

Assessment of indicators and experiences of pain and pleasure in family health teams based on the Psychodynamics of Work



Avaliação de indicadores e vivências de prazer/sofrimento em equipes de saúde da família com o referencial da Psicodinâmica do Trabalho

Evaluación de indicadores y vivências de placer/sufrimiento en equipos de salud de la familia con el referencial de la Psicodinámica del Trabajo

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How to cite this article:

Glanzner CH, Olschowsky A, Dal Pai D, Tavares JP, Hoffman DA. Assessment of indicators and experiences of pain and pleasure in family health teams based on the Psychodynamics of Work Rev Gaúcha Enferm. 2017;38(4):e2017-0098. doi: <http://dx.doi.org/10.1590/1983-1447.2017.04.2017-0098>.

doi: <http://dx.doi.org/10.1590/1983-1447.2017.04.2017-0098>.

ABSTRACT

Objective: To evaluate indicators and experiences of pain and pleasure among workers of the family health teams based on the theoretical and methodological framework Psychodynamics of Work.

Method: This is a mixed-method study with 153 workers from the multiprofessional family health team of 12 health units in Porto Alegre. All the participants answered the Pleasure and Pain in the Workplace Scale ("EIPST") between September and November 2011 and 68 also participated in the collective interviews between October and December 2012. Quantitative data were submitted to descriptive and analytical statistics, and qualitative data were subjected to content analysis.

Results: The indicators professional achievement (4.22 ± 1.3), freedom of expression (4.21 ± 1.17) and recognition (1.80 ± 1.51) were considered satisfactory by the workers. The indicator professional exhaustion had a moderate result (3.33 ± 1.44). Pleasure at work was linked to professional achievement with autonomy, freedom, and creativity. Lack of recognition and work overload were related to institutional, personal and community issues, and considered sources of suffering in the workplace.

Conclusions: Pleasure at work for the studied teams was associated with freedom of expression, achievement, and professional recognition, and pain was related to professional exhaustion and work overload.

Keywords: Occupational health. Work. Job satisfaction. Family Health Strategy.

RESUMO

Objetivo: Avaliar indicadores e vivências de prazer e sofrimento entre trabalhadores que atuam em equipes de Saúde da Família a partir do referencial teórico-metodológico da Psicodinâmica do Trabalho.

Método: Trata-se de estudo de método misto com 153 trabalhadores da equipe multiprofissional de Saúde da Família de 12 Unidades de Saúde de Porto Alegre que responderam a Escala de Indicadores de Prazer e Sofrimento no Trabalho entre setembro e novembro de 2011, destes, 68 participaram das entrevistas coletivas que ocorreram entre outubro e dezembro de 2012. Dados quantitativos foram submetidos à estatística descritiva e analítica, dados qualitativos à análise de conteúdo.

Resultados: Os fatores realização profissional ($4,22 \pm 1,3$), liberdade de expressão ($4,21 \pm 1,17$) e reconhecimento ($1,80 \pm 1,51$) foram considerados satisfatórios pelos trabalhadores. O fator esgotamento profissional apresentou resultado moderado ($3,33 \pm 1,44$). Prazer no trabalho foi vinculado à realização profissional com autonomia, liberdade e criatividade. Falta de reconhecimento e sobrecarga de trabalho foram relacionados às questões institucionais, pessoais e da comunidade, consideradas fontes de sofrimento.

Conclusões: O prazer no trabalho das equipes estudadas está vinculado à liberdade de expressão, realização e reconhecimento profissional e, sofrimento se origina do esgotamento profissional e sobrecarga de trabalho.

Palavras-chave: Saúde do trabalhador. Trabalho. Satisfação no trabalho. Estratégia Saúde da Família.

RESUMEN

Objetivo: Evaluar los indicadores y las experiencias de placer y dolor entre los trabajadores que trabajan en equipos de salud familiar basado en el marco teórico y metodológico de la psicodinámica del trabajo.

Método: Se trata de un estudio de método mixto con 153 trabajadores del equipo multiprofesional de Salud de la Familia de 12 Unidades de Salud de Porto Alegre que respondieron a la Escala de Indicadores de Placer y Sufrimiento en el Trabajo entre septiembre y noviembre de 2011, de estos, 68 participaron de entrevistas colectivas que ocurrieron entre octubre y diciembre de 2012. Los datos cuantitativos se sometieron a la estadística descriptiva y analítica, datos cualitativos al análisis de contenido.

Resultados: El rendimiento en el trabajo ($4,22 \pm 1,3$), la libertad de expresión ($4,21 \pm 1,17$) y reconocimiento ($1,80 \pm 1,51$) fueron considerados satisfactorios por los trabajadores. factor de agotamiento profesional mostró resultados moderados ($3,33 \pm 1,44$). El placer en el trabajo estaba relacionado con el rendimiento profesional con la autonomía, la libertad y la creatividad. La falta de reconocimiento y la carga de trabajo se relaciona con cuestiones institucionales, personales y comunitarios, considerado fuentes de sufrimiento.

Conclusiones: El placer en el trabajo de los equipos estudiados está vinculada a la libertad de expresión, el logro y el reconocimiento profesional, y el sufrimiento se deriva de agotamiento profesional y el exceso de trabajo.

Palabras clave: Salud laboral. Trabajo. Satisfacción en el trabajo. Estrategia de Salud Familiar.

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■ INTRODUCTION

Teamwork is a fundamental premise of the family health strategy in the quest for the provision of qualified health promotion and prevention services for the population in primary care. In addition to a collective work, family health teams must forge horizontal interprofessional relations and recognise the complementarity of knowledge and fields of expertise.

Listening, dialogue, and receptive assistance are not merely tools to create and maintain bonds with the community⁽¹⁾, they are also important instruments to organise teamwork. They are the requirements of effective comprehensive, singular, and humanized care at primary level since they open spaces for communication and affection at work and are therefore capable of increasing pleasure at work.

The adversities and often inappropriate workplace conditions and the setbacks arising from the gap between the needs of workers and interests of management can prevent workers from achieving the expected performance⁽²⁻³⁾. Consequently, real work can be very different from the prescribed work, generating frustrations and suffering among workers who cannot perform their activities as they would like to and also feel underappreciated and discouraged⁽⁴⁾. In contrast, it is in the distance between the real and prescribed work that these professionals find room to carry out their wishes through creation, autonomy, and the use of practical intelligence⁽⁵⁾.

Considering the impact of work at the family health strategy for health workers, the Psychodynamics of Work approach has the potential to assess the pleasure and pain experiences of these professionals at the workplace. Initially created to understand work pathology, this theory proposed by the French psychiatrist Christophe Dejours uses psychoanalytic bases to understand the relationship between pleasure and pain in the workplace. According To Dejours⁽⁶⁻⁷⁾, work is the primary arena for the construction of the health of people since it drives the processes of subjectivation and self-realisation.

Suffering at work starts when, despite all the zeal, workers cannot cope with the task. Pleasure starts when workers use all their zeal to invent convenient solutions. Pleasure and pain in the workplace are, therefore, inseparable from work and zeal is the emotional engagement of subjectivity in conflict with the demands of daily work⁽⁸⁾.

This understanding of the Psychodynamics of Work requires the analysis of work organisation to initially understand the processes that pervade professional achievement, freedom of expression, professional exhaustion, and lack of recognition, all of which determine the experience

of pleasure and pain. Professional achievement, related to professional gratification, pride and identification with the work done, and freedom of expression, related to freedom of thinking, organising, and speaking about work, lead to experiences of pleasure in the workplace. Burnout and lack of recognition can lead to the suffering among workers. Professional exhaustion is the frustration, insecurity, pointlessness, exhaustion, and stress at work and lack of recognition is linked to feelings of injustice, outrage, and lack of appreciation stemming from the lack of recognition for the work done⁽⁵⁾.

Thus, the aim of this paper is to assess the indicators and experiences of pleasure and pain of workers in the family health teams based on the theoretical and methodological framework of Psychodynamics of Work. The justification for this investigation lies in the importance of addressing the health of workers at the family health strategy since this care model is considered priority in the reorientation of primary care and the improvement of healthcare in general.

■ METHOD

This is a mixed-method study with a quantitative and qualitative approach based on the theoretical-methodological framework of Psychodynamics of Work (PDW)⁽⁵⁾. The quantitative stage in the PDW consists of pre-research since it seeks to provide a more generalised notion of the work context and the relationship between pleasure and pain. The qualitative step is used to further investigate the subjective issues involved in the experiences of pleasure and pain⁽⁵⁾.

The quantitative stage has a cross-sectional and descriptive outline. It was completed with the multiprofessional team of 12 health units in Porto Alegre - Rio Grande do Sul, Brazil, which is part of the community health service of a hospital group, located in the north and northeast sanitary districts. These units provide permanent healthcare follow-up services to 105,000 registered users through the disease prevention, medical and dental treatment programmes. The Pleasure and Pain in the Workplace Scale ("EIPST" or *Escala de Indicadores de Prazer e Sofrimento no Trabalho*) used in this study is one of the four scales of the Work and Work-Related Illness Risk Inventory ("ITRA")⁽⁵⁾.

The EIPST consists of four assessment factors: two to assess professional achievement and freedom of expression – and two to assess suffering at work – professional exhaustion and lack of recognition. The EIPST assesses the key categories of the Psychodynamics of Work, with indicators that can be considered universal given their consistency in more than one validation process and their coherence with the assumptions of the theory⁽⁵⁾.

All the professionals who were working at the time of data collection and had been working at the units for at least six months were included in the research. The workers on leave of absence, holidays, maternity leave, or bonus leave and outsourced workers were excluded. The sample calculation considered a correlation coefficient greater than or equal to 0.3 between the dimensions of the scale with a power of 95% in significance level 0.5 and a total of 139 workers of the health team. The data collection instrument was distributed to the entire population of the study (N = 253) and the final sample consisted of 153 valid instruments. Quantitative data were collected between September and November 2011.

Data were analysed using Software Package for the Social Science (SPSS) version 18.0. The categorical variables were presented by means of absolute and relative frequencies and the continuous variables were presented using measures of central tendency and dispersion. The Kolmogorov-Smirnov test was used to test the hypothesis of normality in data distribution. Pearson's correlation coefficients were calculated to assess the correlation between the variables. Cronbach's alpha coefficient was used to establish internal consistency.

Analysis of the results from the data of workers in the quantitative stage, based on the factor correspondence analysis of the scale, was used to select the team member for the qualitative stage. The members who formed the sample of the qualitative stage were from three health units, namely the health unit with the lowest risk of work-related diseases, the health unit with a moderate result, and the health unit with the greatest risk of work-related diseases.

The qualitative step was descriptive and analytical and included all workers of the three health units (referred to using the letters A, B, and C, respectively) totalling 68 professionals, including nurses, technicians, nursing technicians, physicians, dentists, psychologists, health dental technicians, and social workers.

The information was collected by means of field observation and collective interviews. Each health unit was observed for twenty hours during the morning and afternoon shifts, totalling seventy hours of observation recorded in the field journal.

In the Psychodynamics of Work, clinical observation is essential and must be based on the statements of the session participants⁽⁹⁾. In this study, observation preceded the interviews and data were collected from October to December 2012.

The interviews were divided into two stages. In unit A, two meetings were held, one to present the quantitative results and another for discussion and the collective inter-

view. In units B and C, one meeting was held to present this study, divided into two moments - presentation of quantitative results and collective interview. During the collective interviews, the workers talked freely about the proposed subject according to the following guidelines: talk about your work at the family health unit; talk about the factors that cause pleasure at work; and talk about the situations that cause you suffering at work. How to you deal with that? The meetings lasted for two hours in each unit. The interviews were identified with the letters CI for collective interview, followed by the number of the health unit and the letters A, B or C to differentiate the workers, as follows CI1-A, CI2-A, CI3-B.

The information was analysed using the content analysis method after fully transcribing the interviews and organising the field notes. This analysis consisted of three basic steps: pre-analysis, exploitation of material, and processing of results and interpretation⁽¹⁰⁾. The data were discussed in the scope of the framework of Psychodynamics of Work.

Research observed the ethical precepts of Resolution 466/2012, and it was approved by the ethics committee of the institution, protocol number 11-140. All the participants signed two copies of an informed consent statement.

■ RESULTS AND DISCUSSION

The professionals of the family health teams were mostly women (n = 121; 79.6%), with an average age of 43 (DP = 10.76), married (n = 73; 48.3%), nursing assistants (n = 39; 26.2%), with post-graduate studies (n = 76; 50%). In relation to regular medical check-ups, 6.6% (n = 10) of the professionals had not had a check-up in the last year and 6% (n = 9) had been on leave more than three times due to work-related health issues. Table 1 shows the four factors of the Pleasure-Pain Scale, with Cronbach's alpha values 0.93, 0.86, 0.9, and 0.93 for each factor (F1 – professional achievement; F2 – freedom of expression; F3 – professional burnout; F4 – lack of recognition), respectively.

In terms of **professional achievement**, the result was satisfactory (average 4.22 ± 1.3) for 59.6% of the workers of all the units. The highest score were pride in my work (average 4.9 ± 1.48) and identification with my tasks (average 4.67 ± 1.48). The factor **freedom of expression** was evaluated as satisfactory by 58.9% of the workers (average 4.21 ± 1.17). The items freedom to talk about my work with colleagues (average 4.46 ± 1.57) and freedom to talk about my work with leadership (1.73 ± 4.41) scored high on the scale.

The factor **professional exhaustion** had a moderate result (average 3.33 ± 1.44) for 45% of the workers. The items with the highest scores were stress (average $4.13 \pm$

Table 1 – Factors of the Pleasure-Pain Scale assessed by the workers of the family health teams. Porto Alegre, 2014 (n=153)

Factor	Items	Average	SD
Personal Achievement	Satisfaction	4.14	1.50
	Motivation	3.90	1.69
	Pride in my work	4.93	1.48
	Wellness	4.05	1.62
	Personal achievement	4.39	1.66
	Appreciation	3.93	1.73
	Recognition	3.77	1.69
	Identification with my tasks	4.67	1.48
	Personal gratification with my activities	4.42	1.55
Freedom of Expression	Freedom to negotiate what I need with leadership	4.16	1.71
	Freedom to talk about my work with colleagues	4.46	1.57
	Solidarity between colleagues	4.21	1.65
	Trust between colleagues	3.79	1.77
	Freedom to express my opinions in the workplace	4.37	1.57
	Freedom to use my creativity	4.33	1.60
	Freedom to talk about my work with leadership	4.41	1.73
	Cooperation between colleagues	3.94	1.55
Professional Exhaustion	Emotional exhaustion	3.95	1.86
	Stress	4.13	1.77
	Dissatisfaction	3.18	1.97
	Overload	4.05	1.77
	Frustration	3.39	1.85
	Insecurity	2.58	1.78
	Fear	1.99	1.83
Lack of Recognition	Lack of recognition for my efforts	2.52	1.97
	Lack of recognition for my performance	2.39	1.93
	Lack of appreciation	1.92	1.90
	Indignation	2.59	2.04
	Uselessness	1.05	1.64
	Disqualification	1.00	1.49
	Injustice	1.71	1.86
	Discrimination	0.99	1.75

Source: Research data, 2014.

1.77) and work overload (4.05 ± 1.77). The factor **lack of recognition** was satisfactory for 63.6% of the workers (average 1.80 ± 1.51). The highest scores were for the items indignation (average 2.59 ± 2.04) and lack of recognition for my efforts (average 1.97 ± 2.52).

In the bivariate analysis with the factors of the Pleasure and Pain in the Workplace Scale ("EIPST"), the factor **professional achievement** correlated positively with freedom of expression $r = 0.58$; $p < 0.01$) and negatively correlated with **professional exhaustion** ($r = 0.38$; $p < 0.01$) and **lack of recognition** ($r = 0.44$; $p < 0.01$).

A negative correlation was identified between **freedom of expression** and the factors **professional exhaustion** ($r = -0.16$; $p < 0.01$) and **lack of recognition** ($r = -0.31$; $p < 0.01$). Moreover, associated with the factors **professional exhaustion** and **lack of recognition**, revealed a positive correlation ($r = 0.69$; $p < 0.01$).

The collective interviews were based on the results of the pre-research stage with application of the EIPST and the stages of the Psychodynamics of Work approach. These interviews resulted in the following categories: professional achievement, work recognition, and work overload. The themes addressed in these categories reflect the contents of the statements of the three family health teams.

Personal achievement

According to the Pleasure and Pain in the Workplace Scale, professional achievement and freedom of expression were experienced as factors of pleasure at work, corroborating another study with family health workers⁽¹¹⁾.

In this study, the items most related to professional achievement, according to EIPST, were pride in my work and identification with my tasks. Freedom to talk with colleagues and freedom to talk about my work with leadership were the items that more closely express freedom of speech as a source of pleasure.

The statements and observations of the workers refer to the pleasure associated with professional achievement originating from the organisation of work and considering autonomy, freedom, and creativity. They come from the space of talking and listening shared with their peers.

[...] but when you see the degree of freedom you have here, of the things that have already been said in relation to creating your work, to proposing new practices, that creates the possibility of more health in your work, which I could not have in a hospital [...] The issue of creation is in most of the process in "unplanning" [...] (C1).

I think one of the good things that I see in this team, at work, is the issue of autonomy [...] I, at least as a professional, have autonomy (C1).

[...] it [autonomy] is good because it leaves the process in our hands, and not just following rules (C12-E).

Autonomy is in our hands [...] We have a history of having more autonomy, of better defining [the work] and of always doing that with affection, with lightness (C12-F)

The professionals of the family health teams in the studied units must develop/use strategies to establish their autonomy and the power to create and invent their work. They must become the subjects of their work for this autonomy to give their practice meaning and trigger enthusiasm for their work objective or even for the activity itself.

Regarding this issue, the professional achievement of these workers and the construction of healthcare occurs when the work drives subjectivation and the exercise of democracy in the workplace⁽⁶⁾. In this regard, by exercising democracy, the professionals feel free to create their work, as reported in the collective interviews.

Also related to freedom of expression, the items solidarity, trust, and cooperation had positive results. For the Psychodynamics of Work, the (re) construction of horizontal and vertical relationships of trust depends on specific listening skills⁽¹²⁾.

The positive results for professional achievement and freedom of expression in this study suggest the family health workers have found room for the potential use of practical intelligence or worker intelligence, which Dejours calls *intelligence de la pratique*, from the need to make adjustments between the prescribing of tasks, the obstacles imposed by the organisation of work, the intelligence acquired from the real experience of workers, and their conception of the activity^(9,13-14).

Practical intelligence lies in the use of alternatives not prescribed by the system to meet needs, ensure the problem-solving capacity of the service, and fill gaps in the conditions and organisation of work to maintain productivity. The workers protect themselves from the mental suffering caused by the precarious work conditions by using creativity to solve problems^(9,14) and consequently obtain professional achievement.

Thus, creativity is pleasure when the workers of the family health team exercise their autonomy and freedom of doing, inventing and breaking from the work routine and when they exercise self-governance by "unplanning" and adopting new practices where creating imprints their identity, producing health at work and professional achievement.

The non-prescribed work in the health units allows room for autonomy, the capacity to create according to needs, and the recognition for the conducted action. Working while feeling professionally accomplished means taking pleasure in one's work and in one's production. This accomplishment is converted into something for the entire team and for the users and makes it easier to create, produce, and (re) organise work.

Recognition at work

In the Pain and Pleasure in the Workplace Scale, the factors indicating suffering at work are professional exhaustion and lack of recognition. In his study, professional exhaustion was considered moderate, while recognition was considered satisfactory, indicating that the workers feel their work is recognised. The items in the scale that best describe lack of recognition are indignation and lack of recognition for my efforts.

Recognition for the work done is considered pleasurable and the lack of recognition is perceived as the cause of work-related suffering. The professionals mentioned the need for recognition of the institutional and the community, as shown in the interviews:

There is a lack of recognition, a lack of looking at our needs, a lack of support for a set of needs we have, but we lean on each other (CI1-A).

Recognition is the bad part, it seems we can wear ourselves out, work more, as long as we get that recognition. And that give recognition has nothing to do with the team, but with the community, why does the community recognise us and the institution itself does not recognise us. I think recognition in these two things is fundamental (CI2-D).

The Psychodynamics of Work approach draws attention to the link between lack of recognition and suffering, illness and depersonalisation. Conversely, it shows the importance of recognition in the construction of meanings and mediates the relationship of the subject with others in the workplace, as a utility (value) and as beauty (quality) in the collective environment^(8,15). For this reason, recognition has a considerable impact on the identity and transformation of pain into pleasure at work⁽⁷⁾.

According to a study that identified situations causing pain and pleasure among nurses in two health institutions in a rural area, the lack of recognition and appreciation for the work conducted by the team and the managers of the

institutions contributed to their dissatisfaction at work and this dissatisfaction often caused an excessive burden on these workers⁽¹⁵⁾.

The workers also mentioned the lack of physical space as detrimental to the recognition for their work, that is, workers with more recognition have more access to certain physical spaces.

[...] there is this relationship when we have appropriate physical space when we have good working conditions, we feel recognised at work (CI2-H).

Based on the statements and clinical observation, physical space for working is considered the materialisation of institutional recognition. The search for this space is a dispute involving the experiences of pleasure and pain of the family health teams.

Recognition depends on the use of judgments on the quality of work and actions rather than on the person; however, recognition for the work can be imprinted on the personality and benefit the recording of the identity. This leads us to another important conceptualisation: the relationship between work and identity is mediated by another in the grammar of judgment and recognition. This judgment takes two forms: the form of utility, which is maintained by the hierarchy; and the form of beauty, which is judged by peers based on aesthetic criteria. The first addresses the desire to be useful while the second generates a feeling of belonging to a work collective^(6,14).

The judgment of utility is a prerequisite to belong to a society. In addition to the superiors, it can come from customers, users, patients, students, that is, from the persons benefiting from the quality of work. When the senior manager or the administration of a company are relocated, employees who were previously appreciated can be considered useless, which can have negative consequences on the health of workers⁽²⁾. Similarly, a literature review shows that health-related problems are triggered by the psychological violence affecting so many health workers in the workplace⁽¹⁶⁾.

The workers of the family health team feel useful when they are recognised by the community, colleagues, and the institution. Institutional recognition is linked to appropriate working conditions, especially in terms of physical space. When recognition stems from the feeling of belonging to a workplace and to the work itself conducted collectively, the workers feel pleasure; in contrast, the lack of this recognition causes pain.

Work overload

The professionals of the family health team reported an overload of work related to institutional, community, and personal demands.

We're a little pressed to meet goals the institution is expecting us to achieve (C11-G).

We get a lot of pressure from the institution [...] [goals, indicators, and meetings] (C13-F).

Work overload is caused by an excess of standardisation that prevents workers from reflecting on their practice. This lack of thought on one's own practice can cause alienation^(8, 17), and alienation from the demands of work can cause stress and work overload among the family health teams, as evaluated in the EIPST items, as well as distress.

According to a study with employees of the family health strategy in a sanitary district of Belo Horizonte, Minas Gerais, Brazil, work overload stems from the need to respond to the demands of the healthcare unit and the population, to the established goals, and to the agreements and indicators⁽¹⁷⁾. In a study conducted with teams of the family health strategy in southern Brazil, work overload is related to gaps between prescribed work and real work, that is, the distance between the estimated care model and maintaining traditional biomedical practices⁽¹⁸⁾.

On alienation at work, it is important to note the potentiality of applying the theoretical-methodological framework of the Psychodynamics of Work⁽⁷⁾ since research provides room for listening and talking and raises awareness on the dilemmas of work, thus representing the first step toward transformation. Awareness that enables the mobilisation of the subject and the collective of workers can help transform pain into pleasure.

I think we are living in a moment in which demands are very high, from the institution and from the community. The fact that today the health unit establishes a more horizontal relationship with the community also makes the community see us differently and we have to learn to mediate that, we have to maintain a dialogue with this request from the community. And there is often no way we can respond to these issues, to the demands (C12-E).

The team suffers a great deal to the point it runs the risk of not assisting the community. [...] the team is hit by chaos, we feel stress, stop doing something that is precisely the thing we do best, which is to assist the community (C13-D).

According to the statements, the workers suffer when they cannot meet the needs of the community either because they seek effectiveness in their actions or because the community demands they meet their needs. Suffering occurs when the workers feel impotent to meet the needs of users⁽¹⁹⁾ and the blame stemming from the dismay of users with the offered assistance.

With regard to institutional overload, a study with family health workers pinpointed exhaustion as the slowing down of the service flow chiefly caused by excessive bureaucratic requirements in requests and referrals for test and specialised consultations, and the inequalities in access and use of health services by users were considered the consequences of organizational barriers, thus highlighting the need to rethink the structure of care, especially user flow in the services network⁽¹⁵⁾.

Work overload in primary care mostly emerges from spontaneous demands and unscheduled work, which put a burden on the work assigned to these workers⁽¹⁷⁾. In the collective interviews, the professionals of the family health team reported that work overload is also closely related to work demands, either institutional, personal, or from the community.

■ CONCLUSION

This study assesses indicators and experiences of pleasure and pain among workers of a family health unit based on the theoretical and methodological framework of the Psychodynamics of Work. The results of the quantitative stage showed that professional achievement and freedom of expression are indicators of pleasure in the workplace. As for the indicators of pain, professional burnout was considered moderate while recognition was considered satisfactory, indicating the professionals feel their work is recognised.

Pleasure at work was linked to feelings of satisfaction and well-being, which is when workers felt professionally accomplished and free to do and construct their work. The team's manifestations of pain and suffering were permeated by work overload related to institutional, personal, and community demands. The recognition of work becomes one of the ways to compensate and minimise these demands and a fundamental way of coping with the suffering and transforming it into pleasure at work.

The limitations of this study are the cross-sectional profile and the representation of workers from a health unit in a region of Porto Alegre. Based on the results, further studies should be related to the organisation of the work of health professionals and the coping strategies these professionals use to minimise suffering and prevent work-related diseases.

The assessment of indicators and experiences of pain and pleasure among workers of a family health team revealed the importance of freedom of expression, professional achievement, and recognition for the mental health of these workers. Thus, it is necessary to encourage the subjective mobilisation of workers and rethink the work organisation so they can transform pain into pleasure, especially considering the priority nature of their practice in the reorientation of primary care and to improve the quality of healthcare for the population.

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Received: 04.28.2017

Approved: 08.16.2017