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SUFFERING AT WORK: FEELINGS OF NURSING TECHNICIANS AT THE EMERGENCY SERVICE OF A UNIVERSITY HOSPITAL[1]

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ABSTRACT
This is a qualitative research which aimed to reveal the suffering felt by the nursing technicians who worked at an emergency service, using the framework of psychodynamic of work. Data collection took place by means of a semi-structured interview and the analysis adopted the content analysis technique. For selecting the subjects, we used the snowball technique. The categories which emerged from speeches illustrated the suffering related to the environment, work dynamics, quality of patient care, lack of appreciation and recognition in professional relationships, and the internal and personal conflicts influencing on the work process or awakening due to it. We conclude that suffering is related to many aspects of the work process, and it is crucial to recognize it and, then, create strategies to cope with it.

Keywords: Occupational health. Burnout, professional. Working environment. Nursing, team.

INTRODUCTION

Thinking of the consequences of work, especially the way how it is organized, as for the psychological health of workers has gained the attention of researchers, revealing an emerging concern with regard to how the individual relates to her/his work.

These aspects involve the theoretical framework of the psychodynamics of work, which regards work as primary constituent of the subject in the subjectivity processes, conducting this sociopsychic analysis of work by means of its organization[1].

This theoretical framework was first developed by the French psychiatrist Christophe Dejours, between 1950-60, when it was still named psychopathology of work and tried to understand the relationship between man and work, which led to mental illness, finding out, later, that the worker did not statically experience this suffering, but created strategies to make it bearable[2]. It indicates that work has an impact on the mental apparatus of individuals, with the possibility of causing suffering, which may be attributed to organizations that ignore the history, life projects, and wishes of their workers[2].

Dejours also explains suffering as a state in which the subject struggles against conditions posed by the organization or work process that conflict with her/his psychic functioning, and when there is no chance of adaptation between the organization and the wishes of this subject[2].

In Brazil, the studies on psychodynamics of work started in the 1980s and they have followed the evolution of theory, which, currently, seeks to understand how the individual reaches psychic balance, despite experiencing destabilizing conditions[3].

Nursing work, generally, is exhausting and in units such as an emergency service of a tertiary hospital there are factors which favor suffering and emotional distress, since the environment is unstable and agitated and the activities are

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intensive. These experiences in daily work interfere with the worker's emotional and social life[4,5].

In addition, the nursing team deals with death, family grieving process, patients' suffering and it organizes a dynamic and constantly changing structure, which requires immediate actions and quick decision making – whose consequences can be very severe and permanent for patients. Being aware of this, the professionals execute their activities under strong "pressure"[4].

At any emergency service (ES) unit, this routine of the nursing team professionals is exhausting due to the factors mentioned above and, often, we observe manifestations of fatigue, suffering, mental exhaustion, and work overload, and this overload is, many times, emotional. This fact may be more severe when it comes to an ES of a public school hospital, since there are many training professionals working at it.

This way, this study shows to be relevant, because we believe that the quality of patient care is directly related to the quality of life of the health care team at work. This involves not only visible factors, but mainly subjective aspects related to emotional health, which, often, are not seen by the professionals, managers, bosses, or supervisors. Knowing these feelings may collaborate to manage the human resources at these units.

The importance of identifying fatigue or the way how suffering manifests at work involves a chance of change through strategies to minimize this suffering, making work more effective and even bringing a greater appreciation for the nursing professionals as human beings[6,7]. There is a need to recognize suffering in order to face it.

Faced with these considerations, this article aims to reveal the suffering felt by nursing technicians who work at an ES of a university hospital.

MATERIALS AND METHODS

This is a descriptive and exploratory research, with a qualitative approach. The research site was the ES of a high complexity hospital with 316 beds. This ES is a complex and reference unit for treating trauma which involves all urgency and emergency specialties. It underwent a reconstruction and expansion two years ago and has high-tech material resources and specialized human resources. A large part of patients assisted and admitted to the ES have a high dependence level. This unit, which constitutes a gateway to the Unique Health System (SUS) and a reference center for the entire northern Paraná state, is often working above 100% of its capacity.

The total number of nursing human resources with the High School level at the ES is 94 professionals, including all periods (morning, afternoon, and two night shifts), constituting the study population. The inclusion criterion was belonging to the ES staff for at least 1 year, being used to its daily work and being adapted to the dynamics of this unit. We excluded the professionals who were on vacation or work leave. For data collection, we used a semi-structured interview with guiding questions. The answers were recorded and transcribed, without identification of respondents. We also collected sociodemographic data for characterizing the population, through a structured questionnaire filled in before conducting the interviews.

The number of respondents was not determined in advance, since, in a qualitative research, data collection persists while there are convergences in the speeches representing the phenomenon under investigation[8]. We used the snowball method for selecting the participants, which comprises the indication by a culturally competent participant of another professional with a similar competence, repeating the process when a new participant was included[9]. This indication must occur naturally, at the request of the interviewer, and the participant who indicates, through unconscious mechanisms, selects the professional who could contribute to the study.

For analyzing the interviews we used the content analysis technique, proposed by Bardin, which "consists in discovering the meaning nuclei that make up communication whose presence, or occurrence frequency, may mean

something for the analytical goal chosen"[10:105]. To go beyond the content expressed in the message, we use the inference, thus reaching a deeper interpretation. Inference, in this case, occurs through categorical analysis, consisting of three different moments: pre-analysis, material exploration, and processing of the outcomes[10].

The discussion of this study was supported by the framework of psychodynamics of work, since it proposes to analyze the relationship between the work organization and the worker's psychic dynamics, which may result in pleasure or suffering in labor[2].

The final number was 12 interviews with nursing technicians, lasting between 15 and 25 minutes each, which were conducted in August and September 2010, after approval by the Research Ethics Committee, under the Opinion 145/2010 and the CAAE 0128.0.268.000-10. We complied with all requirements set by the Resolution 196/96, from the National Health Council, which provides for the research involving human beings.

For transcribing the interviews, we used some codes, such as: "[...]" when a fragment/part of speech was excluded; "..." to illustrate breaks during the interview. To maintain the anonymity of subjects, the names were replaced by the letter R (standing for respondent: R1, R2, R3...).

RESULTS AND DISCUSSION

During the analysis of interviews, two main categories emerged from the speeches, which characterize the suffering at work among this population in the ES: **Suffering related to the work setting**, which branches into 4 subcategories; and **Internal and personal conflicts awakened by experiences at work**, which branches into 2 subcategories.

Suffering related to the work setting

We observed, through this category, the worker's suffering related to stimuli coming from the work setting, such as the unit structure, the work process, the relationship with the patient and the supervision, as illustrated in the subcategories below.

The work overload

The first subcategory is related to the work process characteristic at this unit, which is always overcrowded and has a great demand of severe patients, bringing feelings of "overload" and "stress", when a professional, due to the unit overcrowding, has to take the work that would be conducted by many people and she/he tries to be psychologically prepared to accept this fact, in order to soften the internal suffering that inevitably emerges in these situations.

> [...] the great demand of care and the small number of employees, right? [...] you end up being overloaded... (E6)

> Well, we always try to be psychologically prepared because we do not know what will be faced in the emergency service... we see a little of everything, then, with this number of patients entering the emergency service [...]. (E9)

These speeches corroborate another study which also demonstrates the worker's fatigue and her/his powerlessness feeling when faced with a demand for care exceeding the health care team capacity. We observe feelings of anxiety, fear, pressure, and helplessness in services which undergo a lack of resources and overcrowding of ill patients[11].

Another author reports that nursing professionals are exposed to different workloads, depending on the organization and the unit where they work[7]. In units where the overload is a constant variable, these professionals are potentially at risk of becoming emotionally ill or acquiring occupational stress. A lengthened exposure to this situation may culminate in a harmful process to the health of the professional her/himself[5].

The imminent possibility of unexpected events

The second subcategory found brings feelings of "constant tension" and even "fear" related to a concern due to the imminent possibility of undergoing unexpected events in the daily work at this unit and the consequences of her/his own action with regard to the patient's health when she/he needs quick interventions, something which

demonstrates the worker's commitment to the outcome of her/his work.

> [...] I am worried about the possibility that the patient gets worse... (E1)

> ... there are patients with hypotension, hypertension, then, it is very stressful, right? (E4)

> [...] you work a bit nervous after a complication, you have to be very quick... you are afraid of doing something that hurts the object of our work, which is the patient. (E7)

The speeches in this subcategory illustrate the suffering that emerges from a characteristic working environment. This environment is set by the patients' complexity, the unit profile, the organizational culture, and the ways how these relationships are established.

Some studies confirm that the environment in which the professionals are included can cause physical and mental fatigue, also compromising their performance[12], and the hospitals constitute environments which stand out with regard to occupational stress, requiring the worker to have ways to balance or overcome these emotional overloads[6].

The environment is more strenuous and it requires an improved ability to deal with stress when it comes to units with patients undergoing severe conditions or imminent risk of death, such as the intensive care units[13] or the emergency units; the latter ones, generally, adopt mechanistic practices and are regarded as cold environments[5], however, they show a high tension and anxiety level due to the great responsibility which permeates the nursing work.

Dissatisfaction with the work outcome

The speeches illustrating this subcategory refer to the "sadness" and "powerlessness" felt as outcome of an insufficient care (according to the respondents' view) due to the overload reasons already mentioned. These speeches revealed that, when the nursing technician cannot give attention or talk to the patient, the assistance presents a drop in quality, making evident that, for these professionals, the quality of care is directly related to the use of light technologies, i.e. the allocation of relational and affective resources in the professional/patient relationship.

> But there are times when you just want to stop and, sometimes, a feeling of sadness because you cannot stop and give that special attention there, for that elderly woman or that person... (E2)

> You just end up overloaded, and, then, care is not as good as we wish it were [...] I feel sad, I think something was missing, I should have talked, sometimes... (E6)

> [...] you want to find a spot for him, to lay him down, in order to medicate, to relieve the pain, and that spot just does not exist... it is a feeling that you cannot even... helplessness, sometimes we strive so much, there is so much struggle, and we cannot get out of that, or the patient ends up dying... (E11)

Health care work involves a gathering of subjectivities which goes beyond what is described in rules and routines or protocols. Subjectivities set exchange ways between the nursing professional and the patient. It is a gathering of relationships, knowledge kinds, ways of feeling and thinking. These are the light technologies which, in addition to the relationships, refer to the production of verbal and nonverbal communication, embracement, bonds, empowerment, empathy, and touch, something which results in smoothing of anxiety and fear of the unknown experienced by the patient. These technologies gain a dimension of care itself and they are needed in order to establish the bond for an effective nursing care[5,14].

When emotional exhaustion occurs due to exposure to stress or excessive suffering, as mentioned in the first categories, besides psycho-emotional symptoms and even somatic illness, the professional starts resorting to some coping strategies through emotional detachment, indifference when faced with the suffering of other people, and loss of empathy, resulting in a "depersonalization" of this professional and in the abandonment of soft technologies as intrinsic tools to the production of care[15].

The lack of recognition at work

Another aspect which emerged from the suffering of these professionals concerns the lack of recognition at work or a feedback from

nurses, something which is often expected for good work or even in order to lead the professional to conduct a self-assessment. The lack of this recognition dynamics brings a feeling of worthlessness and makes suffering at work more severe.

> [...] Some bosses, they speak [...] but this is very difficult and, unfortunately, they forget about it [...] just a little they speak is okay... only providing feedback. [...] But we, on a daily basis, realize, sometimes we stop and say "wow, am I behaving like this?". (E5)

> [...] sometimes you do something and sometimes the person does not appreciate it [...] people do not appreciate you... actually, dealing with the human being, with people, is difficult, but... we have to overcome it. (E12)

The recognition of work constitutes a variable which should be embodied in the very work process, no matter the way how this is expressed, through words, expressions, gestures, or even at times of formal assessment.

The positive or negative feedback, in most cases, is sought by that worker whose profile involves will to question, face difficulties, do and redo the work process, show up to be available for the team[7]. This attitude is very positive for the subject's development and the transformation of what is currently observed, demonstrating that they are not passive in their relation to work.

The work recognition dynamics becomes so important in the health service environment that it is regarded as a contributing factor to the professional's health production, turning the process in which she/he is involved into a salutary one[7]. This is so because recognition makes possible transforming suffering at work in pleasure and accomplishment, especially when it comes to tasks that involve immaterial, invisible, non-palpable work, as in the case of nursing. It is crucial that there is an appreciation of the caregiver's role which contributes to the construction of a professional identity based, primarily instead of peripherally, on a scientific knowledge source[16].

Internal and personal conflicts awakened by experiences at work

As already pointed above, suffering may be explained as an attempt to tackle some of the conditions posed by the organization or work process that conflict with the professional's psychic functioning[2]. These aspects are illustrated through two subcategories.

The diagnosis and patient's history

The first subcategory shows a way of suffering related to inner feelings, mobilized through the meeting with the situation and patient's history. These feelings could be observed when the patient's profile and/or diagnosis brought some suffering source for professionals, something which demonstrates that there is no separation between the subject who works and the subject who lives and has a history. We observed in this interaction feelings of "fear", "sadness", "anger", and "anger".

> [...] There are patients who will make you feel... "flopped" [...] due to their diagnosis... (E5)

> [...] and even, sometimes, a little bit of anger because... just in case, for instance, of physical aggression, either with an adult or with a child, we see even maltreatment... (E9)

> I, sometimes, feel pity, or fear, because I do not want that to happen to me or my colleagues or my relatives [...] Ah... with children it is always more painful, I do not know if that happens because we have children of our own, we think as if they were our children [...]. (E10)

The death or suffering of patients with some profile constitutes a process which generate severe fatigue and suffering at work, especially when it comes to children or young people[7]. For understanding these feelings, is important to take into account that the agent of work and the subject undergoing the action are humans, something which results in a close connection between work and worker, with a direct contact with the experiences of suffering, pain, nonconformity, despair, uncertainties, death process, and many other feelings aroused by the illness process[17]. Again, the individual is understood not only as a simple resource, but as a network of complexities and subjectivities, which are inevitably included into the work

process and the exchanges between the actors of care.

Influence of personal life on work and of work on personal life

The second subcategory relates to professionals' personal issues conflicting with the work process into which they included or with patient care. This subcategory corroborates the assumption that suffering involves a variety of individual aspects, when the human being is regarded as a whole. It consists of speeches which characterize the suffering resulting from the influence of personal life on work and of work on personal life, when, seemingly, a factor or event leads one to cross the border of the balance between them.

> [...] The only thing that disturbs me a bit at work, but now, thanks God, they are older, is related to my children, when they are sick... I feel a little... nervous, you know... (E5)

> [...] I come home, take a shower, talk for an hour, and go to sleep, I work from 5 p.m. to 11 p.m., come home and my family is sleeping, so, what time could I talk to them? [...] sometimes, you end up being unable to provide that support you should provide. (E7)

> [...] come home bored, spend the rest of the afternoon bored, sometimes, even be upset at dawn because of things which remained unresolved there, within my working hours. (E11)

The speeches show that the relationship work/personal life is a two way street, the individual brings and takes issues from work to home and from home to work, on an apparent basis or not, on a conscious basis or not. Thus, it is important to consider that most respondents were married and had children.

In a research carried out with nursing professionals, it is indicated that the increased number of working hours raises concerns for these workers with regard to the lack of time, especially, for their children, causing feelings of anxiety and guilt[18]. It is noteworthy that work has become the key element in people's lives, occupying the space of experiences in other dimensions of life, such as family interaction, even causing doubts as for the cost/benefit of this impasse[18].

Another study with a population of professionals at a hospital environment, however, involving a different nursing category, found out that the suffering experienced at work can lead to illness and the causes of this suffering also has multiple facets, which, gathered, may be related to two great causes: work conditions and personal life factors[19], an outcome very similar to this study, except for the emphasis that our study population allowed seeing the light technologies, the interactions at work, and the relationship with the patient.

It shows to be important, thus, that there are spaces at the work environment in which it is possible express individual subjectivities and seek collective strategies to face suffering, so that the pleasure at work can be potentiated, strengthening the team both psychically and physically, something which will also benefit the quality of patient care[20].

FINAL CONSIDERATIONS

Suffering in nursing work emerges whenever there is a gathering of subjectivities, a meeting between ways of thinking, acting, and feeling and what is offered by work to the professional in all of her/his dimensions. This meeting may be related to some aspects, such as: work environment and dynamics; patient care; work relations; and personal and internal conflicts.

Professional's commitment to the quality of care he provides stands out as an active dynamics in the pursuit of pleasure to like the outcomes of her/his work, making it possible to reduce the sufferings once experienced. Furthermore, recognizing and appreciating the work conducted constitutes the main tool that the manager can have to turn the work process more "human" for professionals. In order to operationalize this reality, there is a need for greater awareness and an attitude change in the interpersonal relationships.

Awareness of suffering at work is the first step to make visible its impact on the

professional's health and on nursing care, creating the possibility of thinking of strategies which can assist the worker to face suffering or even of creating conditions which make suffering milder. This issue should not be regarded as peripheral by managers, since work constitutes a key element in human life. Caring for the professional means promoting health in her/his work process and preventing the existence of environments which compromise her/his interaction with this process.

O SOFRER NO TRABALHO: SENTIMENTOS DE TÉCNICOS DE ENFERMAGEM DO PRONTO-SOCORRO DE UM HOSPITAL UNIVERSITÁRIO

RESUMO

Trata-se de uma pesquisa qualitativa que teve por objetivo revelar os sentimentos de sofrimento dos técnicos de enfermagem que trabalhavam em um pronto-socorro, utilizando o referencial da psicodinâmica do trabalho. A coleta de dados ocorreu por meio de entrevista semiestruturada e a análise adotou a técnica de análise de conteúdo. Para a seleção dos sujeitos foi utilizada a técnica bola de neve. As categorias que emergiram das falas ilustravam o sofrimento relacionado ao ambiente, à dinâmica de trabalho, à qualidade do cuidado prestado ao paciente, à falta de valorização e reconhecimento nas relações profissionais e aos conflitos internos e pessoais que influenciavam o processo de trabalho ou eram despertados por ele. Conclui-se que o sofrimento relaciona-se a vários aspectos do processo de trabalho, sendo primordial reconhecê-lo para, então, criar estratégias para enfrentá-lo.

Palavras-chave: Saúde do trabalhador. Esgotamento profissional. Ambiente de trabalho. Equipe de enfermagem.

EL SUFRIR EN EL TRABAJO: SENTIMIENTOS DE TÉCNICOS DE ENFERMERÍA DEL SERVICIO DE URGENCIA DE UN HOSPITAL UNIVERSITARIO

RESUMEN

Esta es una pesquisa cualitativa que tuvo como objetivo revelar los sentimientos de sufrimiento de los técnicos de enfermería que trabajaban en un servicio de urgencia, utilizando el referencial de la psicodinámica del trabajo. La recogida de datos ocurrió por medio de entrevista semi-estructurada y el análisis adoptó la técnica de análisis de contenido. Para la selección de los sujetos fue utilizada la técnica bola de nieve. Las categorías que emergieron de las hablas ilustraban el sufrimiento relacionado al ambiente, la dinámica de trabajo, la calidad de la atención al paciente, la falta de valoración y reconocimiento en las relaciones profesionales y los conflictos internos y personales que influenciaban el proceso de trabajo o eran despertados por este. Se concluye que el sufrimiento se relaciona a varios aspectos del proceso de trabajo, siendo primordial reconocerlo para, entonces, crear estrategias para enfrentarlo.

Palabras clave: Salud laboral. Agotamiento profesional. Ambiente de trabajo. Grupo de enfermería.

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