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COPING STRATEGIES USED BY TEACHERS OF THE NURSING GRADUATION COURSE

ESTRATÉGIAS DE *COPING* UTILIZADAS PELOS DOCENTES DO CURSO DE GRADUAÇÃO EM ENFERMAGEM

ESTRATEGIAS DE *COPING* UTILIZADAS POR LOS DOCENTES DEL CURSO DE GRADUACIÓN EN ENFERMERÍA

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ABSTRACT

Objective: to analyze coping strategies used by undergraduate Nursing faculty. **Method:** a cross-sectional quantitative study with 77 undergraduate Nursing professors. Data were collected through the application of the Coping Strategy Inventory (CSI). Data analysis was performed in a discursive manner. **Results:** the most used strategies were those that the teachers accepted the problem and used it as a way of learning, to face the stress, known as "struggle", giving solvency to the problem. **Conclusion:** stress generated due to conflicting situations of daily life, such as the follow-up of extracurricular work, extensive classes, environmental conditions and students' disaffection, should be considered for the emergence of coping strategies, thus, avoiding the growth of this stress, that can lead to illness. **Descriptors:** Nursing; Stress; Teachers; Highereducation.

RESUMO

Objetivo: analisar estratégias de *coping* utilizadas pelos docentes do curso de graduação em Enfermagem. **Método:** estudo quantitativo, transversal, realizado com 77 docentes do curso de graduação em Enfermagem. Foi feito o levantamento dos dados por meio da aplicação do Inventário de Estratégia de *Coping* (IEC). A análise dos dados foi realizada de forma discursiva. **Resultados:** As estratégias mais empregadas foram aquelas em que os docentes aceitavam o problema e utilizavam-no como forma de aprendizado, enfrentando o estresse, conhecido como "luta" e dando resolubilidade ao problema. **Conclusão:** O estresse gerado devido a situações conflitantes do cotidiano, como o acompanhamento de trabalhos extracurriculares, aulas extensas, circunstâncias ambientais e desafetos com alunos, deve ser encarado para o surgimento de estratégias de confronto evitando, assim, o crescimento desse estresse, que pode ocasionar o adoecimento. **Descritores:** Enfermagem; Estresse; Docentes; Ensino Superior.

RESUMEN

Objetivo: analizar estrategias de coping utilizadas por los docentes del curso de graduación en Enfermería. **Método:** estudio cuantitativo, transversal, realizado con 77 docentes del curso de graduación en Enfermería. Se hizo el levantamiento de los datos a través de la aplicación del Inventario de Estrategia de Coping (IEC). El análisis de los datos se realizó de forma discursiva. **Resultados:** Las estrategias más empleadas fueron aquellas en que los docentes aceptaban el problema y lo utilizaban como forma de aprendizaje, enfrentamiento el estrés, conocido como "lucha", y dando solución al problema. **Conclusión:** el estrés generado debido a situaciones conflictivas del cotidiano, como el acompañamiento de trabajos extracurriculares, clases extensas, circunstancias ambientales y desafectos con alumnos, debe ser encarado para el surgimiento de estrategias de confrontación, evitando, así, el crecimiento de ese estrés que puede ocasionar la enfermedad. **Descriptor:** Enfermería; El estrés; Profesores; Enseñanza Superior.

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INTRODUCTION

The term stress has been used in unpleasant sensations and / or discomfort perceived by the individual who uses their psychological process and their understanding thus, judging the facts as stressful.¹

Stress is the response (physiological, psychological and behavioral) of beings to events, situations, people or objects perceived as stressful, which, consequently, induces a stress response, which is essential for survival.² The effects resulting from stress on individuals are mediated by personal factors such as age, experience, health, and coping skills.³

The universe of work has undergone transformations due to technological innovations. These transformations can be considered as generating stress by professionals who demand the skills to face them. The work environment exposes them to situations and conditions that can be evaluated as stressors by health professionals and teachers and depends on the professionals' adaptability and behavior.⁴

The difficulty of dealing with sources of pressure can be determinant for the emergence of factors that trigger work stress, possibly compromising the quality of life of the individual in several dimensions, including social, biological and professional, with consequences on physical health and mental, leading to physiological changes in the individual when he is forced to face situations generating strong emotions.⁵

Stress in the work environment allows the professional, to adapt to different situations, and the equilibrium between requirement and competence is always involved. If this balance is compromised, it will generate in the individual, a set of negative reactions. In teacher work, stress can lead to physical and emotional exhaustion, making the teacher often feel irritated and anxious, and these feelings can lead to psychosomatic symptoms such as insomnia, headaches, and hypertension.⁵

Physiological stress reactions can be termed as "general adaptation syndrome," which is characterized as an instinctive defense of the body in response to a stimulus. These responses are characteristic of stress conditions and lead to coping with demands through coping mechanisms, which act as drivers of the responses generated by

the evaluation and repercussion of the event for the individual.⁶

Thus, coping is defined as the capacity for coping and adaptation that allows, the human being, to react to the behaviors, thoughts and emotions caused by stressful events. It can also be defined as the set of strategies that the individual uses to try to face a threatening event, whose efforts seek adaptation, in the attempt to manage stressful situations and control the physical and emotional reactions of the organism, relieving levels stress and promoting a higher quality of life.⁶

Coping strategies represent a set of efforts, both cognitive and behavioral, used to deal with the internal and / or external demands that are assessed as surplus to the adaptive resources of the individual. They are elaborated from the assessment of the situation and the environment, according to previous experiences, in an attempt to solve or minimize the effects of the stressor.⁴

Thus, it was observed the need to know the strategies adopted by university teachers to adapt to exposed stress situations and to control physical and psychoemotional reactions.

It was the objective of this study to analyze the coping strategies used by the undergraduate Nursing professors of a university.

METHOD

A quantitative, cross-sectional study conducted at a private university in the city of Fortaleza, CE, Brazil, with 77 undergraduate teaching staff in Nursing. The selection of the participants took place in a convenient way, using the following inclusion criteria: to be a teacher of some discipline that is part of the curriculum of the undergraduate Nursing course.

The data collection instrument was divided into three parts: data sociodemographic (gender, age, marital status and children), professional data (training, academic qualification, teaching, weekly workload, amount of HEI working salary range, other activities besides teaching, professional satisfaction) and application of the Coping Strategy Inventory (CSI).

Statistical Package for Social Sciences (SPSS), version 20.0 was used for data storage, processing and statistical analysis. Categorical variables were summarized by

descriptive statistics of frequencies (absolute and relative). The association between the variables and the presence of stress was evaluated by the Pearson chi-square test, being considered statistically significant the value of $p < 0.05$, and the strength of this association by the OddsRatio (OR) .

The results were presented through tables and figures that compare variables and values found in the data analysis.

The project was approved by the Research Ethics Committee with no. 957503.

With the evaluation of the situations passed by the teachers, the Coping Strategy Inventory (CSI) was surveyed, divided into eight factors. Of these, the coping strategies used by them were: confrontation, with 40.3%; leave 36.4%, showing that it was the least adhered to; self-control, with 79.2%; social support, 80.5%; flight and avoidance, 70.1%; acceptance of response, 87%, higher result, also demonstrated by two other factors, problem solving and positive re-evaluation, as shown in figure 1.

RESULTS

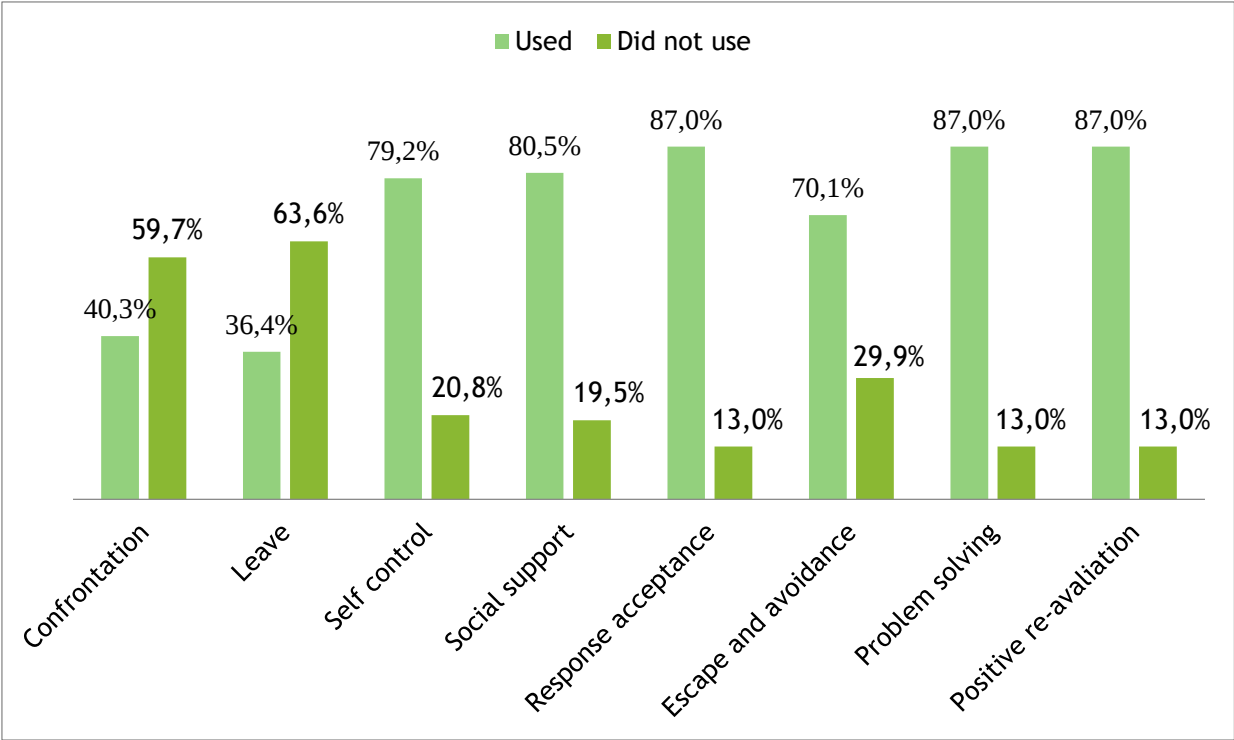


Figure 1. Coping strategies used by teachers in the face of the stressor agent. Fortaleza (CE), Brazil, 2016.

The analysis of the inventory data is verified by the sum of the scores assigned to each item and its division by the total number of items of the factor. Thus, there is a comparison (0.77) and withdrawal (0.77), which presents the lowest averages of the inventory; self-control (1.36); social

support (1.39); acceptance of response (1,56); flight and avoidance (1,27); resolution of problems (1.69), which is the highest average presented and, finally, a positive revaluation, with 1.51, as shown in figure 2.

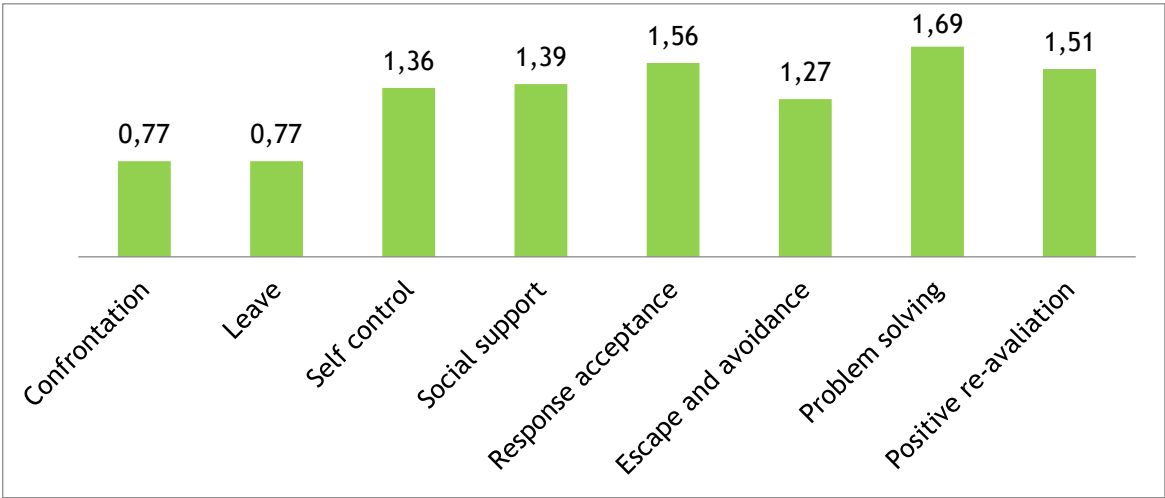


Figure 2. Distribution of coping strategies averages used by teachers. Fortaleza (CE), Brazil, 2016.

The only strategy that presented a significant association with age was the one of Past ($p = 0.05$). The other strategies did not show any association with the participants' gender or age. Regarding the analysis of the odds ratio, the Confronto strategy was more present among males ($OR_{95\%} = 1.21 [0.29-4.93]$); ($OR_{95\%} = 2.44 [0.59-9.99]$) and less than 50 years old ($OR_{95\%} = 2.60 [0.96-7.02]$); Self-control, female ($OR_{95\%} = 2.26 [0.26-19.56]$) and age under 50 years ($OR_{95\%} = 1.48 [0.65-6.03]$); and avoidance and avoidance, in those younger than 50 years ($OR_{95\%} = 1.33 [0.49-3.55]$), as shown in table 1.

Table 1. Association between coping strategies and sex and age of teachers. Fortaleza (CE), Brazil, 2016.

Strategies	Sex		p	Age		p
	Male n(%)	Female n(%)		≤ 49 years n(%)	≥ 50 years n(%)	
Confrontation			0.785			0.737
Does not use	5 (6.5)	41 (53.2)		27 (35.1)	19 (24.7)	
Use	4 (5.2)	27 (35.1)		17 (22.1)	14 (18.2)	
Leave			0.203			0.050
Does not use	4 (5.2)	45 (58.4)		24 (31.2)	25 (32.5)	
Use	5 (6.5)	23 (29.9)		20 (26)	8 (10.4)	
Self control			0.447			0.224
Does not use	1 (1.3)	15 (19.5)		7	9 (11.7)	
Use	8 (10.4)	53 (68.8)		37 (48.1)	24 (31.2)	
Suporte social			0.825			0.158
Does not use	2 (2.6)	13 (16.9)		11 (14.3)	4 (5.2)	
Use	7 (9.1)	55 (71.4)		33 (42.9)	29 (37.7)	
Response acceptance			0.380			0.845
Does not use	2 (2.6)	8 (10.4)		6 (7.8)	4 (5.2)	
Use	7 (9.1)	60 (77.9)		38 (49.3)	29 (37.7)	
Escape and avoidance			0.809			0.565
Does not use	3 (3.9)	20 (26)		12 (15.6)	11 (14.3)	
Use	6 (7.8)	48 (62.3)		32 (41.6)	22 (28.6)	
Problem solving			0.380			0.117
Does not use	2 (2.6)	8 (10.4)		8 (10.4)	2 (2.6)	
Use	7 (9.1)	60 (77.9)		36 (46.7)	31 (40.3)	
Positive Re-evaluation			0.380			0.117
Does not use	2 (2.6)	8 (10.4)		8(10.4)	2 (2.6)	
Use	7 (9.1)	60 (77.9)		36 (46.7)	31 (40.3)	

When analyzing the association between coping strategies and teaching time, it was verified that only the Confronto strategy presented a positive relation with a longer teaching time ($p = 0.046$). As for the odds ratio, it was found that the Past and Self-control were more used among those with teaching time of less than ten years (1.63 and 1.32, respectively), as shown in table 2.

Tabela 2. Association between coping strategies and teaching time. Fortaleza (CE), Brazil, 2016.

Strategies	Time teaching		P	OR95%
	Up tp 10 years n(%)	Over 10 years n(%)		
Confrontation			0.046	
Does not use	27 (35.1)	19 (24.7)		1
Use	11 (14.3)	20 (26)		0.38 (1.15-0.99)
Leave			0.301	
Does not use	22 (28.6)	27 (35.1)		1
Use	16 (20.8)	12 (15.6)		1.63 (0.64-4.17)
Self control			0.615	
Does not use	7 (9.1)	9 (11.7)		1
Use	31 (40.3)	30 (39)		1.32 (0.43-4.02)
Suporte social			0.358	
Does not use	9 (11.7)	6 (7.8)		1
Use	29 (37.7)	33 (42.9)		0.58 (0.18-1.84)
Response acceptance			0.470	
Does not use	6 (7.8)	4 (5.2)		1
Use	32 (41.6)	35 (45.5)		0.61 (0.15-2.35)
Escape and avoidance			0.746	
Does not use	12 (15.6)	11 (14.3)		1
Use	26 (33.8)	28 (36.4)		0.85 (0.32-2.26)
Problem solving			0.470	
Does not use	6 (7.8)	4 (5.2)		1
Use	32 (41.6)	35 (45.5)		0.61 (0.15-2.35)
Positive Re-evaluation			0.161	
Does not use	7 (9.1)	3 (3.9)		1
Use	31 (40.3)	36 (46.7)		0.36 (0.08-1.55)

DISCUSSION

The whole process of stress triggers coping strategies, also known by the English word "coping." The neuroendocrine responses that occur in the stressed individual are considered an adaptive process to the internal or external environment, in an attempt to reestablish the balance of the organism, and the mechanisms of coping are between the stimulus stressor and the consequences of this on the person, being a determinant essential in the production of stress.⁸ The ways in which people use coping mechanisms will depend on the resources available to cope with the problem.

It is understood that stress is a complex phenomenon that, through the stimulus and interaction of the individual with the internal and external environment, can cause physiological, psychological, emotional and behavioral changes. In addition, the labor organization is able to limit the efforts of the individual to adapt the form of work to the individual and organizational needs.⁹

The most used strategies were those that the teachers accepted the problem and used it as a form of learning, face the stress, known as "struggle" and giving solace to the problem, and, finally, reassessing the situation and using it for personal growth of the teacher. When reflecting on the

problem, the teacher makes an analysis of the event, plans and executes its actions, in order to solve the situation.

According to some researchers, certain types of *coping* are more effective than others, showing that *coping*, that is focused on the problem can lead to reduced stress.

In the evaluation of *coping*, in a study performed, the control factor was indicated, by 87.6% of the nurses as the most used strategy. It shows that individuals make use of actions and occupational environment proactive cognitive reassessments. Confrontation is considered an intentional action, physical or mental, that begins in response to a situation that is evaluated as a stressor and is directed to external circumstances or internal states. Thus, it is possible to say that problems in the workplace and their impact on health and well-being are recognized by the nurses.⁹

A study of 129 public servant nurses, for occupational stress analysis, found that 66.7% of the population presented low stress. Similarly, a study carried out with 143 nurses from a university hospital showed that 55.25% of these professionals had a low level of stress, attributing this finding to the characteristics of the population studied, such as: employment relationship and use of *coping* strategies. ⁹

Therefore, it is verified that the low level of stress demonstrates a positive resolution

of problems, future achievements within the profession and a better relationship in the family and co-workers, observing that stress influences inversely the nurses' productivity.

It should be emphasized that when the subject is endowed with knowledge about the strategies used and the ability to assess the context faced, he can adapt the coping according to the reality in which he lives, thus, seeking the strategy that will best fit the situation occurred.

Currently, living in a society undergoes modifications quickly, requiring adaptations to new living standards. This constant instability requires that the individual adapts daily to new situations, resulting in transformations that can lead to stress. When confronted with a menacing event, the subject may react using coping strategies.⁶

The health professional, despite being exhausted by the relationships contained in the work, gives little attention to their quality of life and mental health, not taking into account their needs and the means available to improve their working life, and, consequently, their well-being.

In this sense, in the exercise of Nursing, some situations can be evaluated as stressors, among them: reduced number of professionals; excessive activities; responsibility for caring for people; ambiguity and conflict of roles; decision making; complexity of interpersonal relationships; shift work; home / work interface, and long and tiring work hours.⁴

With the identification of the stressors at work, we can correspond to a change agent, since strategies can be developed to diminish their effects, being, able to transform nurses' daily routine, making it less exhausting, and possibly valuing it more as being human and professional. This does not only refer to the Nursing area, but, to all professional areas or even, focused on the stressors suffered by anyone.

A study of 146 undergraduate students in Nursing showed that most of the strategies used by the academics are of the emotion-centered type, in an attempt to manage the emotional tension caused by the event. Only the planning / resolution factor was characterized as a problem-centered strategy, which seeks to actively solve the event, facing the problem. Several authors report that problem-centered coping

strategies are used more frequently by Nursing academics.⁶

It was possible to identify that the coping strategies that make up the reality / avoidance factor presented a higher mean among the answers, demonstrating that students try to escape from the problem in an illusory or imaginary way, fantasizing situations and minimizing the seriousness of the situation, strategy focused on emotion. This strategy is most frequently, used by academics who reported not doing leisure activities, showing that this lack leads, consequently, to a decrease in social interaction and progressive isolation, causing the student to use negative strategies of the emotion-centered type.⁶

The students demonstrated the opposite of the teachers, who debated the stressful situation and took something positive out of the situation. Thus, presenting leisure activities and interactive social interaction.

It is questioned if the denial of the problem and the escape of reality also persist as the strategies of coping most used by professional nurses during the coping of stress situations in the professional routine, since the knowledge and postures developed during the academy, possibly, stay in your working life.

Regarding gender, this study with the teachers, no strategy showed association, being, the strategy of Confronto was more present between males and estrus in females. As for age, the only strategy that presented significant association was the one of estrangement.

A study carried out with 209 workers in the Nursing area, developed in a private hospital in the northwest of Rio Grande do Sul, Brazil. Regarding the relationships between socio-demographic variables and the Coping Factors, there is a significant negative correlation of low intensity between Acceptance of responsibility and age. A statistically significant difference was observed between the Self-Control Factor and the sex of the Nursing workers, with the female subjects having a higher mean when compared to the male,⁴ however, when it is related to this study, the result of the analysis of according to age was inverse, where the factor of less interaction of the same was of Acceptance of responsibility. Contrary to what has been demonstrated, the study showed a

relationship with the female gender prevalent in the self-control strategy.⁴

By analyzing coping strategies and teaching time, it can be observed that only the Confronto strategy presented a positive relationship with a longer teaching time. It was observed that the Removal and Self-control were more used among those with teaching time of less than ten years.

It can then make an association that the longer the teaching time, the stressful factors are faced and thus, can be solved, showing up as a process of struggle, perhaps referred to by the maturity and experience gained from the years of profession. And when presented with a shorter time of professional interaction, the stressful situations are not debated, and then the escape process occurs.

Another study shows that personal and professional maturity demonstrate greater personal stability and security, as shown by the fact that most have already formed a family, was hired by public tender and remain in the same job or institution for approximately the same amount of time.¹⁰

Nursing, whatever its specialization, has a prevalence of women, who in addition to working, take care of their children, home and husband. With the great dynamicity of the life of these women and the development of multiple tasks, the accumulation of stressors occurs, characterizing the profession due to its great stress levels. However, with professional maturity, all these mentioned factors become strategies to detach themselves from the problems accumulated throughout the day, either by heavy workload or great administrative tribulations.

Another reason why, the more years dedicated to the profession, the less stress is that, the more experience in the field, it is possible to mention the possibility of these nurses being in administrative positions or other areas such as teaching.

CONCLUSION

The profession of teacher requires a great commitment. Besides physical wear and tear, it also affects the psychological of the professionals. The stress generated due to conflicting situations of daily life, such as the follow-up of extracurricular work, extensive classes, environmental circumstances and students' disaffection,

should be considered for the emergence of coping strategies, thus, avoiding the growth of this stress that can lead to illness.

Coping stress *coping* situations will depend on the interests demonstrated by each person and should be run to avoid stress such as travel, family outings and sports practice. Yet, many people let themselves be carried away by complacency, accepting these stressful situations and becoming ill.

The study has become relevant to demonstrate and address this important and current issue in order to encourage the creation of coping strategies.

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