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RESEARCH ARTICLE (ORIGINAL)

Suffering and coping strategies among nurses in a cardiac intensive care unit

Sofrimento e estratégias de coping em enfermeiros de uma unidade de cuidados intensivos cardíacos

Sufrimiento y estrategias de afrontamiento en el personal de enfermería de una unidad de cuidados intensivos cardíacos

Luísa Maria Raposo Pires [1]
https://orcid.org/0000-0002-3226-6239

Maria Cristina Quintas Antunes [2]
https://orcid.org/0000-0003-1678-0892

[1] Local Health Unit Trás-os-Montes and Alto Douro, Surgery, Vila Real, Portugal

[2] University of Trás-os-Montes and Alto Douro, School of Health, Vila Real, Portugal

Corresponding author
Luísa Maria Raposo Pires
E-mail: lpires.luisamaria@gmail.com

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Abstract
Background: Nurses' exposure to patient suffering and death can cause high levels of suffering, depending on the coping strategies used.
Objective: To analyze the association between suffering and sociodemographic and professional characteristics; to identify the most common coping strategies; and to analyze the association between suffering and coping strategies.
Methodology: Descriptive, correlational, and cross-sectional study with 26 nurses from an Cardiac Intensive Care Unit (CICU). The Caregiver Grief Scale and the Ways of Coping Questionnaire were used to assess suffering and coping strategies, respectively.
Results: No association was found between suffering and sociodemographic and professional characteristics. The most common coping strategies were problem-focused (self-controlling, seeking social support). A positive correlation (r = 0.56) was found between suffering and the Distancing coping strategy ($p \leq .01$).
Conclusion: All CICU nurses experienced suffering, regardless of sociodemographic and professional variables. Using the Distancing coping strategy may increase the level of suffering.

Keywords: psychological distress; coping strategies; nurses; intensive care

Resumo
Enquadramento: A exposição dos enfermeiros ao sofrimento e morte dos doentes pode desencadear níveis elevados de sofrimento, dependendo das estratégias de *coping* utilizadas.
Objetivos: Analisar a relação entre o sofrimento e as características sociodemográficas e profissionais; identificar as estratégias de coping mais utilizadas; analisar a relação entre o sofrimento e as estratégias de *coping*.
Metodologia: Estudo descritivo, correlacional e transversal. Participaram 26 enfermeiros de uma Unidade Cuidados Intensivos Cardíacos (UCIC). Foi utilizada a *Caregiver Grief Scale* para avaliar o sofrimento e o *Ways of Coping Questionnaire* para avaliar as estratégias de *coping*.
Resultados: Não se verifica relação entre o sofrimento e as características sociodemográficas e profissionais. As estratégias de *coping* mais utilizadas são as centradas no problema (autocontrolo, procura de suporte social). Constata-se uma correlação positiva (r = 0,56) entre o sofrimento e a estratégia de *coping* distanciamento ($p \leq 0,01$).
Conclusão: O sofrimento é transversal a todos os enfermeiros de uma UCIC, independentemente das variáveis sociodemográficas e profissionais. Utilizando como estratégia de *coping* o distanciamento, o sofrimento pode ser maior.

Palavras-chave: sofrimento psicológico; estratégias de enfrentamento; enfermeiros; cuidados intensivos

Resumen
Marco contextual: La exposición de los enfermeros al sufrimiento y la muerte de los pacientes puede desencadenar altos niveles de angustia, en función de las estrategias de afrontamiento utilizadas.
Objetivos: Analizar la relación entre el sufrimiento y las características sociodemográficas y profesionales; identificar las estrategias de afrontamiento más utilizadas; analizar la relación entre el sufrimiento y las estrategias de afrontamiento.
Metodología: Estudio descriptivo, correlacional y transversal. Participaron 26 enfermeros de una Unidad de Cuidados Intensivos Cardíacos (UCIC). Se utilizó la *Caregiver Grief Scale* para evaluar el sufrimiento y el *Ways of Coping Questionnaire* para evaluar las estrategias de afrontamiento.
Resultados: No hubo relación entre el sufrimiento y las características sociodemográficas o profesionales. Las estrategias de afrontamiento más utilizadas están centradas en el problema (autocontrol, búsqueda de apoyo social). Existe una correlación positiva (r = 0,56) entre el sufrimiento y la estrategia de afrontamiento distanciamiento ($p \leq 0,01$).
Conclusión: El sufrimiento es transversal a todos los enfermeros de una UCIC, independientemente de las variables sociodemográficas y profesionales. Al utilizar el distanciamiento como estrategia de afrontamiento, el sufrimiento puede ser mayor.

Palabras clave: sufrimiento psicológico; estrategias de afrontamiento; enfermeros; cuidados intensivos

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Introduction

Given the nature of nursing care and the close relationship between nurses and their patients/families, nurses are exposed to the suffering of their patients in their daily practice. Although nurses also experience suffering, this feeling is not always acknowledged by patients (Pires et al., 2020). The suffering and pain experienced while caring for critically ill patients can interfere with the quality of care. The performance of technical procedures and the emotional investment in the patient's recovery create the conditions for nurses to suffer from their patient's pain or loss. The suffering experienced during the provision of care involves the nurse-patient-family therapeutic relationship, which changes according to the patient's clinical evolution and the health professional's coping skills (Coelho et al., 2018). Nurses use different coping strategies to overcome stress, which may or may not be effective (Antoniolli et al., 2018) and depend on their individual, collective, and institutional contexts (Mota et al., 2021). At the individual level, they are influenced by personal characteristics, such as emotional and socio-economic characteristics; at the collective level, by the ways of dealing with differences and moments of stress; at the institutional level, by the support they receive to carry out their activities, such as professional recognition and working conditions (Antoniolli et al., 2018). Most studies on nurses' suffering point to the need to implement strategies for them to cope with professional distress and manage their emotions. Therefore, studies should be conducted to generate more knowledge to better understand this phenomenon among nurses and identify strategies to prevent suffering and mitigate its impact on the lives of these professionals (Antoniolli et al., 2018; Pires et al., 2020). This study aims to analyze the association between nurses' suffering and their sociodemographic and professional characteristics, identify the most common coping strategies used by nurses, and analyze the association between nurses' suffering and their coping strategies.

Background

The great challenge for nurses is to achieve excellence in the art of caring. This implies an interaction between nurses and patients/families that consists of caring for them physically and emotionally and making a commitment to support and promote their well-being and recovery, which ends only with the patient's death or discharge (Coelho & Ferreira, 2015). According to Encarnação et al. (2015), alleviating suffering is the essence of nursing care, particularly in situations of acute illness or imminent death. Coelho et al. (2018) point out that grief is an involuntary reaction to a physical or symbolic loss, associated with somatic, cognitive, and behavioral emotions or reactions. As a biopsychosocial and spiritual phenomenon, suffering is individual, but strongly influenced by sociocultural factors and is present in all contexts related to illness, with an impact on patients, families, and health professionals (Pires et al., 2020; Poças, 2019). Nursing is a stressful profession. Nurses work at a very intense pace and are required to interact with patients experiencing pain and suffering on a daily basis, as well as with other professionals and institutions, and carry out the planned tasks with initiative, timeliness, and safety (Pires et al., 2020; Silva et al., 2019). The quality of this relationship may be compromised due to the overload and stress and interfere with the quality of care (Schaefer et al., 2018). Intensive care units (ICUs) are complex and highly specialized units for the provision of care to critically ill patients. The specific environmental conditions and the continuous workload can lead to emotional exhaustion and increased risk of suffering. Suffering increases when the patient in the nurse's care unexpectedly deteriorates or dies. It is also associated with the fact that nurses cannot express their feelings in their professional settings, which can cause a psychological imbalance (Meller et al., 2018; Rocha et al., 2022).

Folkman and Lazarus (1988) define coping as the set of "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 2). According to Pais-Ribeiro and Santos (2001), process-oriented coping involves changes and dynamics based on continuous evaluations and re-evaluations of the relationship between the person and the environment. Coping is contextual and can change over time as it is influenced by the individual's assessment of the demands of the situation (Melo et al., 2016). The strategies used cannot be considered good or bad, but rather efforts to respond to the demands that the individual is exposed to, which can have good or bad outcomes (Melo et al., 2016). Folkman and Lazarus (1988) identified two main types of coping based on their functional approach: problem-focused coping and emotion-focused coping. Problem-focused coping consists of efforts to manage or change the disturbing relationship between the individual and the environment that is the source of stress. Emotion-focused coping consists of efforts to regulate stressful emotions. Nurses use coping strategies to minimize sources of stress and distress in the workplace. The choice between problem-focused and emotion-focused strategies is influenced by the source of suffering, the circumstances, the moment, and the confrontation experiences, that is, how an individual copes is influenced by personal differences (Macedo et al., 2019; Mota et al., 2021). Therefore, it is relevant to identify and recognize the sources of suffering in the workplace and the coping strategies used by professionals (Silva et al., 2019). It can help them to choose and develop more effective strategies, as well as to rethink their work processes with the aim of minimizing suffering and, consequently, making their daily lives, the lives of the team and the organization more productive and less stressful, thus improving the quality of care for patients and families (Caram et al., 2022; Kleinubing et al., 2013; Silva et al., 2020). Studies differ on the predominance of strategies used because people may respond differently and choose more or less resolving

strategies when faced with the same situation, as there is no such thing as right or wrong coping, but rather effective or ineffective coping (Silva et al., 2020).

Research questions

What is the association between Cardiac Intensive Care Unit (CICU) nurses' suffering and their sociodemographic and professional characteristics?; What are the most common coping strategies used by CICU nurses?; What is the association between CICU nurses' suffering and their coping strategies?

Methodology

This was a descriptive, correlational, and cross-sectional study. The population consisted of the nurses working in the CICU of a hospital center in the northern region of Portugal (CHRNP; $N = 27$ nurses). Inclusion criteria were nurses who voluntarily agreed to participate in the study. The exclusion criteria were not answering at least 80% of the data collection instrument, having a management role, and having worked in the CICU for less than six months. A total of 26 nurses participated in this study, as one nurse was excluded because he had a management role on the unit. The questionnaires were given in an open envelope to the manager nurse, who distributed them to the nurses on the unit. Upon completion, they sealed the envelope and placed it in a ballot box in a designated location. Participants signed the informed consent form when the questionnaire was handed out and completed it at the time they felt most comfortable. The researcher was not present during data collection and had no contact with the participants. The questionnaire was divided into three parts: socio-demographic (gender, age, marital status) and professional (education level, shift work, specialty, and area of expertise) characterization of the sample and two scales. The Caregiver Grief Scale (CGS) was used to assess nurses' suffering. The scale was adapted and validated for hospital care by Poças et al. (in press), with a single-factor model (Grief). It includes the 11 items of the original version by Meichsner et al. (2016) rated on a 5-point Likert scale ranging from 1 - *Strongly disagree* to 5 - *Strongly agree* (Meichsner et al., 2016). The minimum score is 11 points and the maximum 55 points. The higher the score, the greater the suffering (Pires et al., 2020; Poças et al., in press). The Ways of Coping Questionnaire (WCQ), validated for the Portuguese population by Pais-Ribeiro and Santos (2001), was used to assess coping strategies. The WCQ consists of 48 items divided into eight subscales or dimensions: "i) Confrontive - describes aggressive efforts to alter the situation and suggests a degree of hostility and risk taking; ii) Distancing - describes cognitive efforts to detach oneself and minimize the situation; iii) Self-controlling - describes efforts to regulate one's own feelings and actions; iv) Seeking social support - describes efforts to seek informational support, tangible support, and emotional support; v) Accepting responsibility - acknowledges one's own role in the problem with a concomitant theme of trying to put things right; vi) Escape-Avoidance - describes the desired cognitive and behavioral efforts to escape or avoid the problem; vii) Planful problem-solving - describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solve the problem; viii) Positive reappraisal - describes efforts to create positive meaning by focusing on personal growth and has a religious tone" (Pais-Ribeiro & Santos, 2001, p. 493). These subscales are grouped into two main types of coping: Problem-focused (Confrontive, Self-controlling, Accepting responsibility, Seeking social support, and Planful problem-solving) and Emotion-focused (Distancing, Escape-Avoidance, and Positive reappraisal; Pais-Ribeiro & Santos, 2001). Participants rated how frequently they used each strategy in specific stressful situations on a 4-point scale (0 – *Not used*; 1 - *Used somewhat*; 2 - *Used quite a bit*; 3 - *Used a great deal*). The scores are calculated by summing the item ratings for each dimension. Data were collected between October 25 and November 7, 2021. Data were processed using IBM® SPSS® software, version 27.0. Absolute and relative frequencies were calculated for all variables, as well as the mean and standard deviation for the numerical variables (years of experience and years of experience in the CICU). The internal consistency of the dimensions was calculated using Cronbach's alpha. The variables showed a normal distribution according to the Shapiro-Wilk test (Table 1), which allowed the use of parametric tests such as Student's *t*-test to compare means between independent samples and Pearson's *r* correlation test to correlate the variables. This study received a favorable opinion from the institution's Health Ethics Committee (CES R. 3818 of 24/09/2021, approved on 14/10/2021) and authorization from the authors of the scales. This study complied with the fundamental rights set out in the Declaration of Helsinki.

Results

The majority of participants were women (65.4%), similar to the reality of the nursing profession. In terms of age, 50% were aged 50-59 years and 19.2% were aged 30-39 years. With regard to marital status, 92.3% were married or living in a de facto union. In terms of educational and professional qualifications, 73.1% had a bachelor's degree, 26.9% had a master's degree, and 65.4% had no nursing specialty. Of those who had a nursing specialty, 23.1% were specialists in medical-surgical nursing, of whom 15.4% were specialized in the area of critically ill patients. Concerning shift work, 84.6% worked in shifts. The mean number of years of experience was 23.96 (± 11.69) and the mean number of years in the CICU was 12.54 (± 9.18). These nurses' level of suffering ranged from a minimum of 16 to a maximum of 39, with a mean value of 29.85 (± 5.64). The coping strategies most frequently used by CICU nurses were problem-focused strategies, with a mean of 62.23 (± 8.96), while emotion-focused strategies had a mean of 51.52 (± 8.80; Table 1).

Table 1

Descriptive analysis of suffering, coping strategies, Cronbach's alpha values and the Shapiro-Wilk test

				Shapiro-Wilk Test	
	Mean	Standard deviation	Cronbach's alpha	Statistics (*df*)	*p*
Suffering	29.85	5.64	0.78	0.93 (26)	.08
Problem-focused coping	62.23	8.96	---	0.98 (26)	.76
Emotion-focused coping	51.52	8.80	---	0.99 (26)	.99
Confrontive coping	13.38	2.62	0.68	0.96 (26)	.40
Distancing	11.00	2.48	0.68	0.97 (26)	.53
Self-controlling	16.73	2.91	0.57	0.95 (26)	.24
Seeking social support	17.58	3.55	0.72	0.97 (26)	.59
Accepting responsibility	8.35	1.85	0.57	0.96 (26)	.32
Escape-Avoidance	11.38	2.45	0.54	0.95 (26)	.25
Planful problem-solving	16.15	2.78	0.67	0.96 (26)	.38
Positive reappraisal	16.77	3.92	0.81	0.98 (26)	.77

Note. df = degrees of freedom; p = p-value.

No statistically significant differences were found in the association between suffering and gender, education level, shift work, and nursing specialty using the Student's *t*-test. No significant association was found between nurses' suffering and their age using Pearson's *r* correlation test. A positive and statistically significant correlation was found between suffering and the Distancing coping strategy ($r = 0.56$; $p \leq .00$; Table 2), which is an emotion-focused coping strategy.

Table 2

Correlation between suffering and the coping strategies

		Suffering
Confrontive coping	Pearson's correlation	-0.10
	p	0.62
Distancing	Pearson's correlation	0.56**
	p	0.00
Self-controlling	Pearson's correlation	0.13
	p	0.53
Seeking social support	Pearson's correlation	0.01
	p	0.95
Accepting responsibility	Pearson's correlation	0.06
	p	0.98
Escape-Avoidance	Pearson's correlation	0.37
	p	0.06
Planful problem-solving	Pearson's correlation	-0.00
	p	0.99
Positive reappraisal	Pearson's correlation	0.05
	p	0.83

Note. p = Pearson's correlation.
**$p \leq 0.005$.

Discussion

This study aimed to analyze the association between nurses' suffering and their coping strategies in a CICU. This topic is relevant due to the lack of research in this area, both nationally and internationally. The increasing complexity of care and the technological resources available, when considered alongside nurses' commitment to providing safe, quality care without neglecting its humanization, present a significant challenge for nurses. The majority of studies on suffering identified in the literature have been conducted in hospital settings, particularly in ICUs (Mota et al., 2021) and in urgent/emergency care (Silva et al., 2019). Suffering is expected to be higher in these settings given that care is mostly provided to critically ill patients in severe pain. Schaefer et al. (2018) found that nurses working in these settings showed greater suffering than those working in primary health care (PHC). Pires et al. (2020) dispute these findings, suggesting that PHC nurses who have never experienced urgent or emergency situations and have never cared for patients in suffering exhibit higher mean levels of suffering. This can be explained by the fact that they have not developed strategies to cope with suffering. Mota et al. (2021) highlight nurses' difficulties in coping with the suffering, death, and families of critically ill on a daily basis, noting that these sensitive topics are rarely covered in academic training. They also point out that nurses' lack of preparation for dealing with patients' suffering and death results in feelings of significant stress and, consequently, suffering. The literature indicates that cultural differences can influence the way suffering is experienced and highlights the importance of considering these specificities when identifying sources of suffering and developing coping strategies. The findings of this study indicate that these professionals exhibit an intermediate level of suffering. This statement is the result of a qualitative analysis of the data because the CGS does not allow for the calculation of quartiles or cut-off points. The scale simply indicates that higher scores suggest greater levels of suffering. These results are corroborated by Mota et al. (2021), who found that ICU nurses experience an average level of suffering. It should be noted that the fear of being perceived as fragile and unable to cope with the demands of the workplace can lead professionals to remain silent, resulting in the acceptance of this suffering as part of the work routine. Over time, this can result in the professional becoming ill and compromising nursing care (Meller et al., 2018; Rocha et al., 2022). The coping strategies most frequently used by the nurses in this sample are problem-focused, which was also found in the studies conducted by Kleinubing et al. (2013) and Antoniolli et al. (2018). These results show that these nurses do not respond defensively to a source of stress, but rather adopt more effective coping strategies. This suggests that problem-focused, problem-solving strategies facilitate the efforts to cope with stressful situations in the workplace, thereby reducing the potential for suffering due to the efficacy of coping (Kleinubing et al., 2013). These authors state that an effective coping strategy will enable the individual to solve the problem or mitigate the emotional impact of the situation, thereby overcoming the source of stress. If the strategies prove ineffective, the process continues, ultimately leading to a reevaluation of the stressor (Kleinubing et al., 2013). As stated by Caram et al. (2022), nurses experiencing suffering may exhibit frustration, anguish, insecurity, and a sense of loss of autonomy. These emotions can lead to a disruption in their sense of identity and a loss of meaning, which may ultimately result in the decision to leave the profession. These authors report that professionals should acknowledge the existence of suffering to outline coping strategies, whether individual or collective. No statistically significant correlation was found between suffering and coping strategies. However, the analysis between suffering and the dimensions of the coping strategies in isolation, that is, at a second level, revealed a statistically significant and positive association between suffering and the Distancing coping strategy, which is an emotion-focused coping strategy. A correlation does not indicate the direction of causality. Although the suffering caused by the patient's situation can lead nurses to distance themselves, greater distance may cause greater suffering. Emotion-focused strategies are passive strategies and may not be very effective. Muller et al. (2021) state that these strategies lead to problem denial, emotion suppression, and self-neglect. However, they can have positive aspects if, after distancing, the individual manages to make a positive reappraisal of the situation (a cognitive mechanism for accepting reality), resizing the stressor to reduce emotional burden and creating positive meanings by focusing on personal growth (Pais-Ribeiro & Santos, 2001). Although not directly aimed at solving the problem, this strategy precedes action and facilitates emotional balance (Silva et al., 2020) that is so necessary for effective emotional management. Nurses who use the self-controlling coping strategy are less likely to report suffering than nurses who use emotion-focused strategies, such as Distancing coping, because they make efforts to regulate their own feelings and emotions (Meller et.al., 2018). Caring for critically ill patients is through to cause suffering due to the need to perform complex procedures quickly and safely using advanced technology in adverse situations with critically ill and potentially unstable patients at risk of organ failure (Kleinubing et al., 2013). It is important to identify and recognize the sources of suffering frequently experienced in the workplace (Silva et al., 2019), as well as the coping strategies used. This could help them to redesign their work process and develop more effective strategies to cope with suffering, promoting personal growth and less stressful work environments, which will improve the professionals' well-being and, consequently, the quality and safety of care (Mota et al., 2021; Rocha et al., 2022; Muller et al., 2021; Silva et al., 2020). The literature is consistent in suggesting the development of prevention and coping strategies in the workplace, as well as the creation of sharing, reflective, and humanistic spaces in health care institutions to promote a safe and participatory environment to ask questions, reflect, and analyze

ethical situations in everyday life. These spaces should promote dialogue, the sharing of experiences and knowledge, the expression of feelings and emotions, the advancement of knowledge, respect, and the collaboration of the multidisciplinary team, enabling emotional balance, professional and personal satisfaction, and, consequently, greater productivity and the maximization of resources (Caram et al., 2022; Coelho et al., 2018; Mota et al., 2021; Muller et al., 2021; Pires et al., 2020). Meller et al. (2018) mention that informal support from colleagues is essential to alleviate nurses' suffering in the workplace. Caram et al. (2022) emphasize the importance of developing the capacity to listen to each other's feelings and "promote mutual accountability for decisions made in the workplace" (p. 9). Consequently, nurses will feel welcomed and be able to develop individual or collective strategies focused on self-care and personal empowerment as means of coping with suffering. Suffering can contribute to the high levels of emotional exhaustion among nurses, with an impact on job satisfaction, job performance, and high levels of burnout. For this reason, health care institutions should implement measures and strategies to reduce the impact of this phenomenon on the health and well-being of these professionals and, consequently, improve the quality of care (Mota et al., 2021; Pires et al., 2020; Poças, 2019; Rocha et al., 2022). Muller et al. (2021) state that "for organizations to be able to develop and strengthen effective coping strategies, interventions focused on the individual, the person's relationship with work and the organization are necessary to promote the professionals' health and well-being" (p. 1602). These measures should be integrated into the institution's quality management policy. This study has limitations. It was only conducted in only one CICU of a CHRNP, so the results cannot be generalized. The correlational nature of this study does not allow for causal conclusions, so studies with methodological plans should be developed to understand whether coping strategies influence nurses' suffering. Given the relevance of this topic, studies should be extended to other regions of Portugal and to other health professionals to better understand the suffering and the coping strategies used by different groups of health professionals.

Conclusion

The sampled nurses had an intermediate level of suffering, regardless of sociodemographic and professional variables. The use of problem-focused coping strategies may lead to lower levels of suffering. The Distancing coping strategy is associated with higher levels of suffering. Health care institutions, particularly hospitals, should be aware of the level of suffering of their professionals. Based on these findings, the level of suffering and the coping strategies used should be regularly assessed with a view to implementing strategies that will mitigate or reduce suffering and strengthen the coping strategies used. If the strategies are ineffective, psychological intervention is suggested to regulate emotions and coping strategies. This topic could encourage the development of further studies to identify other sources of suffering among nurses in order to promote the development of intervention programs to alleviate suffering and train skills to cope with these feelings.

Author contributions

Conceptualization, investigation, and project administration: Pires, L.
Methodology and data curation: Pires, L., Antunes, C.
Writing - original draft: Pires, L.
Writing - review and editing: Pires, L., Antunes, C.

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