



Occupational stress and coping among nurses at a Brazilian Army hospital: a qualitative approach

*Estresse ocupacional e enfrentamento em enfermeiros de um hospital do
Exército Brasileiro: abordagem qualitativa*

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ABSTRACT

This study aimed to understand the occupational stressors perceived by military nurses and their ways of coping. A qualitative research was carried out at a Brazilian Army hospital. Data collection took place from August to October 2019 through an interview by using an electronic recorder. The data were analyzed in a descriptive way, and the hermeneutic-dialectical method was used as a reference based on Betty Neuman's systems theory. Based on the units of signification of the participants' discourses, three categories of analysis were identified: (1) Perceived occupational stressors; (2) Perception of nurses about the repercussions of their work environment in everyday life; and (3) Coping with occupational stressors. The military nurses' perception of occupational stress showed that this scenario consists of stressors typical of the profession, of what it is like to be a nurse and to be in the military. There may be several responses to coping with perceived stress.

Keywords: Occupational stress. Military nursing. Psychological adaptation. Military hospitals. Military health.

RESUMO

Este estudo buscou compreender os estressores ocupacionais percebidos por enfermeiras militares e os seus modos de enfrentamento. Pesquisa de abordagem qualitativa, realizada em um hospital do Exército Brasileiro. A coleta de dados ocorreu de agosto a outubro de 2019 por meio de entrevista com uso de gravador eletrônico. Os dados foram analisados de forma descritiva, e utilizou-se como referencial o Método Hermenêutico-Dialético com fundamentação na teoria dos sistemas de Betty Neuman. Com base nas unidades de significação dos discursos das participantes, foram identificadas três categorias de análise: (1) Estressores ocupacionais percebidos; (2) Percepção das enfermeiras sobre as repercussões do ambiente de trabalho na vida cotidiana; e (3) Enfrentamento dos estressores ocupacionais. A percepção das enfermeiras militares sobre o estresse ocupacional evidenciou que esse cenário é constituído de estressores típicos da profissão, do ser enfermeiro e do ser militar, podendo haver respostas diversas ao enfrentamento do estresse percebido.

Palavras-chave: Estresse ocupacional. Enfermagem militar. Adaptação psicológica. Hospitais militares. Saúde militar.

INTRODUCTION

With regard to the relationship between stress and work, it is possible to verify that nursing professionals are faced today with a universe in which demands are commonly made beyond their capabilities. This fact generates a constant state of occupational stress, which can



lead to the emergence of health problems, manifesting itself through physical symptoms that are attributed to physical overload and labor characteristics inherent to the service, in addition to professional dissatisfaction^{1,2}.

The specific nature of the nursing profession is carried out by stressors common to the work environment, such as physical and psychological abuse, exposure to death, personnel shortages, a high number of patients, exposure to infection, and conflicts with nursing managers. Thus, identifying and managing the factors that can cause occupational stress in these professionals are key actions to be taken³.

Regarding the context of military nursing work, a study conducted with nurses from the American army showed that these professionals have responsibilities to maintain not only their clinical competence, but also their soldier skills, such as those involving: activities with firearms, physical fitness, attributes related to leadership and responsibility inherent to the military career that can also be sources of stress⁴.

A cross-sectional study that evaluated the degree of stress in Indian military nurses found a higher risk of professional stress among young respondents, in the range of 20 to 30 years. The main stressors were: Absence of time for rest, feeling of devaluation for hard work and lack of time for oneself⁵.

The authors also stated that the work in military hospitals is differentiated when compared to civil institutions due to the peculiarity of the service developed. Sometimes there is a need for frequent displacements of professionals to other places, with an average stay of up to four years. Such prolonged distance from the family may lead to feelings of guilt, stress and anxiety.

One of the important measures to be taken by health institutions to improve working conditions and reduce nurses' labor stress is to examine occupational stress and its related factors⁶. Some studies have been conducted addressing occupational stress in civil nurses: in a Greek study, nurses' stress was measured as moderate level⁷, and a similar result was also found in another study conducted with Iranian nurses⁸.

In Sichuan Province, China, nurses from community areas had a high level of stress and psychological distress, which was related to individual characteristics and the work environment. The highest levels were in nurses with permanent employment contract and shiftwork, encouraging the development of continuing education programs and relief measures to reduce the stress of community nurses⁹.

In the Brazilian military context, after searching the main databases and repositories of the Brazilian Army, no studies addressing this topic were found.

When considering the prevalence of stress among nurses, its negative consequences and the absence of studies on occupational stress and related factors in Brazilian military nursing, concerns arise from the investigation of the occurrence of such a disease in this public. This must be carried out to minimize the damage and impacts of occupational stress on an individual, social, and organizational level. This study aimed to understand the occupational stressors perceived by military nurses and their ways of coping.

METHODOLOGY

STUDY DESIGN, POPULATION, AND LOCATION

The data were analyzed in a descriptive way, and the hermeneutic-dialectical method was used as a reference based on Betty Neuman's systems model. The choice of Betty Neuman's systems model was based on the assumption that the individual is constituted in an interrelated whole-and suffers influence of the environment where it is inserted, which can be explained by the concept of health system described by Neuman. This concept considers a health system as composed of parts and subparts organized in a stable whole (health, dynamic; and well-being), which is influenced by the effects of invasive stressors on the energy levels available in the system. According to this model, stressors and exchanges with the environment can generate positive or negative repercussions for both parties¹¹.

This is a qualitative study, in which the methodological steps were guided by the COREQ tool. This study was conducted at a Brazilian Army in Fortaleza, Ceará, which has 59 beds and serves about 26,000 Army health system users. This hospital provides several clinical and surgical specialties and other highly complex services for its users. It has a staff of military health professionals, who were admitted via a temporary or permanent selection process, as well as a staff of civil health professionals, who were admitted by a permanent selection process.

The nursing service of the institution consists of nine military nurses. One of them is a female nurse with experience in nursing management and another eight professionals who work in direct care to the patient, in addition to ten civilian nurses. Seven professionals, selected through an intentional non-probabilistic sample, participated in the study. The inclusion criteria were acting as a military nurse at the study site and having worked in this field for at least one

year. The exclusion criteria were: being either a civilian or a military nurse on leave due to health problems, vacation, or deployment in external military missions. At the time of collection, there was a nurse on maternity leave and another one on an external military mission, so they were not included in the sample. There were no refusals to participate in the research.

Data were collected from August to October 2019 by conducting individual interviews in single meetings. Sociodemographic data (age, sex, marital status and level of education) and data related to work were obtained (time of professional training, time of work as a nurse officer, type of link with the institution, workload, sector of work, work absences, and job satisfaction).

To understand the perceived occupational stressors and ways of coping by military nurses, a script was prepared with the following questions: “Do you notice stressful situations in the military work environment? If so, what situations are these? Do the situations experienced in your work environment influence your life activities and your daily life? If so, how? How have you been facing these situations?”

The objective of the study was explained, prior and individually, to the participants. The invitation to participate was made; and, after acceptance, the interviews were scheduled, being held in a room reserved in the service itself, respecting the working hours of each professional. The average duration was 40 minutes, with recording of the speech in digital media and transcription in full. It was not necessary to repeat any interviews, because the researcher understood all the reports collected.

The data were organized and analyzed based on the proposal of a qualitative interpretation method by Minayo¹⁰ or the hermeneutic-dialectical method. In this method, the speech of social actors is situated in its context to be better understood. This understanding has as its starting point the interior of speech. The steps used to analyze the subjects' speech were as follows: 1) Data ordering, in which a mapping of all the data obtained in the field work was made, such as rereading the material and organizing reports. 2) Classification of data, built on the basis of questions we ask about them based on theoretical basis. For this stage, Betty Neuman's systems theory was chosen. 3) Intensive and repeated reading of the texts to identify what was relevant and, therefore, to elaborate the specific categories of analysis. 4) Final analysis, in which we sought to establish links between the data and the theoretical framework of the research. Three thematic categories were elaborated, which were discussed in the light of systems theory.

ETHICAL ASPECTS

This study was conducted in accordance with national and international ethics guidelines and approved by the Research Ethics Committee of the Health Department of the State of Ceará -SESA/CE, under opinion number CAAE 18465219.5.0000.5051, attached to this submission. It observes the principles of Resolution No. 466/12 on research with human beings. The subjects who agreed to participate in the research signed the Informed Consent Form (ICF) in person. To ensure participant anonymity, they were identified by their official codenames followed by letters of the phonetic alphabet, which is adopted worldwide to communicate the military and civilians.

RESULTS

Seven women, aged between 31 and 39 years, participated in the study. Most were single and had no children. The predominant religion was Catholic. The level of education presented by the majority of participants was the graduate level at the master level, and the time of professional training varied from 6 to 15 years. The nurse officers' work time at the institution ranged from two to four years. All participants had a job as a temporary officer and fulfilled a weekly workload ranging from 54 to 74 hours. Most of them worked in the Medical and Surgical Clinic units and had no other employment relationship. They all worked on a day shift.

Regarding work leaves, most officers had none in the last year. When asked about the satisfaction with the number of professionals to meet the demands of nursing service, all participants stated that they were not satisfied. On the other hand, when asked about the level of satisfaction with the work itself, most reported being satisfied. From the analysis of the speeches from the guiding questions, the categories described below were developed.

PERCEIVED OCCUPATIONAL STRESSORS

Based on the participants' speeches when questioned about the perception of stressful situations in the military work environment, the following occupational stressors were found: accumulation of officers' functions, assistance care responsibilities, bureaucratic-administrative demands, compliance with deadlines and military missions to which they are entrusted.

In the Army, there are many administrative responsibilities to meet. Moreover, activity completion deadlines are short. As nurses, we have to carry out assistance care activities,

which are directly linked to patient care, and we also have to meet administrative demands. (Official Bravo).

Here, we do not perform in a single function: We have to divide ourselves between various activities, and the various military missions we receive are the main stressors. (Official Charlie).

The stressful situations of the military work environment are a source of concern and anxiety on the part of the participants, since they feel pressured to correspond in a timely manner to all the demands made in the workplace, a reason for the reported anxiety, as you can see in the following speech:

We receive numerous demands at work, and we must give a positive and timely response to all of them; this generates a lot of concern and anxiety. (Official Golf)

PERCEPTION OF NURSES ABOUT THE REPERCUSSIONS OF THE WORKING ENVIRONMENT IN EVERYDAY LIFE

When the participants were asked about the repercussion of the stressors experienced in the workplace in their daily lives, it was found that the majority stated that there was a negative repercussion of work in their life activities, such as changes and changes in their family routines, psychological conflicts, and changes in sleep patterns, leading to pictures of anxiety, as seen in the reports.

I leave work feeling stressed out and end up taking this stress home, which affects my family environment negatively. (Official Alpha)

It resonates, yes, because of the stress of everyday life, because I leave the hospital with many responsibilities, and this generates concern. (Official Bravo)

I try not to bring work problems to my home, but I have so many missions to accomplish that this resonates at home, even unintentionally. (Official Charlie)

I think everyday work has caused me anxiety; and over time, these anxiety levels have exerted influence on my body, especially in relation to sleep patterns. (Official Delta)

The workload ends up influencing mental health due to the stressors of the military environment, because they are very different from the civil world, where I came from: It seems that responsibilities are greater here. (Official Eco)

In the following report, different from the previous ones, we verified that the participant does not perceive a negative influence of the work environment in his daily life, and she attributes this fact to the coexistence and interpersonal relationships developed with the other professionals with whom he lives in the work environment, demonstrating that co-workers can potentiate or not the action of occupational stressors.

I don't find my work environment so stressful. I can't deny that I've been through very bad times in the Army, but I see that depending on the people we live with in the workplace, they can make work better and lighter. (Official Foxtrot)

COPING WITH OCCUPATIONAL STRESSORS

When asked about the ways of coping with perceived occupational stressors, different ways of dealing with this were observed. In most of the reports, physical activities, the occurrence of leisure moments, socializing with family and friends, dissociating from situations experienced in the occupational environment and outside of it are ways to ease the stress generated by the work and minimize anxiety. This can be verified in the following statements:

I try to deal with things by trying to understand that not everything that happens at work is within my power to solve. I try to protect myself in moments of leisure, try to have leisure and seek physical activity, because it greatly relieves the anxiety generated by the work. (Official Delta)

I try to separate work from home activities to have more quality of life outside work, especially with my family. I try not to absorb the suffering that patients go through, as well as the pressures of work and militarism itself. (Official Bravo)

I try to have a healthy lifestyle by taking care of my health and mind so that my body does not suffer. I try to socialize with friends and family to minimize work stress. (Official Eco)

I try not to bring work situations to my home. I try to solve everything at work. I think physical activity softens this overload. (Official Golf)

DISCUSSION

This study aimed to understand the occupational stressors perceived by military nurses and their ways of coping. Occupational stress can trigger physical and emotional changes; when it occurs in a prolonged and constant way, it can be harmful to the health of nursing professionals¹². This problem worsens when individuals become aware of their responsibilities and few possibilities of autonomy and control. In this study, this requires attention, since the participants perceive the repercussions of stress experienced in the work environment, seek to avoid the negative impact on their daily lives, but have little autonomy or control over the situation due to the characteristics of the military environment in which they are inserted.

The negative repercussions of work on the daily life of the study participants, especially for the family environment — generated by the accumulation of tasks, military missions or even by the peculiarities of the military profession, including the development of feelings of anxiety precipitated by labor overload — they corroborate the findings of a study by Sharma and collaborators (2018) in which 81 of the 100 nurses working in various oncology centers of the

Indian army reported not having time to rest. Of these, 62.96% suffered from stress to moderate degree, about 82.7% felt that they were not able to achieve great goals in life, and 71.6% reported that they felt inadequately valued for their commitment to work. The study concluded that the main occupational stressors perceived by nurses were critical, not feeling acknowledged for their hard work, and not having time for themselves.

All of these aspects combined with factors typical of the military culture, such as duties, values, hierarchy and discipline, can influence the behavior of the military and lead to labor diseases.

Thus, the work carried out by the military nurses involves a type of service that follows the same work principles of civil nurses and has peculiarities, such as handling military weapons and equipment. This requires specific training and continuous specialization, which, in turn, can further overwhelm workers and cause health damage¹³.

According to Neumann (1995), stressors may produce either positive or negative effects for both parties. Individuals interact with the environment by adjusting it on their own. Stressors can also be beneficial depending on the individual nature, degree and potential of each individual to transform stress into positive change¹¹. This adjustment was observed in the report of one of the participants, who did not perceive the work environment as stressful due to the good interpersonal relationships that it had.

Just as the relationships developed in the work environment can be beneficial in adjusting the effects of stressors, the relations of domination, subordination and power still present in the military work environment complicate everyday practice because of opposing, denial, and repression ideas. This may become a source of stress that strengthens the effects of perceived stressors¹⁴.

The stressors perceived by the participants were mainly related to the overload and accumulation of multiple functions, such as direct care to patients and administrative tasks, in addition to the charges and pressures suffered by their superiors in their daily work.

Betty Neuman (1995) mentions that stressors may be of intrapersonal, interpersonal, and extrapersonal nature. Intrapersonal stressors occur within the limits of the individual's system and relate to the internal environment. Interpersonal stressors occur outside the limits of the individual's system, but at a small distance. Extrapersonal stressors occur outside the limits of the system at a greater distance¹¹. Thus, it can be inferred that the stressors identified in the interviewees' discourses are interpersonal and extrapersonal in nature. Interpersonal relationships can be verified in the work relationships marked by pressures and high level of

requirement for the execution of activities, while the extrapersonal ones are characterized by the accumulation of tasks and responsibility for multiple functions, which affect outside the work environment.

Studies show that exhausting workloads, greater work demands and the responsibility for performing more than one function can be stress sources. Furthermore, they may generate demotivation for professionals due to the workload and their perception of being unable to perform all activities^{15,16}. This requires special attention regarding devising strategies to minimize impacts on these professionals.

The coping strategies used by nurses were diverse, but most sought leisure and physical activity as a way to relieve stress. The escape of stress-promoting situations requires the professional to develop coping techniques, creating defense and adaptation mechanisms, such as self-control and distance from both people and anxiogenic situations^{17,18}.

Coping corresponds to all cognitive and behavioral efforts, constantly changing, to control internal and external demands, which exceed or detract from the person's resource. Thus, coping modes can change over time, according to the stressor characteristics and the context requirements¹⁹.

According to Neuman (1995), individuals' stability is represented by the normal line of defense, which is a variation of responses to the environment. This means that there is a change in response over time as a result of coping with stressors. Individuals will become ill when more energy is needed than available and will remain in good condition when he or she has more energy than necessary¹¹.

The leisure activities reported by the participants constitute a mechanism of release of stress; they are a way for them to escape their routines and a strategy for them to shift their focus away from work. Strategies to tackle stress create a way of relieving tension through mechanisms that lead to an attempt to forget the stressors, such as taking time to organize thoughts, calming down, taking mental breaks, doing physical exercise, stretching, meditating (even praying), and socializing with co-workers²⁰.

A pilot feasibility study using a mindfulness-based stress reduction program through a mobile application was completed with a group of nurses in the Armed Forces²¹. It was verified that 75% of the participants showed improvement in the levels of exhaustion and stress, and there was 100% improvement in mindfulness. Mindfulness training may be a way to mitigate the effects of stress on nurses in the Armed Forces, as there seemed to be a relationship between mindfulness interventions and the reduction of burnout and stress components.

Normal responses to stress contribute to the adaptation of the body, but inadequate responses that failed to create a new state of balance will cause functional disorder and pathological signs in physical and mental health, all of which may lead to acute or chronic stress states²². Therefore, developing adequate responses and improving environmental conditions that act as sources of stress can play a significant role in coping with stress and reducing it.

Furthermore, making individuals aware of how they face their problems can lead them to seek multi-professional help and focus on changing how they tackle coping. This may lead to a healthier way of coping, with improved quality of life and greater health promotion²³.

A limitation of this study is the fact that it was carried out at a single military health institution, which hampers sweeping generalizations. Although this institution is the only one focused on health belonging to the Armed Forces in the city where it was carried out, it is believed that understanding the reality of other military health institutions could expand and enrich the findings.

Nurses play an important role in the health system and are considered members of stressful work as a profession because they take care of a stressful group composed of patients at health risk. In the case of nurses working in military health units, the various circumstances already mentioned may potentiate the stress inherent in the profession. Thus, understanding the stressors of the work environment and how a military nursing team of the Brazilian Army deals with them is fundamental for prudent measures to be taken to improve their working conditions.

It is believed that the findings of this study present an important overview on occupational stress in a population that is poorly studied. They may serve as a guideline to the Armed Forces, especially the Brazilian Army in order to devise strategies to prevent and cope with occupational diseases in military nurses. This study aims to foster institutional support, safety, and integration in work functions, as well as work satisfaction. This may lead to professional development and their free time management.

CONCLUSION

The perception that military nurses working in the Brazilian Army have regarding occupational stress showed that this scenario is constituted of stressors typical of the nursing profession and the “military being”. Each individual’s reaction to stress depends how each one of them view it, since the same stressor can cause different responses in different people. Their values, beliefs and protective factors will contribute to coping with stress.

The nurses' reflecting on occupational stressors and their health becomes paramount in order to avoid psychological and physical illness. This identification process is one of the main protective agents to adopt coping measures, making the daily life of professionals less exhausting and more productive.

Health institutions, in general, must rethink their performance to make changes in their work environment. Military ones, above all, must do this due to their specificities. Also, groups should be implemented to monitor their members and verbalize issues and reflect upon occurrences in order to take stress reduction measures.

It is also important to highlight the importance of health education actions to adopt individual coping strategies by professionals so that they learn to deal with stressors in a positive way, preventing illness. Health education acts as an instrument of great value for the approach of coping strategies against occupational stress through the problematization of the daily lives of nurses. Consequently, will be possible to build a critical reflection and awareness about the causes of illness. This explains the relevance of studies on mental health of military nursing workers.

It is expected that the stressors evidenced in the study serve as a basis to develop future research in which strategies are developed to generate healthier work environments for these professionals and improve their mental integrity.

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