



NURSING STRATEGIES FOR COPING WITH THE CARE OF A POTENTIAL ORGAN DONOR

*ESTRATÉGIAS DE ENFRENTAMENTO DA ENFERMAGEM NO CUIDADO AO POTENCIAL DOADOR DE ÓRGÃOS**

ESTRATEGIAS DE ENFRENTAMIENTO DE ENFERMERÍA EN LA ATENCIÓN AL POTENCIAL DONANTE DE ÓRGANOS

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This work aimed to understand strategies that the nursing staff from an Intensive Care Unit applies to situations involving the care of a person with brain death as a potential donor. The study was conducted through qualitative, descriptive and exploratory research, carried out by 14 members of the nursing staff who work with the potential organ donor. Data were collected through semi-structured interviews, and a thematic context analysis was applied. The strategies of coping focused on emotion were: escape from reality, and reframe the event. And the strategies focused on the problem were: provide competent care, and search for other support. It is concluded that caring for a person with brain death is constituted as a very stressful event to the nursing professionals. These professionals need institutional support to better cope with these situations, because depending on how they manage their task, it may directly influence the assistance provided to patients.

Descriptors: Nursing; Nursing Team; Stress Psychological; Brain Death.

Objetivou-se conhecer estratégias de enfrentamento que a equipe de enfermagem de uma Unidade de Terapia Intensiva utiliza frente às situações vivenciadas, ao cuidar de uma pessoa com morte encefálica como potencial doadora. Pesquisa qualitativa, exploratória e descritiva, realizada com 14 integrantes da equipe de enfermagem que atuam com o potencial doador de órgãos. Os dados foram coletados através de entrevistas semiestruturadas e utilizou-se a análise de conteúdo temático. As estratégias de enfrentamento utilizadas pela equipe focadas na emoção foram: fugir da realidade e ressignificar o evento. E as estratégias focadas no problema foram: realizar o cuidado de forma competente e buscar outros apoios. Conclui-se que cuidar de uma pessoa com morte encefálica caracteriza-se como um evento muito estressante aos profissionais de enfermagem. Estes necessitam de apoio institucional para enfrentar melhor estas situações, pois dependendo da forma como enfrentam, poderá influenciar diretamente na assistência prestada ao paciente.

Descritores: Enfermagem; Equipe de Enfermagem; Estresse Psicológico; Morte Encefálica.

El objetivo fue conocer estrategias de enfrentamiento que el equipo de enfermería de una Unidad de Cuidados Intensivos utiliza en situaciones vividas en la atención a la persona con muerte encefálica como potencial donante. Investigación cualitativa, exploratoria descriptiva, realizada con 14 miembros del equipo de enfermería que trabajaban con potencial donante de órganos. Los datos fueron recolectados a través de entrevistas semiestruturadas, fue aplicado análisis de contenido temático. Las estrategias de enfrentamiento centradas en la emoción fueron: escapar de la realidad y replantear el evento. Las estrategias centradas en el problema fueron: proporcionar la atención de manera competente y buscar otros apoyos. La atención a la persona con muerte encefálica se constituye evento muy estresante para los profesionales de enfermería. Éstos necesitan de apoyo institucional para enfrentar mejor estas situaciones, ya que dependiendo de cómo las enfrentan, será capaz de influir directamente en la asistencia prestada al paciente.

Descritores: Enfermería; Grupo de Enfermería; Estrés Psicológico; Muerte Encefálica.

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INTRODUCTION

The advancement on scientific researches has provided innovation in the treatment of many kinds of pathology and consequently prolonged the life of thousands of people. One kind of such advancement is the transplant of vital organs. The process of reception and donation of organs for transplantation is characterized as a complex activity, generally implemented by a multi professional team which works at the Intensive Care Unit (ICU). The acting of the nursing team is especially highlighted because they are responsible for the direct care to the potential donor who is in brain death (BD) and his family.

For the family the beginning of the process of donation starts from the hospitalization of the family member in the ICU, when his health condition is gradually getting worse, ending with the notification of BD. The family is usually weakened because in many times death has happened in a tragic and unexpected way. At this delicate moment, many doubts arise from the family members which must be cleared at any time in the process, and the closer the link between the team and the family is, the more positively the decision for the donation of organs is influenced⁽¹⁻²⁾. Besides acting together with the family, the team needs to take care of the potential donor, so that his organs are kept under satisfactory/adequate conditions, to make the donations of such organs feasible, based on attendance procedures⁽³⁾.

This delicate and complex situation of dealing with the family and taking care of person in BD may generate internal conflicts, insecurity and suffering on these professionals especially because they have their own cultural and social values, religious and philosophical beliefs in ethical positions⁽⁴⁾. While taking care of the potential organ donor, these professionals face situations that bring up emotions which may generate stress thus making the service rendered more difficult. On the team, these situations of stress create the need to search strategies/ways to react facing

them. These forms of coping with the situations that generate stress are defined as a response of the coping⁽⁵⁾.

The Theory of Confrontation⁽⁵⁾ selected to guide the study performed, is recognized as a stressing and confronting cognitive theory and it has been widely used in the area of health. The stress is understood as a non-specific response facing any situation which may threaten the homeostasis of the patient, thus generating the need of mobilization in order to cope with the event which caused the biopsychosocial imbalance⁽⁶⁾.

Confrontation is defined as the cognitive and behavioral efforts developed by the person to generate (reduce, dominate or tolerate) the internal or external requirements of the personal transactions, that is, to deal with stressing situations which may be determined from the environment in which he is included, of the situation requirements or available resources. These are intentional attitudes which may be learned, used and discarded⁽⁷⁾. The process of confrontation starts when the person faces with a situation of stress, evaluates what is happening and chooses strategies to cope with it, these responses may be mediated by emotion or focused on the action.⁽⁵⁾

The coping strategies focused on emotion are characterized by the attempt of regulating the emotional state linked to stress, that is, they have the function to reduce the unpleasant sensation of a condition of stress. The confrontation focused on the problem involves efforts used to intervene in the situation which originates stress in the intention of modifying it. The objective of such strategy is to find ways to transform the existing problem in the relation between the person and the environment that is causing the tension⁽⁵⁾.

According to the Coping Theory⁽⁵⁾, most people refer to eight coping strategies in situations of stress: 1. Confrontation Coping - it means the aggressive efforts of alteration of the situation and suggests a certain

degree of hostility and risks; 2. Distancing – it represents the cognitive efforts of detachment and minimization of the situation; 3. Self Control – it is the effort of regulating one's own feelings and actions; 4. Search for Social Support – it is the search effort of informative, tangible and emotional support; 5. Acceptance of Responsibility – it involves the recognition of one's own role in the problem and at the same time, the attempt to reorganize things. 6. Escape-Avoidance – it is the behavioral and cognitive effort needed to escape or avoid the problem; 7. Planned Resolution – it is the effort focused on the problem established to alter the situation, a problem associated to an analytical approach of the solution of problem; 8. Positive Reevaluation – it is the effort to create positive meanings, focusing on the personal growth. Among these strategies, the distancing, the escape-avoidance and the positive reevaluation are focused on emotion and the other strategies are focused on the resolution of problems.

Several authors have been using the Coping Theory⁽⁵⁾ in studies involving situations which are considered stressing, especially those performed in the area of health⁽⁸⁻¹⁴⁾. Nevertheless, the coping of the situation of taking care of a potential organ donor and his family has not been the objective of many debates and scientific productions in the area of nursing. This weakens the nursing professional for having neither theoretical support nor knowledge and the same domain to discuss with his peers and suggest changes in the assistance practice which provides a better control of his stress, with effective coping of these situations. So, this study had as main goal to know the strategies of coping which are used by the members of the nursing team of an ICU facing the situations of taking care of a person with BD as a potential organ donor.

To develop a discussion regarding the way how the nursing team has been coping with the challenges and feelings related when taking care of a BD patient, potential organ donor, may make the solutions of his

actions easier, providing the members of the nursing team conditions to live and work better. Consequently, it will be possible to develop humanized care to the potential donor and his family members, thus increasing the number of achieved captivations and the possibility of several transplantations.

METHOD

This is a qualitative, exploratory and descriptive research, developed at the ICU of a General Hospital of western Santa Catarina state. This hospital institution has two hundred and ninety six beds and provides high complexity services in orthopedic, neurology, surgical and clinical oncology, kidney transplantation and captivations of multiple organs. At the ICU where the study was performed, the hospitalization of poli-traumatized people with neurological problems and being possible organ donors is frequent.

The study was performed with the members of the nursing team (14 nursing professionals, 13 of those are nursing technicians and 1 is a nurse) who act directly with the potential organ donor at the ICU. As a standard of inclusion these participants must have participated in at least three processes of organ captivation, and this criterion is related to the experience and the feelings of the professional in helping the BD patient, presenting better conditions of relating his coping treatment with the experienced situations. This standard limited the number of participants, due to the fact that there were an expressive number of employees who had recently joined the team.

The data collection was performed in the months of September and October, 2009. Several semi structured interviews were made, whose questions had the Coping Theory⁽⁵⁾ as reference. Some of those questions at first guided this research: report the experiences lived in taking care of people with/in brain

death who would be potential organ donors and describe how you felt under this situation of care.

Before the interview, the interviewee was informed about the purpose and relevance of the research and its ethical aspects. The interviewee was asked an authorization for the use of a recorder and the signature of an Informed Consent Form (ICF). The project was approved by the Committee of Ethics of the Universidade Comunitária Regional de Chapecó under registration no. 173/09. Secrecy and anonymity were guaranteed to the participants.

The thematic content analysis ⁽¹⁵⁾ was used for the data analysis, constituted by the phases. In the first phase there was text skimming of the complete interviews transcript. It is important to highlight that the transcription was performed right after the interview, with notes regarding the impression on the interviewee, gestures and facial expressions, that is, what was not said, which later on helped in the interpretation of the lines of the subjects under study.

In the second part of the analysis a deeper reading of the interviews was performed, coding the lines, and establishing the units of meaning. They were coded having the coping theory as a reference. The great categories were established from the organization of the similar codes. In the third and last part, a relationship between the results of the study and the literature pertaining to the team: donation of organs, transplantation, ICU and the Coping Theory ⁽⁵⁾ was established.

RESULTS AND DISCUSSION

Among the participants, 13 were women and 1 was a man. The ages varied from 22 to 40 years; 11 were catholic and 3 evangelical. Eight of the participants were married, one divorced and five single; seven had children. The time of acting at the unit ranged from six months to 10 years.

The coping strategies more frequently used by the nursing team with the potential donor were identified, categorized according to the Coping Theory method ⁽⁵⁾ in: strategies focused on the problem and strategies focused on emotion. The strategies focused on emotion were more used, expressing the difficulty and the lack of preparation of the nursing professionals to modify the stressing situation, like the one generated when taking care of people in BD who are potential organ donors.

Strategies focused on emotion

The strategies on emotion presented by nursing professionals were: escape from reality and reevaluate the event, referred to as "Escape-Avoidance" and "Positive Reevaluation" respectively. Scholars consider that these strategies have as goal the reduction of the unpleasant sensation caused by the stressor. Many times they may include simple daily activities, but they can also involve more complex mental processes such as the reevaluation of the stressing event ⁽⁵⁾.

During the study it was possible to identify how difficult it is for members of the nursing team to provide the necessary care to the family of the potential donor, being considered as a source of stress. The difficulty presented by the members of the team is related to identification of the suffering experienced by the family and the sensation of inadequacy in coping with this ⁽¹⁶⁾.

Through his daily actions, the nursing professional seeks to find means to reduce the stress caused by the care provided to this potential donor and his family. The strategy 'escape from reality' was used to avoid thinking about what is happening, keeping from speaking or thinking clearly about the subject, either looking at the person in BD merely as an object, or as a depository of organs to be donated. Some members of the nursing team reported that they could not touch this person anymore once they considered

this patient no longer in need of care. *I try not to get too much involved as if I were a barrier; I try not to involve myself too much with the patient, because this might affect me* (E8). *From the moment I know the diagnosis of brain death I close the case, it is finished, I can no longer go there and talk to him. He is no longer there; the only remaining thing is the mechanical part of keeping the organs* (E9).

From a general point of view, we notice that there is a change in the behavior of the nursing professionals, regarding the care from the moment the diagnosis of BD is provided. Some studies have found similar results regarding the nursing care to these patients when they studied two ICUs in the state of Goiás. They noticed that the patient in BD is the one who gets less attention and care from the nursing team⁽¹⁶⁾. Other researchers identified similar strategies between nurses and professors, making clear that once they didn't have the conditions to modify the problem which generates stress, the strategy of 'escape from reality' helps them keep at work, in a way relieving them from the stress generated by the work^(9,17).

Being away from the patient in BD is reflected in the acting of the nursing professional, once he returns to his work centered on technical performance, in the recovery with the control of equipment and technology at the ICU, and this change of viewing may damage the care to the potential donor and his family members, having as consequence the loss of the organ which could have been donated.

Other professionals believe that the strategy of 'escape from reality' is not to think in the real situation of the person in BD the same way they perceive some one who no longer have therapeutic conditions. In this kind of strategy, the nursing professional is not trying to modify the stressor, he just stops thinking about it, avoiding as much as possible, going through the feelings that this situation may bring. *I try to keep away from the family, I can't stay together or keep on thinking about their suffering. I try not to get involved, I do my job, but you know, I keep away especially when there are family members, mothers, who are too moved and more unprepared. I try to keep away because I start*

acting like them and suddenly I notice I am crying together with them (E6). *I try not to stay together when the family comes to visit, especially those family members who have not realized what has happened. You know, the ones who can't understand, can't realize, that they don't have a way to change the situation. I think most of them understand, end up understanding, by they don't want to believe, they even avoid speaking because they have hope. This moves us, makes us sad or when those who cry very much, in this case I do not stay around, I don't know how to help, and then I leave* (E8).

A similar situation was found in another study, although focusing on the coping of mothers with autistic children, reveal similarities in the way to face stressing situations, such as, avoid thinking about them, distract attention, which is, run away from reality. This strategy can be a way to deal effectively with the stressor, keeping away from the problem, avoiding a situation without resources to be dealt with. It is, in a certain way, an attempt to keep the control of the situation⁽¹²⁾.

On the other hand, this strategy may constitute a repression of feelings, which may provoke fatigue, tiredness and stress, which is frequent for these nursing professionals. When speaking, the members of the nursing team demonstrated deep suffering, but in many ways hiding how much this situation may bring suffering, anguish and pain, in a way to keep on working. *When I get sad under these circumstances, I go home, there I recover my balance, try to walk outdoors thinking about other things. I do not carry such sadness with me, I avoid thinking too much about it, you know. I avoid thinking about the patients at home, I do these things to help me feel better, strengthen me ...*(E11). According to some authors, there are no right or wrong strategies, but only strategies that are effective at that moment, facing specific situations. What matters is that the members of the team keep their balance facing different situations experienced on their daily work⁽⁵⁾.

The second coping strategy focused on emotion was the reevaluation of the event, that is, to cope with the care to the potential organ donor who is in BD. The organ donation is brought about as a possibility of the

donor to remain alive, although in another person. The donation is presented as a possibility of life not focusing on the death of the donor. So, the nursing professionals feel comforted in reevaluating the situation. *In order to feel better when I feel sad, I think about the choice of the patient in becoming a donor and this patient is the one who had a praiseworthy attitude. For that family this patient is not going to be totally dead, because a part of him will remain alive, helping others to keep on living. He knows that for him there is nothing else to be done, so, he makes it possible for others to be happy* (E13).

In order to understand reality, the person sees the transplantation as a way to minimize the suffering caused by death. Under such perspective, the donation is seen as a possibility to keep part of the donor alive, in another body. *To know that the patient is dead moves us, because we see him more as the other, to whom he is going to donate his organ. This will not help him anymore but at least he is going to help other people. I take care of him thinking about other people, thinking that I have to do everything possible so that all the organs function when the time for donation comes to help most people* (E2).

Another way to cope with the stress is to be in favor of the donation, a strategy which is focused on emotion, emphasizing the commitment with the society, with the other, as an act of sympathy, helping his fellow man, someone who suffers waiting for an organ as one of the reasons for the donation to be authorized by the family. *I think that if the families understood what it is like to be in a waiting list and how much people suffer, and how they can help those people, it will be better for this family, easier to decide, to know, to see the others, who are suffering. Of course it is not easy, especially because the decision must come quickly, otherwise there is no more time for donation* (E4).

Throughout this speech, we notice that the nursing professionals try to make a positive reevaluation of the situation, trying to keep the control on the stressing situation. The person can create alternative solutions for the problem or try to visualize a positive way of such situation⁽⁵⁾. Therefore, analyzing the interviewees' speeches, they relate the death of a

potential donor with the possibility of life for the receiver.

This way of coping is effective once the idea of the donation of organs brings for the team who works at an ICU the sensation that their work was not in vain. Through that, they can perceive that somehow death can be overcome, in keeping parts of the body of people in BD alive in another person. This fact happens thanks to the unconscious wish of the human being to find a way to overcome death, something humanity has pursued since its earlier times, and this can be visualized in the tireless search for techniques, equipment and medicine created by man to prolong the quality of life at any price.

Strategies focused on the problem

The nursing professionals used two coping strategies focused on the problem to face the stress of taking care of a person in BD, as a potential organ donor: take care in a competent way and search support from other people.

Taking care in a competent way corresponds to the strategy designated as 'Acceptance of the responsibility'⁽⁵⁾, which indicates the perception of its importance in the participation of the organ donation process, especially in keeping adequate conditions for the donors. *I try to take care of the patient in a technical way, doing the right thing, analyzing everything technically. I don't think very much...* (E1).

Once the role of the nursing professional is understood, some of them take care of the patients in BD in a technical way performing the procedures correctly, without considering the situation in which that patient is. However, this acceptance of responsibility not always intervenes in the situation which generates stress, once in some moments, as it is stated by interviewee E1, this can also be a way to avoid facing the problem, pointing out that the strategies focused on the problem or on emotion are not dichotomous, but they express the dynamics which

exists in the coping process, with constant evaluations and reevaluations both of the stressing event as well as of the coping strategy.

This acceptance of reality was also found, as one of the strategies more frequently used by the nurses of an operating room, making them ready for action, which is taking charge of his role in the situation⁽⁹⁾.

Another study on the experience of the nursing team in taking care of a potential donor with ethnographic approach had quite similar responses⁽¹⁶⁾. The nursing professional knew how to list all the standard care in the literature. They demonstrated concern in keeping the body in condition for donation. *I feel better, when I know that it was possible to keep the patient as a potential donor. It is important to take care of this from the beginning, so that all the organs can be used. I feel better when I know that I helped other people who had been in the waiting line for a long time in order to be given an organ...* (E2).

The other coping strategy of searching support from other people corresponds to the strategy proposed as 'Search for social support'⁽⁵⁾, which involves the recognition that the nurse alone is not able to overcome the stress and needs support, especially emotional support. Some authors state that the health professionals tend to cope with the stress through strategies of problem solving as an adhesion to social support; discussing with colleagues and even trying to get more support⁽¹⁸⁾.

The search for support from other people had relevant importance involving discussions with colleagues or asking for help from apt nursing professionals. *...Sometimes there are procedures which affect the whole team...You know, it is necessary to think about other things. Sometimes we meet at a colleague's house to talk, make dinner to relieve the stress* (E6).

The nursing professionals also believe that their coping would be more effective with the support of from a specialized nursing professional prepared to help both the team and the family. However, in most hospitals it is not possible to have such kind of nursing professional. *I believe that, in order to help the employees it*

would be nice to have some group dynamics, interacting with the subject analyzing the good, positive side. I believe that this is nice. I remember a motivational video which was very good. It is a kind of incentive. We could do something like this, like analyzing from the donor's view, leading to donation, which means helping other people (E2).

However, it seems that those strategies were more like a wish than what really happened, we didn't have that specialized nursing professional and the meetings with the other colleagues were occasional, which made the situation still difficult.

Within the coping strategy proposed as 'Search for social support'⁽⁵⁾ is the religious support, brought as an important pillar, for when the person starts to believe that there is a superior reason for the death of the potential donor, this fact can be used as consolation. *We have to take good care of him, the best possible way. I try to think in God. When I am very sad with some procedure I go to church to pray, to ask for help and strength from God* (E5).

In a study made with elderly people in a chronic condition of health it was noticed that they faced the adverse situations better and more favorably having faith in God, the help from the family and close friends. Faith constitutes a way to have constructive thinking, a feeling of confidence that something good will happen, and that is what we want. Faith increases when we noticed that even though it is invisible, the idea, the dream, is actually real. Having faith in our culture is a frequent feeling which is more strongly expressed when we are facing adverse situations⁽¹⁹⁾. Keeping faith provides people a sensation of comfort which allows them to deal with their condition in a better way, no matter the situation, as we could observe in a comparison between populations and situations so distinct, but both express comfort through faith. As observed the same individual can use several strategies in different moments to cope with the stressing event. These changes are made according to new evaluations regarding the changes which happen in the relations of the person with his environment⁽⁵⁾.

CONCLUSIONS

Taking care of a person in BD, who is a potential organ donor for transplantation, is considered a stressing event in the life of nursing professionals. After analyzing the results, it was possible to perceive how much the nursing team suffers during their work together with the potential donor, and when facing situations of stress they find coping strategies to reduce their suffering thus making their work easier. When they select the coping strategies focused on emotion more frequently, the difficulty they have to modify the source of stress becomes more evident. Running away from reality and searching a new meaning for the situation are strategies which help them cope with stress, but they do not modify it. Even showing strategies focused on the problem (to perform the work in a competent way, to search for support, to pray and to have faith), they feel they still need more support, something that has not been made available by the institution.

The findings indicate that the nursing professionals need support to better cope with the situations which are part of their daily work. The impossibility to eliminate the stress in the work of the nursing professional, expresses the importance of searching coping strategies, trying to reduce the emotional damage caused on the members of the nursing team acting in the process of organ captivation. Considering that new strategies can be learned, the need to start or deepen the discussion of this theme is urgent among the nursing and health professionals in order to provide more satisfaction at work, prioritizing the welfare of those people, which will certainly be reflected on the work they perform.

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