






ORIGINAL ARTICLE

SWOT analysis of occupational stress and coping strategies among nursing staff in Emergency Care Units

HIGHLIGHTS

1. Stress factors and coping strategies were identified in nursing.
2. Stressors were classified as external threats and internal vulnerabilities.
3. Dialogue and teamwork were identified as main confrontations.

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ABSTRACT

Objective: Analyze the stressors and coping methods used by nursing professionals in Early Care Units, using the SWOT matrix to identify strengths, weaknesses, opportunities and threats. **Method:** Qualitative, descriptive research. 53 semi-structured interviews were conducted in two Early Care Units in southern Brazil during the first half of 2023. The data were processed with the software IRaMuTeQ and analyzed by Discursive Text Analysis. **Results:** Three categories emerged: Stress factors as threats, such as: overcare, workload, health system structure, hospitalization time and lack of materials; stress factors, such as fragilities, interpersonal conflicts and with the medical staff, patients and accompanying persons; and, forms of confrontation, such as dialogue, teamwork, faith, reflection, physical activities and complementary therapies. **Conclusion:** Valuing coping strategies can improve working conditions and the mental health of the staff.

KEYWORDS: Nursing, Team; Occupational Stress; Emergency Medical Services; Occupational Health; Mental Health.

HOW TO REFERENCE THIS ARTICLE:

Mendes VMS, da Silveira RS, Barlem JGT, Serrano SP, Cabral CN. SWOT analysis of occupational stress and coping strategies among nursing staff in Emergency Care Units. Cogitare Enferm [Internet]. 2025 [cited "insert year, month and day"];30:e98647en. Available from: <https://doi.org/10.1590/ce.v30i.98647en>

INTRODUCTION

Overwork, lack of material resources, poor professional recognition, low pay and conflicts in interpersonal relationships in the work environment are issues that plague the nursing team and involve both patient care and worker health¹⁻⁴.

These factors produce a more exhaustive work dynamic and cause the reduction of safety in the care, causing a poor quality in the care that leads to psychoemotional disorders for employees³⁻⁴.

Occupational stress occurs when the stressors of the individual are linked to the professional scenario, such as working conditions, interpersonal relationships in the work environment, overload of tasks, among others that were evidenced earlier⁵. Separately, occupational stress is not considered a pathology, however, it is a risk factor for physical and psychological aggravations. Among the main problems arising from this type of wear in the workplace context is the Burnout Syndrome, which was recognized by the World Health Organization as a occupational phenomenon in the 11th Revision of the International Classification of Diseases (CID-11)⁵⁻⁶.

The emergency care units (UPA 24h) are part of the Emergency Care Network and seek to do the services of intermediate complexity, together with an organized network consisting of: basic care, hospital care, home care and the Mobile Emergency Care Service (*Serviço de Atendimento Móvel de Urgência, SAMU*)⁷. Professionals working in emergency and emergency units, especially in emergency care units, are more exposed to triggering factors of occupational stress, especially nurses, due to the unexpected and complex nature of care⁷⁻⁸.

Although there are several studies in the literature that investigate the levels and stress factors of workers working in emergencies, the vast majority employ quantitative methodology, using structured questionnaires. Therefore, this research has as a differential the qualitative approach, allowing the interviewed to express itself in its entirety. Moreover, the health units that were the target of this study began their care recently, having an average of two years of operation at the time of data collection, so there is no knowledge about how the health of these professionals is and what is affecting it.

The SWOT matrix is a strategic analysis tool that evaluates Strengths, Weaknesses, Opportunities and Threats of a project or organization. This method organizes the identification of internal aspects (strengths and weaknesses) and external factors (opportunities and threats), optimizing the exploitation of opportunities and reducing threats⁹.

In the context of this study, the SWOT analysis allows to visualize internal and external factors that trigger occupational stress, as well as the coping strategies used and capable of strengthening. It is believed that this research will contribute to the development of coping strategies, positively impacting the health of workers and the quality of the care provided.

Therefore, it was aimed to analyze the stress factors and the forms of dealing used by nursing professionals in Early Care Units, using the SWOT matrix to identify strengths, weaknesses, opportunities and threats.

METHOD

This research followed the principles of the guideline for qualitative approach studies Consolidated Criteria for Report Qualitative Research (COREQ) for reporting the results of study ¹⁰.

This is a qualitative study, of the descriptive type, conducted in two Units of Early Care (Unidades de Pronto Atendimento, UPA) of a municipality in South Brazil, named in this study as "UPA 1" and "UPA 2". It should be noted that "UPA 1" is managed by a private-law civil association, without a profit. Meanwhile, the "UPA 2" is the responsibility and management of the municipality ¹¹.

Of the 54 interviews performed, one was discarded due to the respondent's refusal at the data validation stage. Thus, 53 participants were included in the results, including 9 from "UPA 2" and 44 from "UPA 1". This figure represents a representative margin of 54,08% in relation to the total N forecast of 98 workers. Participants were selected by non-probability sampling for convenience.

It was established as an inclusion criterion to be a professional of the nursing team and have a minimum of six months in the units. The exclusion criteria were the absence of the professional at the time of data collection for vacation, distances or health leave.

The data collection took place in the first half of 2023, through semi-structured interview. Previously, a pilot test with three undergraduate students was conducted to evaluate the quality of the questions. Participants were invited to their workplaces, where the project and its objectives were briefly presented. Those who agreed to participate were interviewed by the lead researcher.

Prior to the interviews, participants were informed about the objectives and methodology of the study, and signed the Term of Free and Informed Consent (TFIC), formalizing their participation. The interviews were conducted using open questions on the subject investigated. To ensure confidentiality and minimize interference, the sessions were held in a meeting room reserved in the work unit. The transcription was made from digital audio recordings.

After the interviews were conducted the data were sent to the 54 respondents, through electronic contact, they received a copy of their interview transcribed to confirm the information. At the validation stage, one participant opted not to be part of the survey, without explaining reasons, so she had her interview removed from the collected data, totalling 53 validated and used interviews.

The interviews were processed using the *Interface of R for Multidimensionnelles Analyses de Textes et de Questionnaires* (IRaMuTeQ) software. For data processing the interviews were transcribed and separated through command lines. Each interview is separated by a command line and generates a Text, the set of Texts is called textual Corpus. For this study, the Descending Hierarchical Classification (DHC) was chosen as a form of analysis, which aims to classify the text segments present in the textual corpus according to the frequency the words appear in the corpus¹²⁻¹³.

To carry out the data analysis was used the discursive textual analysis, executed based on four axes: disassembly of the texts (deconstruction and unitarization), establishment of relationships (catchment process), capturing the new emergent (expressing the achieved understandings) and a self-organized process, which consists

of an intuitive moment¹⁴. In the categorization stage, the SWOT matrix was used: strengths, weaknesses, opportunities and threats.

Therefore, the *software* IRaMuTeQ accelerated the process of data analysis, processing the interviews in a short time and accelerating the process of categorization, the second stage of Moraes and Galizazzi¹⁴⁻¹⁵. In this sense, the *software* accelerates the process of data analysis, while not distancing the researcher from the research data¹⁶.

The study respected the ethical precepts for human research according to Resolution 466/2012 and Resolution 510/2016¹⁷⁻¹⁸. Therefore, this project was approved by the Research Committee of the Nursing School (Comitê de Pesquisa da Escola de Enfermagem, COMPESQ); by the Municipal Nucleus of Education in Collective Health (*Núcleo Municipal de Educação em Saúde Coletiva*, NUMESC) of the Municipal Prefecture, and by the Research Ethics Committee of the Universidade Federal do Rio Grande-CEP/FURG, 5.979.895.

RESULTS

The sample of the study consisted of 53 participants, of whom 44 operated in "UPA 1" and nine in "UPA 2". In terms of sex, 41 were female. The predominant age group was 33-37 years (n=12; 22.64%), followed by the age groups of 38-42 years (n=11; 20.75%), and 43-47 years and 28-32 years, both with identical frequencies (n=9; 16.98% each). The other age groups included 23-27 years (n=6; 11.32%), 48-52 years (n=4; 7.55%) and 53-57 years (n=2; 3.77%).

As for professional training, 29 participants were nursing technicians; 28 professionals had specialization in the area of emergency and emergency, 20 did not have it and five were with ongoing specializations. Regarding the time spent in the emergency, 38 participants (71.70%) had experience of up to five years, eight (15.09%) five to 10 years, five (9.43%) had 10-15 years and two (3.77%) 15-20 years.

In terms of training time, 23 participants (43.40%) had between 5 and 10 years of graduation, 14 (26.42%) between 10-15 years, 11 (20.75%) up to 5 years. Participants with more than 25 years of training represented 1.89% (n=1) of the sample. In addition, the time spent at UPA varied less than one year (n=3; 5.66%), one year (n=11; 20.75%), two years (n=36; 67.92%) and more than two years (n=3; 5.66%).

The general corpus consisted of 53 texts, separated into 1176 text segments (ST), with the utilization of 1064 STs (90.48%). There were 40,263 occurrences (words, forms or vocabulary), including 3489 distinct words and 1725 with a single occurrence. The content analyzed was categorized into five classes, subdivided into two branches of the corpus analyzed: Class 1 ("Institutional Stress Factors"), which discusses the stressors related to the institution and the organization of the system including mainly factors such as excessive demand for care and overload of work, remained in a segmented branch, showing greater opposition complementing the others.

Class 2, ("Dialogue as a factor of coping with stress"), Class 3, ("Teamwork and faith as factors of coping with stress") and Class 4, ("Reflection and the search for alternatives to cope with difficult times") are found in greater complementarity and less opposition within the second subcorpus and discuss the main forms of coping mentioned by professionals, including dialogue, teamwork and faith. In addition, Class 5 ("Work Stress Factors") is also part of the second subcorpus, having more opposition to

other classes in the same segment, although it still has complementarity and discourses about stress factors related to the work context in its daily work (see Figure 1).

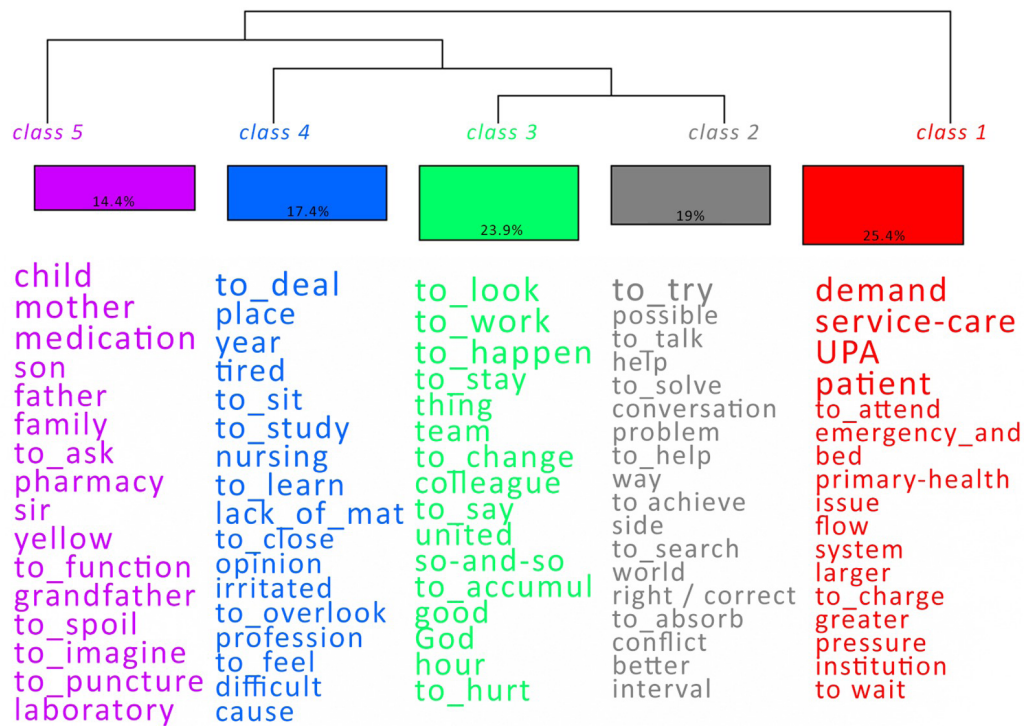


Figure 1. Dendrogram with the percentage of ST in each class and the most relevant words for the class provided by the IRaMuTeQ software. Rio Grande, RS, Brasil, 2023.

Source: Software IRaMuTeQ (2023).

In this sense, it was decided to elaborate a SWOT framework in which the stress factors and the forms of dealing were allocated, respectively, in internal weaknesses and strengths to the work and threats and opportunities, being factors external to the workplace, according to Chart 1. Thus, three categories emerged being the category I called "Stress Factors: Threats" that used the class 1 generated by the software. The second category, called "Stress factors: weaknesses", in which class 5 was used, and finally the third category: "Forms of Confrontation: Strengths and Opportunities", which grouped classes 2, 3 and 4.

Chart 1. SWOT analysis stress factors and the ways of dealing. Rio Grande, RS, Brasil, 2025.

	POSITIVE FACTORS	NEGATIVE FACTORS
INNER FACTORS	FORTALEZAS	FRAUGHTS
	Dialogue	Interpersonal relationships and the relationship with the medical team
	Work in Team	Conflicts with patients and accompaniers
EXTERN FACTORS	OPPORTUNITIES	THREATS
	Faith.	Excessive demand for care
	Stay calm and use breathing exercises	Overload of work
	Ignore the conflict	Structure of the municipal health system
	Practice physical activities	Patient stay in units
	Meditation, music and complementary therapies	Lack of materials
	Use of medications	

Source: The authors (2025).

Category 1: Stress factors: threats

It is highlighted that the excessive demand for care, the workload, the structure of the municipal health care system, the patient stay time in the units and the lack of materials are the main external stressors, since, despite affecting the institution, their occurrence is difficult to predict and internal control.

The excessive flow of care carried out in the UPAs generates a sense of powerlessness in the nursing team for not being able to provide adequate care to patients. Attached to this, is the fact that the majority of the demand for the care of users occurs for complaints that do not configure urgency and emergency, overloading the service with situations that could be resolved in the basic units of health, as evidenced in the speeches of the participants, below:

[...] is a lot of work. It's a lot of people, it's a lot of looking for care. We are not able to pay the attention that should be given to patients, because the demand is very high here. We get limited and get kind of upset about not being able to provide the care we would like. (Individual 33)

[...] we receive a lot of patient that does not configure emergency and emergency care. [...] has a very large patient demand that should be for basic unit. (Individual 53)

In addition, the overload related to overwork and the lack of employees causes physical, emotional and psychological overload generating feelings of anxiety and frustration.

Furthermore, the structure of the municipal health system in the UBS does not seem to cover the health needs of users, who resort to UPAs in search of quality care, which results in overcrowding of users interned in UPAs. These factors reflect in the work processes of nursing, generating stress, especially in the face of the possible ways to transfer them to a hospital unit and, better management of the situation.

Another trigger factor of stress is the fact that despite having hospitalization beds, UPAs do not have all the hospital conditions necessary to keep hospitalized patients. This fact requires concern for the nursing team, in the face of the need to keep hospitalized patients and the difficulty to obtain hospital back beds.

The lack of materials for the execution of work in emergency situations impairs the resolvability of the work of the team and the psychological condition of health workers, as evidenced by the speech of the participants:

The lack of material stresses because it doesn't give you the conditions to cope. A thermometer is missing and already gives a stress. [...] The oxymeter that is not working already completely generates a stress. (Individual 35)

[...] is the lack of material, sometimes you want a medication or a material in itself and do not have, then we are in the improvisation, [...] It is what leaves the person most stressed. (Individual 03)

Category 2: Stress factors: weaknesses

The main stressors associated with doing work in the daily routine of the professional found in this research are related to interpersonal relationships, the relationship with the medical team and conflicts with patients and companions.

The lack of humanization in establishing interpersonal relationships with colleagues and users are identified weaknesses that generate conflicts in the context of UPA nursing work. In the participant's speech, one can observe consequences such as stress, isolation and the need to use medications to control anxiety:

Lack of empathy from colleagues. The biggest stressor is the relationship, it's pretty hard. (Individual 51)

[...] It stressed me, stressed me until recently, I even had an anxiety crisis so [...] after that day I had to see our doctor at work and he is a psychiatrist and then he gave some medications. (Individual 48)

Furthermore, in relation to relationships, we cite the difficult coexistence with the medical team, while the excessive concerns in addressing the needs of the users associated with the need to control the posture taken by the doctors in relation to compliance with the standards, can develop triggers for anxiety and stress, as well as generate a feeling of devaluation of the nursing team.

Another stress factor indicated, and which generates great concern, are conflicts with patients and accompanying persons, generating scenes of hostility, physical and verbal aggression against the nursing team.

Category III: Confrontation: Strengths and Opportunities

Regarding the strengths, forms of confrontation found within the work environment, one can mention dialogue and teamwork.

[...] when I see that really things are taking a direction that is difficult to handle there we have to ask for help, talk to the colleague or talk to the nurse, talk to the chief to try to organize, because whether you like it or not it is the team, it is your team. (Individual 13)

We talk. When you're very stressed, we go there for coffee, talk. It's talking, slapping with each other. (Individual 50)

Furthermore, the forms of confrontation found in the outside work environment, which in this research were: the use of faith, keeping calm, using breathing exercises, ignoring conflict, practicing physical activities, meditation, music and complementary therapies and the use of medications, are configured as opportunities.

Also, the use of self-control strategies such as keeping calm and breathing exercises appeared as ways of dealing. It also emerged as a way of dealing with the problem, choosing to ignore some situations:

I try not to try to absorb. [...] And then, I come home, I try to shut myself off as much as possible. (Individual 51)

Well, when I get home, we try to leave the gate out, what we go through here. It's an agreement between me and my husband. (Individual 39)

The practice of physical activities, meditation and music were strategies used by the nursing team, outside the workplace, to cope with stress:

We're going to gym. Try to keep the days you're home. Have a good diet, good nights of sleep, exercise [...] (Individual 39)

[...] I do meditation too, it helps a lot with anxiety and I am a very anxious person [...] (Individual 44)

[...] Listen to a song, try to do a meditation, light an incense, try to have a moment of falling into the box of nothing and that at home. (Individual 36)

I try to seek out alternative therapies like reiki, meditation, ho'oponopono to try to balance and work with my emotional, with my mental. (Individual 50)

Finally, the treatment of emotional issues through the use of medications as a way to deal with stress was presented:

I'm taking medication. I'm medicated, because otherwise you can't move on. I follow up with a psychiatrist. [...] If I don't take medication, I get pretty crazy. (Individual 53)

DISCUSSION

Through the analysis of the SWOT matrix it was possible to identify the stressors internal and external to the work of the nursing team, being divided into weaknesses and threats, as well as to observe the opportunities and strengths developed by workers to cope with occupational stress.

Regarding external stressors, it was evidenced that the workload, the precarization of the municipal health service, which leads to greater demand for work and the lack of employees, are stressors. In this sense, it is known that these stressful situations can trigger professional exhaustion, which in turn generates damage in patient care, in the productivity of the nursing team and affects the organization of work³.

The excessive demand for work, often by patients without urgency, generates professional wear and overcrowding in UPAs. This impacts the nursing processes, causing stress, especially in the face of the possible ways to transfer them to a hospital unit and better manage the situation.

Many users arrive at UPAs with complaints that do not fit in the profile of emergency and emergency care, but are forwarded by their basic units due to lack of doctors¹⁹. In addition, in the basic health units the medical care may be delayed, given the lack of professionals.

This demand for secondary levels of health may also be related to the working hours of the basic health units, which do not include all individuals, since they usually work in business hours, where the users who work are in their respective workplaces²⁰⁻²¹.

With the increased demand for patients in the UPAs, there is an increase in hospitalizations in these units that, despite being well equipped, do not have all the necessary hospital structure. In practice, UPAs are being viewed as another unit of hospitalization, overburdening professionals and being used as a way to replace and defuse hospital institutions⁷⁻²².

Furthermore, another stressful factor is the lack of inputs that, linked to the stressful environment of an emergency, is related to fragile nursing assistance and the appearance of depressive symptoms in professionals².

In addition, stress factors related to daily work emerged in the second category, such as conflicting interpersonal relationships with colleagues, doctors and users corroborating with the findings of Glawing and collaborators¹, which showed that the work team is a stress-generating factor, especially in the face of poor cooperation in labor activity. In this sense, this disturbed relationship impairs direct patient care and reflects on the mental health of workers².

Furthermore, in relation to relationships, conflicts with patients and accompanying persons were found, which even result in aggression. These situations occur mainly with nursing workers who act in front line, resulting in psychosocial harm¹⁻²³. It can be correlated that the possible socioeconomic vulnerability of UPA users may be a factor that contributes to the lack of knowledge about the organization of the service and consequently leads to hostility scenes¹⁹. This impairs the work activity of the team, as professionals are physically and mentally exhausted, often requiring removal from service²³.

Regarding the forms of confrontation, dialogue and teamwork are the strengths found in the work environment. The exercise of dialogue through meetings or discussions with colleagues shows a strategy for resolving or mitigating stressful situations¹.

In addition, the dialogue strengthens the bond between team members and serves as an opportunity to unwind between colleagues, who are the most empowered to understand the situation experienced. In addition, teamwork with competent colleagues reduces stress and prevents loneliness¹.

Outside the work environment, professionals find strategies such as faith and spirituality as ways of dealing, which are also used by nursing professionals in other areas of activity that seek to minimize suffering⁴.

The exercise of reflection, self-control strategies such as keeping calm and breathing exercises are strategies to deal with stressful situations that are adopted to contain the problem, preventing the spread of stress, in addition to helping reduce the emotional impact by suppressing emotions¹.

Moreover, coping forms found in the outside work environment, such as the practice of physical activities, meditation and music, are important and effective in reducing stress levels and preventing *burnout*, promoting relaxation and feeling of well-being^{4,24-25}.

When other non-medicinal interventions prove to be ineffective, medications are used, however, indicating a warning signal regarding the mental health of these professionals.

The limitations of the study include its conduct in a single location, suggesting the need to expand to other UPAs and states for better understanding of the studied phenomenon. In addition, the units studied had, on average, two years of operation, which may not reflect the reality of more consolidated UPA, impacting the perception of stressors and coping strategies.

FINAL CONSIDERATIONS

The analysis of the SWOT matrix allowed to identify internal and external stressors faced by the nursing team in Early Care Units, classifying them into vulnerabilities

and threats. External factors include the excessive demand for non-urgent care, the workload, the precarization of health services and the lack of materials. Internally, interpersonal conflicts, especially with the medical staff, patients and companions, also generate stress.

To deal with these challenges, professionals use coping strategies both in the work environment, such as dialogue and teamwork, and outside it, such as faith, reflection, physical activities, complementary therapies and medications. These findings highlight the importance of valuing dialogue and cooperation as effective ways of dealing, highlighting the need for managerial support to provide an environment of welcoming and listening.

The study highlights occupational stress factors and coping strategies in the surveyed population. Such findings may support the creation of strategies to improve the working conditions and mental health of these professionals. New research in different contexts is recommended to improve the development of effective interventions.

It concludes the importance of strategies to minimize work stress and improve the work environment. It is essential that managers offer specialized support, promoting a welcoming and listening environment to help professionals cope with stressful situations in a healthy way.

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Received: 25/02/2025

Approved: 10/08/2025

Associate editor: Dr. Nuno Damácio de Carvalho Félix

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work -

Mendes VMS, da Silveira RS, Barlem JGT, Serrano SP, Cabral CN. Drafting the work or revising it critically for important intellectual content - **da Silveira RS, Barlem JGT, Serrano SP, Cabral CN.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Mendes VMS, da Silveira RS, Barlem JGT, Serrano SP, Cabral CN.** All authors approved the final version of the text.

Conflicts of interest:

The authors have no conflicts of interest to declare.

Data availability:

The authors declare that the data can be made available upon request to the corresponding author.

ISSN 2176-9133



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