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A enfermagem na urgência e emergência: entre o prazer e o sofrimento

Nursing in urgency and emergency: between the pleasure and suffering

Enfermería en urgencia y de emergencia: entre el placer y sufrimiento

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ABSTRACT

The work in a hospital's emergency care sector has the potential of generating pleasure and/or suffering to nursing professionals. **Objective:** To verify what factors lead pleasure and suffering to the nursing professionals who work in an emergency department and hospital emergency, and their defensive strategies. **Method:** Qualitative, descriptive study, case study; Data collection was carried out by semi-structured interviews and observation. The analysis was given by analysis of Bardin content, and based on the work psychodynamics. **Results:** Three categories met: 1. pleasure category; 2. suffering category; 3. defensive strategies category: individual and collective. **Conclusion:** Behavior changes may provide a better way to handle and transform the factors causing suffering and enhance the feelings of pleasure.

Descriptors: Nursing, pleasure, suffering, urgency and emergency.

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RESUMO

O trabalho na área hospitalar no setor de urgência e emergência tem potencial gerador de prazer e/ou sofrimento aos profissionais da enfermagem. **Objetivo:** Verificar quais os fatores que levam prazer e sofrimento aos profissionais da enfermagem que atuam em um setor de urgência e emergência hospitalar e estratégias defensivas. **Método:** Estudo qualitativo, descritivo, estudo de caso; a coleta de dados se deu por entrevista semiestruturada e observação. A análise se deu por análise de conteúdo de Bardin e foi fundamentada na Psicodinâmica do Trabalho. **Resultados:** Foram encontradas três categorias: 1. categoria prazer; 2. categoria sofrimento; 3. categoria estratégias defensivas: individuais e coletivas. **Conclusão:** Mudanças de condutas podem permitir uma melhor forma de lidar e transformar os fatores geradores de sofrimento e potencializar os sentimentos de prazer.

Descritores: Enfermagem, prazer, sofrimento, urgência e emergência.

RESUMEN

El trabajo en el área del hospital en el sector de la atención de emergencia tiene el potencial generador de placer y/o sufrimiento a los profesionales de enfermería. **Objetivo:** Para verificar qué factores llevan los profesionales de enfermería que trabajan en una estrategias defensivas servicio de urgencias y el hospital de emergencia placer y el sufrimiento, y. **Método:** En este estudio cualitativo, descriptivo, estudio de caso; La recolección de datos se llevó a cabo mediante entrevistas y observación semiestructuradas. El análisis fue dado mediante el análisis de contenido de Bardin, y en base a la psicodinámica del trabajo. **Resultados:** Tres categorías Alcanzados categoría 1. placer; 2. Categoría: sufrimiento; 3. categoría estrategias: defensivas: individuales y colectivos. **Conclusión:** De que los cambios de comportamiento pueden proporcionar una mejor manera de manejar y transformar los factores que causan el sufrimiento y mejorar las sensaciones de placer.

Descriptores: Enfermería, placer, socorro, urgencia y emergencia.

INTRODUCTION

With the event of Industrial Revolution, significant changes occurred at work and major changes occurred regarding how workers would accomplish it due to the application of scientific discoveries, technological and industrial advances, especially after the studies developed by Taylor. The idea of Taylorism organization has caused an expansion of production in sectors considered strategic, as well as the standardization of ways of working with the control of work by those who administer it, and leaving the execution to those who perform it.

From Taylorism ideas the organization of work becomes understood by the psychodynamics as a complicated social game with technical and ethical rules.¹ Given these concepts, the work becomes understood as a form of social relationship, and it is a way of living together, which requires the construction of normative agreements between employees and their work activity.

The work organization is established before a technical and social set among workers which constitutes the management adopted to control the workforce. These conditions refer to

the risk shipments, which are: physical, chemical, biological, ergonomic and, most recently, the psychic load.²

The psychodynamics of work is the cooperation as “[...] the will of the people to work together and to collectively overcome the contradictions that arise from the very nature or essence of the work organization.”^{3:80}

Health work is a dynamic team that targets the promotion of people’s health, their families and community. Relations between health services’ professionals, who deal directly with the society/community, are alternating by technical and interpersonal actions, taking into account specific opinions and beliefs of others, interfering with the way they do their activities.⁴

The characteristics of urgency and emergency departments are overcrowded, fast pace and work overload, among others, and relates to the dynamics of work in this space and the with professionals who work in it.⁵

When the work under emergency services and hospital emergency is punctuated, a vast knowledge of health situations and some control of the professionals on working techniques involved in the daily care routine are necessary. It is a working environment where time is limited, the activities are numerous and the users’ clinical situation often requires that the professional might do everything quickly to apart them from the risk of imminent death.

Work can be both a source of pleasure and suffering, in which one does not exclude the other. Working changes the question of suffering in pleasure face of social, political and ethical conditions in the organization and work processes.⁶

The hospital work environment is considered an important potential pleasure and suffering generator, which may interfere in nursing professionals’ health, “the work is a health generator or, conversely, a pathogenic embarrassment. It is never neutral, plays for health or leads individuals to decompensation.”^{7:1109}

Facing this experienced reality in the emergency care sector, we question if the fact of saving lives and helping others becomes more important than the factors that cause suffering in the workplace because they help workers to face many situations that may appear, arousing the interest for this research.

This theme has encouraged us to research and answer the main question of this study: what are the factors that lead the nursing staff to pleasure and suffering at the emergency room and hospital emergency?

Dejours’ work psychodynamics contributes to a more logical recognition of the prescribed work, real work, and instinctual investment of the work. It is noteworthy that human relationships in the establishments are formed by different labor organizations, formulating new knowledge, activities and occupations through subjective process.⁷

The psychodynamics of work encompasses personal and work feelings, conflicts, problems, real work, performed activities, the organization of work, health as a goal, spaces for dialogue - which expose ideas. These can provide

transformative actions for workers and their working environment in an attempt to improve their quality of life and, consequently, improve service to users and their families, thereby also benefiting the institution involved.⁷

METHODS

This is a qualitative study, case study type, in which was used semi structured interviews and observations. The survey was conducted with the nursing staff from the Urgency and Emergency department of a hospital located in western Santa Catarina, regional referral service enabled for medium and high complexity in emergency. The emergency service has a nursing staff which contains 10 professionals per shift - morning, afternoon, evening and night 1 2 - ie, 2 nurses and 8 nursing technicians, totaling 40 professionals, as exclusion criteria 34 workers were interviewed.

Inclusion criteria: to be from nursing team (nurse, nursing technician and nursing assistant); to be working in the sector for more than 90 days, from both genders, aged over 18 years.

Exclusion criteria: to be on vacation or have a medical certificate of illness and/or not work regularly in the sector.

Data collection instruments:

The data collection was conducted through semi-structured interviews and observation in the sector, two important components of qualitative research.⁸

The interview's script consisted of questions about: socio-demographic data of the population studied and three more questions. For presentation of the researchers and the study objectives, a previous visit at every turn of the sector was carried out by exposing the teams the importance of the participation of professionals in the study, form of the interviews and providing a schedule for interviews containing the days and schedules. These were held in June and July 2014 in a private room at the hospital and the interviews had duration of about 15 minutes. The recordings were made with a recorder and soon after the interviews were transcribed and the recording was deleted.

Before starting the interview, the study and ethical procedures were again clarified and the enlightened free term was presented. After having it signed, the interviews started. To ensure the anonymity of respondents, the identifications were made by the letters and numbers of N1 (nurse) and NT1 (nursing technician), and so on.

Data analysis:

In the analysis phase, the data were processed and analyzed according to the content analysis technique, which includes a wide range of analysis techniques of communication that uses systematic procedures and description of the objectives of message content.⁹ For the treatment of the information, it was proceeded to the codification of the data, which means that it was chosen by the subject while recording unit, by the

frequency as a quantitative regularity of appearance in the text and by the definition of categories and subcategories of the classification level and aggregation data. In this study three categories emerged: 1 - Pleasure; 2 - Suffering; 3 - Defensive strategies. For substantiation of the results the psychodynamics of work were used.

To ensure ethical issues surrounding this research the project was approved by the Platform Brazil under No. 650,314. All the provisions of Resolution No. 466/2012 of the National Health Council involving humans were also followed.¹⁰ This research sought to address all the fundamental scientific and ethical requirements such as beneficence, non-maleficence, autonomy, justice and equity, in which the researched was first informed of the study and data collection procedures, and also signed the term of consent.

RESULTS AND DISCUSSIONS

In socio epidemiologic profile, 34 surveyed people were: regarding education, 7 nurses and 27 nursing technicians; 26 were female and 8 male. The predominance of women in this sector is known as the nursing activities are mostly carried out by women throughout History. It is understood that this is for female care characteristic with one another.

The age of predominance among professionals was 31 and 40 years and the marital status was married; regarding the operating time in the emergency care sector, it was between 1 to 10 years.

In the analysis of the interviews, after reading and re-reading the responses, three categories were found: Pleasure; Suffering; Defensive strategies.

Category: Pleasure

The work integrates in feelings of pleasure and pain, in which one is inserted along with the other, making the pleasure and suffering the result of the worker's career union with the structure and organization of work, because this way the pleasure becomes the result of the victory over real confidence.³

The work in nursing requires dedication of the professionals, because they do not only deal with the body of patients, but also with the spiritual part as a whole, which causes feelings that can generate pleasure or pain during the working day, as there are frustration situations and contentment before the service performed. So, through the data collected it was interpreted that pleasure is the interest of the individual to perform productively their work with dedication, money and motivation.

Pleasure is understood as a mobilizing source that provides to the subject the conduct to seek gratification, self-fulfillment and, especially, recognition by fellows in the utility and harmony in the workplace. The pleasure is more than an instrument itself, the pleasure is allied to the suffering that arises comfort with authentic work, with victories for the worker when there is resistance in the actual work.⁶

In the interviews conducted in this study, in terms of pleasure generator factors at work, three sub-categories were identified in the responses: enjoy working/what you do; to have recognition at work; the dynamics of work/interaction.

Subcategory: Pleasure related to liking what you do

It was evidenced when professionals reported: Pleasure mediated by service/quality of care; satisfaction with their own performance; getting help, being helpful to other so they can save lives; to provide improvement of patient health and to like the emergency area and emergency.

The experiences of professionals in saving lives make them very proud, it brings a sense of feeling useful, recognized and valued, provides well-being and pleasure in what they do.¹¹

Information identified in these interviews:

“For me, when I can meet the planned for the patient, when we can make things work, we can give referrals and leave the patient stable, and solve the problems. This is when I am more satisfied with my work.” (N1)

“When you can give good care and the patient gets better, with stable condition.” (NT18)

“Pleasure is given when you have a critical service and can solve, give a referral, and prevent this patient to die. This is the most satisfying part, we managed to be efficient, do our due role.” (N5)

The pleasure is defined as a reason that drives and puts the subject into action to seek gratification, self-fulfillment, and especially the recognition of the similar and the greatness of his work.⁶

The pleasure at work is related to identification with what they do, the motivation for the work, professional achievement, freedom of expression, confidence among colleagues, the recognition of the patient and the admiration they feel for the profession.¹¹ The work is liberating when the person can give it meaning, be recognized in what he/she does.¹¹

Getting pleasure in the work environment means taking care of this area and having interest in people that are there, whether they are professionals to work in harmony, or patients with whom prevail the respect and, then, there may be balance and enjoying working and being there.¹²

In informal conversations heard during data collection (interviews), it was noticed that most nursing professionals who work in this sector (emergency care) like the work environment and the situations they experience, such as “emergencies more complex” since there is pleasure in what they do, in helping in efficiently and effectively the patient, when they have this feeling of accomplishment.

Human solidarity walks along with recognition, because both are part of the reflection on the work, its contradictions and mixed feelings, because this understanding allows solidarity to work in the healthcare environment, and it only works when there is community, when they like what they do and there is satisfaction of their job performance.¹²

Subcategory – Pleasure related to recognition at work

It is generated by the recognition and thanks of patient/family, and the medical and management staff. The individual is divided by conflicts, and the recognition is only done in relation to the other enhancing the pleasure in activities at work, in which the suffering at work activities is also transformed into pleasure and the person affirm even his desires.³ It is considered therefore that the activities pleased carried out by professionals are more efficient and of quality, bringing better outcome for the patient as well as for the assistance. These are the result of recognition.

Many times this interferes in the “self” of professionals, in which, throughout life, seek to be rewarded for what they do. It reduces the risk of suffering or illness.¹²

On the whole of this study it was found, in the words of professionals, the importance of being recognized at work by the institution, the managers, the patients and the families who use the services. The double recognition, striving to have a professional recognition and also strive to be recognized as a professional are generators of pleasure, as reported below:

“[...] when people recognize your work and thank you, it makes you feel better.” (NT16)

“I think when people thank you, because many do not have the patience to wait to be serviced, do not recognize your work, while others just because you have helped are grateful, this is what gives me pleasure.” (NT25)

“When our work is recognized by patients, by doctors, nurses [...] this is the part that gives pleasure.” (NT2)

The recognition is a symbolic retribution aspect given to the employee for his/her performance accomplished during his/her work.¹³ This consideration is exposed in two ways: recognition regarding the confirmation of the person's reality in the work environment and the recognition in the sense of gratitude for the cooperation of employees in the organization of their work.

Subcategory: Pleasure for the working dynamics and interaction

The pleasure related to the “action”; emergencies; make things work; talks with staff, patients and family. The work's dynamics are focused on the actions used to identify the organization of work used by the professionals. From that, strategies that offer or not room for the development of pain,

pleasure, recognition, cooperation, which may favor health or illness, are built.¹²

This occurrence is evidenced in the following lines:

“What gives me pleasure is emergencies, rush and buzz.”
(NT12)

“I like, I’m in love with the emergency room, I like the environment a lot.” (N2)

“I identify myself a lot with the emergency sector, I like the rush.” (NT3)

In hospitals, the work environment is tense by nature, because it is always involved in feelings of pain, of joy, of life and death. The suffering of workers may be expanded to be involved in daily decision-making processes and scientific and technical issues, because the reality of professionals of the emergency units is much more complex than the exercise of resolving urgent measures in times that patients seek fast and personalized service are imposed and developed by multidisciplinary teams, which should act in an efficient and integrated way, considering the needs and peculiarities of the patient/user. For this dynamic situation, the emergency department is known for not having routines, pleasure reason for many professionals who enjoy different experiences.¹¹

In work dynamic, cooperation involves subjective relationships of trust among co-workers, because it’s “[...] the will of the people to work together and to collectively overcome the contradictions that arise from the very nature or essence of the organization of job”^{3;80}

In the observations made we can see that the team had a schedule in which each week a professional was responsible for organizing a sector room/environment. It was observed that when certain room was not being used, or when the professional that room was “idle”, he/she spontaneously helped his/her colleagues. This was more evident in men, as they help in carrying out activities that required greater physical effort.

Category: Suffering

Suffering is characterized by frustrating situations in the work environment, such as impotence, depression, dissatisfaction, guilt, sadness, and other feelings that cause physical and emotional distress during labor, thus impairing the performance of professional and being able to get sick.¹⁴

The postulation of suffering is inherent to the act of working, because there is a fundamental disorder of the work organization, which is full of standards and regulations, and the psychic functioning, which is set by desire.³ Suffering becomes innovative at the time the person can turn it into pleasure at the practical intelligence that converts the employee contribution to the work organization.

In the interviews, the generating suffering factors at work were divided into three subcategories: impotence, dependence on medical action; little recognition of the work; and work overload and psychological pressure.

Subcategory: Suffering related to impotence to death

The suffering in contact with the disability/impotence in care; dependence on medical assistance and the patient’s death; impotence in emergencies with children and youth.

Impotence, suffering found at work in the emergency factor is related to overcrowding, because it influences the nursing team’s pace of work, which has the job object users with clinical cases of intense gravity most of the time, and they need to make quick decisions. Thus, suffering arises when they feel weak and powerless in the proximity to the pain and death; suffering of patients, impotence in the face of failed efforts, which results in personal conflicts.¹¹

In the hospital, conditions and work organization are varied and diverse, which may cause to the employee changes in emotional balance, in which often the professional need to find ways/strategies that help to address the suffering experienced.²

Front of the feeling of helplessness interviewed people reported:

“[...], the death of very young people, traffic accidents, or when you are impotent to any situation is what gives me more grief and frustration.” (N3)

“When you need to attend the patient and he/she does not depend on you, you do your part and you see that the doctor is not doing his/her part, or when the bureaucracy blocks.” (NT18)

According to a study, the pain factor found was the death of patients, being hard to deal with it at work, because the fight for life is always a great responsibility, and sometimes it is seen as a failure when any patient dies, therefore it is difficult to accept.¹⁵

In the face of the powerlessness generated when dealing with death, nursing professionals create defensive strategies to support the suffering caused by this situation. Just as it is difficult to deal with the patient’s death, the professionals have to deal with the victim’s family, when giving them the news, moment that represents impotence, suffering and loss, in which they do not feel prepared to face the situation and the death.¹⁶

Another powerlessness factor refers to service emergencies with children and young people, because the child is immature and curious, causing accidents, which provides a greater number of visits to hospital emergency rooms, and becomes a cause for suffering to the workers, as they have reported and they add a whole argument that this population has a lot to live yet.¹⁷

What makes up other person suffering factor found in the interviews:

“When there are children, emergency child shakes a lot [...] because children have everything ahead.” (NT17)

“[...] losses, the losses of the youngest mainly, you logically think they have a lot of time to live ahead.” (NT19)

“When we see a patient dying, and when it reaches the family especially the mother.” (NT11)

The children's deaths, young people and patients who are hospitalized for a long time are the most difficult to be handled. On the other hand, to succeed in procedures that save the patient's life is considered something exceptional/wonderful, a source of satisfaction, pleasure and fulfillment at work.¹¹

There is suffering among the emergency room's professionals, because they deal directly with the life and death of children and young people. Death is more difficult to be accepted/absorbed, because professionals are often placed in the patient's position or on his/her family, creating the feeling of suffering at work and to the entire team in these situations. This can also be carried out of the environment work.¹⁸

Child care is identified as stressful by professionals, because sometimes there is no specific training to provide adequate service, thus causing a feeling of suffering and distress at the time of service.²

About emergency with children, there are little material and research conducted in the scientific field. In order to deepen the matter, the theme of appearance and suffering caused by this situation not only in interviews but in informal conversations were relevant. It could be seen in reports of situations that have happened how professionals experienced in service to this customer.

Subcategory: Suffering related to little recognition at work

Generated by devaluation; through the little reconnaissance work by staff and users. The recognition, gratification and the mobilization of intelligence are related to the performance of work and are linked to the constitution of identity and subjectivity. For the work it is more than the act of working or selling their labor force in the search for compensation. There is also the social recognition, sought to the similar - the co-worker, patient and even family.¹⁹

As the statements of professional:

“Sometimes I am not recognized; I do not say directly from the patient, because the patient sometimes does not have the obligation to thank [...] but the people around

us, colleagues and managers, we are very little recognized here.” (NT3)

“[...] the appreciation we do not have by the administrative part, the more you give your life, your soul at work, we are not valued especially in the salary.” (N7)

Individualism is the result of disappointment and hopelessness that the individual has facing the fact of not being heard and recognized.³

Subcategory: Suffering from work overload and psychological pressure

In the nursing work area, it is clear that the working hours are exhaustive and constant of shifts and heavy workloads, either of physical or human features in addition to living with the suffering and pain of others.¹⁵

The increased demand and overcrowding in hospitals comes from a set of factors such as population growth, the low number of medium and high complexity hospitals, increased violence and accidents and it also correlates to the low number of professionals providing services in the emergency department. Hospitals are places of assemblage of patients suffering from many health problems of many workers, where the emergency involves the act immediately, in which there is still pressure for speed, agility in the care actions, efficiency, punctuality and it is related to the high regularity labor demand and the race for the benefit of life.¹¹

Workers are being forced to live with the logic of the capitalist market, which leads to changes and impacts in the lives of individuals, creating situations of instability and threat to the activities and the work they do- inevitable evil of modern times, the event often attributed to the fate the economy and the systemic relationships.²⁰

Suffering is addressed when it breaks the balance and do not support more certain situations experienced. It arises when the worker used his brainpower to deal with the causes imposed by work and realizes that nothing can do to adapt him/her to these events.²

The complexity of the numerous procedures, accountability in decision making, accidents at work, work per shift, and contact with the suffering of family members make nursing one of the professions that most face sickening risk of physical, chemical, biological and psychological illnesses, which culminate in situations of suffering and diseases - elements that should be investigated for evaluation of occupational illness risks.¹¹

“The psychological pressure because there is a lot of demand from patients for a little staff number and this causes physical and psychological suffering.” (NT2)

Workloads perform a number of efforts to improve the work tasks that include physical, emotional and mental

efforts, by which they are evaluated by physical wear. The workload certainly happens on the load that exceeds the skills of workers, and in the same way, suffers domination of excellence and ideologies represented in the forms of management of today's enterprises.²¹

"Overwork, this causes a kind of suffering because you cannot exercise your function as it should be." (NT23)

"[...] the flow is very large; we have little time to attend the patient with quality." (NT24)

The suffering factor found in this work - high workload, fast-paced, low-paid professionals - are related to the progress of technologies for diagnosis and treatment, with the increased life expectancy and the large population growth, resulting in great demand of users in the emergency room, which is insufficient to provide service health professionals. However, this ends up generating high workloads and the physical and psychological level of users' results in physical fatigue and stress for the nursing worker.¹¹

In a survey of the nursing staff, it was considered the workload and psychological pressure of stressful work environment, because they often experience unbearable and unsustainable situations, causing the develop of defensive strategies such as escape and refolement to reduce suffering.¹⁶

Despite all technological incorporation in the emergency department, there is no observed economy of workforce from health professionals, as this remains sustained by intense effort and inequality of hierarchical levels, burdening some professionals more than others.¹¹

In face of this approach, hospital emergency care sector does not fit perfectly in this context, because it is a work environment with no specific routines, since the care situations, the flow and the needs of each patient vary due to the providing of diverse services of medium and high complexity.

Category: Defensive strategies

The defensive strategies are:

"[...]the actions used by workers to confront the organization of work, which is responsible for how the strategies are built and developed, as they offer or not spaces to speak of suffering for recognition and cooperation promoting health and or the appearance of pathologies."^{22:236}

From the defensive strategies category of work emerged categories of individual and collective strategies. Between the individual emerged: vent with family at home, physical/leisure activity, self-control, silence, lay out and cry. Among the collective emerged: union, friendship and conversation

between staff professional teamwork - a help and support each other, relax with patients and staff.

Defense strategies have properties in which contests suffering to the intentional weakening, even if unaware of the activity of thinking.³

The employee works at its limit, physical and psychological, against the rigidity of fast and effective reasoning to a delicate situation involving the life of another human being. In response to these types of borderline situations, the employee adopts defensive strategies resulting from overexertion to the adaptation in the workplace and they go to the extreme, thus leading to illness.¹¹

There are two types of defensive strategies: those that are related to the problem, indicating collective action to confront the direct confrontation of actions and individual in indirect confrontation, which are focused on emotion and individual actions to well defense. Within the defense related to the problem there are two categories: the direct confrontation of actions and indirect confrontation. When the defense is related to emotion, workers use emotional or cognitive strategies.²³

Through the psychodynamics of work it was found that the collective defense strategies, in addition to the existing individual defense strategies, which produce actions between natural order and collective order in which the work has a decisive place of mediator in human construction. Defensive strategies are perceived as diverse and specifically adjusted to the economic, social and historical contexts in which the actions of normality and rationality organize defensive strategies.³

Subcategory: Individual strategies

"Defensive strategies are mechanisms through which the worker seeks to change, transform and minimize your perception of reality that is painful"^{16:41} It is an internal process of the individual that often cannot change the pressure imposed by the work organization.¹⁶

"Since I graduated my profile is, if I see a situation that makes me feel bad, I need to tell someone, my parents before and now my husband." (N6)

"[...] to relieve my suffering I use as a defense strategy not keeping everything, because it is harmful for us [...]" (NT14)

"If I need to cry, I cry. Because I'm not taking that home, what happened in here stays here [...]" (NT20)

"Denying reality is a common psychological defense among adults who experiencing feelings of powerlessness to confront situations or threatening people, at which the denial can come through fantasies"^{16:43}

“Leisure is the only way for people seeking an escape valve, it is leisure, I practice football because we live with different people, it is a time to overflow.” (N5)

The absence of daily physical activity prompts the body to accumulate tension and stress, and without the practice of the tables, there is an increased likelihood of developing diseases, in particular chronic ones. During the exercise, the body releases endorphins, responsible for the well-being and self-esteem, and physical activity can act as a therapy in the physical, emotional, social, professional, intellectual and spiritual human being.¹⁶

In order to hide suffering, the workers, using defensive strategies, such as failing to take initiatives and assume other responsibilities, do not communicate, shut themselves to others and begin to worry only with themselves. So the relationship is broken in an attempt to avoid conflict.²⁴

“I think silence is the best thing. I try to reflect, to pray [...]” (NT16)

“I arrive at home and cry a lot. These relieve me. I do not like to comment because it is a lack of ethics [...] hearing gospel music gives me strength.” (NT17)

As the strategies are carried out of the daily work, we have no observation or placement in this sense, because they are unique of each employee that was quoted in the interviews, or that have been reported and discussed in informal conversations after the interviews.

Subcategory: Collective strategies

The strategies play an important role in the ability to develop resistance to pain factors, which does not allow the suffering to install and the professional to get sick.⁵

In the collective defensive strategies there are two categories, but only the direct confrontation of actions fit into collective, which is characterized by actions that can be used, such as how to talk about the incident with staff and professionals seeking information about what happened, ask for guidance and seek expert help, and get in consensus with the team and possible alternatives to resolve the situation.²³

What it was seen in the speech of the participants:

“We talk, we laugh, sometimes laugh to not be sad, that’s what we use as a defense, to have friendship.” (NT11)

“Talk to someone, to express what I’m feeling with the staff of the nursing team, then it seems to pass a little, I leave to have a coffee.” (N4)

Cooperation becomes effective only when professionals/workers confirm their desire, ambition and collective

cooperation, thus becoming a motivation to be of utmost importance for the contribution to the workers in creating the arrangements and management of work systematization/organization.³

The strategies are demonstrated through the own conduct of each individual, because each one reacts in a reserved manner depending on their personality. The collective strategies arise when several workers with suffering unite themselves and establish a common strategy, or a new perception of reality, modified and legitimized by society. It is an attitude of the worker to try to shape himself/herself to the work organization.²⁵

“What used to soften this is joining the nursing staff in the same purpose; it’s everybody being united to transform suffering into something good.” (NT9)

A strategy that the coordinating nurse of the unit can use to the team interaction is to promote interaction and cooperation among the group, respecting each one, strengthening emotional bonds, joining the team to a common purpose, reflecting in quality care to the user.¹⁶

“I think trying to talk to the team, with colleagues, and help others in need strengthen us.” (NT22)

“I always try to play with the patients, with my colleagues [...] but to lighten the environment we joke, laugh, have conversations and invent games.” (NT1)

“To know the characteristics of individuals and the group, it is necessary to create moments of relaxation and possibility of expression.”^{16:42} In “Dejourian psychodynamic there are no restrictions regarding the individual order of actions, however, it is known that the collective actions strengthen the team more, as it provides unity among the workers.”^{16:44}

CONCLUSION

Identifying factors that generate pleasure and suffering, and defense strategies as well, offers changes opportunities, providing that possible solutions to mitigate its effects are developed, or effectively solve the agent and it can make the nursing staff's more productive, less exhausting and painful, valuing the workers in human and professional aspects, taking a comprehensive view of the nursing worker's health.

The study has favored the encouragement of workers' health discussion in nursing because it is characterized by generators suffering situations, which stimulates reflections about the way work is structured and coordinated in that sector.

Giving voice to the employee provides the nursing staff's day to day work the more productive and less harmful, it affects not only health professionals, but also in the care provided to the service user.

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