

## Defense strategies in the nursing work environment of long-stay institutions for the elderly



*Estratégias defensivas no ambiente laboral da enfermagem nas instituições de longa permanência para idosos*

*Estrategias defensivas en el entorno de trabajo de la enfermería en cuidados en hogares para ancianos*

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### ABSTRACT

**Objective:** To describe the defense strategies used by nurses working in long-stay institutions for the elderly when faced with work environment distress.

**Methodology:** Descriptive, exploratory and qualitative research performed through interviews held with 27 nurses at long-stay institutions for the elderly between April and September 2013. Data analysis was performed through content analysis and the theory known as work psychodynamics.

**Results:** The strategies used were: considering death as something natural, understanding death of those in critical condition as the end to a sufferable condition, understanding the patient's resistance as a symptom of disease and senility, limit the reach of work problems in their personal life, and restrict the affective involvement with patients.

**Conclusion:** The nursing professionals indicated the development of individual defense strategies - grouped as protection, adaptation and exploitation measures - in order to deal with situations that generate distress in their work environment.

**Keywords:** Nursing. Homes for the aged. Occupational health. Job satisfaction.

### RESUMO

**Objetivo:** Descrever as estratégias defensivas utilizadas pelos trabalhadores de enfermagem das Instituições de Longa Permanência para Idosos perante o sofrimento laboral.

**Metodologia:** Pesquisa descritiva, exploratória e qualitativa, realizada com 27 trabalhadores de enfermagem de Instituição de Longa Permanência para Idosos, por meio de entrevistas entre abril e setembro de 2013. Utilizou-se a análise de conteúdo e a teoria Psicodinâmica do Trabalho para analisar os dados.

**Resultados:** As estratégias utilizadas foram considerar a morte do idoso como algo natural, perceber o óbito daquele em condição crítica como encerramento do sofrimento, compreender os comportamentos resistentes dos idosos como sintomas de doenças e da senilidade, limitar os problemas do trabalho na vida pessoal e restringir o envolvimento afetivo com os idosos.

**Conclusão:** Os profissionais de enfermagem indicaram desenvolver estratégias defensivas de âmbito individual que podem ser agrupadas entre medidas de proteção, adaptação e exploração para conviver com as situações geradoras de sofrimento laboral.

**Palavras-chave:** Enfermagem. Instituição de longa permanência para idosos. Saúde do trabalhador. Satisfação no emprego.

### RESUMEN

**Objetivo:** Describir las estrategias defensivas utilizadas por el trabajadores de enfermería de hogares para ancianos ante el sufrimiento del trabajo.

**Metodología:** Investigación descriptiva, cualitativa y exploratoria realizada con trabajadores de enfermería de hogares para ancianos a través de entrevistas entre abril y septiembre de 2013. Se utilizó el análisis de contenido y la teoría Psicodinámica del Trabajo para procesar los datos.

**Resultados:** Las estrategias utilizadas fueron considerar la muerte de ancianos como algo natural, percibiendo la muerte de ancianos en condición crítica como cierre del sufrimiento comprender los comportamientos resistentes de ancianos como síntomas de enfermedades y la senilidad, limitar los problemas del trabajo en la vida personal y restringir la participación afectiva con los ancianos.

**Conclusión:** Los profesionales de enfermería indicaron desarrollar estrategias defensivas de ámbito individual que se pueden agrupar entre medidas de protección, adaptación y explotación, para convivir con las situaciones del sufrimiento del trabajo.

**Palabras clave:** Enfermería. Hogares para ancianos. Salud del trabajador. Satisfacción en el trabajo.

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## ■ INTRODUCTION

Occupational distress can make the employee unstable, negatively influencing his or her performance and satisfaction. It can also provoke an increase of the individual's resistance and help strengthen their identity. Thus, distress is a window of opportunity that can be used to encourage the employee to seek combating strategies, and to change the events that cause it <sup>(1)</sup>.

According to the theory of work psychodynamics, defense strategies are mechanisms through which the worker seeks to change, transform and minimize his or her perception of a distressing reality <sup>(1-2)</sup>. If the defenses are not effective, they may prevent awareness of the existing work relationships, leading the worker to a triangle formed by distress/defense/alienation that results in a vicious cycle and identity crisis <sup>(3)</sup>.

Strategies can be individual and collective, depending on the organizational context and the psychological resources mobilized in work situations, assuming different forms of manifestation that vary among workers within the same organization. The difference between individual and collective defense mechanisms lies within the fact that the first remains without the physical presence of the object, since it is already internalized in each individual. The second depends on the existence of external conditions and is maintained in the consensus of a group of workers, meaning that it is characterized by the search to overcome stress in a collective context permeated by aspects such as public speaking spaces and cooperation <sup>(1)</sup>.

Health workers are increasingly recognized as professionals exposed to distressing situations at work, especially those within the nursing team. Those who work as nurses deal with the suffering of patients and families, in addition to the finiteness of life on a daily basis. These are situations that generate feelings of sadness and impotence, whereas it is necessary for these workers to develop defense strategies that enable them to deal with their work environment <sup>(4-6)</sup>.

Current literature points to the need of identifying the causal factors for distress in these professionals, as well as defense strategies used by them in order to avoid damages and maintain their psychoemotional balance. Within the areas studied, the Intensive Care Units (UTI) and emergency services <sup>(4-7)</sup> are highlighted. However, there are not many studies about this relationship in other areas where the professional activities of nursing are developed, such as long-stay institutions for the elderly (LSI). Studies that

approach the subject can be found regarding nursing assistants in gerontology, but they rarely consider the worker's health <sup>(8-10)</sup>.

LSI's are establishments that aim to house people 60 years or older, dependent are not, who are not in the condition to remain with family and/or in their own domicile <sup>(11)</sup>. Providing care to dependent elderlies involves physical effort, concentration and planning, leading to physical and emotional exhaustion of those who provide care and, subsequently, the advent of dissatisfaction and discontent for the caregiver. Nursing professionals who work in LSI's also experience work distress that can influence not only their health, but the care provided to the elderly <sup>(8)</sup>.

Based on this context, the following question is asked: what are the defense strategies developed by these nursing professionals in long stay institutions for the elderly, in order to combat work distress? In what way do the nursing professionals experience their feelings of dissatisfaction that arise from the work process they are submitted to? With this in mind, the objective of this study is to describe defense strategies used by nursing professionals in LSI's, in face of occupational distress.

## ■ METHODOLOGY

This is a descriptive and exploratory research with a qualitative approach, originated from a dissertation <sup>(12)</sup> and performed with nursing professionals from six LSI's located in a city in the Northeastern part of the Paraná State/Brazil, and registered before the Department of Social Welfare and Citizenship (SASC),

The study's inclusion criteria were: having worked in the institution for at least six months, since this is the time needed for a professional to be fully adapted to work routines and to have acquired knowledge on the care for elderly persons, therefore being able to answer the guiding questions of the study. Professionals of all shifts and three nursing team categories found in the institutions were included: nurses, nursing assistants and nursing technicians. Workers who were not present at the institution at the moment of data collection were excluded, meaning those that were on leave or vacation.

The number of interviews obeyed information saturation criteria, i.e. when the issue addressed by the research was adequately clarified and no new elements were narrated by the professionals. According to the

data collected in each interview, the researcher analyzed if the guiding questions were answered. and if the set of interviews of each institution demonstrated the overall perception of nursing professionals regarding the object of this study in that workplace. If information collected at the institution saturated, the interviews at this location were terminated and a new set of interviews took place at the next institution.

The number of interviewees at each LSI varied, since the quality and depth of the data were distinct among the interviewees and institutions. Some professionals gave greater detail than others, providing more density to the information surrounding the study object. The result was the identification of perceptions held by the professionals on the study object, with a different number of interviews in each institution.

It is noteworthy that the number of interviewees among the LSI also varied because of the difference in numbers of the nursing staff of each institution, where LSI A had 10 professionals, of which five were interviewed; LSI B had 13 professionals, of which X were interviewed; LSI C had seventeen professionals, of which seven were interviewed; LSI D had eight professionals, of which three were interviewed; LSI E had five professionals, of which two were interviewed, and; LSI had seven professionals, of which four were interviewed. In total, 27 nursing professionals from all six LSI were interviewed.

Data collection took place in the period between April and September of 2013. The professionals were approached individually in a reserved location within the work environment itself, according to their availability to participate in the study during the periods when the researcher was present. The study used semi-structured interviews guided by the following question: "Do you have an individual or collective strategy to understand and help you cope with your feelings at work?"

The interviews were conducted with the help of a digital recorder and had an average duration of 37 minutes. All interviews were fully transcribed and later analyzed based on Bardin's methodological reference for content analysis that consists in grouping technique divided into three stages: pre-analysis, data exploration, followed by results processing, interference and interpretation<sup>(13)</sup>.

The interviews were read successively during pre-analysis, aiming to operationalize and systematize the data. Points of interest were highlighted in the first reading. Next, a new reading was held to review the points that were previously highlighted, in order to

guarantee the identification of all aspects present in the speeches. During the third reading, the data was organized according to the research objectives, and the data was encoded. The data encoding process should be understood as the aggregation of raw data into units that allow the content characteristics to be described. As a result, the data is organized according to units of meaning, and can then be visualized as a group, facilitating comprehension and interpretation<sup>(13)</sup>.

In the exploration stage, the data was separated into categories, transforming the raw data into organized data. This process consisted in finding groups and associations that could be used within the study's objectives. To achieve this, the meaning units were grouped according to their theme similarities which gave place to categories. In the third and final stage, the data within each category suffered interference and interpretation, establishing a relation with the data in the scientific literature findings.

To better understand the relation between work – health – illness, the findings of this study were discussed in light of the work psychodynamics referential developed by Christophe Dejours. This theoretical referential dedicates itself to the analysis of psychic processes that take place when individuals confront their work reality. It focuses on the individual's experiences at work that involve the relation distress – pleasure, and the development of action strategies that allow a state of normalcy when faced with a dysfunctional work environment<sup>(14)</sup>.

The study followed the guidelines established by National Health Council Resolution 466/12<sup>(15)</sup> and was authorized by the responsible institutions, and the Permanent Committee on Ethics in Research Involving Human Beings of the State University of Maringá, in Opinion No. 207 426 / 2013. All participants signed the Free and Informed Consent Form in two counterparts, and to ensure the confidentiality and anonymity of the interviews, each one was identified by the letter E for nurse, TE for nurse technician and AE for Nurse Assistant, followed by Arabic numerals, according to the order in which the interviews were conducted.

## ■ RESULTS AND DISCUSSION

Five nurses, 12 nurse technicians and 10 nurse assistants were subjects of this study, of which 23 were female. The age of the professionals varied between 22 and 56 years of age, the period of time as a nursing professional varied from 1 to 26 years, and the period of time as an

employee for the LSI where they were currently allocated varied between seven and nine years.

Based on the analysis of the interviews provided by the nursing professionals, the category theme "Living with work distress through defense strategies" was established. The nursing professionals use defense strategies when faced with functional decline, since the death of their elderly patients is seen as something natural, part of a life cycle and inherent to their work, for they provide care to individuals who will soon be dead.

*[...]At first we feel sad because we're human beings. But then you think, if it's time, what can we do? It's a natural process, so you have to face life this way. (E 2)*

*I've come to terms with it a bit more because I know the elderly are here now but it's temporary. (TE 3)*

The thought developed as an individual regarding the end-of-life leads the nursing professionals to think of these elderly persons as accomplished individuals, people who have lived a life full of expectations, conquests, deceptions and events. They have come to the end of a cycle where death is an expected fact that cannot be altered, and is therefore better accepted.

According to Dejours, individual defense strategies can be protection, adaptive or exploratory defenses. Protective defenses are ways of thinking feeling and acting that aim to compensate. There is a rationalization of the distress situations. You can prevent illness by re-thinking the causes for distress, without acting on the work organization, keeping the latter intact. As distress is not faced, with time the strategy can burn out favoring the illness<sup>(14)</sup>.

In the speeches above where the nursing professionals referred to the death of elderlies as a natural aspect of life, a protective strategy where suffering is rationalized. The thought developed is based on compensation. According to work environment psychodynamics, the protection defense mechanism aims to camouflage the existing suffering, which explains the fact that workers seem normal even when in a process of psychological distress<sup>(2)</sup>.

This defense strategy would not be feasible if individuals under care were younger people, such as children, adolescents and young adults, which according to the natural cycle of human development, have a long life expectancy. The death of individuals within this age group is understood as an interruption of the

biological cycle and a premature termination of their existence, which generates greater suffering for the nursing team<sup>(16)</sup>.

Even with the rationalization of the elderlies' death as a natural event, the nursing professional still has feelings of sadness, showing that although they are using a protection defense strategy, professionals still suffer in this situation. This fact can be related to the affective bond developed between the elderly and the professional, since the care provided by the nursing staff in LSI's is characterized by long periods of time with daily and direct assistance.

Another way to rationalize suffering is identified when faced with the death of an elderly who was in critical condition. In this case, death is processed by the professionals as a way to end that painful condition, a relief not only for the elderly, but also for those involved in the situation.

*[...] when we see an elderly person suffering in bed with sores, we know it's a progressive decline and there is no perspective of improvement, so a lot of times it's better for them to rest than to continue to suffer [...] (TE 9)*

*Here we have a number of very debilitated seniors who groan in pain when you try to move them and you keep giving them more and more medication [...] so, you don't ask for their death, we can't ask for their death, but when you see a person who can hardly breathe and is about to die, you have to understand that it is for the person's greater good, because when they die they rest, and are no longer in pain. (TE12)*

Monitoring an elderly person in critical condition, with no perspective of improvement, causes suffering to the nursing professionals. Monitoring elderly persons with physical limitations and pain causes sadness and anguish to nursing professionals. Those feelings turn into suffering for seeing another person suffer, a characteristic shared by the nursing professionals who work in intensive care units<sup>(6-7)</sup>.

The strategy of thinking of the death of elderlies under their care as a way to end their suffering, whether this feeling is expressed by the professional or by the patient, brings a sense of comfort and the impression that a situation was resolved. Despite death being experienced by the professionals in their day-to-day life, it is still a difficult process to cope with. Death in this case does not come with feelings of regret and sadness, but the rationalization

of this fact is something that relieves all those involved from suffering.

The death of an elderly in critical condition can also bring a feeling of being incapable of reversing the situation, be it through a cure or by minimizing the individual's agony. The feeling of impotence and failure are found in this context due to the aggravation of clinical symptoms and death of patients, since nursing professionals and other health professionals take undertake the responsibility of saving, curing or alleviating the pain of those under their care.

The protection defense strategies are also used by nursing professionals when faced with resistant behavior from their elderly patients, whereas resisting care imposes difficulties to the development of treatment. The professionals begin to think of these attitudes as being influenced by senility and by some pathologies and that, as symptoms, they should be understood.

*[...] sometimes we get a little mad at them because it's hard to hear harsh words. We do everything we can for the person and all they do is badmouth us. But we walk away, we try to understand, we leave that aside because we have to understand that many times they don't even know what they're saying [...]. (AE 6)*

*[...] they are nervous and irritated but we can deal with that because in just a few minutes it will have passed and everything will be fine and they will come and talk. It's not malice on their part. They don't stay angry. You just have to know how to deal with them due to their age. (TE 10)*

Nursing activities in LSI's are seen as difficult according to a number of aspects, but especially when observed through relationships fostered in the care process, in which many seniors resist the care provided. At times, this can be seen by outsiders and health care professionals as a negative issue. The prevalence of degenerative and progressive dementias that influence the nervous system of the elderly – with emphasis on Alzheimer – impact coexistence and the assistance provided to this age group, characterized by delicate moments that demand patience and flexibility in the caregiver's thoughts and actions<sup>(8,17)</sup>.

In this sense, the nursing professionals' strategy to rationalize the behavior of some elderlies that go against there work is to face the event as a result of disease. As such, it should not be considered disrespect. This view

on the matter facilitates acceptance of this reality by professionals, favoring harmonious daily contact and continuity of care quality.

Regarding the adaptive and exploratory defenses, they generally arise unconsciously and are based on denial and submission to the desire to produce. They demand physical and sociopsychological investment from the professional, going beyond their desire and ability, and may even lead to neurotic behavior if these aspects are too much for the individual to deal with<sup>(14)</sup>. When using the adaptive defense strategy, suffering is denied by the professional who remains productive and simultaneously uses the strategy of letting him or herself be exploited by work, in order to work even more.

Forgetting situations which lead to distress at work from the moment they leave that work environment was identified as a tactic within the interviews provided, and is an adaptive and exploratory strategy.

*[...] I don't usually like to discuss what happens here when I'm at home. When I close the gate behind me, I forget what happened here and vice versa. I try not to mix my personal and professional life, or else I can't do my work. (AE 6)*

*[...] when I leave work, I don't think about it anymore, I just leave it aside. (TE 7)*

Although the defense strategy of forgetting (setting aside all work situations that bring distress when one is away from the workplace) is identified in the interviews, work psychodynamics emphasizes that the classic separation of workplace and personal subjects is impossible, for the psyche is not divisible. Therefore, a professional cannot isolate their psychological processes and retrieve them at another moment. On the contrary, they take the workplace distress with them to other areas of their life, which may bear influence on their personal life<sup>(3)</sup>.

Another adaptive and exploratory defense strategy is to isolate one's self when faced with distress, in order to collect their thoughts and return to work prepared to adequately fulfill all professional obligations.

*[...] there have been seniors who have left, gone to heaven, and I needed some time alone upstairs to cry, but later I came back to work[...] (TE 1)*

*When we feel like crying, we just go upstairs until the feeling goes away. (TE 11)*

Escape and withdrawal from the patient is another tactic used by the professionals to adapt to the distress. If getting away momentarily is not possible, the individuals may not be capable of returning to their normal work rhythm, negatively influencing their professional performance and, subsequently, their work activities<sup>(14)</sup>. These defense strategies were identified in other studies involving health care professionals<sup>(6,18)</sup>, and showed that distress is always present in the workplace, and that the individual naturally develops strategies to cope with this scenario.

Another adaptive and exploratory strategy identified in the speech of interviewed professionals was the intentional distance kept from the patients in order to not develop bonds. An emotional barrier was created to deal with patients' death and avoid losses in work productivity.

*I try not to get involved too much because otherwise, I just wouldn't be able to work after losing one of the patients. (E 1)*

*[...] I try not to get attached so that I don't suffer when they (the elderly) die. (TE 4)*

The attempt made by the nursing professionals to not be affectively involved with the elderly doesn't seem to be an effective strategy, since bonds between professionals and patients are built naturally, influenced by the care provided over a long period of time, inherent to LSI's. This can also be seen in services provided to people with chronic disease, such as dialysis clinics where patients receive daily assistance during months or even years, where the result is a bond between the patients and professionals.

The same normality in face of occupational distress can be identified among some professionals who consider these circumstances inherent to their work, and feel they need to be accepted and overcome for the successful development of their professional activities.

*[...] even if bad things happen, we have to go on with a smile on our faces because of the other people who depend on us. We get sad, but we have to move forward, there is no going back [...] we can't interrupt our work. (E 3)*

*This is our work, those circumstances are part of it [...] We need to leave this aside and continue to work in the best way possible (TE 6).*

The professionals refer to living with situations that generate suffering, such as the incapacity to cure or al-

leviate pain and discomfort in the elderly that gradually evolve to death. These nursing professionals do not let the events affect them, despite negative feelings such as sadness and discouragement that result from them. The reason why professionals abstract themselves from these situations is the responsibility they have with the other seniors for whom they must care. The professionals deal with the suffering, overcoming it in a way that they reach a condition of normality when performing their work activities.

Normality results from suffering and the individual's resistance to this feeling. Thus, it does not imply the lack of suffering, quite the contrary, it is the result reached in the arduous fight against psychological destabilization caused by pressure in the workplace<sup>(20)</sup>.

In the perspective of workplace psychodynamics, suffering is intrinsic to any workplace, and can lead the professional to somatic and psychological illness<sup>(2)</sup>. Work activities cannot be considered neutral because they can be sources of pleasure, but can also be a negative influence for the individual. Defense strategies are therefore mental and physical rearrangements implemented by the professionals in an attempt to minimize suffering and promote the continuity of their professional obligations, as well as a feeling of normality<sup>(3)</sup>.

The fact that no collective defense strategies were found when analyzing the interviews should be noted. Collective defense strategies are developed in groups where professionals can express their opinions, ideas and feelings, brought together by a sense of cooperation amongst all professionals and the institute's administration. In work psychodynamics, collective strategies are fundamental, for it is through them that professionals try not only to change and transform their perception of the reality that causes them to suffer, but also produce effective changes that avoid this suffering<sup>(1, 14)</sup>.

This reality allows us to conclude that the institutions involved do not provide opportunities for the nursing professionals to develop collective defense strategies. This can be due either to the way work is organized – with routines that hinder meetings between these individuals – or because of the lack of support from administration in developing support and dialog groups among the professionals.

The objective of this study was not to evaluate the possibility or organization of groups for nursing professionals in the institutions. However, the need and importance of developing this type of collective defense strategy should be mentioned. The positive effects of such achievement

include minimizing suffering among the professionals and providing tools for them to deal with their work activities in a healthier way.

## ■ FINAL CONSIDERATIONS

Nursing professionals who work in long-stay institutions for the elderly indicated the development of individual defense strategies in order to cope with the situations that generate distress in their work environment. Three distinct groups of defenses are recognized by the workplace psychodynamics theory: protection, adaptive and exploratory measures.

Among the protective strategies is the attempt to rationalize the death of the elderly as something expected, the end of a life cycle, inherent to their day-to-day work. They also try to perceive the death of those in critical condition as a way to end that situation, bringing peace to the patient and the nursing team. The realization that the resistant and aggressive behavior of the elderly are symptoms of pathologies and their senility process was also a protection defense strategy used by professionals.

In relation to adaptation and exploitation strategies used by professionals, the study identified three actions: the act of forgetting work-related problems when they are not in the workplace, isolation when faced with a situation of suffering, and the attempt to not bond with the elderly in order not to suffer later with their death.

It is noteworthy that professionals need to identify and recognize the situations that present suffering in their work environment to be able to mobilize their defense strategies, leading them to control their relationship with work. However, even with the use of defense strategies, workers may present psychological and somatic imbalance when such tools are not sufficient to overcome the feelings experienced.

This imbalance will have negative effects on the workers' health, but also on their work product, which in the case of nursing, refers directly to patient care. Thus, attention to the health of nursing professionals and interventions mediated by those responsible for organizing work in these institutions is essential. Such measures would minimize situations that cause suffering and ensure health care quality.

The LSI's and other work environments related to this particular professional category are workplaces that tend to overwhelm these professionals. Valuation of professionals who work in LSI's and the investment in their health is necessary and should be carried out in the

same proportion that can be witnessed in other health institutions.

Despite the limitations due to involvement of feelings and perceptions, abstract aspects subject to the influence of the individual's personal moment and his or her unique interpretation, this study allowed the discussion of work related suffering in an area of nursing that is not well explored. Faced with the shortage of literature on worker's pain-pleasure relation in the field of gerontology, the data found stimulates the development of more studies in order to consolidate the knowledge found in this line of research.

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