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ORIGINAL ARTICLE

PLEASURE-SUFFERING OF PROFESSIONALS WORKING IN DRUG USERS' TREATMENT IN THE PANDEMIC CONTEXT

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ABSTRACT

Objective: to describe factors that generate pleasure and suffering in the work of professionals in a drug addiction service during the COVID-19 pandemic. **Method:** two methodological approaches, quantitative and qualitative, were carried out with a total of 39 workers from the multidisciplinary team of a drug addiction service (inpatient and outpatient). Data collection took place from October to December 2020, and was conducted using the Work Context Assessment Scale, the Pleasure and Suffering Indicator Scale at Work and discussion groups. Quantitative data were submitted to descriptive and analytical statistics, and qualitative data to thematic analysis. **Results:** critical assessment was identified for work organization, working conditions and professional burnout. Suffering was manifested by the lack of recognition and professional burnout, associated with the clinical and psychological consequences of the pandemic. Pleasure at work was present in the learning opportunity, in new relationships and teaching activities. **Conclusion:** suffering at work was evidenced in the face of the demands imposed by the pandemic, but experiences of pleasure and defensive strategies were seen as sources of protection for service workers.

Keywords: Worker's Health. Mental Health. Psychological Distress.

INTRODUCTION

Work based on the psychosocial model is characterized by collective practices and interdisciplinary work, with a horizontal logic that involves family, user and society. In this model, the Psychosocial Care Network (PSCN) was established as a strategy to expand mental health care in its different complexities, consisting of a Psychosocial Care Center (CAPS), Therapeutic Residential Services, specialized outpatient clinics, mental health beds in general hospitals, among other points of care[1].

Among them, we highlight the treatment services for drug users (addictive disorders), performed in general hospital inpatient beds in a specialized outpatient clinic, which have a specialized multiprofessional team, governed by rules and routines that meet the institutional norms and particularities of the service[1]. Hospitalization for the treatment of addictive disorders has the purpose of detoxification and rehabilitation in a protected environment, while the specialized outpatient clinic provides continuity of care aimed at quality of life and adherence to treatment.

Treatment in this context requires motivation, empathy, respect, sensitive listening, creativity and knowledge of the clinical and social factors involved in drug use from the professional, in order to promote comprehensive and humanized care[2]. It is known that mental health work in a general hospital can limit the creativity and perception of workers about the new model of mental health care, when faced with organizations based on a purely biomedical model in which treatment rules and routines are inflexible[1,2].

In addition to these findings, it is noteworthy that the COVID-19 pandemic, enacted in 2019, impacted health services, especially hospitals, as they have to respond to the growing demand for hospitalization due to the clinical and mortality

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consequences of the disease. This situation required the mobilization and movement of professionals from different services, such as mental health, to reinforce the "front line" of coping with the disease[3].

The care protocols in this scenario impact service organizations, compromising social interactions by distancing, reducing individual visits and stopping group visits, among others. So, mental health professionals were called upon to reinforce the front line and to have their technical-scientific knowledge available to assist in the direct care of patients with COVID-19, as well as provide emotional support to family members and workers exposed to the disease. Thus, feelings such as fear, insecurity, anxiety and insomnia intensified in the pandemic, triggering suffering in the work environment, with an impact on motivation and the care provided[4,5].

Based on these considerations, this study seeks to answer the following research question: how does the relationship between pleasure and suffering occur between health workers in a treatment service for drug users at a university hospital in the context of the COVID-19 pandemic? The objective of this study is to describe factors that generate pleasure and suffering in the work of professionals in an addiction service for drug users during the COVID-19 pandemic.

METHOD

This is a study with two methodological approaches, one being quantitative and the other one qualitative, with a sequential strategy. In the first stage, a cross-sectional research was carried out, and in the second one, a descriptive exploratoryapproach[6]. The study was carried out with professionals from the multidisciplinary team of the service in addiction to a university hospital in Porto Alegre/Rio Grande do Sul, Brazil.

The addiction service develops actions aimed at health care, teaching and research in addiction due to drug use in two units, one inpatient and the other outpatient. Hospitalization due to addiction, in a scenario that precedes the COVID-19 pandemic, consisted of 22 male beds. This structure was located in a separate area of the hospital, containing rooms for groups, offices, garden and gym. Currently, the service has 10 male beds at the hospital's headquarters[7].

The outpatient clinic in addiction performs care for men and women in the scenario that precedes the pandemic. It was also located in a separate area from the hospital and had a large physical structure with a group room, meeting room and offices. Currently, it is also working at the hospital headquarters in a shared space with other specialties and without adequate infrastructure for the development of the work, such as acoustic insulation, which guarantees confidentiality and comfort in the care provided[7].

The transition from the service (inpatient and outpatient) took place in the first semester of 2020, and one of the main reasons was the need to use the workforce allocated in this area to face the pandemic at headquarters.

The health team to carry out the activities both in the hospital and in the outpatientclinic consisted of 35 nursing professionals (11 nurses and 24 nursing technicians), 12 multidisciplinary residents (1st and 2nd year), eight psychiatrists, four medical residents in psychiatry, a psychologist, a social worker, an occupational therapist, a physical educator and a nutritionist, in addition to interns and undergraduate students.

The data collection period happened from April to December 2020, and 48 professionals with an employment relationship with the institution were counted. Professionals from the addiction service were included in the study, whether they were inpatients or outpatients, who had been in the sector for at least six months. Those on leave from work during the data collection period, as well as those on a temporary basis (employees with a temporary contract and residents) were excluded. All professionals covered by the inclusion criteria were personally approached and informed about the research and collection process. Subsequently, the institutional email address of each professional was collected to forward the form.

Of the 48 professionals covered by the criteria, 39 accepted to participate in the first stage. They answered an electronic form on

Google Form, containing a questionnaire composed of sociodemographic and occupational variables, and two of the scales of the work inventory and risks of illness: Scale of Work Context Assessment (EACT) and Scale of Pleasure and Scale of Indicators of Pleasure and Suffering at Work (EIPST). These instruments were built and validated in Brazil[8].

The EACT is composed of the factors work organization, socio-professional relationships and working conditions, organized through 31 questions that assess the work context in the last six months. The EIPST is formed by four factors, two of them assess the experiences of pleasure at work, and the other two, the experiences of suffering. The factors related to pleasure are freedom of expression and professional fulfillment. The factors that assess suffering at work are professional burnout and lack of recognition. These factors are distributed on the scale by 32 points, which assess the pleasure and suffering of workers in the last six months[8].

The invitation to participate in the second stage of the study, the qualitative stage, was made in the explanatory body of the project present in the form of the first stage and by institutional email, close to the group date. The discussion group was offered at the end of the quantitative collection in two shifts on different days. Four professionals participated in the first offer and three in the next one, totaling seven participants in this stage. There was a total of five participating categories, with nursing having the largest number of representatives. Both groups were conducted using the Google Meet platform, lasting approximately one hour each, being coordinated by the person responsible for this study, with a resident professional not linked to the research as an observer.

The following open questions were asked as a strategy for the discussion: how do you organize your work/tasks in the environment you work in? How does this process take place? How are the conditions? How are socio-professional relationships (management and subordinate relationship)? Do you identify situations of pleasure in the work environment? How is this experienced? Do you identify situations of suffering? How is this experienced? Do you identify any impact on health with the experiences of pleasure and suffering? Do you adopt any strategy for coping with situations of suffering? What collective strategies can we adopt to face situations of suffering in the work environment?

Data analysis took place concomitantly with the data collection period. The quantitative analysis was performed using the PASW Statistics® software (PredictiveAnalytics Software, from SPSS Inc., Chicago, USA), version 18.0 for Windows. Categorical variables were described by absolute and relative frequency, and the results were organized in tables.

To assess the context, pleasure and suffering at work, the EACT and EIPST scales were applied. The evaluation of the instruments occurred by performing the calculation of the general averages of the factors and percentage of respondents in the intervals[3]. For the evaluation of EACTA, a score below 2.29 was considered satisfactory, critical, between 2.3 and 3.69, and severe, above 3.7. In the EIPST, the experience of pleasure was considered satisfactory for a score above 4.0, critical between 3.9 and 2.1, and severe, below 2.0[8]. Spearman's correlation was applied to assess the relationship between the factors of the two instruments.

The analysis of qualitative data, elaborated from the discussion group, was carried out using the technique of thematic analysis (TA), prioritizing the real and symbolic aspects of the subject's interaction with his work context. The thematic axes were presented by category and subcategory[8].

With the discussion groups[9], we sought to apprehend the latent and discursive psychological contents expressed by all the participants about the work context, the experiences of pleasure and suffering, the strategies and the health-disease process, approaching the searched object. The speeches were transcribed without cuts, allowing the observational analysis of the speeches as a whole. Afterwards, the speeches were categorized, highlighting fragments in subcategories, in order to support the thematic analysis, which answered the research question.

The categories and subcategories of the core analysis were presented sequentially: Context of work in the pandemic - challenge of remote

work, restricted environment, relationship with the team and other teams, lack of institutional support, health-disease process; Meaning of work - new opportunities and relationships, carrying out teaching activities, insecurity, fear and uncertainty; Coping strategy - moments of leisure with the family, resignification of suffering, sharing of anguish, eating, construction of strategies to improve work.

After analyzing the methods, separately, the triangulation of quantitative and qualitative data was performed in order to provide a more solid analysis of the problem under study[6,8].

This research was approved by the Research Ethics Committee (REC) of the proposing institution, under CAAE No. 27847120.5.0000.5327, with the signature and delivery of the Informed Consent Forms. In the presentation of the results, the participants were identified by codes (letter "P" for participants, added with an ordinal number), seeking to preserve their anonymity.

RESULTS

A total of 39 professionals from the multidisciplinary health team participated in the study. Of these, 76.9% were women and the nursing category represented 74.4%. As for working time at the unit, 74.4% reported having been there for approximately eight years; 41% have another job; 76.9% were satisfied with the remuneration; 53.8% had already undergone health treatment; 51.3% use medication; and 30.8% had already been on sick leave.

Table 1. Classification of factors on the Work Context Assessment Scale (EACT) and on the Pleasure and Suffering Indicator Scale (EIPS). Porto Alegre, Brazil, 2020

FACTORS	MEANANDSD*	CLASSIFICATION
Work organization	2.89± 0.53	**Critical**
Work conditions	2.57±0.71	**Critical**
Socio-professional relationship	2.24±0.89	Satisfactory
Experience of pleasure		
Professional achievement	4.15±1.4	Satisfactory
Freedom of expression	4.17±1.51	Satisfactory
Experience of suffering		
Professional burnout	2.92± 1.69	**Critical**
Lack of recognition	1.77±1.61	Satisfactory

Source: own file
Note: *SD–standard derivation.

Table 1 presents the results of factors referring to the work context and indicators of pleasure and suffering. The result was considered critical for the factor of work organization, working conditions and professional exhaustion.

Table 2 presents the results of the triangulation of the factors in Table 1.

Table 2. Correlation between the factors of the Work Context Assessment Scale (EACT) and the Pleasure and Suffering Indicator Scale (EIPS). Porto Alegre, Brazil, 2020

EACT factors/ EIPS factors	Professional achievement	Freedom of expression	Professional burnout	Lack of recognition
	r *p	r *p	r *p	r *p
Work organization	0.2330.154	0.343**0.032**	-0.1500.361	-0.2180.183
Work conditions	0.522**0.001**	0.522**0.001**	-0.343**0.033**	-0.516**0.001**
Socio-professional relations	0.147 -0.371	0.1990.224	-0.0430.797	-0.440.792

Source: own file.
Note: *Spearman's Correlation Coefficient.

According to Table 2, work organization showed a strong correlation with freedom of expression (p=0.032), as well as working conditions showed a strong correlation with professional relationships (p=0.001), freedom of expression (p=0.001) and lack of recognition (p=0.001). The research presented a critical result regarding the organization factors (2.89±0.53) and working conditions (2.57±0.71) (Table 1) that corroborates the speeches of the participants of the discussion group, separated by categories.

Work context in the pandemic

From the work context category, subcategories emerged: challenges of remote work, restricted physical area, relationship between the addiction team and other teams, lack of institutional support. In the challenges of remote work, the possibility of accessing the remote point and being remunerated was highlighted, when performing protected work within the home, but an increase in the demand for work was also observed, even outside of their usual hours.

> [...] so, I feel that's fair [...] sometimes I would take work home and not be paid for that, it was a little discouraging, right?! **(P01)**

> Nowadays, nobody cares, people schedule meetings at a time that is not our work time and we have to be there in person, we have to respond to messages immediately, even when they send them at 7 pm or 10 pm. **(P07)**

The restricted physical area stands out as another subcategory with regard to the current environment of the addiction service and significant loss of space dedicated to patient care, in addition to the structure of the program.

> […] losing all that space I had to develop activities. So, this discomfort due to the lack of space grew in an unfeasible way to develop an adequate job. **(P06)**

> [...] not everything was "given" to us, but there were many things, things that were improving regarding the work environment [...] and then we are again run over by this return. (**P05)**

Due to the need to cover work schedules in clinical or general mental health sectors (non-addictive mental disorders), resulting from leaves due to exposure and application of strategies to combat COVID-19, some professionals had to leave their field of activity and adapt to a new work process.

Considering the above, the subcategory relationship between the addition team and other teams stands out. Professionals report that, despite having divergences in conduct due to specialties, they have a good relationship aimed at the well-being of patients.

> […] I think the relationships were very healthy, because we had a work going on and goals that were a little more defined in the program as a team. **(P05)**

> So, there is this thing of mediating a little bit of our relationship and the technicians who are in the addiction and with the technicians and staff at the clinic [...]. Although we're not in the best environment for our patients, we need to establish a partnership, help, so, thinking about the patients too, because we can contribute, since we are there. **(P02)**

> I have met very good people, right?! From other professions, from other areas, who have a different perspective on life, there are always new things to learn [...] and making the environment a better place, right?! (**P03)**

The lack of institutional support emerged as another subcategory referring to the helplessness of the institution at the time of transition from the unit to a space below the demands of the service.

The change of the addiction service to the annex to the hospital headquarters took place in the first semester of 2020.

> Relationships, at least in my area, are very difficult, nursing is suffering what other centers have already suffered, which is a decrease in the number [...] and processes of imposition of management [...] **(P05)**

> […] we have to understand what the institutional value is, the addiction has not brought much profit, we have to think like a hospital administrator […] what is bothering me the most is the lack of support from the institution, you know?! Which is to leave these critically ill patients helpless, this made me very disappointed with the institution. **(P01)**

Meaning of work: factors of pleasure and suffering

From this category, the subcategories opportunity to learn with new relationships, execution of teaching activities, insecurity, fear and uncertainty emerged.

In the opportunity to learn from the new relationships, the importance of exchanging knowledge and the visibility of the service in the new scenario as something pleasurable is highlighted.

> […] I think it's about meeting new colleagues […] learning new things. [...] or helping a colleague in crisis situations. [...] mainly this interaction with colleagues. **(P02)**

> […] nowadays I have experience in other areas with other colleagues and this is very positive, very important, right?! And being able to have this interaction also with other professional centers. (**P04)**

The execution of teaching activities for residents and interns was identified as something pleasant, seen as the opportunity to be able to assist in the training of others and provide their personal and professional development.

> […] I even enjoy this teaching and service relationship with residents and interns more, it's a great satisfaction.(**P06)**

> Working with residents is not easy, but we have moments of pleasure, people making achievements, making changes. **(P07)**

Table 2 also presents a critical classification referring to one of the factors related to the experience of suffering, professional burnout (2.92± 1.69), brought in the speeches and listed here as subcategories, such as insecurity and fear when developing new tasks and uncertainty about the future of the addiction program. Fear and insecurity were attributed to new routines and new activities in clinical services during the pandemic.

> I'm seeing things I've never seen before and this causes me a lot of suffering and a lot of anxiety; fear of doing things wrong, fear of killing someone. **(P03)**

> [...] with all this change, I think it caused me a lot of suffering, [...] I changed sectors and schedules several times [...] functions that I was not so used to and maybe it could be causing more suffering for the patient and we get scared. **(P02)**

Uncertainties regarding the end of the pandemic and the future of the addiction program and the scheduling of professionals within other services of the institution were also reported as a source of suffering, even more when the spaces do not favor professional performance.

> The thing of the indecision of the program in which we were prepared [...] I don't work directly in addiction today, so I only supervise the residents [...] seeing a lot of our outpatient patients, mainly having no activities, no support. **(P04)**

> What causes more suffering is not knowing for how long [...] what causes me more suffering are these institutional uncertainties about the service, about the time. **(P02)**

> So, I have much more suffering than pleasure. The moments of pleasure are very few, they are punctual and my work is very far from what I've been prepared and studied. **(P05)**

One of the participants also mentioned suffering from insomnia and burnout, due to the pandemic period and the reorganization of his activities, changing the characteristics of his work and affecting his pleasure, as he says below:

[...] I've been suffering from strong insomnia, I've been doing drug treatment and it's not helping much [...] I left full care, it's something I don't like, but I'm not feeling complete to be in care [...] I felt like this many times, going into burnout[...](**P07)**

The qualitative finding corroborates the quantitative data, observing that the work context can influence feelings of professional burnout ($p<0.033$) and lack of recognition ($p<0.001$).

Coping strategies

The coping strategy category is subdivided into individual and collective strategies. Among the individual strategies, the subcategories of leisure time with the family, eating, doing therapy and dedication to personal projects stand out. The professionals bring in their speeches that spending time with the family, in addition to eating sweets, performing physical activities, manuals and doing therapy, have been defensive

strategies for coping with their suffering both in relation to the pandemic and the changes in the addiction service.

> […] eating candies, watching movies, watching series with my children, vacations and manual activities, as well as mandalas, I do puzzles, things like that. [...] riding a bike, [...] being close to family. **(P03)**

> […] talking to the family, not about that, [...] things outdoors. **(P01)**

> One thing I've been doing for a while is therapy, so I kept doing it, right?! (P02)

> […] and therapy that I have been doing for many years, so I kept doing it. **(P01)**

> Dedication to other professional activities and/or personal projects has also been an individual strategy adopted by professionals.

> [...] I have personal and group projects.**(P05)**

> I have dedicated myself to my care service outside the hospital. **(P07)**

Collective strategies were the most prevalent, highlighting the sharing of anguish among colleagues as a way to alleviate moments of tension.

> What I have used to alleviate my suffering is talking, you know, with colleagues and even with more immediate superiors. **(P01)**

> [...] Talking with colleagues [...], right, sharing experiences and suffering together, I think it relieves the situation. **(P02)**

> What I've been doing is sharing with colleagues, [...] I have lunch with some colleagues and we have some coffee. **(P04)**

> The collective strategies have been through dialogue and articulation among colleagues, to improve our work. (**P06)**

DISCUSSION

Caring for people with psychiatric disorders can expose workers to psychic vulnerability, that added to the context and overload to which they are exposed, can cause damage to their health.

The critical result attributed to work context factors may be related to the moment of restructuring the service in addition to a new space, in which care was demanded with patients affected by COVID-19 as a form of contingency. This measure potentiated feelings of fear and insecurity, which added to the fact that the control measures and coping mechanisms against the pandemic are insufficient, generate uncertainties and implications for mental health, especially for health professionals[10]. In general, the pandemic impacted family, social and professional organization, generating feelings of helplessness and abandonment[4,5,10,11].

In order to maintain the activity of essential and non-essential services to companies, health and research institutions needed to adopt the remote work/home-office modality[12]. Thus, the perception of increased demand for work and the difficulty of setting limits to meetings and extra appointments online and/or teleservice were evidenced. This perception of acceleration, added to the loss of productivity due to professional demotivation, was also observed in several segments and economic sectors in Brazil[4].

The professionals in this study pointed out the interprofessional relationship as challenging due to the tensions generated by changes in the program and sharing of space, but also pointed out the opportunity for new learning. In this regard, a study[13] pointed out that an unfavorable environment for the practice of activities for which professionals are prepared represents a risk factor for occupational illness.

The professionals in this study indicated insufficient support from the institution, highlighting the lack of physical space for groups, individual consultations, physical exercises, in addition to the lack of adequate materials. A study[14] identified that, in the face of adversity, professionals need to work with improvisations and adaptations, which cause wear and affect the quality of life. Tasks performed under pressure of deadlines, results unrelated to reality and monitored performance were also considered by another study as serious for the organization of work[15].

On the other hand, re-signifying adverse experiences in the work environment can be protective[16] through learning and creating new socio-professional bonds. The experiences of pleasure in this research are related to interpersonal relationships that make learning easier, the visibility of the work performed, as

well as the execution of teaching activities as a form of investment for society.

The results also pointed to experiences of pleasure due to the feeling of professional accomplishment and freedom of expression, especially in relation to their immediate supervisors and colleagues. However, the work overload conditions imposed by the pandemic, as well as the feeling of helplessness on the part of hospital management, generate an experience of exhaustion and lack of professional recognition. The association between work organization and freedom of expression is related to the lack of autonomy that professionals feel to question the process of changing the service and the perception that the work provided is not recognized.

The data presented in this study show defensive strategies to avoid illness, according to the concepts of Dejours[17]. Among the individual strategies adopted, there is therapy, eating, being with family members, practicing physical exercises and performing manual activities, but also, in a non-verbal way, the resignification of moments of suffering. These strategies corroborate the research carried out with professionals from a health team in the south of Brazil and the one carried out with professors from the Oscar Ribas University, Angola[18], where moments of "disconnecting" from work and re-signifying moments and suffering are essential for maintaining quality of life, especially in crisis situations[19].

On the other hand, dialogue and sharing anguish with co-workers were collective coping mechanisms. Sharing moments such as lunch and snacks and performing therapies were strategies identified in other studies[19,20], as well as the use of team meetings as spaces for listening and planning of actions, as well as altruism as a generator of satisfaction at work[17].

As previously mentioned, suffering stood out among the experiences of the professionals in this research, triggered by the change in the work environment and demands in the face of the pandemic, causing professional burnout. It is understood that the strategies used for coping may not be enough to maintain psychic balance, revealing an ongoing illness process.

CONCLUSION

The study showed that the factors of pleasure and suffering among addiction workers in the context of the COVID-19 pandemic are mainly related to the domains of work organization, working conditions and professional exhaustion, evaluated as critical.

Mental health services are poorly financed by health institutions and receive little government support. This impacts the improvement processes that aim to make the work of the worker easier in the care provided in the face of the attention, treatment and social reintegration of users of psychoactive substances. The psychological and social impact triggered by the COVID-19 pandemic, linked to the particular characteristics of mental health work and the feeling of institutional helplessness, in the face of the new practice scenario, influences professional demotivation, enhancing feelings of fear, anxiety and insecurity.

There is a need to carry out more studies with workers who work in inpatient and outpatient clinics specializing in alcohol and other drugs, in addition to other services, such as CAPS alcohol and drugs, for a better understanding of this dynamics of pleasure and suffering at work and strategies of coping and health promotion, supporting the decision-making of managers regarding the satisfactory conduction of a more favorable work environment, so that the safety of care for users and the development of workers occur.

PRAZER-SOFRIMENTO DE PROFISSIONAIS DE UM SERVIÇO DE TRATAMENTO PARA USUÁRIOS DE DROGAS NO CONTEXTO DE PANDEMIA

RESUMO

Objetivo: descrever fatores que geram prazer e sofrimento no trabalho de profissionais de um serviço em adição para usuários de drogas durante a pandemia de COVID-19. **Método:** duas vertentes metodológicas, uma quantitativa e outra qualitativa, foram realizadas com 39 trabalhadores da equipe multiprofissional do serviço em adição (internação e ambulatório). A coleta dos dados ocorreu no período de outubro a dezembro de 2020, e foi realizada com aplicação da Escala de Avaliação do Contexto do Trabalho, Escala de Indicadores de Prazer e Sofrimento no Trabalho e grupos de discussão. Os dados quantitativos foram submetidos à estatística descritiva e analítica, e os qualitativos, à análise do

núcleo de sentido. **Resultados:** identificou-se avaliação crítica para organização do trabalho, condições de trabalho e esgotamento profissional. O sofrimento foi manifestado pela falta de reconhecimento e pelo esgotamento profissional, associados às consequências clínicas e psicológicas com a pandemia. O prazer no trabalho esteve presente na oportunidade de aprendizado, nas novas relações e atividades de ensino. **Conclusão:** o sofrimento no trabalho foi evidenciado diante das exigências impostas pela pandemia, porém vivências de prazer e estratégia defensivas foram vislumbradas como fontes de proteção aos trabalhadores do serviço.

Palavras-chave: Saúde do Trabalhador. Saúde Mental. Angústia Psicológica.

PLACER-SUFRIMIENTO DE PROFESIONALES DE UN SERVICIO DE TRATAMIENTO PARA USUARIOS DE DROGAS EN EL CONTEXTO DE PANDEMIA

RESUMEN

Objetivo: describir factores que generan placer y sufrimiento en el trabajo de profesionales de un servicio de enfermería en adicción para usuarios de drogas durante la pandemia de COVID-19. **Método:** dos vertientes metodológicas, una cuantitativa y otra cualitativa, fueron realizadas con 39 trabajadores del equipo multiprofesional del servicio de enfermería en adicción (internación y ambulatorio). La recolección de datos ocurrió entre octubre y diciembre de 2020, y se llevó a cabo con la aplicación de la Escala de Evaluación del Contexto del Trabajo, Escala de Indicadores de Placer y Sufrimiento en el Trabajo y grupos de discusión. Los datos cuantitativos fueron sometidos a la estadística descriptiva y analítica, y los cualitativos, al análisis del núcleo de sentido. Resultados: se identificó evaluación crítica para organización del trabajo, condiciones de trabajo y agotamiento profesional. El sufrimiento fue manifestado por la falta de reconocimiento y por el agotamiento profesional, asociados a las consecuencias clínicas y psicológicas con la pandemia. El placer en el trabajo estuvo presente en la oportunidad de aprendizaje, en las nuevas relaciones y actividades de enseñanza. **Conclusión:** el sufrimiento en el trabajo fue evidenciado ante las exigencias impuestas por la pandemia, pero vivencias de placer y estrategia defensivas fueron señaladas como fuentes de protección a los trabajadores del servicio.

Palabras clave: Salud del Trabajador. Salud Mental. Angustia Psicológica.

REFERENCES

1. Nóbrega MPSS, Mantovani GS, Domingos AM. Resources, objectives and guidelines in a Psychosocial Care Network structure. RevBrasEnferm. 2020;73(1):e20170864. DOI: http://dx.doi.org/10.1590/0034-7167-2017-0864.

2. Campos RTO.Mental health in Brazil: strides, setbacks, and challenges.CadSaúdePública. 2019 Oct 31;35(11):e00156119. DOI: 10.1590/0102-311X00156119.

3. Acioli DMN, Santos AAP, Santos JAM, de Souza IP, Silva RKL.Impacts of the COVID-19 pandemic on nurses' health. Revenferm-UERJ. 2022 jan/dez; 30: e63904. DOI: http://dx.doi.org/10.12957/reuerj.2022.63904.

4. Bridi MA. A pandemia Covid-19: crise e deterioração do mercado de trabalho no Brasil. Estud. av. 2020; 34(100):11-165. DOI: 10.1590/s0103-4014.2020.34100.010.

5. Garcia LP,Sanchez Z.M. Alcohol consumption during the COVID-19 pandemic: a necessary reflection for confronting the situation.CadSaúdePública. 2020;36 (10):e00124520. DOI:10.1590/0102-311x00124520.

6. Klein C; Bloch CH. Estudos Seccionais. In: Medronho, Roberto A. Epidemiologia. São Paulo: Editora Atheneu; 2005. p. 125-130.

7. Ministério da Educação. Hospital de Clínicas de Porto Alegre/UFRGS- Missão, Propósitos e Valores. Disponível em: URL: https://www.hcpa.ufrgs.br/institucional/institucional-apresentacao/missao-proposito-e-valores.

8. Mendes A. Psicodinâmica do trabalho:Teoria, Método e Pesquisas. São Paulo: Casa do Psicólogo; 2007.1ªed; p. 111-126.

9. Miranda NA; Aparício ASM; Silva AAS. Análise de prosa e grupo de discussão: alternativas metodológicas para o mestrado profissional em educação. Revista Estudo Aplicado em Educação-REAe. 2021;12(6).p.23-35.DOI: https://doi.org/10.13037/rea-e.vol6n12.8404.

10. Duarte MQ, Santos MAS, Lima CP, Giordani JP, Trentini CM. Covid-19 and the impacts on mental health: a sample from Rio Grande do Sul, Brazil. CiêncSaúde Colet.2020;9(25):3401-3411. DOI:10.1590/1413-81232020259.16472020.

11. Ornell F, Schuch JB, Sordi AO, Kessler FHP.Pandemia de medo e COVID-19: Impacto na saúde mental e possíveis estratégias. Rev Debates Psiquiatr.2020;2(10):12-17. DOI: https://doi.org/10.25118/2236-918X-10-2-2.

12. Araújo TM , Lua I. Work has moved home: remote work in the context of the COVID-19 pandemic. RevBras Saúde Ocup. 2021; 46:e27. DOI: https://doi.org/10.1590/2317-6369000030720.

13. SousaKHJ, Zeitoune RCG, Portela LF, Tracera GMP, Moraes KG, Figueiró RFS. Factors related to the risk of illness of nursing staff at work in a psychiatric institution. Rev Latino Am Enfermagem. 2020;28:e3235. DOI:10.1590/1518-8345.3454.3235 .

14. Lima LSC, Souza NVDO, Gonçalves FGA, Pires AS, Ribeiro LV, Santos DM. Subjectivity of the nursing workforce and the practice of adapting and improvising material. CiêncCuidSaúde.2016;15(4):685692.DOI:https://doi.org/10.4025/cienccuidsaude.v15i3.31555.

15. Souza KHJF, Lopes DP, TraceraGMP,AbreuAMM,Portela AF, ZeitouneRCG.Common mental disorders among nursing workers in a psychiatric hospital. Acta Paul Enferm. 2019; 32(1):1-10. DOI:https://doi.org/10.1590/1982-0194201900002.

16. Kolhs M, Olschowsky A, FerrazL.Suffering and defense in work in a mental health care service. RevBras Enferm.2019;72(4):903-9. DOI: http://dx.doi.org/10.1590/0034-7167-2018-0140 .

17. Dejours C, Abdoucheli E, Jayet C. Psicodinâmica do Trabalho: Construção da Escola Dejouriana da Relação Prazer e Sofrimento e Trabalho. 1ed. São Paulo:Atlas.2007.

18. Pena L, Romoaldo P. Psicodinâmica do Trabalho: um estudo sobre o prazer e o sofrimento no trabalho docente na Universidade Óscar Ribas. Saúde Soc. 2019; 4(28):147-159.

DOI: https://doi.org/10.1590/S0104-12902019170487.

19. Souza SF, Andrade AGM, Carvalho RCP. Saúde mental e trabalho no contexto da pandemia por covid-19: proposta para vigilância em saúde. Rev. Baiana de Saúde Pública. 2021; 1(45):125-139. DOI: 10.22278/2318-2660.2021.v45.NEspecial_1.a3242.

20.Oliveira CA, Oliveira DCP, Cardoso EM, Aragão ES, Bittencourt MN.MoralDistressofNursingProfessionalsof a PsychosocialCare Center. Ciênc. Saúde Colet.2020;1(25):1991-1998. DOI: https://doi.org/10.1590/1413-81232020251.29132019.

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