

Coping strategies of the nursing team acting in a burn treatment center



Estratégias de coping da equipe de enfermagem atuante em centro de tratamento ao queimado
Estrategias de afrontamiento del personal de enfermería de un centro de tratamiento para el paciente quemado

Liliana Antonioli^a
 Maria Elena Echevarría-Guanilo^b
 Lucas Henrique de Rosso^c
 Paulo Roberto Boeira Fuculo Junior^d
 Daiane Dal Pai^c
 Soliane Scapin^b

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ABSTRACT

Objective: To know the strategies of coping reported by the nursing team that works at a burn center.

Method: This is a qualitative, descriptive and exploratory study carried out with four nurses and six practical nurses at a burn center in southern Brazil. The data was collected from September to November 2013 through semi-structured interviews, and it was analyzed through the content analysis technique, which happened with the software Atlas.ti 7.0.

Results: Two themes have emerged: coping focused on the problem, and coping focused on the emotion. Among the main strategies of coping focused on the problem, decision-making and re-evaluation actions should be highlighted; and in the coping focused on the emotion, actions centered on resigned acceptance and emotional extravasation stand out.

Conclusions: As the professionals interviewed opted for objective and practical strategies, compatible with coping based on the problem, it is believed that the elaboration is influenced by the workers' individual, collective and institutional contexts.

Keywords: Stress, psychological. Adaptation, psychological. Occupational health.

RESUMO

Objetivo: Conhecer as estratégias de coping relatadas pela equipe de enfermagem atuante em Centro de Tratamento ao Queimado.

Método: Estudo qualitativo, descritivo e exploratório, desenvolvido com quatro enfermeiras e seis técnicas de enfermagem de um Centro de Tratamento ao Queimado do sul do Brasil. Os dados foram coletados de setembro a novembro de 2013, mediante entrevista semiestruturada e analisados por meio da técnica de análise de conteúdo, com auxílio do software Atlas.ti 7.0.

Resultados: Emergiram dois temas: coping focalizado no problema e coping focalizado na emoção. Entre as principais estratégias de coping com foco no problema, destacaram-se ações de tomada de decisão e reavaliação positiva; no coping focado na emoção, ações voltadas para aceitação resignada e extravasamento emocional.

Conclusões: Como os profissionais optaram por estratégias de cunho objetivo e prático, compatíveis com coping focado no problema, acredita-se que sua elaboração é influenciada pelo contexto individual, coletivo e institucional do trabalhador.

Palavras-chave: Estresse psicológico. Adaptação psicológica. Saúde do trabalhador.

RESUMEN

Objetivo: Conocer las estrategias de afrontamiento relatadas por el personal de enfermería de un centro de tratamiento para el paciente quemado.

Método: Estudio cualitativo, descriptivo y exploratorio, desarrollado con cuatro enfermeras y seis técnicos de enfermería de un Centro de Tratamiento para el Paciente Quemado del sur de Brasil. Se recolectaron los datos entre septiembre y noviembre de 2013, por medio de entrevista semiestructurada, y se analizaron por medio de la técnica de análisis de contenido y del software Atlas.ti 7.0.

Resultados: Surgieron dos temáticas: afrontamiento con enfoque en el problema y afrontamiento con enfoque en la emoción. Entre las estrategias con enfoque en el problema se destacaron las acciones de toma de decisión y la reevaluación positiva, y en el afrontamiento con enfoque en la emoción se destacaron las acciones dirigidas a la aceptación resignada y al desborde emocional.

Conclusiones: Como los profesionales entrevistados optaron por estrategias objetivas y prácticas, compatibles con el afrontamiento con base en el problema, se cree que su elaboración está influenciada por el contexto individual, colectivo e institucional del trabajador.

Palabras clave: Estrés psicológico. Adaptación psicológica. Salud laboral.

^a Universidade FEEVALE (FEEVALE), Instituto de Ciências da Saúde, Faculdade de Enfermagem. Novo Hamburgo, Rio Grande do Sul, Brasil.

^b Universidade Federal de Santa Catarina (UFSC), Faculdade de Enfermagem, Departamento de Enfermagem. Florianópolis, Santa Catarina, Brasil.

^c Universidade Federal do Rio Grande do Sul (UFRGS), Faculdade de Enfermagem, Departamento de Enfermagem Médico-Cirúrgica. Porto Alegre, Rio Grande do Sul, Brasil.

^d Universidade Federal de Pelotas (UFPEL), Faculdade de Enfermagem, Departamento de Enfermagem. Pelotas, Rio Grande do Sul, Brasil.

■ INTRODUCTION

The responsibility of having to daily deal with lives, work overload and intensity of interpersonal relationships, whether among colleagues, patients or relatives of patients, expose the nursing team to psychosocial risk factors⁽¹⁾, and these factors, coupled with the inherent risks of health, of a physical, chemical, biological and ergonomic nature, have repercussions on the well-being of the worker.

In specialized units, such as the Burn Treatment Center (BTC), the long relationship with patients in situations of intense physical and emotional pain, which cannot always be solved or minimized through the nursing care, and the exposure to intense emotions, especially those aimed at caring for the child and the adult patient at risk of death, provoke different feelings and reactions among the team, which may potentiate the experience of stress⁽²⁾.

In this context, stress is considered as a set of organic and psychic disorders caused by various stimuli or aggressive agents that alter the individual's well-being⁽³⁾. The experience of such stressful situations triggers a cycle of evaluative steps to find suitable forms of coping. The set of cognitive and behavioral efforts used by individuals to deal with specific demands, internal or external - which arise in stress situations and are assessed as overburdening or exceeding personal resources, is called Coping⁽³⁾. In this way, the coping response consists of an intentional, physical or mental action that begins in response to a perceived stressor, directed to external circumstances or internal states in order to restore the well-being and emotional balance⁽⁴⁾.

Facing a problem, therefore, means trying to overcome what is causing the stress, being able to redirect the meaning attributed to difficulties, guide the life of the individual, or try to solve the problem in order to maintain the balance of the physical, psychological and social states⁽⁵⁾. Thus, in the search for overcoming stress, nursing professionals use different coping strategies⁽⁶⁾, which, based on their evaluations, are more effective in overcoming or minimizing a particular stressor source.

The coping responses can be focused on the problem or on the emotion. The problem-based coping is an effort to manage or address the origin of the stressor. In this case, it includes some strategies as, for example, negotiating to resolve an interpersonal conflict, asking for practical help from others, or redefining the element that causes tension. On the other hand, the emotion-based coping involves efforts directed to a somatic level, avoiding the confrontation with the stressor, without modifying the triggering situation, in order to reduce the unpleasant physical and/or emotional sensation generated by the stress condition⁽³⁾.

In view of the importance of coping for the workers' health^(3,7), and the gap in the literature regarding the study of the subject with the professionals who work in the care of burned patients, it is justified the interest in developing a research addressing such topics in order to identify possible actions that may be employed by managers in order to minimize or avoid the negative consequences of the stressors experienced in BTC and, thus, promoting personal quality of life and labor⁽⁵⁾, which will inevitably lead to improvement in the care delivered.

Based on what has been exposed, this study sought to answer the following guiding question: "What coping strategies are used by nursing professionals working in a BTC?". In order to do so, the objective was to know coping strategies reported by the nursing team working at a Burn Treatment Center.

■ METHOD

A descriptive and exploratory qualitative research was carried out in a BTC located in the south of Brazil, which is the third reference center for the treatment of burn victims in the State of Rio Grande do Sul, counting on eight hospitalization beds. At the time, the nursing team was composed of 16 professionals, six nurses and ten nursing technicians.

All the professionals with a permanent employment relationship at the BTC were invited to participate in the study after the presentation of its objectives. After the verbal acceptance, date, time and place were scheduled for the interview, according to the preference of the professional. The interviews took place individually and in a private setting. Before its beginning, it was requested the signing of the Free and Informed Consent Term and permission to record the interview in a digital device.

During the period from September to November 2013, four nurses and six nursing technicians from the permanent staff of the BTC, who worked directly to assist the burned patients, were interviewed. Professionals who, at the time of the data collection, were on probation (first three months of work) or on leave, regardless of the reason, were excluded.

In order to ensure the participants' anonymity, they were identified by the letter "E", followed by the sequence number in which the interview was conducted (example: E1, E2... E10)¹.

For collecting the data, a questionnaire was used to characterize the participants, which allowed the collection of personal data (age, gender, marital status, and number

¹ The reports of the nurses and the nursing technicians of the permanent staff of the BTC were transcribed without corrections in order to maintain the fidelity to the ideas expressed; therefore, any deviations from the standard norm should be disregarded.

of children) and occupational data (professional category, training time, BTC work time, and work shift). The interview was conducted by the following guiding question: "How is your routine working at BTC?". Based on the answer to this question, the interviewer instigated the report of the stressors and coping strategies used by the professionals.

The interviews were recorded in audio and later transcribed, coded and analyzed, using the technique of content analysis, thematic modality⁽⁸⁾; with the aid of the Atlas.ti 7.0 (free trial version) software in three steps: 1) Pre-analysis and organizational phase - at this stage, the interviews were transcribed into a Microsoft Word document, containing the professionals' reports on the subject in question. This document (Primary document) was imported into the Atlas.ti 7.0 software, and this enabled the selection, organization and floating reading of the data collected. In addition, in order to ensure the archiving of the information, a Hermeneutic unit was created. 2) Exploitation of the material and treatment of the results: a careful reading was carried out, aimed at identifying important aspects in the participants' speech, which allowed the categorization of the data according to the study objective and the theoretical reference of coping⁽⁹⁻¹⁰⁾. The coding of the data was performed using significant nuclei (quotations) found in the participants' speeches. Subsequently, the data was grouped, codes were assigned to the quotations (which, in this case, were used as subcategories), according to the similarities and divergences between the statements of the participants. These codes were organized into thematic categories, which were called "families". Thus, the composition of each family was defined according to the objective of the study, emerging the categories: problem-based coping and emotion-based coping, which are described in the results. 3) Inference and interpretation: it is the condensation and highlighting of the information for analysis and the interpretation of the interviews. In addition, with the help of the network tool available in Atlas.ti 7.0, structured graphs were created in networks of relationships between the main categorized data, facilitating the final interpretation process.

This research comes from a graduation monography⁽¹¹⁾, and followed the ethical precepts for research involving human beings⁽¹²⁾, counting with the approval opinion of the Research Ethics Committee of the institution involved, under the Protocol nº 008/2013.

■ RESULTS AND DISCUSSION

Ten nursing professionals (four nurses and six nursing technicians) were interviewed. Regarding the gender,

there was a prevalence of women (nine). As to age, seven professionals were between 28 and 33 years old; the others ranged from 42 to 54 years old. Eight professionals reported training time equal to or less than five years. Regarding the working time in the BTC, all the professionals interviewed have been working at the place for less than four years; the minimum time was six months and the maximum was three years and six months.

The analysis of the interviews allowed to identify coping strategies focused on the emotion and on the problem. It was also possible to identify eight codes, or subcategories, that were based on the strategies developed by the professionals to deal with stressful situations during and after the work routine in the BTC, four focusing on the problem and four focused on the emotion, as shown in the figures 1 and 2.

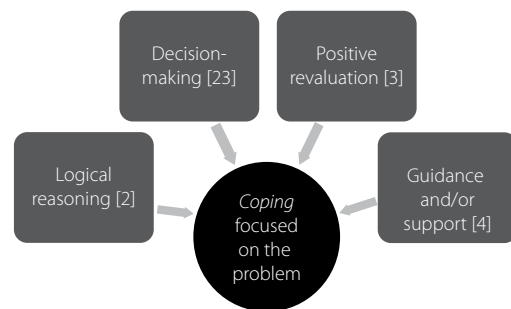


Figure 2 – Coping strategies focused on the emotion, as reported by nursing professionals. Rio Grande - RS, 2013.

Source: the authors.

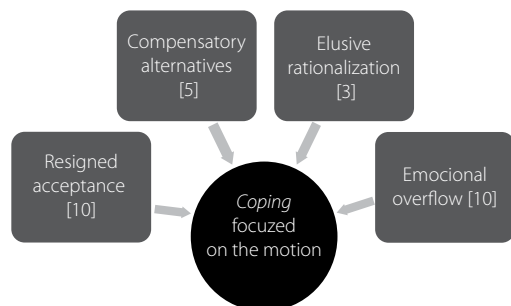


Figure 1 – Coping strategies focused on the problem, as reported by nursing professionals. Rio Grande-RS, 2013.

Source: the authors.

From the interviewees' reports, preference was given to decision-making in coping responses based on the problem (Figure 1), followed by emotional overflow and resigned acceptance in coping responses based on the emotion (Figure 2).

In a study that aimed at identifying stressors, general health status and forms of coping used by nurses in the work environment, the participants described that there was a greater use of strategies focused on the problem, suggesting that the nurses' coping with the stressors occurred resolutely⁽¹³⁻¹⁴⁾. That is, most nurses were able to recognize the problem, identify the alternatives, propose and implement a plan of action classified as appropriate⁽¹⁰⁾. This would indicate that the members of the nursing team opted for resolution strategies.

Coping focused on the problem

The interpersonal relationship between the professionals working in the BTC is fundamental for the maintenance of the psycho-emotional health of the workers, and it was reported that the use of coping strategies focused on the problem - such as dialogue, understanding and mutual support - facilitated the good coexistence and the work in a team.

We always try to talk, even when someone does something wrong. I always try to sit down and talk to them [...] They come too, sit down and talk to me. (E6) [Decision-making]

This (team) meeting is necessary [...] it's all cleared up. (E4) [Decision-making]

I always talk and I hope they tell me too, which is not to have stress. [...] We are always helping each other, always doing one thing for the other, regardless of not being my role [...] I do, I help. (E2) [Decision-making]

We had to learn together, because [...] we did not know. [...] We searched, we went in search, we studied to know [...] about the burned ones. (E6) [Decision-making]

In specific situations - such as in cases of interpersonal conflicts between the nursing team, which directly interfere with the continuity of care - some attitudes may be the best way to solve the stressors. Among them, the nurse's positioning was highlighted, which should be carried out in a participative, dialogical and flexible way among the team. This stimulated the sharing of the difficulties experienced, potentialities, proposing suggestions for the improvement of the work of the group and the resolution of adverse situations, examples of active coping strategies to avoid the occurrence of work stress⁽¹⁵⁾.

In addition, it is important to mention that both the social interaction between the members of the BTC team and the mutual support promoted a sense of unity and

understanding of the aspects that involve the care of the burned patient. In this way, respect, partnership, harmony and sharing of experiences are conditions that ensured a good coexistence between the members of the team and improved the quality of the service provided, and this occurred in a serene and satisfactory way for the professional and for the patients attended⁽²⁾.

The contact between the professionals and the inpatients and with the relatives and caregivers demanded the use of coping strategies directed to the decision making. Dialogue, encouragement and clarification were important coping mechanisms to overcome adverse situations, resulting from the daily coexistence with patients and caregivers.

The conversation calms down. If he (patient) has an anxiety crisis and I start talking, [...] he will breathe better and he will feel less pain. [...] there must be the support to show that he (patient) can, that he can. (E1) [Decision-making]

Calm down the family member in the first place. I try to talk a lot [...] to explain the situation as best as possible, giving them (family) security, until [...] they understand some of our work, understand our situation. (E6) [Decision-making]

We explain that the medication will bring some relieve, but it will not take one hundred percent of the pain [...] that's what happens. So there must to be a lot of talk. Only the medication will not solve it. (E1) [Decision-making]

It turns out they have a wrong picture of it (procedures like dressing). But it is inevitable, we have to do the best for the patient [...], we end up saying: it is better for him. So it is inevitable. (E7) [Positive revaluation]

If you see him (patient) with pity, he falls more. You cannot lift [the patient's self-esteem], pretend [...] that nothing has happened, [...] do things [...] as if he were ready to get up. (E5) [Decision-making]

At least pass and air it for them (patients), to say I'm here, for anything you need I'm here. (E3) [Decision-making]

The problem-focused coping strategies, that is, how to deal with inpatients and their families - such as dialogue, encouragement and enlightenment - have emerged as important aspects in avoiding and/or overcoming stressful circumstances. The conversation, the distraction attempts, the empathy, the education, expressing and transmitting information, as well as a loving and understandable communication during the day were important for maintaining

a healthy bond between those involved in the process of caring for and being cared for.

The communication between professionals, as well as those with patients and caregivers, should be flexible. The quality of the communication will depend on the degree of understanding of those involved⁽¹⁶⁾. In order for the interaction between the nursing team and the patient's family to occur, it is necessary for the professional to participate in the care, to provide information, counseling and support, since, in addition to the care, the nursing team must be enabled to identify the needs of the patients and their family⁽¹⁶⁾. It was noticed that such explanations and guidelines, besides facilitating the process of in hospital care, implied in teaching important procedures for the relatives and/or caregivers of the burned people, with a view to the de-hospitalization process and considering the real needs of each individual and of their family nucleus.

As it was noticed in the interviews, a great challenge for the nursing professionals who provided care to the burned patients is the accomplishment of the daily procedures, especially the corporal hygiene and the exchange of the dressings. These procedures cause discomfort and pain to hospitalized patients, generating distress and anguish for all the involved: professionals, patients and caregivers. In this sense, some coping attitudes focused on the problem cited by professionals were highlighted in order to minimize these stressors:

You do your best, (sometimes) you have to take the mother out of the room so she can pick up the child and you do the dressing alone. You know it's going to be much quieter, [...] because the adult gets too anxious. We end up going to the child and the mother passes the child to us. Everything gets mixed up! (E5) [Decision-making]

If you get scared and do not go there, do not act, do nothing, [...] there's no use in being here (BTC). Now, if you go and practice everything you know and still want and are always studying [...], you can do more for him (patient), [...] it's worth it. (E1) [Guidance/support]

We have a lot of talk at the moment. Let's suppose, depending on the size of the injury, one or two are at the injured, the other two are distracting the child, playing, making fun of the toys. (E4) [Decision-making]

Do the dressing as fast as possible, not to get rid of it, but for him not to feel so much pain and not be so long the period he will stay (hospitalized in the BTC). (E1) [Logical thinking]

We talk about other things to pretend that nothing happens. So it softens, the person (patient) also misses it if [...] we do not do it. (E5) [Logical thinking]

[...] It is very painful (patient), I will take it easy on the bandage and make the medication for pain [...], make the patient as comfortable as possible. (E8) [Decision-making]

Family members and caregivers are often not prepared to deal with the adversity of the burns and hospitalization, especially the children who have suffered injuries. Therefore, the information transmitted in a gradual manner was more effective than the accumulation of information passed on verbally in a single moment⁽¹⁶⁾. The empathy, dialogue and prioritization of the bond were attitudes adopted by the professionals that favored the involvement of the caregivers in the burn recovery process, and avoided stressful situations to the nursing team. These attitudes demonstrated the quality of the care provided.

Therefore, it was observed that coping strategies focused on the problem, especially during nursing procedures, were fundamental to minimize the occurrence of stressful events. Attitudes such as conducting difficult situations effectively, promoting dialogue and the patient's verbal distraction have alleviated stressful situations; however, its effectiveness as a coping strategy is still a challenge experienced daily by the nursing professionals. Therefore, in addition to the above mentioned coping strategies, nurses and nursing technicians need to be safe and capable to develop their care activities.

Therefore, when the situation experienced by professionals was evaluated as a situation that can be modified, coping focused on the problem was used. However, in situations evaluated as unstable, professionals used coping focused on the emotion⁽¹⁰⁾.

Coping focused on the emotion

Not always adopting strategies aimed at solving problems is a choice of nursing professionals. In some situations of conflict between the team and dissatisfaction with the work environment, there have been reports about the use of strategies to regulate the emotional state associated with stress. The resigned acceptance of undesirable situations as part of the work routine, emotional extravasation and evasive rationalization were identified in the following statements:

You cannot change the system [...]. Either follow the order or walk away, you cannot mold yourself. I wish we could make things better! [...] I'm doing my job. If there is no re-

cognition at all, at least when you have the recognition of the patient is wonderful. (E7) [Resigned acceptance]

[...] There are things that are out of reach and you cannot do anything else. So that's what you have to know to separate. [...] I arrive at home, I already change it, I try to stop thinking a little, because it's no use. On the other day, we'll have to be here (at work). (E1) [Resigned acceptance]

We relax, we take some [...] water, we breathe, right? And let's face it again. (E9) [Emotional overflow]

[...] I isolate myself. I do not like to be talking all the time [...]! I prefer to close myself and only talk when there really is a need to speak [...]. (E2) [Elusive rationalization]

[...] Trying to do my job in the best way possible, avoiding any kind of failure, not to generate conflicts with the other shifts. And try to walk away and not know what is happening so as not to be generating me stress. (E6) [Emotional overflow]

[...] You will not be able to get the person to move [...]. Many of them (patients) cannot. Then, you get annoyed, but you also have to work psychologically, [...] thinking that often you will not be able to control the situation. So there is a lot of reflection [...]. (E5) [Resigned acceptance]

From the previous reports, it was possible to verify that the coexistence with the co-workers and, especially, the conflicts between the professionals and the managers of the institution demanded an emotional control, since nurses and nursing technicians had to carry out their activities respecting the institutional norms. However, the rules do not always agree with the professional's self-perception of right or wrong. Nurses and nursing technicians ended up accepting the conditions imposed by the institution, seeking coping alternatives focused on the emotion, in order to guarantee their work stability. In this case, they sought to attenuate the emotional suffering experienced from the stressful event, with the awareness that it would not be possible to change the stress-generating situation⁽¹⁾.

In order to overcome the stress secondary to the care given to burned patients, the professionals sought compensatory alternatives, in addition to evasive rationalization. These coping strategies, focused on the emotion, had the objective of balancing the emotional state of the professionals in order to avoid their illness, seeking to overcome stress, according to the following reports:

We always listened to music at the time of the dressing, because it was good for us (nursing team) and for them (pa-

tients). They used to get distracted and so did we [...]. We talked to them, we listened to the songs, we stayed [...], doing the bandage slowly. (E10) [Compensatory alternatives]

Try to put myself a little in the person's shoes. If it happened to me, I'd like you to do that. I would like you to move me (change of position). Sometimes you understand the person. (E6) [Resigned acceptance]

I have to harmonize with him (patient), I have to accept everything he (patient) offers, everything he (patient) is asking for. And in the other (shift), he is the colleague's. (E8) [Resigned acceptance]

Do things with love, with desire, right? That works, because you lie down on the pillow in peace. Well... My part I did! (E9) [Compensatory alternatives]

I pray a lot, I pray that God will always enlighten me and help me do my best [...], that I never make mistakes with the patient [...]. I will not stand still and wait for God [...]. I do it, but help me. (E4) [Emotional overflow]

We need to have faith in something, we have to believe in something. Religion each one with his/her own [...]. But you have to have faith in God, to soften the suffering of that person, that can give comfort to them in that moment, that pain, that healing. (E8) [Emotional overflow]

So I try to take everything into play. I'm always joking, I'm always laughing, I'm always making up one thing or another. [...] Everyone happy, laughing. I think it's good because you cannot see the time. When you see it, it's time to go [...]. (E2) [Compensatory alternatives]

The emotional strategies were the result of defensive processes, through which the nursing team avoided the threat of stress⁽¹⁷⁾. There was a sense that care could be a source of pain and suffering or that it would not solve problems, especially emotional problems. Thus, the person's emotion would need to be modulated before the stressful situation, seeking to reduce the unpleasant sensation caused by the potential stressor⁽¹⁷⁾.

In the interviewees' speeches, as the main coping strategies focused on emotion, we observed actions aimed at the resigned acceptance, cognitive attempts to accept the problem, and emotional overflow, behavioral attempts to reduce the existing emotional tension. It is also worth mentioning that the responses corresponding to compensatory alternatives, behavioral attempts to undertake subs-

titutive activities and to create new sources of satisfaction, and evasive rationalization, cognitive attempts to avoid realistically thinking about the problem were less evident.

Comparing the frequency of coping reports focused on the problem to coping reports focused on the emotion, practitioners had difficulty delivering emotion-driven responses. Thus, the coexistence and daily dialogue, and for a long time, may lead team professionals to look predominantly at coping strategies focused on the problem and, less often, emotion-oriented coping strategies.

In agreement with these findings, a study that sought to identify the coping strategies of nursing professionals of an Intensive Care Center (ICU), in the face of stressful situations inherent to the profession, identified the difficulty of the professionals working in potentially stressful environments, such as the ICU, to use the emotion as a way to deal positively with daily difficulties⁽¹⁸⁾. Therefore, the smallest manifestation of coping strategies focused on emotion could be related to the difficult coexistence when activities are carried out in an environment where life and death situations are constant, considering also that brief and/or transient contact occurs⁽¹⁸⁾.

In the BTCs, the coexistence between professionals and patients was often prolonged, and altered according to the patient's clinical situation. Clinical instability and the possibility of death in the early hours, followed by the feelings of insecurity and fear generated by the physical, psychological and aesthetic sequels that emerged during the recovery process generated stressful situations. This, of course, produced among the team members not only the need for emotional protection but also the use of coping strategies focused on emotion, because of the many stressful situations and the difficulty of managing problems.

For this reason, institutional actions represent an important influence (positive or negative) in the search and selection of coping strategies among the nursing professionals. An example of this may be productivity and working conditions, since professionals tend to extrapolate their limits and increase their own suffering (stress), triggering negative physical and emotional responses with direct consequences on their state of health and functional performance⁽¹⁸⁾. However, in the institutions, a base of support for workers may also arise, by promoting actions that directly favor the execution of care – for example, availability of materials, adequate working environment and professional dimensioning –, as well as the development of coping strategies (or their learning), with the help of support groups directed by psychology professionals⁽¹⁸⁾.

It is important to remember that both coping strategies, based on problem and emotion, can be manifested

in a complementary way. Coping can be seen as a dynamic process. In this way, people may sometimes have a predominance of responses focused on the problem, and sometimes focused on the emotion. This occurs from the identification of the stressor and personal understanding, which ends up allowing the individual to determine the best strategy to mitigate the harmful situation presented at a given moment⁽¹⁹⁾.

The choice of the coping strategy is certainly influenced by the individual characteristics of each worker and his/her revaluation process, and it may be altered by more or less resolute strategies, depending on the response that was obtained after the attempt of a primary overcoming⁽¹⁴⁾. In addition, it has been observed that the coping processes can vary with the development of the person, due to the great modifications that are made in the life conditions, according to the experiences of the individuals. According to this view, not only aging should be taken into account, but also the significance of stressful events in the different moments of an individual's life.

■ FINAL CONSIDERATIONS

The study design allowed the identification of the coping strategies used by the nursing team working in the BTC. In general, the participants emphasized the use of coping strategies based on the problem, among which the answers based on positive decision-making and revaluation were more prominent. In addition, coping strategies based on emotions were directed mainly by strategies based on resigned acceptance and emotional overflow. Therefore, among the interviewed professionals, the objective and practical strategies, if compared with strategies that involved emotional responses, were more prominent.

The form employed by the professionals for the elaboration of the coping responses depended on the individual, collective and institutional context in which they were inserted. In the individual aspect, there would be influence of personal characteristics, among them, the emotional and socioeconomic ones; in the collective aspect, the ways of dealing with differences and moments of stress; in the institutional aspect, the support they received for the development of activities, for example, professional recognition and working conditions.

Thus, this study emphasized the need to disseminate such information in health and teaching institutions, contributing to the sensitization on the theme and to instrumentalizing professionals and students to employ coping attitudes in their daily work. It is important, in this sense, to disseminate the use of effective strategies regarding the

several stress situations in the work environment, in specialized units such as BTC, or other hospital units, in order to minimize the risk of illness of the nursing team and also to provide better conditions for the accomplishment of the labor activities.

Although this study did not identify whether the strategies become more or less intense over time, in general, the change in the coping strategies in relation to the factors that originate them and the actions directed to their learning would need to be evaluated from observational or interventional studies.

As a limitation, it was difficult to compare the data of the research with previous studies, due to the lack of publications on the subject. Therefore, it was realized that it is fundamental to carry out more research related to the occupational health with a focus on coping strategies employed by nursing professionals, since the results can be used to improve the well-being and the emotional balance in the work environment of these workers.

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Corresponding author:

Liliana Antoniolli

E-mail: l.antoniolli@hotmail.com

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