







PLEASURE AND SUFFERING IN THE NURSING WORK IN A PEDIATRIC INTENSIVE THERAPY UNIT

RAZER E SOFRIMENTO NO TRABALHO DE ENFERMAGEM EM UNIDADE DE TERAPIA INTENSIVA PEDIÁTRICA

PLACER Y SUFRIMIENTO EN EL TRABAJO DE ENFERMERÍA EN UNA UNIDAD DE CUIDADOS INTENSIVOS PEDIÁTRICOS

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ABSTRACT

Objective: to know the situations that generate pleasure and suffering in the daily work of nursing workers in a pediatric intensive care unit. **Materials and methods:** a descriptive study with a qualitative approach. The data were collected through a semi-structured interview, with 15 nursing professionals working in a pediatric intensive care unit between September and October 2016. The data were analyzed based on analysis of thematic content, from the point of view of the work psychodynamics. **Results:** the participants mentioned that the work in the researched sector is permeated both by situations generating pleasure and suffering. Satisfaction in developing care, especially when it is successful in the child's recovery, makes the work rewarding and enjoyable. However, the work also brings suffering associated with the lack of material resources and the experience of the child's death, which is intensified when accompanying family members in this process, generating a feeling of helplessness and frustration. **Conclusion:** the work in a pediatric intensive care unit can generate pleasure when the worker feels gratified, as well as suffering associated with feelings of impotence and frustration when experiencing the child's death.

Keywords: Pain; Pediatric Nursing; Intensive Care Units, Pediatric; Job Satisfaction.

RESUMO

Objetivo: conhecer as situações geradoras de prazer e sofrimento no cotidiano laboral de trabalhadores de Enfermagem em uma unidade de terapia intensiva pediátrica. **Materiais e métodos:** estudo descritivo com abordagem qualitativa. Os dados foram coletados por meio de entrevista semiestruturada, com 15 trabalhadores de Enfermagem atuantes em unidade de terapia intensiva pediátrica entre setembro e outubro de 2016. Os dados foram analisados com base em análise de conteúdo temática, sob a ótica do referencial da psicodinâmica do trabalho. **Resultados:** os participantes mencionaram que o trabalho no setor investigado é permeado tanto por situações geradoras de prazer como de sofrimento. A satisfação em desenvolver o cuidado, especialmente quando há êxito na recuperação da criança, torna o trabalho gratificante e prazeroso. No entanto, o trabalho também traz sofrimento associado à falta de recursos materiais e à vivência do óbito da criança, o qual é intensificado quando acompanham os familiares nesse processo, gerando sentimento de impotência e frustração. **Conclusão:** o trabalho em unidade de terapia intensiva pediátrica pode gerar prazer, quando o trabalhador se sente gratificado, e também sofrimento associado a sentimentos de impotência e frustração, ao vivenciarem o óbito da criança.

Palavras-chave: Dor; Enfermagem Pediátrica; Unidades de Terapia Intensiva Pediátrica; Satisfação no Emprego.

RESUMEN

Objetivo: conocer las situaciones que causan placer y sufrimiento en el cotidiano laboral de trabajadores de enfermería de una unidad de cuidados intensivos pediátricos. **Material y método:** estudio descriptivo de enfoque cualitativo. La recogida de datos se realizó por medio de entrevistas semiestructuradas a 15 trabajadores de enfermería

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de unidades de cuidados intensivos pediátricos, entre septiembre y octubre de 2016. Los datos se analizaron en base al análisis de contenido temático, desde la perspectiva del referente de la psicodinámica del trabajo. Resultados: los participantes mencionaron que el trabajo en el sector investigado está impregnado tanto de situaciones que causan placer como sufrimiento. La satisfacción en desarrollar el cuidado, especialmente cuando la recuperación del niño es exitosa, hace que el trabajo sea gratificante y placentero. Sin embargo, el trabajo también trae sufrimiento asociado a la falta de recursos materiales y a la experiencia de la muerte del niño, sentimiento intensificado cuando acompañan a los familiares en este proceso, causando sensación de impotencia y frustración. Conclusión: el trabajo en la unidad de cuidados intensivos pediátricos puede causar tanto placer, cuando el trabajador se siente gratificado, como sufrimiento, asociado a sentimientos de impotencia al presenciar la muerte del niño. Palabras clave: Dolor; Enfermería Pediátrica; Unidades de Cuidado Intensivo Pediátrico; Satisfacción en el Trabajo.

INTRODUCTION

Working is recognized as an ancient and central activity in the history of mankind, becoming essential for the construction of the subject, since it occupies a considerable part of the life of individuals.^{1,2} In contemporary times, for the development of the work, the worker needs high qualification and the ability to develop multiple activities, as well as confrontation with different situations that generate different feelings. In this context, work can generate feelings of pleasure related, for example, to financial satisfaction and the search for personal fulfillment, as it can bring about situations of suffering.³

Among the different work environments, the most important is the hospital, in which the workers work to provide care to patients with different health care needs. In this scenario, intensive care units (ICUs) are differentiated care environments, due to the concentration of technology and a detailed routine of patient care provision schedule, given the urgency and the need to maintain life.

The practice of nursing in ICUs cover the care of serious patients, with a high degree of dependence on the nursing professional. It is a specialized segment of the nursing care, due to the peculiarities of the physical structure of the sector and the dynamics of the caring process, highly instrumented, rationalized and technological.⁵ Intensive work, unforeseen and conflicting situations, the need for agility in decision-making, and a care free of damages contribute to this scenario.⁵

Among the intensive care units sectors, the Pediatric Intensive Care Unit (PedUCI) stands out. It is a hospitalization unit for the care of critically ill patients, aged from 29 days to 14 or 18 years old, and this limit is defined according to the institution's routines.⁶

In these sectors, the work developed by the nursing team can have important repercussions for the professionals, given

the peculiarities of the sector. In addition, the focus is on caring for the human being and their family,⁷ demanding special skills of the workers and putting them constantly in contact with situations of suffering and death, which can refer them to their own anguishes, generating physical, psychic and social wear and tear.

Considering that the work can be a generator of pleasure and suffering, it is understood that nursing workers working in a PedICU may also be exposed to these feelings.³ In situations of pleasure, the workers are faced with professional recognition for the recovery of a child and satisfaction to be able to help. On the other hand, they may suffer from the mental and physical exhaustion caused by this work, due to the contact with pain, with feelings of sadness, anguish, especially in the face of terminality situations.^{8,9}

From this problematic the following research question was delineated: what are the situations generating pleasure and suffering in the daily work of nursing professionals working in a pediatric intensive care unit? The intention is to know the situations that generate pleasure and suffering in the daily work of nursing professionals in a pediatric intensive care unit.

METHODOLOGY

This is a descriptive study with a qualitative approach, carried out in a pediatric intensive care unit of a teaching hospital located in the southern region of Brazil. The unit studied has seven beds, two of them of isolation, and counts on a team of twenty-eight nursing workers. The participants of this study were nurses, nursing technicians and nursing assistants working in the pediatric intensive care unit sector.

The participants were selected through the random raffle technique, obeying proportionality among nurses, technicians and nursing assistants and between their work shifts. The theoretical saturation of the data was adopted to close the data collection.¹⁰ Fifteen nursing professionals were interviewed, being nine nurses, five nursing technicians and one nursing assistant. The inclusion criteria considered for this study were the following: nursing team professionals who had been working in the unit for over a year. The professionals who were away from the unit or on a vacation period during the data collection were excluded.

The data collection was performed during the months of September and October of 2016, through a semi-structured interview, after a previous appointment with the participants and reading and signing of the Free and Informed Consent Term (TCLE). The interview was held in a place that ensured the privacy of the participants, based on a script that dealt with the nursing work in a PedICU, the nursing care provided to the child, situations generating pleasure and suffering, especially in relation to the death process in the PedUCI. The interviews were audio recorded and transcribed in full.

The data analysis was performed through the analysis of thematic content, from the perspective of the work psychodynamics. This analysis was carried out in three stages, namely: pre-analysis, material exploration and, finally, treatment of the obtained results and interpretation, when the results are interpreted.^{3,11}

The precepts of Resolution No. 466 of December 2012¹² were respected and the research approved by the Research Ethics Committee (REC), under the number 1,635,216. The participants were identified by sequential cardinal numbers according to the order of the interview and codes related to the professional category of each participant (E1, E2, T1, T2, A1, A2).

RESULTS

From the analysis of the data, it was found that the work in the PedICU reveals itself to the workers as a generator of pleasure, and sometimes of suffering, which was configured as a central theme. Historically, it is known that the process of ICU admission in the past has been linked to the imminent risk of death. However, nowadays, there has been a transformation of this meaning, since many patients, with a high degree of severity, recover, generating feelings of satisfaction in the team.

The work performed by the nursing team in an intensive care unit is highly complex, since the demands of care are different in the other sectors. Regarding the PedICU unit, the complexity can be considered greater, since, in this place, children are hospitalized in a serious condition.

When reporting about their work in this place, the workers refer to feeling pleasure, which is the main motivation to continue working in the sector, as shown in the following statements.

[...] I always faced the possibility of you giving yourself in that moment, of being there, by the mother's side, offering strength, or at least make her not feel alone at that moment [...] (E4).

[...] there are also moments of satisfaction, to see that the child leaves [discharge], that it went well, especially when you see years later that the child improved [...] (E7).

[...] is that thing of pleasure and suffering within a work that should cause more suffering than pleasure. But if we do not have any pleasure in here, we would not even be able to work [...] I think that is what keeps us working here. So, in a way, this has to be greater than the bad. So, I think at the end of the story there are good implications, there are good things that it brings, because if we only had suffering inside, we could not work [...] (E8).

Pleasure at work occurs when the professional is allowed to develop their potential, which gives them freedom of creation and expression. Thus, when mentioning about the nursing work, the participants also allude, mainly, to the interest for the work, being understood, therefore, that being inserted in a place in which they like to develop their work also generates pleasure.

[...] I feel very good while working, quite at ease, it is very pleasurable, not to mention that it is a service that is pleasurable. I love what I do then the issue of working in nursing and working with the child [...] (E9).

[...] It is very good to work with it, if that is what you like, we had people who came in and left right after. But I think it is a profile matter, I think there is, that we already choose at the undergraduate course if you have a profile for one thing or another [...] (E7).

The nursing work in PedICU also has positive implications in the personal and professional life of the workers, as described below:

[...] To give more value to life itself, sometimes to show that a child who is out there, a child or an adult, who is going through any situation, can turn it around, it is nothing like being here [refers to the pediatric ICU] [...] (T2).

[...] For life, you become a more understanding person, think a little more before you have an attitude, at home, with the child [...]. With the measure of time, today I feel that I think more, you know, I see what is worthy and what is not worthy [...] (T4).

On the other hand, situations that lead to suffering were also mentioned by participants.

[...] Oh I think that death is the main cause of suffering, lack of resources, for example, you know that you need to check for BP [blood pressure], that you would like to have a MBP [middle blood pressure] or CVP [central venous pressure] installed other than centimeters of water, which were more modern. So that lack of equipment gives me a bit of suffering [...] (E2).

[...] I think it is very difficult for us, especially when it is a child who stays a long time here, when you already create more bond, more interaction, I think it is more complicated [...] (E3).

From the point of view of the workers, these mentioned situations, such as the absence of technological resources and the length of hospitalization, together with the moment of death of the child, are generating pain at work. In addition, in their speeches, they emphasize some aspects associated with the experience of the death of the child, such as the follow-up of the family of the child that is in the process of death and prolongation of this stage, especially associated with the use of therapeutic resources.

Terminality has also been mentioned as indicative of team impotence, when no resources can be employed to save the child's life. The following statements exemplify these perceptions:

[...] when you see that the parents are lying on top of the child, that you see that their heart rate is falling down, that they pick up the child on their lap, that is what shocks me a lot. The lifeless child, the parents take the baby in the lap and they are holding the child, nursing the child already lifeless. So it really shakes me [...] (E1).

[...] the child has several cardiac arrest situations, is reanimated, goes into hypoxia, convulsive crisis, in short, this goes on for several weeks, becomes swollen, goes to hemodialysis, everything is done, and eventually develops to death, this process is painful [...], and I was very sad, to have to see the patient go through it. That's why the patient has to die with dignity [...] (E9).

[...] there is suffering when there is a child in a serious condition, I also suffer for the child, because you feel sorry for what is happening. When it is a situation in which you see that the child is probably going to die, there is not much you can do [...] (E3).

From these testimonies, it is understood that the death of the patients, for these professionals, generates suffering in the daily work routine, bringing to the surface a series of feelings, which may have implications for their work practice. In addition, the experience of these situations that generate suffering can result in damages to the health of this professional.

DISCUSSION

From the perspective of this study, it can be perceived that the nursing professionals experience situations that generate pleasure and suffering in their daily work routine. In this sense, the work developed by the nursing team comes to be understood as a form of social relation and requires the construction of normative agreements among the workers about their work activity.¹³

The understanding of the influence of the work organization on the professionals' quality of life is of utmost importance for the understanding of the work as a dynamic process that involves the subjectivity of individuals.³ Thus, it is fundamental to understand the interrelationships of the work environment, considering that, in addition to physical exhaustion, there are impacts on the mental health of the worker.¹⁴ Thus, the psychodynamics of the work involves the study of the repercussions of the work routine on individuals, and this can trigger situations that generate pleasure and suffering in workers.³

In this study, the pleasure for the work was mentioned from the possibility of developing it, exercising it in a satisfactory way. In addition, the involvement with the family and the patient was highlighted, as well as the possibility of obtaining good results from the care provided, which makes the work rewarding. Thus, the experiences lived by the workers produce positive repercussions both in the professional life, preparing them to deal as much as in routine situations of work, as in their personal lives, allowing the reflection about the daily life around them.

The literature highlights that in the work environment the feelings of pleasure of the nursing workers arise when their activities are recognized by the patients and their families and when there is solidarity among the team. Recognition then becomes a stimulus for workers looking for the provision of quality care.¹⁵ In addition, the feelings of pleasure are experienced when there is an interpersonal relationship in which the team develops a collective work, based on help, dialogue and union, that is, when there is solidarity and cooperation between the team. Faced with this solidarity, the professionals feel more confident to perform their care functions provided to each patient.⁵

The situations that cause suffering to workers happen when there is a failure in the intermediation between the expectations of the worker and the reality imposed by the organization and management of the work.³ Among others, in this study, the frustration and the feeling of impotence before the death of the patient predominated in the speeches, as a generative situation of suffering. This context of suffering was also reported in a study developed in an emergency room where the professionals emphasized this feeling when dealing daily with the pain of the patient and the coexistence with the death or the bad prognosis of young patients.¹

These feelings can be seen as synonymous with professional limitation in the workplace. Professionals feel frustrated and, in addition to coping with the experience of loss of the family, they also deal with the lack of dialogue between the unexpected and the tragic, both for the family and for themselves.¹⁵

From this understanding, it is emphasized that the reflection about their work can provide the professionals with a moment of analysis about their reality. At such times, these work-

ers can mobilize changes capable of making this work less arduous and more pleasurable.³

Given the above, understanding that the work allows the conflict between the external and internal world of each worker, the subjectivity becomes the field for this confrontation.³ Thus, on one side is what is internal and subjective and on the other, what is external and part of the organizations, generating psychic suffering to the workers.³ In this sense, the imminence or the occurrence of death generates many uncomfortable feelings for the professionals, such as: pain, sadness, impotence and commotion. These feelings are stronger and more painful when the patient is a child or when the conviviality is closer to the workers.¹⁶

The workers said that the follow-up of the family members of the child who experiences the death process also generates suffering. The difficulty in the care provision goes beyond the child, intensifying in before the family, who lives its period of mourning, justified by the fact that the child is generally not aware of what is happening and, at that moment, the family needs more support to better understand and experience the mourning.⁴

It is understood that the search for overcoming the situations that generate pleasure and suffering makes these professionals value their personal relationships, making them able to value their lives even more.¹⁷ Finally, it is perceived that the pleasure in the work and the accomplishment and professional valorization, together with the construction of the identity of the workers, overlap with the situations that generate suffering. This fact makes complex all the aspects related to work situations.³

This study had as main limitation the exclusivity of the research scenario and also the number of participants. The need to carry out new studies with different approaches on this theme is highlighted.

CONCLUSIONS

This study made it possible to know the perceptions of the nursing workers about the situations generating pleasure and suffering in their daily work routine. It is highlighted that the pleasure generating situations permeate the satisfaction with the work that these professionals perform. The pleasure generated by the work motivates these professionals to return to the work environment and keeps them motivated to carry out their activities.

The situations that generate suffering in this environment are intensified in some situations, such as the lack of material and technological resources, the suffering of the family member and the process of death of the child. Due to these situations, the professionals feel frustrated and powerless in their work routine.

Given the above mentioned, it is necessary the monitoring and development of spaces of exchange and listening, with the purpose of strengthening and potentializing the situations gen-

erating pleasure and, also, to minimize the suffering and frustrations arising from the daily work routine.

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