moderating effects of coping on work stress and job performance for nurses in tertiary hospitals: a cross-sectional survey in China. *BMC Health Serv Res*. 2017; 17(1):401.
- Gomes AM. Liderança e personalidade: reflexões sobre o sofrimento psíquico no trabalho. *Rev Psicol*. 2017; 8(2):83–91.
- Trettene ADS, Costa RB, Prado PC, Tabaquim M de LM, Razera APR. Stress – realities experienced by nurses working in an Intensive Care Unit. *Rev Enferm UERJ*. 2018; 26:e17523.
- Oliveira EB, Gallasch CH, Silva Junior PP, Oliveira AV, Valério RL, Dias LB. Estresse ocupacional e burnout em enfermeiros de um serviço de emergência: a organização do trabalho. *Rev Enferm UERJ*. 2017; 25:e28842.
- Moraes F, Benetti ER, Herr GE, Stube M, Stumm EM, Guido LA. Coping strategies used by nursing professionals in neonatal intensive care. *REME Rev Min Enferm*. 2016; 20:e966.
- Silva GA, Silva GS, Silva RM, Andolhe R, Padilha KG, Costa AL. Estresse e coping entre profissionais de enfermagem de unidades de terapia intensiva e semi-intensiva. *Rev Enferm UFPE Online*. 2017; 11(Supl 2):922–31.
- Amestoy SC, Oliveira AF, Thofehrn MB, Trindade LL, Santos BP, Bao AC. Contribuições freirianas para entender o exercício da liderança dialógica dos enfermeiros no ambiente hospitalar. *Rev Gaúcha Enferm*. 2017; 38(1):e64764.
- Barros NM, Honório LC. Riscos de adoecimento no trabalho de médicos e enfermeiros em um hospital regional mato-grossense. *REGE (São Paulo)*. 2015; 22(1):21–39.