Work in hospital emergency: suffering and defensive nursing care strategies

O trabalho em emergência hospitalar: sofrimento e estratégias defensivas dos enfermeiros

El trabajo en emergencia hospitalario: sufrimiento y estrategias defensivas de los enfermeiros

Maria de Lourdes Custódio Duarte[a]
Cecilia Helena Glanzner[b]
Leticia Passos Pereira[c]

ABSTRACT

Objective: To analyze the suffering factors and defensive strategies of nurses who work in an emergency of a University Hospital.

Method: Qualitative research, with theoretical reference of the Work Psychodynamics performed in a hospital emergency sector in the south of Brazil. The information was obtained through interviews with 18 nurses in 2015, using thematic analysis as a method.

Results: From the analysis two categories have emerged: Suffering at Work and Defensive Strategies used by nurses. The first category has been split into four under categories: overcrowding, overwork, frustration and insecurity, and finally, conflicts between professionals. From the second category, Defensive Strategies, two under categories have appeared: Individual Strategies and Collective Strategies.

Final considerations: Suffering at work triggers physical and emotional exhaustion, making it necessary to use collective and individual strategies in order to offer stability, both inside and outside the work environment. Therefore, caring for the worker means promoting a healthy environment for their work process.

Keywords: Nursing. Emergency Service, hospital. Mental health, Occupational health.

RESUMO

Objetivo: Analisar fatores de sofrimento e estratégias defensivas dos enfermeiros que atuam em uma emergência de um hospital universitário.

Método: Investigação qualitativa, com referencial teórico da Psicodinâmica do Trabalho, realizada em um setor de emergência hospitalar do Sul do Brasil. As informações foram obtidas por meio de entrevistas com 18 enfermeiros no ano 2015, utilizando como método a análise temática.

Resultados: A partir da análise emergiram duas categorias: Sofrimento no Trabalho e Estratégias Defensivas utilizadas pelos enfermeiros. Na primeira, surgiram quatro subcategorias: a superlotação e sobrecarga de trabalho, sentimento de frustração e insegurança e conflitos entre profissionais. Na segunda, Estratégias Defensivas, surgiram duas subcategorias; Estratégias Individuais e Coletivas.

Considerações finais: O sofrimento no trabalho desencadeia desgaste físico e emocional, tornando necessário o uso de estratégias coletivas e individuais que ofertam estabilidade, dentro e fora do ambiente de trabalho. Portanto, cuidar do trabalhador significa promover a saúde em seu processo de trabalho.

Palavras-chave: Enfermagem. Serviço hospitalar de emergência. Saúde mental. Saúde do trabalhador.

RESUMEN

Objetivo: Analizar factores de sufrimiento y estrategias defensivas de los enfermeros que actúan en una emergencia de un Hospital Universitario.

Método: Investigación cualitativa, con referencial teórico de la Psicodinámica del Trabajo realizada en un sector de emergencia hospitalaria del sur de Brasil. Las informaciones fueron obtenidas por medio de entrevistas con 18 enfermeros en el año 2015, utilizando como método el análisis temático.

Resultados: A partir del análisis surgieron dos categorías: Sufrimiento en el Trabajo y Estrategias Defensivas utilizadas por los enfermeros. En la primera categoría surgieron cuatro subcategorías: la superpoblación y sobrecarga de trabajo, sentimiento de frustración e inseguridad y conflictos entre profesionales. En la segunda categoría, Estrategias Defensivas, surgieron dos subcategorías, Estrategias Individuales y Colectivas.

Consideraciones finales: El sufrimiento en el trabajo desencadena desgaste físico y emocional haciendo necesario el uso de estrategias colectivas e individuales que ofrezcan estabilidad, dentro y fuera del ambiente de trabajo. Por lo tanto, cuidar al trabajador significa promover la salud en su proceso de trabajo.

Palabras clave: Enfermería. Servicio de urgencia en hospital. Salud mental. Salud laboral.

[a] Universidade Federal do Rio Grande do Sul (UFRGS), Escola de Enfermagem. Departamento de Assistência e Orientação Profissional. Porto Alegre, Rio Grande do Sul, Brasil.

[b] Universidade Federal do Rio Grande do Sul (UFRGS), Escola de Enfermagem. Departamento de Enfermagem Médico-Cirúrgica. Porto Alegre, Rio Grande do Sul, Brasil.

[c] Universidade Federal do Rio Grande do Sul (UFRGS), Escola de Enfermagem. Programa de Pós- Graduação em Enfermagem. Porto Alegre, Rio Grande do Sul, Brasil.

■ INTRODUCTION

Hospital emergency services are responsible for giving prompt care to the population in acute situations. They aim to help restore people's health and revert aggrievances of various kinds.

These units offer services of high technological density and a diversity of care approaches to patients in life-threatening conditions[1-2]; they are as well likely to be considered one of the environments where healthcare workers are under the highest psychic suffering circumstances due to the non-stop service dynamics[3].

Recent studies show that the main factors of suffering in such environments are: reduced number of members in the nursing team; increase of workload; need of accomplishing several tasks in a short period of time; dissatisfaction with the job; lack of experience on behalf of the supervisors; lack of communication and understanding on behalf of the service supervisors team; and unit's physical environment[4-5].

In fact, what stresses the importance of this job is the fact that nurses spend most of their lifetime in it, and this sometimes means an interference in their own individual or family relations. It brings consequences to the mental health of workers and defines the way one manages his activities. The daily experience on the job, its organization, planning, and execution are associated to the relations established with the most different actors and, for healthcare professionals, it may result both pleasure and/or suffering[4].

Giving this scenery, such position demands physical, mental, psychologic, and emotional effort. Task performance with a high degree of responsibility and difficulty, demand for attention, rapid pace, excessive journeys, and reduced rest hours are all parts of the job.

When it comes to discussing the reasons why nurses suffer in emergency environments and the defensive strategies they adopt, Work Psychodynamics' theoretical references are of good use. This approach defines work's organization as a source of stress and suffering, emphasizing creative processes in order to mobilize the actor which attempt to resist before difficulties coming from the job reality[7].

Based on the importance of working for mankind and considering all transformations its world has been suffering – unemployment, precarious working conditions, dissatisfaction, capital appreciation instead of human appreciation, – we come to understand that a productive activity can influence workers in a positive or in a negative way. The healthy side of it could be experienced, for instance, when one is able to act over situations on which working demands and pressures cause suffering or psychologic instability[7-8].

That is to say nursing professionals can make use of defensive strategies to minimize their suffering hence managing to turn work into an efficient and valuable aspect of their life. However, it is crucial to identify stress and how suffering manifests itself at work. A good usage of those strategies allows changes, turn work into a more efficient activity, and value nursing professionals as human beings[9].

Researches[10-12] have being showing that suffering rises from frustrating situations generated inside the work environment, such as overcrowding, demand above the service capacity, lack of resources, insecurity for both patients and professionals, helplessness, dissatisfaction, guilt, sadness, and other feelings to cause physical and emotional stress. These factors damage professional efficiency and may lead nurses to sickening. They interfere with healthcare of eminent emergency situations, therefore resulting on improvised patients' accommodations – without mentioning a disarticulation between the service and the rest of the hospital.

Accordingly, suffering related to the work in these emergency services brings not only consequences to its nurses but also to the entire nursing team and other professional categories. It reflects on workers' health, thus lowering the standard assistance provided to patients.

Before this context, we understand jobs in emergency services can cause workers both pleasure and/or suffering. Nonetheless, what are the main factors of suffering and what defensive strategies may be useful when it comes to nurses working in an emergency service of a general hospital? This article intends to analyse these two aspects.

Keeping in mind the relevance of the theme, this study represents a valuable contribution for managers of emergency services who seek to create means of turning their workplace into healthy environments. Furthermore, it permits us to bring up the organization of nursing work in emergency services and allows us to draw a new sketch for its processes, benefiting nursing work and making it more pleasant while improving nurses' health and the assistance provided by them.

■ METHOD

This is a study made out of a qualitative, descriptive exploratory approach.

It was developed in the emergency service of an adult and pediatric university hospital of Porto Alegre. Considering the character of the research, the work was conducted with adults, that is 49 hospital beds – though the emergency area has about 140 patients among interns and under observation[13].

Their nursing team has 44 nurses split in six shifts (Morning, Afternoon, Night 1, Night 2, Night 3 and 6th shift – this last one meaning weekends), and this work encompasses three nurses of each shift, on an attempt to contemplate all periods. The total of participants is 18 people.

It was taken for criteria: nurses with at least six months of emergency work and nurses filling their activities during the period of data collection. Nurses in sick leave, vacation, or absents were not accepted.

Data collection took place on March 2016 and was handled by an experienced researcher. The method was semi-structured interviews with questions concerning the theme of this research: Do you suffer in your job? Which do you consider to be the main factors of this suffering? What do you do to ease it while at work?

The interviews were recorded. They happened in a previously reserved room at the hospital area and were always conducted on a shift in which the interviewed nurse was not working on. The duration was approximately 20 minutes each.

The material was later transcript on a literal way in order to ensure the reliability of its content, and the identification was given according to the following rule: letter E + first letter of working shift + interview number. So EM1, as an example, stands for interview number one, handled with a morning shift nurse.

The entire group of interviews was then read and critically appreciated. Such procedure followed a thematic analysis referential, which in its turn has contributed to search significative quotes to build up specific themes.

Accomplishing pre-analysis steps and exploring the material made possible either organization and re-reading of the *corpus*, so it was finally possible to proceed to treatment and interpretation of results. These last two were described and split into record and context units hence allowing the process of grouping ideas according to relevant categories[14].

This study was approved by the hospital's Committee of Ethics in Research, under the protocol 903.366. It has also handled according with ethical precepts as stated by Resolution 466/2012 of National Health Conceal[15]. Participants were invited to take part on it; those who have accepted it, signed a Term of Free Consentient and Enlightenment right after they have been informed of its goals.

■ RESULTS AND DISCUSSION

Two categories emerged from data analysis: Suffering at work and Defensive Strategies. From the first we came up with four under categories: overcrowding, overworking, frustration and insecurity, and finally, conflicts between professionals. From the second category, Defensive Strategies, two under categories have appeared: Individual Strategies and Collective Strategies.

Most of the interviewee were 38 years old; 72% were female. Their work experience went from six months to 16 years, with formation period on nursing going from 5 to 30 years. When it comes to graduation, 83.3% had a specialized course or a masters in different areas. From the 18 interviewed nurses, 44.4% were used to work extra hours and 77.8% did not have any other contract of employment.

Suffering at work

Work in emergencies is known by its high flux of patients, overcrowded environments, high amount of work, pressure related to the accomplishment of several tasks, physical exigence and low power of decision. These conditions may be considered important sources of suffering and, consequently, of overworking[10].

Nurses reveal that their work in emergencies normally generates suffering. According to them, this is mostly related to the following aspects of the service: overcrowding, overworking, frustration and insecurity, and conflicts between professionals.

Sometimes you cannot give the attention a patient deserves because you are overworking. Most of the times you have so much going on, and the only thing a person wants is for you to take 5 minutes and talk to him or her, but you are so full of work that you just cannot do it. (EN6)

On the one hand, overworking and overcrowding appear as constant factors due to emergencies services' dynamics. They provoke both physical and emotional stress, apart from turning work into an exhaustive activity. On the other hand, this feeling of not being able to respond to all of a patient's demands is the result of overworking. It generates feelings of helplessness and suffering, for it is difficult to establish which activity to give priority to.

Organization at work is considered to be composed of task sharing, hierarchy, distribution of activities, and charge taking; it then presents consequences for the health of workers either improving their well-being or bringing up symptoms of health issues. The more controller, rigid and suffocating is the organization, the more it contributes to workers' psychic suffering[11-12].

The organization of the work is understood as a source of psychic load that may take one to tiering or suffering. If an organization is not effective, it causes stress and, con-

sequently, it interferes with the mental health of workers, turning them into anguished individuals, devoid of desire or motivation.

Nevertheless, nurses frequently find themselves with a prescribed work which is far from the actual reality of trying to solve problems for patients under their care. This generates a great deal of frustration and helplessness. They show a desire of doing more for their patients, but since many other activities have to be fulfilled throughout their journey, chances to offering a quality assistance in this sense end up being rare.

This feeling of helplessness originates a kind of suffering triggered by a feeling of frustration related to the provided work.

It really affects our mental health. I mean, I do not feel comfortable when I go home with the sensation I could not manage to accomplish my job on the best way possible. This is frustrating […]. (ET1)

We go home frustrated when we think we had to provide some other care and we simply could not manage to do it, and not because we did not want to. It is just that many things do not depend on you. There is an entire organization behind us. (EN8)

Work then becomes a source of suffering for pleasure is a result of a psychic discharge authorized by tasks, thus representing a reduction of the psychic load. In other words, this load is increased when there is too much pressure at work or when its freedom is reduced. So lacks of motivation are unleased by physical and psychic overcharging, and its addition to all other activities may of course cause suffering[11].

Since this job is about action, its moment of execution – at least in that specific emergency service studied here – is marked by nurses verbalizing their feelings of frustration concerning a work which goes far beyond their prescribed activities. In fact, there is a whole amount of different possibilities for this prescription to be fulfilled, and all of them can happen in the precise moment of the job's execution. This means uniqueness, contingency, contradictions, ambivalences, and failures – all at the same time.

Prescribed job corresponds to a stage before the execution of a task. A record which satisfies a need of orientation, bureaucratization, or inspection. It is a source of reconnaissance and punishment. The actual job is the very moment of its execution[11-12]; that means a discrepancy between the prescribed and the actual job due to differences between what is said of practice and the concrete

practical experience. It is about the boundaries and protocols took for references.

To put it another way, there is always a part of the job that cannot be translated into words. This explains why a work psychodynamic approach present an interesting prospect: it implies a way out of speeches, a confrontation to what actually happens in this world's day-by-day[11]. So when nurses verbalize their feelings of insecurity, pointing this exposition of professionals as the greater assistance risk, it is this context they are talking about:

There are situations when we end up suffering a lot. The increased number of patients represents more problems, more demands, more risks to professionals, and consequently, to patients themselves. That is why I feel really insecure with the things that are happening now […]. (ET2)

This feeling is generally justified by a desire of doing the best possible job. It influences nurses' work not only because it implies providing care for their patients, but because it covers the distinction between nursing activities and technic nursing activities, which by its turn increases the levels of assistance mistakes.

When brought together with the seriousness of patients and the sector's dynamism, such distinction causes damages to the assistance and exposes nurses to risk, mistake or negligence. Professionals realize that they need to perform their work with precision and quality; nevertheless, performing it in crowded environments lead these individuals to insecurity and suffering. Nurses then find themselves facing a necessity of keep creating, of keep improvising their real work in order to make it closer to the prescribed one.

Therefore, it is possible to affirm that some characteristics of the nursing activities can never contemplate the global reality faced by workers. Overworking imposes a barrier between planer and executor; it restricts the range of space for discussing the job, and the professional, who detains the know-how of an activity accomplished by him alone, does not have a way of talking about what is going on, nor of suggesting changes, adaptations etc[11].

Only a small part of the actual job is visible to prescription's and organization's eyes. The biggest part consists in an infinity of behaviors, feelings, thoughts, and actions that are not formally recognized by hierarchy, nor consumers, and not even by these nurses' pairs. This means that most of the job is nearly invisible; that to catch this invisible side one ought to have an eye on the reality[16].

Nurses consider that observations such as these can take place on a day-by-day continuous and subtle way –

and by their very fellow team members. They also suggest that another factor of suffering comes from times when the interpersonal relations within the team are not in harmony.

Sometimes relations with the colleagues are stressing; relations with the multidisciplinary team in general. There was this one time a patient told me: "Oh, it is ok, no problem. You send me to a basic healthcare unit this morning and then when I come back in the afternoon or evening your colleague will let me be assisted right here" [...]. (EM3)

Conflicts between professionals from the working team are associated to the work in the emergency service. They are considered to be tense, exhausting, and disrupting to the nurses' emotional state. The feeling of handling demands from the town's healthcare system in a proper way is minimized when a worker realizes that there are different perceptions and manners to treat the same activity or offer the same care. This is also a factor to generate conflict.

Giving this scenery, situations of conflict can emerge when people are scaled for job positions on which they are not used to work. Those are cases when divergences are emphasized, and among the most common problems that these situations can provoke, the ones standing out are: identifying who is related to the organizational structure, communicating, disputing roles, approaching disagreements, dealing with lack of resources and lack of professional commitment[17].

Nonetheless, it would not be fair to place the spotlight only on the negative side of these conflicts. One of its favorable aspects lies precisely on these differences of ideas and opinions. Situations such as these can trigger reflections and analytical thinking; they generate an energy responsible for creating tension and movement, thus inducing action and stimulating critic sensibility.

A good working relation within the team helps to cultivate a convivial environment, and independently of hierarchic determinations, the entire team should be seeking for it. Harmony between supervisors and staff play after all an important role on the reduction of suffering, for when a worker feels respected and heard, he takes assistance's quality into account[16] and does his job with more commitment and responsibility.

It is a fact that interpersonal relations may influence healthcare; instable relations bring about a negative environment and make people deal with conflicts basing their actions on emotions felt in the heat of the moment[17]. This is precisely how interpersonal relations can be damaged by the emotional cargo to which professionals are exposed.

Accordingly, when analyzing this category, it becomes clear that overcrowding and overworking are the main factors behind the feelings of frustration, insecurity, and even behind conflicts between professionals. To put it differently, they are behind some of the elements that rest at the bottom of suffering.

Nonetheless, if individual and collective defensive strategies are properly applied, this suffering can be taken care of.

Defensive Strategies used by nurses

Defensive strategies are by definition used for diminish or fight suffering; they sometimes even cover it entirely, protecting workers from deleterious effects to their mental health. Such strategies mean compensatory ways of thinking, feeling, and acting, which is useful for help bearing suffering in an individual or collective manner.

Among the collective ones, two very important are organization at work and team work.

The first of them is understood as a source of psychic cargo capable of leading one to tiering and suffering. If a work's organization is not effective, it interferes with the mental health of workers thus turning them into anguished individuals, devoid of desire or motivation.

Organization at work is thought to be made out of task sharing, hierarchy, distribution of activities, and charge taking. This is why it can both contribute to one's well-being or bring up symptoms that indicate something is not right. The more controller, rigid, and suffocating is the organization, the more it contributes to workers' psychic suffering[11-12].

Nurses believe that, when prior organizing their activities in the emergency service, they can diminish psychic suffering experiences throughout their entire journey. It reduces contingency and ensure workers' confidence as well as quality assistance.

The entire team comes up with strategies in order to make the job here at the emergency easier. [...]. So everyone tries to organize it all: check vitals, test HGT, organize crash cart. (EM1)

The work in emergencies is very unpredictable and dynamic; nurses claim that organizing their activities from the beginning of a journey means more security for everyone, therefore minimizing suffering. So organization is thought as a collective strategy thanks to the fact that it is up to the collective to build an identity for the work.

This kind of organization contributes to minimizing suffering in emergencies; it is considered to be a valuable aspect of nurses' experience as a team, and when associat-

ed with the presence of supervisors, it gives professionals a good deal of support.

Collective defensive strategies emerge against the suffering caused by lacks of organization at work. They give to a worker a kind of stability he would not be able to reach on his own; the team make use of them in moments when a person's individual resources are no match for suffering[11-12].

Accordingly, on the one side, defensive strategies are required in order to give sequence to a job or deal with pressures, thus preventing professionals from losing their minds. On the other side, they are useful for stabilizing all subjective relations when it comes to the organization of one's activities[7].

If not for anything else, organization at work is considered to be a collective strategy because, when flexible, may balance the ambiance of environment and tasks. It gives freedom for professionals to rearrange their operational mode and find in it gestures that will bring them some peace[11]. Therefore, group cohesion and a satisfactory relation with supervisors appear as signs that indicate the maintenance of a psychic balance among nurses.

I really enjoy having supervisors around. I find it very important for our job. Supervisors that you can reach in one of the various moments of need. (EM2)

This importance implies a proximity between the actual job and the prescribed one. It also implies that team work is a result of a real organization at work, which is simply explained by the fact that nurses have the freedom of to modify it if they feel the need. Then the flexibility that team work provides eases the job and, consequently, its physical and psychic cargo.

[...] I think the main thing for me is the relationship with the team. A good convivence, an environment that allows you to chat a little, make jokes, relax. This means a good response from your colleagues. [...]. (EF2)

When there is some stress in the air [...] I leave, ponder, ask for help, someone to help me think straight, to see what is best, the best solution. I left, went to the restroom, had some water, had a cup of coffee, came back and made it. I go out for a while so I can organize my ideas. (EM3)

So organizing activities during the shift and team work are considered to be collective defensive strategies for they ease the suffering caused by overcrowding and overworking. That is to say, if a work allows diminishing of psychic cargo, then it can be considered a balanced work; and the

other way around, if a work is against this diminishing, it can be considered a fatiguing one.

This last option accumulates psychic energy and fill people with both tension and unpleasantness; that first one, freely chosen or freely organized, offers ways of relaxing adapted to the job's needs[11].

According to interviewed nurses, team work and organization of activities throughout the shift make the working journey healthier, turn it into a source of pleasure, not into one of suffering. The relations with colleagues are a social support for managing suffering way more than a possibility of a collective management of the work's organization. In other words, the job reality is the same, but a good relation among colleagues makes it easier to endure.

As a consequence, the only way out of conflict situations is a real investment on team work, for then workers can count on each other; if one is absent the other voluntarily assumes one's responsibilities with the patients. Organization at work is a result of a negotiation between actors, a consequence of team work. It is a response to externally determined impositions, which by their turn are apprehended and modified by workers' collective actions[11].

As for the individual defensive strategies, they are seen as alternatives coming from outside of the work environment, generally used to overcome stress, improve working conditions and face the lack of future prospects. When asked for examples, nurses point hobbies in general (physical exercises, music, therapy, and so on) as individual strategies which take place privately, that is, outside the working environment.

They say the most effective is perhaps practicing sports, for it helps to relax and at the same time relieves the feelings of anger, tiredness, and suffering provoked by this exhausting job.

I try to do things that I like… sports, music, nature, running, tracks; I go see some green, try meditation. Everything so I can escape from what I see here, from all that stress, that anger, that tiredness, that whole bunch of things that sometimes I wish to tell, to scream, but you cannot do it, you have to contain it, otherwise it would be a lot more stressful [...]. (EN4)

Although this nurses' seeking for activities apart from work can represent a positive means to minimize suffering, it also means a strategy of compensation closer to self-defense rather than the contact with real working situations and the attempt to deal with the actual issues, whether a search for changes or even for new manners of keep suffering under control.

When it comes to individual defensive strategies, it is relevant to reinforce that physical activity is vital for all human beings; it represents an important stimulus for musculoskeletal, cardiorespiratory, and nervous progresses, but it is also a psychical convenience[18]. It eases the psychic cargo that makes work so tiering and collaborates with the collectivity thus facilitating concrete working changes[7].

Even so, it would be even more decisive if workers sought for changes at their work through collective mobilizations, such as a space for gym at work, and so on.

Another good individual defensive strategy indicated by the interviewed nurses is therapy. This resource seems to give insights about ways of dealing with conflicts at work; it is therefore a potent weapon against suffering.

And that is something I am currently facing in my therapy, something I realized I need to improve. [...] but, this difficult of "letting the luggage be" ends up being from where I sometimes get my insights, right? Then I figure out what is good for me, right? (EF1)

Many were the reports concerning this "contamination" of time outside the work environment. It is worth to highlight that these nurses work 36 hours direct with patients and nursing team, which means they are constantly dealing with an intense fulltime diversity of experiences.

Work does not end in the geographic space where it takes place; however, it colonizes individuality. In healthcare jobs and, on a more intense way, in critic environments, such as emergency services, there is an intensity of experiences penetrating actors' lives and, for that reason, numerous workers turn to resources such as therapy[19].

■ FINAL CONSIDERATIONS

This study has shown that the emergency's environment causes suffering to nurses, which in their turn make use of defensive strategies in order to protect their own health.

The main factors of suffering are pointed to be overcrowding and overworking, feelings of frustration and insecurity, and finally, conflicts between professionals.

Overworking and overcrowded environments are considered a constant in the nursing job; emergency's dynamics provoke physical and emotional stress, turning work into an activity both exhaustive and fatiguing. Workers, in their turn, have shown a good deal of responsibility when it comes to their occupation and the caring for others; nevertheless, they were also faced with the limitations and complexity of their job – along with its consequences, such as the feeling of frustration.

At the same time, another feeling comes up: insecurity. The context of work expose both professionals and patients to greater assistance risks; this damages also the quality of healthcare, interfering with the mental health of nurses.

Professionals seem to comprehend that organizing their activities throughout their shift and working as a team are examples of collective strategies to deal with suffering at work – exactly how PDT referential defends. These strategies offer workers stability for they have difficulties ensuring it on their own.

When it comes to individual defensive strategies, hobbies such as practicing sports in parks or gyms, listening to music, or going to therapy, are examples of alternatives found outside the working environment.

These results contribute to practical assistance; they serve as an alert for managers to create spaces to discuss and reconsider the organization of emergency work. The main goal here is to minimize overworking, feelings of frustration and insecurity, and conflicts between professionals, therefore qualifying the care provided to patients.

As a limitation for this research, one acknowledgement is the impossibility of generalizing results; especially considering this a study based on qualitative methodology, that means, a study resulting from each interviewee's patch and experience.

It is also interesting to mention the limitations imposed when approaching feelings and perceptions, for these abstract aspects are subject to momentary reactions, individuality and each worker's personal interpretation of facts.

Therefore, a productive suggestion would point the need for future studies covering this specific emergency service theme, with a work psychodynamics' referential of analysis, hence aiming to show this relation in critic environments for patient assistance. This way it would be possible to assist services' managers to promote health in spaces such as the one analyzed. Afterwards, taking care of workers means promoting health in their processes of work and preventing harmful environments from keep existing and disrupting such processes.

■ REFERENCES

1. Godoi VCG, Ganassin GS, Inoue KC, Gil NLM. Reception with risk classification: characteristics of the demand in an emergency unit. Cogitare Enferm. 2016 [cited 2017 Dec 04];21(3):1-8. Available from: https://revistas.ufpr.br/cogitare/article/download/44664/pdf_en.

2. Acosta AM, Lima MADS. Frequent users of emergency services: associated factors and reasons for seeking care. Rev Latino-Am Enfermagem. 2015;23(2):337-44. doi: https://doi.org/10.1590/0104-1169.0072.2560.

3. Pícoli RP, Cazola LHO, Maurer NMJS. Usuários de classificação de risco azul em uma unidade de pronto atendimento. Cogitare Enferm. 2016 [cited 2017 Sep 30]; 21(1):01-07. Disponível em: http://revistas.ufpr.br/cogitare/article/view/43044/27664.

4. Duarte FS, Mendes AMB. Da escravidão a servidão voluntária: perspectivas para a clínica psicodinâmica do trabalho no Brasil. Rev Estudos Organiz Soc. 2015 [cited 2017 Dec 04];2(3):68-128. Available from: http://revistas.face.ufmg.br/index.php/farol/article/view/2579/1519.

5. Garcia AB, Dellaroza MSG, Haddad MCL, Pachemshy LR. Prazer no trabalho de técnicos de enfermagem do pronto-socorro de um hospital universitário público. Rev Gaúcha Enferm. 2012;33(2):153-9. doi: https://doi.org/10.1590/S1983-14472012000200022.

6. Pereira DS, Araújo TSSL, Gois CFL, Gois Júnior JP, Rodriguez EOL, Santos V. Occupational stressors among nurses working in urgent and emergency care units. Rev Gaúcha Enferm. 2013;34(4):55-61. doi: https://doi.org/10.1590/1983-1447.2014.01.39824.

7. Dejours C, Abdoucheli E, Jayet C. Psicodinâmica do trabalho da duração da juventude na análise de relação prazer, sofrimento e trabalho. São Paulo: Atlas; 2010.

8. Campos JF, David HMSL, Souza NVDO. Pleasure and suffering: assessment of intensivist nurses in the perspective of work psychodynamics. Esc Anna Nery. 2014;18(1):90-5. doi: https://doi.org/10.5935/1414-8145.20140013.

9. Garcia AB; Dellaroza MSG; Gvozd R; Haddad MCL. Suffering at work: feelings of nursing technicians at the emergency service of a university hospital. Cienc Cuid Saude. 2013;12(3):416-23. doi: https://doi.org/10.4025/cienccuidsaude.v12i3.18056.

10. Fernandes RTP, Coelho MJ. Superlotação de emergências: um novo cenário para o cuidar/cuidado em enfermagem. Rev Eletrôn Estácio Saúde. 2013 [cited 2017 Oct 15];2(1):19-23. Available from: http://revistaadmmade.estacio.br/index.php/saudesantacatarina/article/view/624.

11. Dejours C. A loucura do trabalho: estudo de psicopatologia do trabalho. 6. ed. São Paulo: Cortez; 2015.

12. Kolhs M, Olschowsky A, Barreta NL, Schimerfening J, Vargas RP, Busnello GF. Nursing in urgency and emergency: between pleasure and suffering. Rev Fund Care Online. 2017;9(2):422-31. doi: https://doi.org/10.9789/2175-5361.2017.v9i2.422-431.

13. Hospital de Clínicas de Porto Alegre (BR). Relatório de Gestão do Serviço de Enfermagem em Emergência. Porto Alegre: HCPA; 2015. 34p.

14. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12. ed. São Paulo: Hucitec; 2014.

15. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União [da] República Federativa do Brasil. 2013 jun 13;150(112 Seção 1):59-62.

16. Silva CO, Ramminger T. Work as a promoter of health. Ciênc Saúde Coletiva. 2014;19(12):4751-8. doi: https://doi.org/10.1590/1413-812320141912.15212013.

17. Martins CCF, Santos VEP, Pereira MS, Dos Santos NP. Relacionamento interpessoal da equipe de enfermagem X estresse: limitações para a prática. Cogitare Enferm. 2014 [cited 2017 Sep 12];19(2):309-15. Available from: http://revistas.ufpr.br/cogitare/article/view/36985/22756.

18. Lopes LC, Lopes-Júnior LC, Bomfim EO, Silva S, Galvani RGD, Chagas EDB. Efeitos da atividade física na qualidade de vida de mulheres com sobrepeso e obesidade pós-menopausa. Ciênc Cuid Saúde. 2014 [cited 2017 Oct 30];13(3):439-46. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/18688/pdf_214.

19. Dejours C. Trabalho vivo: trabalho e emancipação. Brasília: Paralelo 15; 2012. 2v.

■ **Corresponding author:**
Maria de Lourdes Custódio Duarte
malulcd@yahoo.com.br