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RESEARCH

Satisfação profissional e qualidade no cuidado em oncologia: visão dos profissionais da saúde

Professional satisfaction and quality of care in oncology: the vision of health professionals

Satisfacción profesional y la calidad de la atención en oncología: una visión de los profesionales de salud

Letícia de Lima Trindade¹, Maiara Bordignon², Lucimare Ferraz³, Simone Coelho Amestoy⁴

ABSTRACT

Objective: identifying strategies used by health professionals working in Oncology to achieving job satisfaction, beyond the resources/actions that could mitigate the sources of dissatisfaction and improve the quality of care. **Method:** a qualitative and descriptive research conducted with 31 professionals of the health team who works in Inpatient Unit Oncology of a General Hospital located in the State of Santa Catarina. The data were collected through semi-structured interview and analyzed according to Content Analysis. **Results:** the main strategy of the professionals is conducting a work that assists the patient to coping with the difficulties imposed by the disease. Among the resources emerged the increase in staff, multidisciplinary approach, minimizing turnover and continuing education of workers. **Conclusion:** it highlights the importance of raising efforts towards incorporation of such resources/actions as a way to reducing the wear of the worker. **Descriptors:** Job satisfaction, Occupational health, Assurance of health care quality, Oncology.

RESUMO

Objetivo: identificar as estratégias utilizadas pelos profissionais da saúde que atuam na oncologia para alcançar a satisfação no trabalho, além dos recursos/ações que poderiam amenizar as fontes de insatisfação e melhorar a qualidade do cuidado. **Método:** trata-se de uma pesquisa qualitativa e descritiva realizada com 31 profissionais de uma equipe de saúde multidisciplinar que atua na Unidade de Internação Oncológica de um hospital geral localizado no Estado de Santa Catarina. Os dados foram coletados por meio de entrevista semiestruturada e analisados conforme a Análise de Conteúdo. **Resultados:** a principal estratégia dos profissionais é realizar um trabalho que auxilie o paciente a enfrentar as dificuldades impostas pela doença. Entre os recursos emergiram o aumento no quadro de funcionários, atuação multidisciplinar, minimização da rotatividade e a educação permanente dos trabalhadores. **Conclusão:** destaca-se a importância de angariar esforços em prol da incorporação de tais recursos/ações como forma de reduzir o desgaste do trabalhador. **Descritores:** Satisfação no trabalho, Saúde do trabalhador, Garantia da qualidade dos cuidados de saúde, Oncologia.

RESUMEN

Objetivo: identificar las estrategias utilizadas por los profesionales de salud que trabajan en oncología para lograr la satisfacción en el trabajo, más allá de los recursos/acciones que podrían mitigar las fuentes de insatisfacción y mejorar la calidad de la atención. **Método:** es una investigación cualitativa y descriptiva realizada con 31 profesionales del equipo de salud que trabajan en la Unidad de Oncología de un Hospital General en el Estado de Santa Catarina. Los datos fueron colectados através de entrevista semi-estructurada y analizados de acuerdo con el Análisis de Contenido. **Resultados:** la principal estrategia de los profesionales está llevando a cabo el trabajo para ayudar al paciente con las dificultades impuestas por la enfermedad. Entre los recursos surgió el aumento del personal, enfoque multidisciplinario, menor rotación y formación continua de los trabajadores. **Conclusión:** destaca la importancia de aumentar los esfuerzos hacia la incorporación de recursos/acciones como una manera de reducir el desgaste del trabajador. **Descriptor:** Satisfacción en el trabajo, Salud laboral, Garantía de la calidad de atención de salud, Oncología.

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INTRODUCTION

Job satisfaction is considered as the worker's emotional bond with the labor activity exercised,¹ being the satisfaction and dissatisfaction seen as opposites or extremes of the same phenomenon² and these may be the origin of suffering and wear at work.

The Psychodynamic Labor studies³ discussing the suffering, favor two perspectives, one aimed at generating dynamics and the other related to the analysis of defensive strategies posed by the suffering. This is understood as an individual or collective experience, which is installed as the labor reality emerges the conflict between the employee's gratification needs and the restriction to satisfy them in the work setting.⁴

Giving time and voice to health professionals, to experience daily the environment and the organization of work, is an important tool to assessing and identifying the need for adjustments in this process, in order to reducing or remedying possible situations of dissatisfaction/suffering, and make the most satisfactory work activity.⁵

In addition, the implications of job satisfaction pervade the level of commitment to each other, in the levels of turnover and absenteeism, and worker health and may disadvantage the quality of care.⁶⁻⁷ This reinforces the importance of research about the strategies used by professionals to achieve job satisfaction in order to empowering them, and the resources and actions that would promote increased job satisfaction and quality of care.

Given the above, this study was developed in the care of oncology context, since the health professionals who care for cancer patients can expect a great emotional burden and stress, emotionally and directly contact the patient and its family for the diagnosis of disease, treatment and follow-up,⁸⁻⁹ among other situations that can significantly impact on job satisfaction, and for which professionals create defensive strategies. Also, it is observed the gradual increase of cases of cancer and subsequent demand for health services targeted to its treatment.

In this sense, the objective of this research was to identifying strategies used by health professionals working in oncology to achieve job satisfaction, beyond the resources/actions that could mitigate the sources of dissatisfaction and improve the quality of care.

METHOD

This is a qualitative and a descriptive study developed in an oncology inpatient unit of a general hospital in the State of Santa Catarina, in southern Brazil.

Participated in this study 31 multidisciplinary health team professionals who work directly with patients in inpatient Oncology Unit, and that exercised their assistance activities for more than two months in this sector, being: a social worker, two nurses, a physical therapist, a speech pathologist three doctors, a nutritionist, a psychologist and 21 nurses.

Data collection was carried out in the professional field of work during the month of June 2013, using a semi-structured interview, applied individually and recorded in MP3 player, in order to identifying the strategies related to job satisfaction and resources/actions could mitigate the sources of dissatisfaction and improve the quality of care, in the view of health workers who work in Oncology.

Came about by closed conducting new interviews when the replies of professionals no longer add new information to the study, when there were achieved encompass different occupational categories, and by the difficulty in accessing other health workers, given the short time available to respond to the instrument in the place of work, or incompatibility of professional working hours with the activities of researchers.

The interviews were transcribed and analyzed according to Bardin Content Analysis.¹⁰ There was made use of the scientific literature to substantiate the findings, recalling also the Psychodynamics of the Work of Christophe Dejours.^{3,11}

To guarantee the anonymity of the participants, they were recognized by the acronym representing their professional category, followed by the cardinal number in the order in which the interviews, in their professional categories were transcribed. The acronyms were: SW (Social Worker); N (Nurse); ST (Speech Therapist); PH (Physiotherapist); P (Physician); NT (Nutritionist); PS (Psychologist); and NT (Nursing Technician).

It is worth mentioning that the research project was approved by the Committee of Ethics in Research of the University of the State of Santa Catarina (No. 275.106/2013), via Brazil Platform, and followed the ethical aspects recommended by Resolution 466/2012 of the National Health Council.

RESULTS E DISCUSSION

Following will be presented the characterization of the participants, as well as central themes emerged in the study, namely: strategies used by health professionals to achieve job satisfaction in oncology; and resources and actions that enhance job satisfaction and improve the quality of care in oncology.

Characterization of subjects

Subjects were, at the time of data collection, on average of 38,6 years old (between 23 and 57 years old). The majority (28 subjects, 90,3%) were female, with an average time of work in Oncology inpatient unit of 4,5 years and 7,8 years of graduation. Regarding the professional category there was a predominance of nursing staff (74,1% of the study population), common aspect in health care studies, considering that these professionals make

up the bulk of the health work force, and this is a class, predominantly occupied by women. The feminine force is currently over 70% of professional quota sector.¹²

From the professionals surveyed, 58,1% had not chosen working in Oncology, especially nurses and nursing technicians, cited be allocated in the sector by the nursing management. This can interfere with the satisfaction of these professionals with the work and the quality of care provided. Still, 71% of the subjects said they did not work in another location, concurrently, to work in Oncology; however, it was noted in the reports the tendency of professionals to seek additional compensation, although with no steady job.

Strategies used by health professionals who work in Oncology to achieve job satisfaction

Among the strategies used by health professionals for handling the complaints and work stressors in order to achieve job satisfaction and improve the quality of care in oncology, stands out the maintenance of good humor and professional motivation, bringing joy and support patient.

And also try to bring joy to these patients, who often you with a smile, a handshake, with a simple gesture [...]. (E₁).

[...] Never bring home problems to the hospital [...] same thing here; sometimes you out of here depressed, sad for their motives, I try also not bring home [...]. (TE₇).

[...] We like what we do and the sector were we work [...]. (TE₅).

[...] I try to do my job the best way possible, I always imagine, always put myself in the place of the patient [...]. (FT₁).

The affinity with the profession, the performance of activities to the best of every situation, the practice of acceptance and empathy with the patient, and avoid bringing personal problems to the workplace and vice versa, were remembered by the participants.

It can see perceived that, on the strategies used by professionals to achieve job satisfaction in Oncology, highlights those related to the exercise of a job that helps cancer patients, usually lacking in attention and in vulnerable situations. It is understood that the connection established between this subject and the health team, as well as the provision of quality care, show up important sources of job satisfaction in this care context.

It also unveiled, the search for technical and scientific improvement, maintaining a stronger emotional and spiritual structure, treatment with a psychologist and implementation of leisure and complementary health practices. In this scenario, we identified strategies external to the workplace, to minimize the possible deleterious effects of wear and labor pain on physical and mental health of the worker.

I look for technical and scientific knowledge, in the case graduation, readings, leisure and complementary therapies (gym, yoga) [...]. (E₂).

[...] Keep a strengthened spirituality as much as possible. (M₁)

[...] The personal treatment [...] I have to keep me treated. I deal with another psychologist. (PS₁).

It showed that participants use up strategies, with a view to strengthen its multidimensionality, as caregiver, while preserving beyond the physical body, the spiritual dimension also affected because they are often exposed to suffering and the finiteness of cancer patients.

From the interpretation of the professional reports, it was noticed that the strategies that emerge in the study can be considered as collective and individual, identified in Table

1. These strategies proved to be differentiated to promote job satisfaction and thus for quality of care provided to patients in treatment because of the perception of each worker, and the complexity and uniqueness of the care required in healthcare settings.

Table 1 - Strategies used by health professionals who work in oncology to achieve job satisfaction, Santa Catarina, Brazil, 2013.

The strategies:	
Individual strategy	Collective strategy
<ul style="list-style-type: none"> - Maintenance of good humor and professional motivation; - Transmit joy and patient support; - Avoid bringing personal problems into the workplace and vice versa; - Affinity with the profession; - Performance of laboral activities in the best way in every situation; - Practice acceptance and empathy with the patient; - Get technical and scientific improvement; - Maintain emotional and spiritual structure strengthened; - Treatment with a psychologist; - Realization of leisure and complementary practices in health. 	<ul style="list-style-type: none"> - Team work.

Also, despite there having been observed the interrelationships of individual and collective defensive strategies, there was identified a higher ransom of individual strategies. In these, "the defense mechanism is internalized (in the psychoanalytic sense), that is, it persists even without the physical presence of others".^{3:129} In the collective strategy of defense, in turn, such a mechanism can be sustained by consensus and depends on external conditions.³ This finding may be related to unwillingness on the part of the institution, of spaces for discussion, cooperation and participation of workers, since these are often on work overload.⁴

In this context, called attention to the defensive strategies by professionals in the face of unsatisfactory experiences at work, which sometimes mask the workers' suffering, not allowing immediate identification.¹¹

Resources and actions that maximize job satisfaction and improve the quality of care in Oncology

When asked about the financial resources and/or actions that would promote job satisfaction and the quality of care in oncology, professionals stressed the increase in headcount as being fundamental, in order to reduce workloads, allowing better meet the needs the patient and promoting safety.

More employees [...] we were five, now we are four, came to stand in three, there is a lot, then type has little detail, when there is very patient, you want to take better care, better serve and care for not making a mistake [...]. (TE₈).

As for human resources, corroborates with the literature¹³ as regards the need to adjust the amount of professionals, especially the number of nurses working in the hospital. The staff dimensioning, particularly of the nursing team, appears as a resource for adequate number of health workers according to the need of the care setting, in order to offer the patient a safe and quality care.

It is understood that for the development of health activities the industry must be provided with sufficient number of workers according to the number of patients and complexity of care, and trained for the exercise of their functions, to promote appropriate conditions for provision of care. Human resources are as important as the physical structure, equipment and organization of financial resources.¹⁴

The existence of an active and effective multidisciplinary team emerged as fostering action the quality of health work. For professionals, acting with greater integration between the various team members, with case and of the care discussion, would enable the quality of care and patient satisfaction. Thus, teamwork, and emerge as a collective strategy used by professionals, was also remembered as a feature that enhances job satisfaction, improving the quality of care.

[...] An effective multidisciplinary work [...] with case discussion, sitting with all these professionals and really be discussing the work performed and assistance [...]. (E₁).

[...] It is very important to work as a team, because [...] if the team is close-knit, synchronized, with harmony we can have a much better result. (AS₁).

Health work requires constant contact with people, and so it is necessary paying attention to the training of interpersonal skills, which sometimes are left aside in favor of technical and economic skills and are not recognized as psychological costs, professional stress and quality decline in care.¹⁵ in this sense, a team work perspective, there should be appreciation of the work of the other, since the health production process consists of working objects, which bear the actions of different professionals by use of material and non-material instruments¹⁶.

A study¹⁷ showed that collegiality and mutual respect can overcome the challenges of daily work of oncology nurses and promote job satisfaction, as shown by the findings of this research.

Still, the lower turnover of staff professionals, especially nurses, was one of the actions emphasized by practitioners in the field of specialized industry knowledge and practices of Oncology and thus the continuity of care with higher quality.

Even the nursing board, the system very often and exchange, this in turn will affect the final result of work. (M₁).

[...] Exchange sector, each month comes a nurse, and nurse and technicians and all, I think it has to be, like I'm there xx years here, we have a domain [...] because it is a sector very complex [...]. (TE₅).

We can see the dissatisfaction of professionals with the turnover in the hospital. The direction of rotativity highlighted by oncology healthcare professionals relates mainly to administrative ordinances and management of human resources that sometimes not consider or is not possible considering the organization of personal scales, the affinity sector and performance of professional.

The approach of the turnover in health work as well, absenteeism, becomes relevant as authors have highlighted the harmful aspects of these situations in the organization and dynamics of work. As an example, there is the unfeasibility of continuing care. In this context, fit for administrators and/or health facility managers to take measures that value the worker in its field and offer decent working conditions.¹⁸⁻¹⁹

The training of workers for a good welcome, humanized and management in situations of death and dying, was brought by professionals as a resource / action that would promote job satisfaction and quality in health care.

[...] Be more concerned with the professionals who work in these areas [...] with courses, but that course of an hour, but a course with a qualified professional [...]. (TE₁₈).

[...] Formed group [...] we could expose our difficulties, the question of death, that we do not have much preparation [...] each death is a different death, and we sometimes do not know what to say, what to say, how to help [...]. (TE₉).

Given the above, lifelong learning approach with care in health care, death and dying process, among other things, appears as an important tool to ensuring the humanization of care, from offering a larger and ongoing support to professional health.²⁰

It is complemented by the oncological diseases have had great impact on the Brazilian and global epidemiological scenario, which requires the development of health and permanent upgrade team, and skills for the development of a humanized care²¹, provided by technically and psychologically prepared professionals.

Other improvements in the environment and working conditions include: professional development in the health care context, from the increased pay, improved ergonomic conditions, flexibility and accessibility of professional workload; return on workers' strengths and areas for improvement across the care provided, according to the evaluation of patients during hospitalization; and availability of means for channeling the feelings and in-hospital emotional support for professionals in oncology.

[...] Have an outlet for us as professionals [...] someone to take care of us [...] so many professionals end up getting sick, because they will somatized and also a day that we need, we don't have no one to sustain us and not those who finance this support network for us [...]. (AS₁).

The provision of quality health care depends mainly on healthy work teams and, therefore, caution should be extended also to the health professionals who live in their daily work with relational conflict, human suffering and death.²² Thus, employee participation in activities involving gymnastics, relaxation, music education, self-massage and gatherings, among others, can help reduce the negative effects at work.²³

An interesting point to be part listed refers to the need for emotional support and channel strategies of feelings experienced by health professionals oncology, and with it, recognize the human side of the worker and his activity.

Another important result was the entertainment to patients in hospital regime, through a leisure space and dynamic activities and play, which proved as a resource capable of favoring the quality of care in oncology.

Improving the physical space has emerged as a measure to be (re) evaluated with the aim of providing a physical structure able to meeting the growing demand of individuals in

cancer treatment. Reports also expressed the dissatisfaction of professionals with the discomfort experienced by the person accompanying an in-hospital stay, the lack of space and comfort conditions.

[...] escorts, of family members, usually comes from outside, so it's not that, as I'll tell you, a decent armchair because the escort comes to help take care, and what ends up happening is that the patient, sometimes gets a little anxious, because he sees the date on the floor, mainly in winter, which is very cold. (TE₁₃).

Increasing the physical space to accommodate better [...] our physical space is small by the amount of people that we have (AS₁).

The escorts are not prioritized, the comfort for the escorts. (TE₁₅).

[...] This new law that says that in 60 days have to start treatment, however, is that the authorities, Governments, thought there has to be a physical space that has to have qualified people to do that, that must machines, it has to have equipment, you have to have medicine to all this and have to have a network capable [...]. (AS₁).

Actions and resources in a broader approach to health care context were brought by the professionals. These include the expansion of hospital services, government investment in prevention and early detection of cancer and faster at the beginning of treatment, challenging for the (re) organization of the health network.

Studies²⁴⁻²⁵ also emphasized that conflicts and tensions manifested in the form of stress in health professionals, can be propitiated, among other conditions, the inadequate physical structure. Thus, workers' health may be threatened by improper or poor conditions of human and material resources. Like, can affect the quality of care, as a cure for cancer probability is associated with the beginning of the first treatment and availability of funds for this, in addition to its extension.²⁶

Therefore, the investments are essential in implementing the benefit of intervention strategies and the achievement of goals in health services, and also cited as a resource to increase the professional satisfaction and the quality of care.

Adversity in the work process, some of which highlighted the oncology health professionals, are reflected on the level of satisfaction and enable the imbalance between the binomial health and disease, causing physical and mental illness worker¹⁹ which also, justifies the importance and need to incorporate resources and actions in healthcare scenarios.

Note the need to establish a negotiated compromise between those who organize work and those who run it, so that it can transform and evolve in relation to the physical and human relations facilities and foster the achievement of goals and minimize difficulties/wear in labor execution.²⁷

Considering the space the work occupies in human existence, there is the need to find solutions in view of the order of workers disruption due to labor activity engaged¹¹ and subsequently reach of job satisfaction and improving the quality of health care services.

CONCLUSION

The study shows that the strategies used by health professionals in oncology action to face the suffering at work, achieve job satisfaction and quality in health care, given the potential association between worker subjectivity and work performance are mainly related to the capacity and conditions to perform a job that helps cancer patients, which usually is fragile and complex demands of care. Still, it was identified that the strategies used in therapy are predominantly individual, although it has observed collective strategies.

The study exposed resources and actions that can be shown together with the management and health administration, promoting job satisfaction and improving the quality of care in oncology sector. Notes the importance of efforts for the incorporation of such resources and actions in this care context, in order to promote the work of the professional and reduce illness and worker strain arising from labor pain.

REFERENCES

1. Ruviaro, MFS, Bardagi MP. Síndrome de Burnout e satisfação no trabalho em profissionais da área de enfermagem do interior do RS. *Barbarói*. 2010;(33):194-216.
2. Martinez MC, Paraguay AIBB. Satisfação e saúde no trabalho: aspectos conceituais e metodológicos. *Cad Psicol Soc Trab*. 2003; 6(1): 59-78.
3. Dejours C. *Psicodinâmica do trabalho, contribuições da Escola Dejouriana à análise da relação prazer, sofrimento e trabalho*. São Paulo: Atlas; 2013.
4. Mendes AM, Costa VP, Barros PCR. Estratégias de enfrentamento do sofrimento psíquico no trabalho bancário. *Estudos e Pesquisas em Psicologia*. 2003; 3(1):1-11.
5. Kessler AI, Krug SBF. Do prazer ao sofrimento no trabalho da enfermagem: o discurso dos trabalhadores. *Rev Gaúcha Enferm*. 2012; 33(1):49-55.
6. Locke EA. The nature and causes of job satisfaction. In: Dunnette MD (Editor). *Handbook of industrial and organizational psychology*. Rand McNally College Publishing; 1976. p.1297-349.
7. Glanzner CH, Olschowsky A, Kantorski LP. O trabalho como fonte de prazer: avaliação da equipe de um Centro de Atenção Psicossocial. *Rev Esc Enferm USP*. 2011; 45(3):716-21.
8. Silva MT, Pinheiro FGMS. *Interfaces Científicas - Saúde e Ambiente*. 2013; 2(1):37-47.
9. Pereira JP, Rodrigues J, Cunha MJ. Stress, Burnout e Desordens Emocionais em Profissionais de Saúde de Oncologia. In: *Simpósio Nacional de Investigação em Psicologia, 7., Actas do VII Simpósio Nacional de Investigação em Psicologia*. Portugal: Universidade do Minho; 2010: 1448-62.
10. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2014.
11. Dejours C. *A loucura do trabalho*. São Paulo: Cortez-Oboré; 2003.

12. Machado MH, Vieira ALS, Oliveira E. Construindo o perfil da enfermagem. *Enfermagem em Foco*. 2012; 3(3):119-122.
13. Meneguetti MG, Nicolussi AC, Scarparo AF, Campos LF, Chaves LDP, Laus AM. Dimensionamento de pessoal de enfermagem nos serviços hospitalares: revisão integrativa da literatura. *Rev Eletr Enf*. 2013; 15(2): 551-63.
14. Silva AB, Guindani KMV. A rotatividade e o perfil de recursos humanos do Hospital Universitário Santa Terezinha. *Maiêutica. Administração*; 2013;1(1):79-84.
15. Maslach C, Leiter MP. *Trabalho: fonte de prazer ou desgaste?* Campinas: Papyrus; 1999.
16. Peduzzi M, Carvalho BG, Mandú ENT, Souza GC, Silva JAM. Trabalho em equipe na perspectiva da gerência de serviços de saúde: instrumentos para a construção da prática interprofissional. *Physis*. 2011;21(2):629-46.
17. Kamimura A, Schneider K, Lee CS, Crawford SD, Friese CR. Practice Environments of Nurses in Ambulatory Oncology Settings: A Thematic Analysis. *Cancer Nurs*. 2012; 35(1):1-10.
18. Lima FLT. *A Rotatividade dos profissionais na Estratégia de Saúde da Família: um estudo sobre a Microrregião de Itabira-MG [dissertação]*. Rio de Janeiro: Escola Nacional de Saúde Pública Sergio Arouca; 2012.
19. Manetti ML, Marziale MHP, Robazzi MLC. Revisando os fatores psicossociais do trabalho de Enfermagem. *Rev RENE*. 2008; 9(1):111-9.
20. Cotta RMM, Reis RS, Campos AAO, Gomes AP, Antonio VE, Siqueira-Batista R. Debates atuais em humanização e saúde: quem somos nós?. *Ciênc saúde coletiva*. 2013; 18(1):171-9.
21. Chagas-Moreira M, leite JL, Silva MM, Silva MV, Gomes-Drunond F, Silva MAF. Estratégias de apoio de enfermagem na atenção à saúde de portadores de câncer: expectativas de moradores de uma comunidade brasileira. *Aquichán*. 2010; 10(2):132-45.
22. Kurebayashi LFS, Gnatta JR, Borges TP, Silva MJP. Aplicabilidade da auriculoterapia para reduzir estresse e como estratégia de coping em profissionais de enfermagem. *Rev Latino-Am Enfermagem*. 2012; 20(5): 8 telas.
23. Couto PR, Paschoal T. Relação entre ações de qualidade de vida no trabalho e bem-estar laboral. *Psicol. Argum*. 2012; 30(70):585-93.
24. Alves M, Ramos FRS, Penna CMM. O trabalho interdisciplinar: aproximações possíveis na visão de enfermeiras de uma unidade de emergência. *Texto contexto - enferm*. 2005; 14(3): 323-31.
25. Dal Pai D, Lautert L. O trabalho em urgência e emergência e a relação com a saúde das profissionais de enfermagem. *Rev Latino-am Enfermagem*. 2008;16(3):1-7.
26. Costa CA, Lunardi Filho WD, Soares NV. Assistência humanizada ao cliente oncológico: reflexões junto à equipe. *Rev Bras Enferm*. 2003; 56(3):310-4.
27. Martins JT, Robazzi MLCC, Bobroff MCC. Prazer e sofrimento no trabalho da equipe de enfermagem: reflexão à luz da psicodinâmica Dejouriana. *Rev Esc Enferm USP*. 2010; 44(4):1107-11.

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