

STRESSOR FACTORS AND STRESS COPING STRATEGIES OF BASIC HEALTH UNIT MANAGERS

Fatores estressores e estratégias de enfrentamento ao estresse de gestores das unidades básicas de saúde

Estresores y estrategias para enfrentar el estrés de los administradores de unidades básicas de salud

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ABSTRACT

Objective: To identify stressors and stress coping strategies in Basic Health Units of Natal, Rio Grande do Norte, Brazil managers. **Method:** This is a qualitative descriptive study. Data collection occurred through individual interviews. The data resulting from the interviews were transcribed and submitted to lexicographic textual analysis, with the aid of *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*. **Results:** The research participants reported as stressful in their management: difficulties with the process and working conditions. As mechanisms for coping with stress, they cited: hanging out with family members and using medications. **Conclusions:** It was observed that the stressors found in this research correspond to the accountability of users, the manager's work process and working conditions. As coping strategies, there was the search for health services and medications, as well as leisure.

Descriptors: Occupational stress; Health management; Occupational health.

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RESUMO

Objetivo: Identificar os fatores estressores e as estratégias de enfrentamento ao estresse nos gestores das Unidades Básicas de Saúde de Natal/RN. **Método:** Trata-se de um estudo de abordagem qualitativa, do tipo descritivo. A coleta de dados ocorreu por meio de entrevistas individuais. Os dados resultantes das entrevistas foram transcritos e submetidos à análise textual lexicográfica, com auxílio do software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*. **Resultados:** Os participantes da pesquisa relataram como estressante em sua gestão: dificuldades com o processo e condições de trabalho. Como mecanismos para o enfrentamento ao estresse, eles citaram: sair com familiares e o uso de medicações. **Considerações Finais:** Observou-se que os fatores estressores verificados nesta pesquisa correspondem: à responsabilização dos usuários, ao processo de trabalho do gestor e às condições de trabalho. Como estratégias de enfrentamento, verificou-se a busca por serviços de saúde e medicações, bem como o lazer.

Descritores: Estresse ocupacional; Gestão em saúde; Saúde do trabalhador.

RESUMEN

Objetivo: Identificar estresores y estrategias para enfrentar el estrés en los gerentes de las Unidades Básicas de Salud de Natal, Rio Grande do Norte, Brasil. **Método:** Estudio descriptivo cualitativo. La recolección de datos ocurrió a través de entrevistas individuales. Los datos resultantes de las entrevistas fueron transcritos y sometidos a análisis textual lexicográfico, con la ayuda de *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*. **Resultados:** Los participantes de la investigación informaron que eran estresantes en su gestión: dificultades con el proceso y las condiciones de trabajo. Como mecanismos para lidiar con el estrés, citaron: salir con miembros de la familia y usar medicamentos. **Conclusiones:** Los factores estresantes encontrados en esta investigación corresponden a la responsabilidad de los usuarios, el proceso de trabajo del gerente y las condiciones de trabajo. Como estrategias de afrontamiento, hubo la búsqueda de servicios de salud y medicamentos, así como de ocio.

Descritores: Estrés laboral; Gestión en salud; Salud laboral.

INTRODUCTION

Stress is a phenomenon present throughout society, affecting individuals in various social and economic conditions. It is defined as a homeostatic imbalance of the body, and generates a strain that can cause responses such as hypertension, diabetes, allergies, characterized as physical symptoms, as well as mental tiredness, memory loss and anxiety crisis, characterized as psychological symptoms.¹

It is understood as a result of cognitive assessment triggering an adaptive response. Sometimes, the wear of the adaptive system characterized by somatic manifestations occurs. This condition of illness resulting from adaptive overload is called distress.²

Stress can have different causes, among them are work environments that may generate occupational stress. This

is due to work-related factors, such as poor conditions, accountability to patients, concern to provide quality service in the face of scarcity of materials, resources and problems with infrastructure.³

Occupational stress is composed of values, behaviors and representations. Work in the health care sector can cause illness, since it is related to subjectivity, through the perception of its occurrence or even the individual's response to it.⁴

Health care institutions are complex organizations and therefore require a high level of competence from the team, especially with regard to health professionals and management, since health manager has responsibility for the quality of care, as he/she manages processes and controls the resources needed to carry out the activities.⁵

It has been verified that health professionals experience daily situations that lead to stress, as they are subjected to extended working hours, insufficient material and human resources, complex relationships with staff and patients, and these factors can lead to occupational stress.⁶

As a consequence, stress in the health environment can damage mental and physical health of the worker, as well as have direct consequences to their productivity, lead to absenteeism and poor quality of life, as well as have important organizational and quality of care consequences.⁶

Specifically, in Primary Health Care, there is the responsibility for coordinating health care networks, and it is part of the teams' work process to contemplate a set of actions of individual and collective nature, in order to promote health. Even with the strengthening of Primary Care (PH), management continues facing major challenges to ensure better access to services.⁷

Therefore, it is necessary to study occupational stress of health professionals, especially the managers of the Basic Healthcare Units, a public that is little studied. Understanding the attributions of these professionals in the primary care area is essential, since they deal daily with countless situations of conflict, challenges and concerns.

From this perspective, this study begins with the following questions: What are risk factors for occupational stress? What coping strategies are used for these situations?

Thus, the objective is to identify stressors and strategies to cope with stress used by managers of the Basic Health Units in Natal / Rio Grande do Norte.

METHOD

This is a qualitative descriptive study, conducted in the Basic Health Units (UBS) and Family Health Units (USF) in Natal / RN, Northeast Brazil. The UBS and FHU of this municipality are organized in five Health Districts: Southern District, Western District, Eastern District, Northern District I, Northern District II (Table 1).

Table 1 - Quantity of UBS/USF by District, Natal, RN, Brazil, 2019.

District	n	%
East	8	16,32
North I	11	22,45
North II	11	22,45
South	8	16,32
West	11	22,45
TOTAL	49	100,00

Source: <https://www.natal.rn.gov.br/sms/paginas/ctd-180.html> [Accessed Sept 13, 2019].

From this perspective, the following inclusion criteria were established: being a manager of the Health Unit for at least six months, a time considered appropriate for adaptation to the daily work routine, and professionals who were excluded from the service for any reason were excluded from the study.

Data collection took place from April to July 2018, through individual interviews. The research team previously made the appointment by telephone with the managers themselves. The interviews were conducted at the Health Unit itself, lasting an average of 30 minutes to an hour.

Two research instruments were used: 1) research subject characterization form, with sociodemographic and professional data collection; and 2) interview guide, consisting of three open questions: Do you find your work stressful? If so, what factors do you in your opinion make it stressful? What stress coping mechanisms do you use? The audio of the interviews was recorded, as authorized by the interviewed managers. All ethical aspects were respected in data collection and analysis, with each unit manager was identified by code.

For the sociodemographic data on the subjects we used simple descriptive statistics with absolute and relative frequency. The data resulting from the interviews were transcribed and submitted to lexicographic textual analysis, with the aid of the R interface for Multidimensional Analysis of Texts and Questionnaires (IRAMUTEQ). IRAMUTEQ is free software (free and open source) created by Pierre Ratinaud. It contributes to the processing of qualitative data, allowing different forms of statistical analysis of texts. It uses R software and Python language.⁸

For this purpose, the Descending Hierarchical Classification (CHD) was used, which allowed the identification of the frequency of each word and its connection with the others, in addition to assisting in the analysis of the textual body. Similitude Analysis was also used, which made it possible to verify the co-occurrences between the words and its result helps in the identification of the connections and the representation structure.

The research was submitted and approved by the Ethics and Research Committee (CEP) of the Federal University of Rio Grande do Norte, opinion n° 2.400.919, CAAE:

76797517.4.0000.5537. Participants received and signed the Informed Consent Form (FICF) and the Voice Recording Term for data collection.

RESULTS AND DISCUSSION

Forty-four managers from the 49 Units visited participated in the study: two were excluded because they had been in office for less than six months and three because it was not possible to schedule the interview after three attempts. Of these, 34 (77.3%) held the position of Director and 10 (22.7%) of Administrator. Regarding gender, 28 (63.6%) managers were female and 16 (36.4%) male. Respondents had an average age of 49.4 years (SD = 8.92), with a minimum of 30 and a maximum of 62 years. Regarding the education, eight (18.2%) managers had only the high school degree, 23 (52.3%) undergraduate degree and 13 (29.5%) specialization. In addition, 33 (75.0%) managers reported having management training.

Regarding the age of respondents, we found that to exercise the position of management it is important to have experience in the area, therefore the managers of the sample have the average age mentioned. We also observed that female respondents were a majority in this research. This is due to the rise of women in management field, which has fundamental characteristics to hold positions of responsibility.⁹

In terms of management training, we observed that most of the research subjects have higher education, but they are not graduated in courses focused on the area of management and / or hospital administration, an aspect that needs to be considered. In recent years, there has been a considerable increase in health management courses due to the need to improve knowledge to face the challenges experienced by managers. Thus, we understand the importance of training these professionals in specific management courses. Report shows that there are managers with only high school diploma, which can make it difficult to perform their work. Despite this, 33 managers reported having had management training.¹⁰

The corpus analysis from the interviews with managers showed 8,281 word occurrences, distributed in 1,510 forms, with an average occurrence of five words for each form – a criterion used as a cutoff point for the inclusion of elements in the dendrogram and in the analysis of similarity (twice the average frequency, therefore 10).

Through the Descending Hierarchical Classification (CHD), 180 text segments (TS) were analyzed, with retention of 75.63% of the corpus for the construction of the five Classes derived from the content partitions (Chart 2).

The corpus was named “Stressors and stress coping of the management professionals of the UBS of Natal”. In the CHD analysis, the corpus was divided into two sub-corpuses, on one side Classes 1, 2 and 5 and on the other Classes 3 and 4. In Table 1, we see the dendrogram showing the five Classes resulting from the divisions of the content.

Chart 1 - Descending Hierarchical Classification of the stressors and stress coping strategies of the management professionals of the UBS in Natal. Natal, RN, Brazil, 2019.

Stressors and stress coping strategies of the management professionals of the UBS in Natal														
Stress factors					Coping strategies									
Class 1 (19,4%) Factors related to patient responsibility		Class 2 (22,8%) Factors related to the managers work process		Class 5 (18,3%) Factors related to work conditions		Class 3 (14,4%) Medical treatment and medication		Class 4 (20%) Stress relief						
Words		Words		Words		Words		Words						
X ²	%	X ²	%	X ²	%	X ²	%	X ²	%					
Manage	22,17	61,11	Stressor	110,2	77,97	Solve	36,79	78,57	Assume	28,37	66,67	Mechanisms	43,94	62,5
People	21,44	45,0	Consider	80,96	81,4	Problem	31,21	66,67	Begin	24,23	100,0	Confronting	42,25	63,33
Patient	14,94	52,63	Factor	46,58	90,48	Direction	27,65	100,0	See	22,4	57,14	Use	32,36	66,67
Pass	14,61	63,64	Take	37,23	88,89	Stay	20,56	58,82	Medicine	18,07	100,0	Stress	7,49	40,0

Classes 1, 2 and 5 include 65.5% and integrate reflections on stressors, which make it difficult and most often prevent management work in Health Units. In contrast, Class 3 and 4, with 34, 4% of the analyzed corpus show the Stress Coping Strategies, which show that managers use methods to alleviate the physical and psychological symptoms caused by it.

In Class 1 (Factors related to patient accountability), the percentage obtained in the analysis formed by the TS was 19.4%, with more emphasis on the words “achieve”, “people” and “patient”, referring to the attention towards patients. In a more detailed analysis, this class presents causes that interfere with a quality administration regarding the provision of services to patients in primary care, which is also highlighted by the words “welcome”, “attend” and “population”, as can be seen in the statements of managers:

The factors that I find to be stressful are the high demand that we cannot always meet besides conflicts with people and shortages of services. (Manager 39)

And the population they want an answer, but often it is not up to us. I can cite as an example here, the situations that we are family health strategy have four teams and yet we only have one doctor. (Manager 40)

It is understood that the work of the Manager is to administer the entire Health Unit, monitor activities, guide, encourage interaction between professionals, ensure care, user demands, quality of structure and inputs, make management participative, when other professionals and patients can

contribute to good care, all in favor of integral and decisive care,¹¹ which may positively affect the reduction of stressors in this healthcare environment.

In this context, we highlight the responsibility of managers with patients, the reception, active and qualified listening to the population, with the scope of offering a quality service that can ensure a good service to the demand from all professionals. of Units.¹¹

To this end, it is recommended to include the Basic Attention (BA) Manager in order to improve and qualify the work process in the BHU, in particular by strengthening care provided by the team of professionals to the assigned patients, through their managerial-technical role.¹²

Thus, it appears that participatory management is an essential strategy in changing the reality of health services, since its purpose is the joint construction of actions, the democratization of decisions and the encouragement of teamwork. With it, fundamental practices are adopted, such as dialogue and recognition of existing differences in order to achieve improvements in work processes.¹³

It is clear that managers face obstacles that lead them to stress, and one of the primary factors concerns the accountability in reference to adversities that patients face. Problem solving is often not the responsibility of the manager, but the manager feels responsible and overburdened by it.¹³

In Class 2, (Factors related to the manager’s work process), the percentage obtained regarding the context of the words was 27.8%, with “stressful” and “consider” being the most frequent words.

By doing a thorough analysis of the data obtained and in a general context of this class, it was possible to identify the factors that contribute to managers' stress during their working day. The words "working conditions", "lack of inputs" and "requirements" stood out.

In this context, according to managers, both structural and work process aspects in the units lead them to stress, knowing that some of these agents are independent of local management for solutions, causing an overload that leads to stress and reflects in their health and quality of work life, as exemplified by managers:

I find my work stressful due to the lack of staff, lack of understanding of patients and staff. (Manager 2)

As a stressor comes lack of inputs, safety, worker health, feeling of helplessness, lack of teamwork, lack of working conditions, financial issues, recognition, increase, delays, lack of HR manpower. (Manager 5)

It is noted that managers go through daily conflicts that intensify the stress. Among the stressing factors are: high number of activities to be performed simultaneously, high degree of requirements, minimum amount of resources available to perform their work and limited time for rest. Thus, we conclude that the manager's work process directly interferes with the emergence of occupational stress.¹⁴

Moreover, we observed that the manager's work process entails falling ill due to stress, therefore a set of inputs is necessary for them to perform their work in the best possible way. However, as there is no provision of essential conditions to perform the actions, this fact leads to occupational stress.¹⁴

In Class 5, (Factors related to poor working conditions), the percentage obtained in the analysis was 18.3%, with emphasis on the words "solve" and "problem". It refers to the management and administration of the Unit, noting also that these words emphasize existing problems with solutions that do not depend on them, but rather on senior management. Pointing out "management", "situation", "resources" and "professional" as types of difficulties to manage the processes, health teams perform the duties that are the responsibility of a Health Manager, as highlighted in the statements:

Lack of resources to solve problems on a daily basis, sometimes a faucet breaks, and the service has to stop for lack of it and lack of resources for repair, lack of office supplies, all this makes us stressed. (Manager 4)

This distresses me so much, because there are things that I solve right away, but there are things that I can't handle, I can buy some gauze and solve today's problem. (Manager 19)

In the meantime, we highlight the complexity of BA, the level of health care that includes health promotion, protection and maintenance, disease prevention, diagnosis, treatment and rehabilitation. Thus, professionals must be qualified for the diversity of actions they are responsible for in BA, as they will perform a range of complex activities.¹⁵

According to the managers' report, however, working conditions in the management area at BA are precarious. Sometimes the professional needs resources to be able to solve important issues and needs to delay the solution because they do not have the necessary material. In BA, several problems occur, and the manager must know how to deal with them, but when they cannot reach resolution, they feel unable and get sick.¹⁵

In Class 3 (Coping with treatments and medications), the percentage of ST obtained was 14.4%, with the words "take" and "start" being highlighted. Thus, based on data analysis, it was possible to identify the use of drugs, remedies to cure or relieve the symptoms caused by stress, as a way to cope with stress.

After a thorough reading, stress coping is perceived in a symptomatic context, in which medications are used as a palliative for these symptoms. We note the words "medication", "anxiety" and "medicine" found in the statements:

I went to the doctor because I was very stressed, having headaches and unable to sleep and she gave a medication, but I only took one day, so I try to relax in other ways and also do not want to be dependent on medicine, she even got surprised because I went on without taking the medicine. (Manager 33)

I am now undergoing even treatment with psychologist, to relieve stress I take medication, I take fluoxetine to relieve my anxiety. (Manager 03)

In the study, we found that managers use medications for stress relief. That is, the manager reaches the maximum diagnosis and with specific treatment. Drug treatment for stress relief is considered as a last resort. It is worrying that coping happens this way, because this method causes more problems for the professional. It is important that other actions are taken to reduce occupational stress.¹⁶

In addition to the medication for stress management, the importance of prevention strategies in ensuring the quality of life at work is emphasized. For this, it is necessary to take effective measures that promote workers' health, valuing them and identifying their problems so that they can be solved, thereby avoiding and / or reducing stress levels.¹⁶

Class 4 (Stress Relief), obtained an ST percentage of 20%, highlighting the words "mechanisms" and "coping". The class includes elements of coping with stress in relation to individual and social activities performed by managers outside their work environment, exemplified by the words

By observing the parameters of the construction of the cooccurrence tree, we verified that the words “consider”, “stressful”, “people”, “thing” and “stress” organize the perception about stressors and the stress coping mechanisms of the managers of the UBS of Natal / RN, emphasizing the importance of stress factors (words related to the words consider, stressful, people, thing), the elements that involve structural, procedural and interpersonal relationship aspects.

It is evident that stressors outweigh the discourse on coping strategies (words linked to the word stress), which demonstrates that coping mechanisms among managers are still incipient.

Thus, the research participants report what they consider stressful in their management, present the difficulties with the process and working conditions, the lack of inputs, infrastructure and professionals for the care and responses to users, aspects included in Classes 1, 2 and 5.

And as a mechanism for coping with stress, they cite using means outside the workplace, such as hanging out with family, friends, going to the movies, beach and relaxation techniques, and some mention the use of medications, as described in the Classes 3 and 4 called Coping Strategies.

FINAL CONSIDERATIONS

We observed that the stressors identified in this research correspond to: the responsibility over the patients, the desire to offer a quality and resolute assistance; the work process of the manager that encourages his/her illness; and the working conditions due to the complexity of the activities performed at the BA.

Thus, it is essential that coping strategies to combat risk factors for occupational stress are available. The study identified the search for health services and medications to relieve stress, as well as leisure (going to the beach and the movies), relaxation techniques and family company as such strategies.

The limitations of the study were: limited availability of time for managers to conduct interviews and scarcity of articles on stress among health managers. Thus, the importance of studying the subject was revealed, especially in the area of health management, since there is little research on this subject.

Thus, this article can contribute significantly to the implementation of interventions aimed at minimizing occupational stress, aiming to strengthen organizational coping strategies and improve the training of managers working in BA.

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