

## SUBJECTIVITY OF THE NURSING WORKFORCE AND THE PRACTICE OF ADAPTING AND IMPROVISING MATERIAL

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### ABSTRACT

Qualitative, descriptive research that aimed to analyze the subjectivity of the nursing workers in practice to adapt and improvise materials. The participants were 20 nursing workers from a university hospital. The instrument of data collection was the semi-structured interview. The data were submitted to content analysis. The results showed nursing professionals' dissatisfaction with the need to work in the midst of improvisations and adaptations, which appear as tactics to minimize the precariousness of working conditions, fruit of a defensive ideology of nursing workers in the face of adversity in the workplace. The conclusion is that the adaptations and improvisations wear out nursing workers, directly affecting their quality of life.

**Keywords:** Occupational health nursing. Occupational health. Working conditions.

### INTRODUCTION

The objective of this study was the subjectivity of nursing professionals facing the daily execution of adaptation and improvisation of materials at the hospital environment. This object emerged from the experience as nursing professors at a public university in Rio de Janeiro, where there was empirical observation of innumerable scenes in which, through the scarcity and/or inadequacy of material resources, nursing professionals performed various improvisations and adaptations, often submitting to situations that could create or enhance occupational hazards and endanger the safety of the patient.

A mark of work at public hospitals has been the intense insufficiency of inputs. That unusual situation involves political and economic injunctions, among other determinants, all strongly linked to the policies aimed at

reducing the public machine<sup>(1,2)</sup>, which generates precarious working conditions, which requires that health professionals, in addition to polyvalence, develop their adaptive capacities in order to survive the unworthy conditions of work<sup>(3-5)</sup>.

The lack, scarcity, or inadequacy of material resources impels workers, especially nurses, to adapt the available supplies to ensure the care provision. However, there are at least two issues facing that situation. The first is the need to use the psycho-cognitive and motor skills of workers, continuously and under conditions of pressure, in order to ensure the development of care, which results in the worker's psychophysical wear and vulnerability to illness. The second problem involves the quality of adaptations and improvisation performed considering the threat to the safety of patients and workers, since they are performed in adverse conditions and have not had their usefulness and quality tested and

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validated<sup>(6,7)</sup>.

In this perspective, nursing workers experience feelings of insecurity, abandonment by labor organizations, pressure to carry out work, fears that adaptations and improvisations are not meeting the scientific principles of the profession. Finally, negative feelings that alter the subjectivity of the workers and that, in turn, can result in mental and psychosomatic diseases, such as burnout syndrome, gastritis, changes in the intestinal rhythm, among other manifestations<sup>(5,6,7)</sup>.

This study aims to contribute to the enrichment of the debates about the health of the nursing worker, from the point of view of subjectivity, with theoretical support for the analysis of the Work Psychodynamics problematic<sup>(4)</sup>. In addition, this study can collaborate to the increase of researches on the adaptations and improvisations performed by nursing workers at the hospital setting. To this end, it presents as objective: to analyze the subjectivity of nursing workers in the practice of adapting and improvising materials.

## METHODOLOGY

This is a descriptive research, with qualitative approach, carried out at a public university hospital in the city of Rio de Janeiro. This institution is a unit classified as a general hospital, large-sized, that offers clinical, surgical and outpatient, general and specialized treatments. That hospital does not have urgency and emergency services; in this sense, when people arrive at the hospital with a health service that requires immediate and life-threatening treatment, they are often placed in ambulances and transferred to hospital units with those services.

The participants in the study were 20 nursing workers: 11 nurses, three nursing assistants and six nursing technicians. The inclusion criteria of the participants were: having performed in their daily work at least one adaptation and improvisation, being a nursing care professional, developing their work activities at the institution and not being on vacation and leaves during data collection.

The data were collected during the morning and afternoon, specifically in the following

sectors: Intensive Care Unit, Cardiac Surgery, General Surgery, Thoracic Surgery, Vascular Surgery, Neurosurgery Clinic. The choice for those scenarios is because they are places that served patients with different levels of complexity and nursing workers with different profiles in relation to the time of professional experience. Therefore, those sectors have proved fruitful in the development of the research.

The technique of data collection was the individual semi-structured interview, and the interview script contained three questions that enabled nursing professionals to discuss the repercussions of adaptations and improvisations for their subjective dimension: I) Describe your daily work; II) Talk about the practice of adapting and improvising material, considering the frequency you carry them out and the reasons for it; and III) Comment on the repercussions of the practice of adaptation and improvisation for nursing workers and patients. The statements were recorded on multimedia player equipment and fully transcribed for further analysis.

The treatment of the data occurred through content analysis, which consists of a technique that seeks to verify hypotheses and/or questions, and to discover what lies behind the manifest contents, going beyond the appearances of what is being communicated<sup>(8)</sup>.

After transcription, the statements were submitted to content analysis following the proper procedures: careful reading of the material; decoding the text into several elements, which have been classified into analogue clusters; application of the criteria of representativeness, homogeneity, reclassification and aggregation of the elements of the set, emerging the following category: Subjective aspects linked to the practice of adapting/ improvising.

This research obeyed all the ethical requirements for researches involving human beings. In order to preserve the anonymity of the participants, the word "worker" identified their reports, as well as a number that indicated the order of the interviews. There was also the identification of the nursing category to which they belonged.

## RESULTS AND DISCUSSION

### Subjective aspects linked to the practice of adapting/improvising

The data analysis revealed the subjective aspects that permeate the practice of adapting/improvising, expressed by the participants through their perceptions, feelings, values and desires, manifested in such experience during the labor process.

The aspects related to the practice of adapting/improvising stood out in the statements analysis. Thus, the unanimity of the analyzed corpus approached the perception that such practice is bad, bringing innumerable harm to both the worker as the client.

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In this perspective, there was a recurrence of the practice of adapting and improvising materials in the context of work, because the working conditions are precarious at the public health service, where the State seeks to reduce the public machine and, therefore, does not provide the budget necessary for its proper functioning. Therefore, there is a risk of not guaranteeing the quality of nursing care due to the lack of inputs for the execution of the procedure, thus, the need for adaptations and improvisations of materials in order to provide care, endangering, sometimes, patient safety. Otherwise, those adaptations/improvisations bring consequences to the worker's health, since that practice leads to uncertainty, guilt and psychophysical suffering, situations that have potential for the sickness of workers<sup>(7,9)</sup>.

Therefore, the workers' feelings of dissatisfaction, guilt and frustration were evidenced due to the uncertainty regarding the compliance with scientific principles in the

execution of the procedures when using the mentioned adaptations and improvisations.

It is useless having to attend the patient and not having a quality treatment. And I think its greatest consequence is the professional dissatisfaction. I think it is a great disturbance, because you want to make your best for the patient and you cannot, what does it start to generate? Frustrations, guilt and so on. (WORKER6- Nurse)

Dissatisfaction, frustration and guilt may result from the professional consciousness about the negativity and prejudice of that practice, justified by the fact that they are subversions to the rules, which betray the ideology of what is correct, diffused by academics<sup>(10,11)</sup>. Therefore, there is an ethical implication, suggesting daily questions about the professional identity, the fulfillment of roles, the effectiveness of the performed actions and the transformative potential of the nursing workers:

First, I think you are infringing your ideology. You have learned to do it that way. You are breaking that ideology. Everything you have learned in theory, you practically throw it away, because you are always improvising. In practice, you do not develop what is correct, the right thing. (WORKER 2- Nurse)

If, on the one hand, professional awareness that, in adapting/improvising, the worker circumvents the rules and compromises the quality of the provided assistance, generating dissatisfaction lack of that awareness has repercussions on concern, since the worker perceives that the failures and potential repercussions of that practice interfere in the safety of both the patient as him/herself<sup>(6)</sup>.

Besides the awareness that, by adapting/improvising, they circumvent rules, which can result in numerous harm to the patient, other constraints also plagued the study participants. One of them was characterized by the questioning of patients about the way certain task was performed. The freedom of creation offered by adapting/improvising can deregulate the ways of performing the care, since each professional uses his/her creative and inventive capacity by performing the activity in his/her own way.

They look at a technician doing it certain way

and then look at the other doing it differently, the patient questions it: "But that one did it that way, why are you doing it this way?". It is a difficult situation, you cannot create over certain technique given the lack of material. (WORKER 18- Nursing Technician)

Faced with the precariousness of working conditions, a study warns about the need to raise awareness about that problem, starting immediately during the professional training process<sup>(12)</sup>. Thus, teaching institutions are responsible for stimulating a joint reflection of professors and students on the teaching-learning process of nursing procedures, setting precedents for flexibility, aiming, therefore, at the development of professional competences to provide quality assistance, even in the face of improvisations and adaptations. In this way, the aim is to provide comfort and well-being to the patient and the worker, to preserve ethical and legal issues of the profession, to ensure the professional's creativity during the care delivery, and to ensure that the scientific principles of each procedure are met.

The need to adapt/improvise became a situation lived by health professionals, in general, and especially by nursing, becoming naturalized, despite all the problems that it entails<sup>(6,7)</sup>. That naturalization can hamper the advance of knowledge, since, often, everything that is natural is accepted without questioning and without critical and theoretical deepening<sup>(13,14)</sup>. In addition, it contributes to the individual's adjustment to the adversities imposed by the organization of work, anesthetizing the worker and neutralizing the capacity for struggle and transformation of hostile labor realities<sup>(4,15)</sup>.

On the other hand, I see people doing improvisations without questioning, as a habit that hamper changes, because it seems it does not bother anyone anymore. (WORKER 7- Nurse)

By acting in such way, the worker does not perceive the power of his/her actions, he/she can intervene iatrogenically in human relations, bringing repercussions to him/herself or to his/her work context, because his/her capacity for reflection, intervention and replanning actions is dulled by the productive model and by the characteristics of the work

organization<sup>(4)</sup>.

There are also warns about the danger that charitable ethics, typical of nursing, can represent. Coupled with a religious feeling of compassion and self-denial, charitable ethics generates alienation from the profession, reinforcing duty and imposing sacrifices<sup>(5)</sup>. Thus, the worker is impelled to provide the care, even without the proper conditions for its accomplishment.

In this perspective, issues such as prioritization of values led the professional to think that it is better to adapt/improvise than deny care; that adaptations/improvisations will always be necessary, because the client is not to blame for the lack of materials that prevails at public health institutions; and that a client may die due to lack of care due to lack of materials. Important reflections were identified and explained below:

[...]you have a surgical patient, and then he gets worse because there in no this, there is no that, there is no jontex for him so that he does not get all urinated, because there is no sheet, no oiled. It drives us crazy. (WORKER 11 -Nursing Assistant)

The participants also revealed that the adaptations/improvisations will always occur in nursing because, in addition to the typical way of dealing with problems, they are so numerous that it is impossible to enumerate them. They emphasized that such practice is anchored to the profession, thus, workers are already inserted in the context of hospital work learning how to perform them.

Adaptation will always exist in nursing, as well as improvisation. Where does the nursing really get us to? It is the adaptation, you have to improvise, if you do not have that, you have to improvise with another thing, but... that is it. (WORKER 9- Nursing Assistant)

The nursing professional should have characteristics such as insight, accuracy, creativity and agility in problem solving. Thus, such a resourcefulness is inherent to the professional in the area<sup>(14,15)</sup>. Studies warn that nursing professionals should be careful not to untie that typical way of solving the problems of the necessary scientific principles that govern care and that preserve the know-how to clients<sup>(14,15)</sup>.

Even in the face of difficulties, the nursing professional should be prepared to perform the nursing care aiming at the quality of care to be provided. Although it is necessary to perform techniques based on improvisation and adaptation, the professional is responsible for watching for the promotion of well-being and for practicing care free of damages. Those damages may be due to a technical failure to comply with the guiding principles of care.

Another analysis point was the creative ability to perform the adaptations/improvisations and the self-valorization of the professionals that elaborate them, especially of the older professionals who have perpetuated that habit for a long time and are more resistant to change.

I realize that, sometimes, we have the material, but the employee is used to improvising. He has the material, but does not know how to use it. So, sometimes, you have the right collector for the drainage, but the assistant or technician gets the serum, tights it with crepe tape. And we end up seeing it a lot. (WORKER 12- Nurse)

[...] You try to change the reality, for 20 and 30 years of profession, and it is very difficult. So I think it is easier when you try to work without improvisation since the beginning, so that you go on working correctly. (WORKER 2- Nurse)

When adaptations/improvisations strengthen as normality, perpetuating in the professional environment, there is a risk of blocking the changes, since management can conclude that the improvements are not essential, since nursing can always "make things work", make adjustments and tricks, being able to accomplish the task and ensure the assistance.

In an order of prioritization of values, care, again, stands out against any other collective need or desire. Some participants were aware of the need to demand better working conditions to minimize the occurrence of adaptations/improvisations, but above all they asserted that care should be taken first and then demanded better working conditions:

I think what has to be done is to talk to the highest instances and say: look, only this type of material is not suitable for this type of patient, neither for this type of assistance and this type of technique. [...] At that time, we have to take care of that patient, have to provide quality care and

have to do that procedure, then in the future we try to change what is being deficient and wrong. (WORKER 2- Nurse)

The real break with the hindrances of the modern world is only possible if the nurse maintains an ethics of truth. Difficulties for nurses' decision-making require a change to transform or adjust to the demands. It is clear that attitude implies an ethical attitude, a commitment to the truth and to the rupture movement<sup>(16)</sup>.

It was possible to recognize, through discourse content analysis, that creativity, an essential prerequisite to the materialization of adaptations/improvisations, was favorable to both the worker as the client. However, the benefits of that creativity can turn out to be harmful, if the practice of adapting/improvising remains frequent in the work context.

I think it is important for us to know, to learn to adapt, to improvise, but to do so a few times. Not at the frequency they occur. That we learn in a way, in the technique, but suddenly that changes and becomes a routine. (WORKER 18 –Nursing Technician)

It turns out that the benefits of the practice of adapting/improvising require a critical and careful look of the nursing professional, so that those benefits are not totally devalued. Just as one must be careful that the positive aspects of that practice do not camouflage the innumerable negative points that permeate that situation. It is known that "[...] often improvisation is an alternative in the provision of care; but it does not mean something negative, since care can be elaborated in an appropriate way, aiming at new methods of performing a nursing technique"<sup>(12:16)</sup>.

The fact that professionals clearly consider adaptations/improvisations a negative practice refers to their desire to experience different situations in the future, revealing desires that emanate from the current experience of adversities in the work environment. Adversities that, as previously discussed, have the potential to distort the real meaning of care and quality care, which negatively affects the subjective dimension of nursing workers.

The present study inferred that desire is inseparable from its connection with the unconscious and its object is not a real object.

Desire is situated between need and demand. Thus, attacking the desire threatens the psychic and somatic balance. In this way, desire and satisfaction are an integral part of the work. The repression of desire for the organization of work reveals a fear that such desire may disturb behavior, which is the daily mode of operation<sup>(17)</sup>.

In this perspective, there were the wishes, imbricated with the practice of adapting and improvising, revealed by the participants. Desires regarding the need to minimize distancing of the adaptations/improvisations from the recommended procedures, the nursing literature or the Academies, or the prescribed work.

But I think that, within improvisation, you can get to the maximum of the correct technique and try to minimize it, knowing that in the future it is necessary to always try to talk in a meeting with the boss and see what is not correct, it is not the right, what can be modified. (WORKER 2-Nurse)

The need to approximate the adaptations/improvisations to the correct techniques, diffused by the Academies, is in the desire to minimize the perverse distancing between the actual work and the prescribed work. That distancing affects the subjectivity of workers and can be a source of both creative suffering as pathogenic suffering. For clients, that necessary approximation is justified in the ethics of caring free of malpractice, negligence or recklessness, which becomes possible as nursing workers combine their most varied ways of taking care with the fundamental ingredients of care: attention, observation, practical knowledge, scientific knowledge, caution, prudence, creativity<sup>(12,18)</sup>.

## FINAL CONSIDERATIONS

The subjectivity of nursing workers regarding the practice of adapting and improvising materials at the hospital environment showed permeated by feelings of dissatisfaction, guilt and frustration, as there are several situations that have raised doubts and uncertainty about the validity of such practice. For example, the content of the speeches raised

questions about ensuring compliance with the scientific principles of procedures performed through adaptations and improvisations, but contradictorily, workers felt impelled to perform them to ensure care for the patient, even though the quality of the procedure was at risk.

Moreover, the naturalization of the practice of adapting and improvising hospital supplies has repercussions on the subjective dimension of the workers in order to blunt the capacity of critical analysis on the characteristics of a labor organization that does not provide the conditions for a safe care provision. That situation also hinders criticizing a macro and micro-political context that makes the public health service precarious, placing workers and patients in a situation of vulnerability. In this perspective, that naturalization, that blurring of the worker's critical capacity in relation to that phenomenon, entails the struggle for transformation of that political context and the configuration of work organization.

Therefore, it is worrisome the fact that adaptations/improvisations, which appear as a strategy to minimize the precariousness of working conditions, resulting from a defensive ideology of nursing workers in the face of adversity in their work environment, can produce an idiosyncratic effect both for the quality of the provided assistance as for the maintenance of the health of those workers.

Furthermore, the practice of adapting and improvising has the potential to make workers sick, since it gives rise to feelings that negatively affect the subjective dimension of nursing workers, added to the fact that they wear down their psychosomatic energy, pressing their psychomotor abilities and their creative skill to improvise and adapt, especially in a context of precariousness.

The present theme requires studies such as in the ethical aspect of the profession, the measurement of the economic cost-benefit of such adaptations and improvisations for the hospital work and in the perspective of the worker's creativity by elaborating useful artifacts for the nursing process. Perhaps, investigating patents registered based on such practice may even be possible.

## SUBJETIVIDADE DOS TRABALHADORES DE ENFERMAGEM E A PRÁTICA DE ADAPTAR E IMPROVISAR MATERIAIS

### RESUMO

Pesquisa qualitativa, descritiva, que objetivou analisar a subjetividade dos trabalhadores de enfermagem na prática de adaptar e improvisar materiais. Os participantes foram 20 trabalhadores de enfermagem de um hospital público universitário. O instrumento de coleta de dados foi a entrevista semiestruturada, submetendo-se os dados à análise de conteúdo. Os resultados evidenciaram insatisfação dos profissionais de enfermagem diante da necessidade de trabalhar em meio aos imprevistos e adaptações, que surgem como táticas para minimizar a precarização das condições laborais, fruto de uma ideologia defensiva dos trabalhadores de enfermagem ante as adversidades do meio laboral. Conclui-se que as adaptações e improvisações desgastam os trabalhadores de enfermagem, repercutindo diretamente na qualidade de vida.

**Palavras-chave:** : Enfermagem do trabalho. Saúde do trabalhador. Condições de trabalho.

## SUBJETIVIDAD DE LOS TRABAJADORES DE ENFERMERÍA Y LA PRÁCTICA DE ADAPTAR E IMPROVISAR MATERIALES

### RESUMEN

Investigación cualitativa, descriptiva que tuvo el objetivo de analizar la subjetividad de los trabajadores de enfermería en la práctica de adaptar e improvisar materiales, los participantes fueron 20 trabajadores de enfermería de un hospital público universitario. El instrumento de recolección de datos fue la entrevista semiestructurada y estos fueron sometidos al análisis de contenido. Los resultados evidenciaron insatisfacción de los profesionales de enfermería frente a la necesidad de trabajar en medio a los imprevistos y adaptaciones, que surgen como tácticas para minimizar la precarización de las condiciones laborales, fruto de una ideología defensiva de los trabajadores de enfermería ante las adversidades del medio laboral. Se concluye que las adaptaciones e improvisaciones desgastan a los trabajadores de enfermería, reflejando directamente en la calidad de vida.

**Palabras clave:** Enfermería del trabajo. Salud laboral. Condiciones de trabajo.

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