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## PLEASURE AND PAIN OF NURSING WORKERS AT A FIRST AID SERVICE

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### ABSTRACT

**Objective:** to identify situations of pleasure and suffering in the work routine for the nursing staff at a first-aid service.

**Method:** descriptive research with a qualitative approach, involving 13 nursing workers at an Emergency Room of a university hospital. The data was collected through semi-structured interviews, held in August and September 2014. The analysis was based on the assumptions of thematic content analysis.

**Results:** evidenced that the employment situations that generate pleasure in the nursing team are associated with recognition, good relationship with the team and successful recovery of the patients. The employment situations that generate suffering are related to the work burden and lack of material resources, lack of recognition and experiences of patient death.

**Conclusion:** the identification of situations that generate pleasure and suffering in the nursing team is essential to develop strategies to seek better work conditions.

**DESCRIPTORS:** Work. Nursing. Pleasure. Emergency medical services.

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## PRAZER E SOFRIMENTO DE TRABALHADORES DE ENFERMAGEM DE UM PRONTO-SOCORRO

### RESUMO

**Objetivo:** identificar as situações de prazer e de sofrimento presentes no dia-a-dia do trabalho para a equipe de enfermagem do Pronto-Socorro.

**Método:** pesquisa descritiva, de abordagem qualitativa, realizada com 13 trabalhadores de enfermagem, atuantes em pronto-socorro de um hospital universitário, por meio de entrevista semiestruturada, durante os meses de agosto e setembro de 2014. A análise seguiu os pressupostos da análise de conteúdo temática.

**Resultados:** evidenciaram que as situações laborais geradoras de prazer na equipe de enfermagem estão associadas ao reconhecimento, bom relacionamento com a equipe e sucesso na recuperação dos pacientes. Já, as situações laborais geradoras de sofrimento tem relação com a sobrecarga de trabalho e falta de recursos materiais, falta de reconhecimento e vivência da morte de pacientes.

**Conclusão:** A identificação das situações geradoras de prazer e sofrimento na equipe de enfermagem é essencial para desenvolver-se estratégias para a busca de melhores condições de trabalho.

**DESCRIPTORIOS:** Trabalho. Enfermagem. Prazer. Serviços médicos de emergência.

# PLACER Y SUFRIMIENTO DE TRABAJADORES DE ENFERMERIA EN UNA SALA DE EMERGENCIAS

## RESUMEN

**Objetivo:** identificar las situaciones de placer y sufrimiento presentes en el cotidiano de trabajo del personal de enfermería de la sala de emergencias.

**Metodo:** estudio descriptivo, con abordaje cualitativo realizado con 13 trabajadores de enfermería que actúan en la sala de emergencias de un hospital universitario, por intermedio de entrevista semi-estructurada, durante los meses de agosto y septiembre de 2014. El análisis siguió los presupuestos del análisis de contenido temático.

**Resultados:** evidenciaron que las situaciones laborales generadoras de placer en el personal de enfermería están relacionadas al reconocimiento, buen relacionamiento con el grupo y éxito en la recuperación de pacientes. Por otro lado las situaciones laborales generadoras de sufrimiento tienen relación con la sobrecarga de trabajo y la falta de recursos materiales, falta de reconocimiento y vivencia de la muerte de los pacientes.

**Conclusión:** la identificación de las situaciones generadoras de placer y sufrimiento en el personal de enfermería es esencial para desarrollar estrategias para la búsqueda de mejores condiciones de trabajo.

**DESCRIPTORES:** Trabajo. Enfermería. Placer. Servicios médicos de urgencia.

## INTRODUCTION

Work is an ancient activity inherent in human beings, occupies a considerable part of life and includes the subject's subjectivity. Therefore, it can turn into a source of suffering for some and pleasure for others.<sup>1</sup> Through work, individuals relate with their external environment, which is fundamental to maintain their physical-mental balance.<sup>2</sup>

The nursing team workers belong to the set of health professionals, who are responsible for the care delivered to individuals, families and communities. Thus, these professionals are constantly confronted with suffering, fear, conflicts, tensions, power disputes, anxiety and stress, contact with life and death, long workdays, among that many other factors inherent in these workers' daily life.<sup>3</sup>

Approaching nursing work to the context of emergency services tends to be challenging. Great knowledge is required on situations involving death risk and the professionals need to master a specific work process. This mastery also comprises different requirements, such as: speedy decision taking, agility, competence and problem-solving ability.

In that sense, the emergency hospital services can be considered one of the hospital areas with the most complex care and the greatest flow of professionals and users, due to the frenetic work rhythm and the arrival of patients with different types of illnesses and injuries.<sup>4</sup>

In that context, the professionals working at emergency hospital services perform their activities in an unpredictable and uncertain environment, with high levels of physical and mental requirements. These frequently involve adverse situations, such as: small number of employees on the team, work burden, need to perform tasks in limited time,

lack of definition of their professional role, lack of institutional support, unsuitable physical environment, lack of equipment, among others.<sup>4,5</sup>

Hence, although many aspects of work at this sector can result in the search for joy and satisfaction, some characteristics of the emergency services (ES) can cause suffering in the nursing professionals.<sup>6</sup> In this sense, the interrelation between work as a source of pleasure and, on the opposite, as a source of suffering, shows the workers' frailty in their role with regard to the feelings aroused, because each work implies a process of engagement, which can cause experiences of pleasure or suffering.<sup>7,8</sup>

There are various sources of wellbeing and pleasure at work, which can counterbalance the difficulties. A study<sup>4</sup> appoints that the workers feel wellbeing and pleasure when they relieve the service users' pain and suffering, and also in emergency situations, when they are able to save lives. This means that, despite the contact with situations of suffering and death, at some moments, the team experiences satisfaction. On the other hand, some situations can produce suffering, such as: related to the quality of care delivered to the patient, the lack of recognition and valuation in the professional relationships, to the dynamics of the work process, personal and internal conflicts with the remainder of the team.<sup>3</sup>

In that sense, the pleasure and suffering deriving from the work context are feelings presents in the professionals that can directly affect their health and the quality of care. Thus, the importance is highlighted of developing research to deepen knowledge on these aspects. Therefore, the question this research intends to answer is: what situations produce pleasure and suffering for emergency nursing workers? In this sense, the objective in this

research was to: identify the situations of pleasure and suffering for emergency nursing workers.

## METHOD

An exploratory and descriptive research with a qualitative approach was undertaken at the adult emergency service of a teaching hospital in the South of Brazil, which consists of 44 nursing professionals. The study participants were five nurses and eight nursing technicians, proportional to the total number of professionals in each category. The inclusion criteria were: serving on the nursing team and having worked at the sector for more than one year. Workers on leave or absent for any reason at the time of the data collection were excluded. Thirteen workers were interviewed and the data collection was closed off according to the theoretical data saturation criterion.<sup>9</sup>

The data were collected between August and September 2014 through semistructured interviews, based on a script elaborated by the researchers, including questions on the emergency work context and situations that generate pleasure and/or suffering at work. The participants were drawn, based on the list of workers from the sector, seeking to maintain proportionality among the different professional categories.

The data were analyzed based on the reference framework proposed for thematic content analysis.<sup>10</sup> According to the framework used, operationally, the following phases were executed: floating reading of the entire material to get to know the text and constitute the corpus; exploration of the material with consequent construction of the thematic categories; and treatment of the results obtained and interpretation, based on the categories that emerged, which were confronted with the literature data.<sup>10</sup>

The study complied with the ethical requirements for research involving human beings, based on Resolution 466 from December 2012.<sup>11</sup> Approval from a Research Ethics Committee was obtained under CAAE 32475914.1.0000.5346.

## RESULTS

Among the participants, 11 were women and two men, who served on all shifts. The average age range was 40 years, and nine held some type of graduate degree. The analysis process led to the categorization of two thematic units: professional situations that produce pleasure in the nursing team; and professional situations that produce suffering in the nursing team.

### Professional situations that produce pleasure in the nursing team

The work positively influences the nursing professionals through different factors, at the individual level as well as factors related to the family and society in general. Reports that evidence this aspect are described below:

*[...] that makes me happy, I get home and I'm calm. Everyone in the streets says: 'you took care of me!' So, for me that's gratifying. There is a whole other story, because of what you chose, the need, but the satisfaction is very good, I feel very satisfied here (NT-06).*

For the study participants, one important source of professional pleasure is the recognition of their work by the audience they took care of.

*The acknowledgement of the relatives, the patients, we see the patients are well. Knowing what we did, helped with the recovery and even when we do not manage the family sees that we did everything we could [...] (NT- 11).*

*I think the acknowledgement is excellent. So, you have pleasure, your work is making the difference (NT- 05).*

*[...] and sometimes you leave and you were able to achieve everything you had to. All of your objectives, everything for that shift. You were able to help a lot of people. The patients thank you, when you notice his satisfaction with your work, you feel even more gratified (NT- 07).*

The testimonies evidence that, when they see that the patients and relatives recognize their work, the nursing workers start to acknowledge and value themselves as professionals. For the participants, when the quality of their work is recognized, the efforts made in their professional practice gain sense, as the care was not provided to the patient in vain. The workers perceive that they did not only contribute, but obtained some compensation through the recognition.

The participants mention that satisfaction at work depends on other variables, including interpersonal relationships. In that sense, they indicated that the existence of a good relationship with the team is fundamental for them to feel pleasure in their work:

*[...] I think that, when there's a good team, everyone works together and does his best together. And when I see that the team is united, that makes me feel good, for me that's important (N-02).*

*[...] sometimes, when we talk, play, there are colleagues who are funny, then you do your work, you play, you talk, give a bath (NT-09).*

The testimonies reveal that a good relationship is often based on the extent to which one professional helps the other, representing team union and a positive result concerning the use and quality of the work, offering experiences of pleasure. For the interviewees, the adversities of the professional environment are mitigated by the teamwork, which represents an important source of pleasure, satisfaction and a stimulus in response to the problems faced.

The participants also mention that, when the team works together, is united and the dialogue is good, the chances of being able to stabilize the patient improve, creating possibilities of recovery, which bring the professionals great pleasure:

*[...] seeing when the patients arrive and recovery. Sometimes they arrive very bad and recover. The entire team does the procedure, everything possible and then they recover, that makes me feel satisfied [...]* (N-02).

*[...] when we are able to attend to a severe patient, there at the emergency and you see that the patient can leave well, can leave talking, or is transferred to the ICU. Then he leaves, so that's the marvelous part of our work [...]* (N-10).

The patient's clinical evolution and improvement are factors that also generate pleasure and satisfaction, as the positive results are motivating. It is observed that being able to stabilize the patient and granting him a new chance to live, even by transferring him to an ICU, generates a range of positive feelings in the nursing workers, as they clearly perceive the effect and the importance of their work.

This reveals that the nursing team experiences pleasant situations in the work environment. Nevertheless, manifestations of physical fatigue, suffering, mental exhaustion and work overload are observed, as expressed in the following category.

### **Professional situations that produce suffering in the nursing team**

The work conditions of the nursing team can also be considered sources of suffering, as the professionals are confronted with exhaustive and uninterrupted work shifts, task overload and precarious conditions, related to human or material resources, besides the contact with pain and suffering. In that sense, the interviewees appointed dissatisfaction with regard to the large number of patients for each professional. The participants allege that this is tiresome and inhuman for the workers as well as the patients, as the work burden exhausts them

physical and emotionally, leaving them without time for lunch, toilet visits and even to drink water.

*[...] I think that, if there were more professionals, more staff working, we would be less overburdened, then it would be good for everyone, not just for me* (NT-08).

*Due to the excessive number of patients, the rush, the short time and the patient's need to talk, to expose the situation of how he is feeling and we never have that time, it's very rare to be able to stop and listen. I think that is fundamental and it makes me feel very frustrated* (NT-O5).

*[...] it's just that, when it's overcrowded, you are unable to deliver care, do everything you'd have to. The patient demands a lot and you are unable to, you feel impotent in that sense [...]* (NT-04).

Based on these reports, it is identified that the professional's desire is to solve the problems and satisfy the patients' needs. When that is not possible, however, because of difficulties like overcrowding and the insufficient number of professionals, they feel powerless and frustrated. Because of this problem, the nursing professionals are often compelled to perform their work mechanically, without time to assess the activities performed, compromising patient care.

*It is a rush. We put out fires all day, all the time. We work, work, work and hardly stop to assess what we are doing and think of what we could do right. We are being requested everywhere, they call you for everything too. So, you feel overburdened, work and work and hardly think about what you are doing* (N-03).

We know that the hospital is a place, among other actions, to treat/take care of the population's health problems. Therefore, we presuppose that the hospitals should possess appropriate conditions for professional practice. The reality observed at these services, however, is that, despite the existence of a head, a director, these are often unprepared to see to the workers' needs, feeling unsupported at different times:

*[...] I think that the Board, these people who are responsible for the dynamics here, can grant better support, we often feel very unsupported here. Although you have a head, a director, you see that things are not solved, that makes you feel helpless* (N-03).

In this perspective, the managers' lack of ability to solve the problems the workers listed represents an additional stress factor, which can interfere directly in the professionals' health and performance, as it causes suffering.

The participants mention that the high work requirements in hospitals were assessed as pre-

disposing to the emergence of pain and a higher incidence of musculoskeletal disorders and repetitive strain injuries. They highlight that this could be minimized if there were investments in better work conditions.

*[...] if we had better rest conditions, set up a routine of including a five-minute break for stretching, as we have that many musculoskeletal problems due to these repetitive movement, this strength we use with a wrong posture. I think we could also be more valued, that there should be a sector inside the hospital that truly welcomed use when we entered the hospital [...], leave a note on your birthday, organize a get together at the end of the year (N-13).*

The testimony also evidences that the lack of recognition at work or the strengthening of positive attitudes at work, particularly by the immediate head and institutional management, are also associated with situations that produce suffering.

Another situation that causes suffering for the nursing workers is related to the feelings experienced at the ESs, especially concerning the fact of dealing with the individuals' pain and the daily contact with death, mainly when the patient is young.

*When, for example, you lose a young patient who gets here and there's not much you can do. When the patient already gets here in the terminal phase and is young, I think you really see yourself in these patients. That causes some suffering (N-03).*

Besides the death of young patients, the workers reported that their bad prognosis is a difficult factor to face in their professional activity, mainly because, according to the professionals, the young person would have a whole life ahead, potentiating the feeling of impotence:

*[...] when you see young accident victims, of car accidents, when you see that mutilates him, I find that very sad. When I see an elderly patient, who has already lived everything he had to live, I feel very calm because I think like: he has already lived everything he had to live. Now, when a young person arrives, I find that very [...] (NT-07).*

In view of the great work demand at the service, the workers' effort to develop their work well is perceived. Other elements of the institutional structure and organization, however, make it difficult to accomplish this work, such as the lack of material resources and physical space, making them feel frustrated and dissatisfied with the quality of patient care.

*Patients arrive and you cannot put them anywhere due to the overcrowding. Then they stay on the stretchers,*

*in the chairs [...]. So that causes some suffering because then you want to do what is best, but you are in no conditions. That causes some anguish. Then, sometimes, there is a lack of material and you have severe patients and it happens that there are not enough monitors, like, material resources [...] (N-02).*

*[...] the worst is that we have no physical space. That is a risk for the patient, it is safety for the patient, because there is a risk of falling from the outpatient stretcher. There are two patients named Antonio. That's a risk for the entire team. The ideal would be a bed for each patient, attend correctly, for the patient to have privacy. Now, when you put a bedpan on the corridor! That's actually inhuman (N-11).*

As noticed, the worker knows the risks the patient is exposed to due to the lack of material resources, resulting in a factor that causes suffering at work. Another frequent complaint in the testimonies refers to the physical structure of the emergency hospital, as the workers consider that the physical space cannot hold the daily demand. There are many stretchers on the corridors, making traffic and patient care difficult and favoring cross-infection.

## DISCUSSION

The work grants experiences of pleasure, as it is through the work that humans construct their life and take part in the job world, not only in search of survival and to conquer material goods, but also personal and professional accomplishment.<sup>3</sup> As subjectivity is directly involved in this search for accomplishment, through work, many factors interfere in the workers' technical, political, cultural, esthetic and artistic productivity.<sup>3</sup>

The nursing team becomes extremely complex when the target of the health services are human beings, who carry along different feelings, including: impotence, fear, revolt, love and happiness.<sup>12</sup> Thus, pleasure in the work practice becomes an extremely important factor for the workers who cope with patients with different life stories and personalities daily, as this process directly influences the life of the nursing professionals. Feeling pleasure in one's work is an individual experience and is closely related with the use of intelligence, initiative, creativity, autonomy and the possibility of self-expression, permitting the valuation and strengthening of one's personal identity.<sup>12</sup>

The participants appointed acknowledgement as a factor of pleasure at work, as well as the patients' recovery process. Hospital work is rich, stimulating and heterogeneous, as there are

various sources of pleasure at work, including the professional acknowledgement that comes from the patients, exposed through verbal manifestations and gratitude for the services provided. In nursing, the lack of recognition is something daily. Therefore, being important and recalled by society is extremely satisfactory and fundamental for the workers to develop their professional activities.<sup>12</sup>

The patient's improvement, evolution, recovery and cure result in satisfaction, mainly for the professionals who contribute directly, such as the nursing team.<sup>13</sup> The feelings of contentment and satisfaction are present when the workers perceive the improvement in the patients' health condition, as a result of the nursing actions and the care they provide that day, or even after some days in hospital.<sup>12</sup>

Thus, pleasure at work can be compared with a trigger that makes humans perform better at work, in view of its importance in human life and its intrinsic relationship with motivation. The nursing team feels pleasure to work with the patient, feels like a part of the care process. It is considered that the care does not happen alone, being an action and an interactive process. Therefore, willingness, trust, receptiveness and acceptance are needed.<sup>13</sup>

The good relationship of the work team was also highlighted as a source of pleasure at work, different from other nursing team realities, in which the interpersonal relationships emerge as a source of dissatisfaction.<sup>1</sup> It is also highlighted that the importance of teamwork presupposed the possibility that one professional will reconstruct him/her in another's practice, both being transformed to intervene in the reality they are part of, which grants pleasure and suffering, besides more qualified care.<sup>13</sup>

The work the nursing team develops produces feelings of pleasure, and that is so because they can be useful while they serve, help and comfort. Nevertheless, several aspects were appointed as sources of suffering for the participants, such as: work organization, death, pain and suffering of the patient. The work is the movement and a new phenomenon for the human beings, in which mental conflicts emerge, involving the environment the workers are part of. Based on this perspective, the suffering experienced in the social sphere also adds up to the professional suffering, including conflicting suffering for the workers,<sup>14</sup> especially the nursing professionals.

The suffering as a state of mourning of the subject against conditions the organization or work process imposes, which get in conflict with their mental functioning.<sup>7</sup> In that sense, the work condi-

tions of the nursing team can also be considered sources of suffering, as these professionals face exhaustive and uninterrupted shifts, work overload and precarious conditions, whether related to human or material resources, besides contact with pain and other people's suffering.<sup>15</sup>

In recent years, the growing demand for emergency care has made a decisive contribution to the burden at these services, turning them into one of the most problematic areas of the health system. Thus, the appropriate number of employees to develop high-quality care is also fundamental, as the lack of human resources can trigger feelings of anxiety, stress and dissatisfaction.<sup>16</sup>

Therefore, the hospital organization is responsible for the pressure exerted on the health professionals, reflected in the fact that the existing problems at the institution are largely behavioral, to the detriment of technical problems.<sup>17</sup> In that sense, the lack of acknowledgement, especially by the managers, an aspect mentioned as a source of suffering, can reduce the work potential, discouraging the professionals and leading to demobilization and, consequently, suffering at work.

Taking care of the professional means promoting health at work and preventing the existence of environments that are harmful to their interaction with this process.<sup>18</sup> In this context, it can be inferred that the participants' testimonies derive from concerns with the (de)humanization of the health services and its interface with the health of nursing workers. Since the creation of the National Humanization Policy, much has been discussed on the theme, especially from a user perspective. Nevertheless, discussions on the professional's vulnerability in this context remain scarce.<sup>19</sup> It cannot be neglected that humans perform the health production process, who are endowed with needs and weaknesses, from the perspective of the subject-user as well as the subject-professional.

In that perspective, unsatisfactory work conditions, disrespect for their aspirations, a merely technical and bureaucratic view disqualify the care and, consequently, the humanization of the practices.<sup>20</sup> It should be considered, however, in what conditions the nursing team is working, so that it can effectively and naturally motivate and promote humanizing actions through satisfaction in their work. Then, the importance is highlighted of discussing all aspects among the teams informally, tightening the relations among the professionals. In view of these findings, it can be inferred that the workers perceive that care

deficits can compromise patient safety. This fact is in line with the current debate on patient safety, which appoints the shortages in the concept, organization and functioning of the health care system as responsible for the occurrence of adverse events. The inclusion of quality and safety indicators in the health service quality monitoring programs represents an important strategy to promote the safety of hospitalized patients.<sup>22</sup>

The main difficulties related to suffering as a result of the patient's pain and death, listed as sources of suffering, are linked to the bond established and the so-called mirroring the professionals perform, attempting to imagine themselves in the user's situation.<sup>21</sup> In that sense, the suffering only creates a feeling of solidarity and objection when the perception of other people's suffering, in this case involving the patient's suffering, is associated with the conviction that this suffering results from injustice.<sup>7</sup>

Based on these situations that cause suffering for the workers, suffering at work is expected to create a range of physical-psychopathological manifestations,<sup>23</sup> such as stress and anxiety; and the same does not happen because the professionals use defenses that allow them to control these manifestations.<sup>7</sup> In a study<sup>24</sup> involving workers at a hospital in Vienna, it was discussed that the use of essential oils can reduce and act in the prevention and treatment of stress. In another study,<sup>25</sup> yoga was both physical and psychologically efficient.

Overall, the organization of work at the Brazilian public ES is complex, permeated by ambiguous and paradoxical situations, mainly concerning the maintenance of the workers' physical and mental health. Different factors contribute to the negative configuration of this work environment and the causes involve social, political-organizational aspects, besides the essence of this type of service.<sup>26-27</sup>

Therefore, knowledge is needed on what moves people at work, but also what touches them, that is the values and feelings that grant them a sense of unity and identity in their truly human dimensions.<sup>14</sup> In that sense, work in health demands cooperation, collective actions, bonding with others and with the work context, constructing themselves as effective subjects in their actions needed to improve the patient.<sup>5</sup> In addition, the managers' involvement with the workers becomes fundamental to promote strategies that strengthen the valuation of nursing work, as well as the collaborative dialogue among them.<sup>22</sup>

## CONCLUSION

According to the study objective, it was identified that there are various sources of pleasure in nursing team work at ES, such as the recognition of nursing work by the user, the possibility of recovery and improvement in the patients' clinical condition and the good relationship with the team. The sources of suffering include the lack of physical structure and material resources, associated with the work burden and the managers' lack of ability to solve these situations. It was also verified that the death of young patients and the team's lack of commitment are sources of suffering.

Understanding the feelings that generate pleasure and suffering at work is highly relevant to promote occupational health and to improve the quality of care. Knowing the factors that cause pleasure and suffering can be the starting point for the organizations and the workers themselves to drive the work in a more pleasant and collaborative and, consequently, in a more humanized direction, minimizing the risk of work-related illness.

This research can support the elaboration and implementation of preventive measures to reduce the problems related to nursing work, to improve the work conditions and promote improvements in nursing care for the patients. The study contributes to discussions on aspects of nursing workers' health, as it grants visibility to the suffering in this category, contributing to the triggering of a reflection process on the way the work has been organized. It is important to highlight the construction of management policies that also consider the workers' wellbeing.

The main limitation in this research is the use of a single data collection source, as the association with other sources, especially group sources, could enhance the reliability of the research findings.

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