







PLEASURE AND SUFFERING IN NURSING WORKERS FROM POST-ANESTHESIA CARE UNIT

PRAZER E SOFRIMENTO EM TRABALHADORES DE ENFERMAGEM DA SALA DE RECUPERAÇÃO PÓS-ANESTÉSICA

PLACER Y SUFRIMIENTO DE TRABAJADORES DE ENFERMERÍA DE LA SALA DE RECUPERACIÓN POST ANESTÉSICA

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ABSTRACT

Objective: to analyze the pleasure and suffering of the nursing workers working in a post-anesthetic recovery room. **Method:** quantitative, cross-sectional study, with 56 nursing workers. We used a socio-work questionnaire and the Pleasure and Pain in the Workplace Scale for collecting data. The data were analyzed by the Predictive Analytics Software program version 18.0, with significance levels at 5%. **Results:** the factors freedom of expression and professional fulfillment, related to pleasure were assessed as satisfactory. Regarding the factors related to suffering, the professional burnout was assessed as critical and lack of recognition, as satisfactory. There was association between the variable work leave due to illness and the factors professional burnout ($p=0.022$) and lack of recognition ($p=0.002$). The function of nursing assistant was associated with the no job satisfaction ($p=0.047$). **Conclusions:** the critical assessment as for the professional burnout indicates the moderate risk for illness to worker, which suggests compromising of the nursing workers' health. The nursing assistants were not professionally satisfied. The results contribute to broad the reflections about the worker's health, in particular on post-anesthetic recovery.

Keywords: Occupational Health; Working Conditions; Burnout, Professional.

RESUMO

Objetivo: analisar o prazer e sofrimento dos trabalhadores de Enfermagem que atuam na sala de recuperação pós-anestésica. **Método:** estudo quantitativo, transversal, com 56 trabalhadores de Enfermagem. Utilizaram-se um questionário sociolaboral e a Escala de Indicadores de Prazer e Sofrimento no Trabalho para a coleta de dados. Os dados foram analisados pelo programa Predictive Analytics Software versão 18.0, com níveis de significância de 5%. **Resultados:** os fatores liberdade de expressão e realização profissional, relacionados ao prazer foram avaliados como satisfatórios. Nos fatores relacionados ao sofrimento, o esgotamento profissional foi avaliado como crítico e falta de reconhecimento, como satisfatório. Houve associação entre a variável afastamento do trabalho por motivo de doença e os fatores esgotamento profissional ($p=0,022$) e falta de reconhecimento ($p=0,002$). O cargo de auxiliar de Enfermagem associou-se à não satisfação profissional ($p=0,047$). **Conclusões:** a avaliação crítica quanto ao esgotamento profissional indica risco de adoecimento moderado do trabalhador, o que sugere comprometimento da saúde dos trabalhadores de Enfermagem. Os auxiliares de Enfermagem não estavam satisfeitos profissionalmente. Os resultados contribuem para ampliar as reflexões sobre a saúde do trabalhador, em especial em recuperação pós-anestésica.

Palavras-chave: Saúde do Trabalhador; Condições de Trabalho; Esgotamento Profissional.

RESUMEN

Objetivo: analizar el placer y sufrimiento del personal de enfermería que trabaja en la sala de recuperación post anestésica. **Método:** estudio cuantitativo, transversal, con 56 trabajadores de enfermería. Para la recogida de datos se utilizó un cuestionario sociolaboral y la escala de indicadores de placer y sufrimiento en el trabajo. Los datos se

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analizaron con el programa Predictive Analytics Software versión 18.0, con niveles de significancia del 5%. **Resultados:** los factores libertad de expresión y realización profesional, relacionados con el placer, recibieron evaluación satisfactoria. Entre los factores vinculados con el sufrimiento, el agotamiento profesional fue clasificado como crítico y la falta de reconocimiento como satisfactorio. Se observó asociación entre la variable licencia laboral por enfermedad y los factores agotamiento profesional ($p=0,022$) y falta de reconocimiento ($p=0,002$). El cargo de auxiliar de enfermería se asoció a insatisfacción profesional ($p=0,047$). **Conclusiones:** la evaluación crítica referente al agotamiento profesional alerta sobre el riesgo de enfermedad moderada del trabajador, lo cual indica que compromete la salud de los trabajadores de enfermería. Los auxiliares de enfermería no estaban satisfechos profesionalmente. Los resultados aportan datos para ampliar el debate sobre la salud del trabajador, principalmente de quién ejerce funciones en la sala de recuperación post anestésica.

Palabras clave: Salud Laboral; Condiciones de Trabajo; Agotamiento Profesional.

INTRODUCTION

The post-anesthetic recovery (PAR) corresponds to a sector belonging to a closed unit of the surgical center in which the patient submitted to anesthetic-surgical procedures remains under constant observation and care until there is consciousness recovery, vital sign stability and prevention of complications in the post-anesthetic period. For these reasons, this is one of the sectors that requires more attention by nursing team. The nursing work process in the PAR mobilizes constant emotional charge inherent to the care of the critically ill patient.^{1,2}

These care scenario is part of the closed unit of the surgical center. The living in closed environment favors the duality of feelings, now pleasure, now suffering, since workers spend a great part of the work shift confined in a small space, living with the same colleagues almost daily. In what it refers to physical structure, the closed environment is seen as a facilitator aspect to allow the working performance, becoming important in the surveillance of the critical patients, since it facilitates the observation and interventions in short time.³

These situations added to the intensive working days, to the living with the death, to the limitations as for the number of workers and material resources available, fear and anxiety cause experiences of suffering in the work,⁴ which may compromise the pleasure and develop into the wearing and illness, affecting the worker's health. From that, it is confirmed the importance of identifying experiences that privilege the health into the work and that may reduce the professional wearing out.⁵

The experiences of pleasure are provided by the link with the users and their families, by the recognition in the work and by the attribution of a sense in it, which contributes for the identity of the individual who works and, therefore, its human development.⁶ The frustration of these experiences may lead the

workers to experiences of suffering. From this understanding, it is supposed that, in the context of the workers of PAR, experiences of pleasure are committed by the restriction in the living with relatives and the other workers of the institution, what is inherent to their stay in closed environment. In this sense, analyzing the indicators of pleasure and suffering may contribute for the identification of the factors that exert influence on these feelings, allowing for the direction of actions of the worker's health promotion. Specifically, investigations in the field of the workers' health of PAR are relevant to give visibility to these teams and aggregate scientific knowledges around their experience with the work.

Studies that assessed quantitatively the occurrences of pleasure and suffering in the work were carried out in a hemodialysis service,⁷ in psychosocial attention units,⁸ in intensive therapy units (ITU),⁹ and in mobile urgency service.¹⁰ However, studies about this theme in PAR were not identified, which characterizes a gap in the knowledge and justifies the importance of this investigation, as well as its possible contribution for the production of the knowledge in the health and nursing.

From that, the research question was outlined: which is the evaluation of the pleasure and the suffering of the nursing team who works in PAR? To answer this question, the objective of this study was to analyze the pleasure and suffering of the nursing workers who work in the PAR unit.

METHOD

This is a quantitative cross-sectional study carried out in a post-anesthesia care unit of a teaching hospital. The institution has approximately 400 beds and is located in the South of Brazil. The PAR sector is linked to the surgical center unit and has 10 beds for recovery of patients in the immediate post-surgical period.

The data collect occurred in August 2016, when 20 nurses, 39 nursing technicians and 10 nursing assistants worked in the sector, totaling a population of 69 nursing workers. In order to participate in the study, the worker might work in the PAR room for, at least, six months (time delimitation that do not confer a minimal experience with the work, as established by the tool used in this study). The workers on vacation or any other type of work leave in the period of data collect were excluded.

After the study approval by the Ethics research committee of the institution, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* number 575581160.00005346, the workers were addressed individually in the work place and invited to participate in the research, being informed about the objectives and the voluntary action in the participation. Subsequently, the Free and Informed Consent Form was delivered and required the reading and subsequent signature if in accordance with the exposed terms. Under signature, the participants re-

ceived an envelope containing the instruments of the data collect, being agreed a period of five days for the devolution.

A self-applicable socio-work questionnaire elaborated by the authors of the research and the Pleasure and Pain in the Workplace Scale (PPWS) were used as the data collect technique. The socio-work questionnaire investigated age, length of service in the profession, gender, marital status, work shift, professional category, existence of other (s) employment (s), work accidents, leave, number of days of leave and job satisfaction.

The PPWS is one of the four scales that compose the Inventory of Work and Illness Risks (WIR), a self-applicable instrument validated in Brazil, which assesses occurrences of pleasure/suffering in the work.¹¹ It's a scale of Likert type, composed of 32 items distributed in four factors. Two assesses the experiences of pleasure and the other two, the experiences of suffering. The indicators of pleasure and suffering are measured from the evaluation, by the worker, of the frequency with which feelings are experienced in the period of six months (0 = not once, 1 = once, 2 = twice, 3 = three times, 4 = four times, 5 = five times and 6 = six times or more times). The factor freedom of expression (eight items) is related to freedom of thinking, organizing and speaking about its work; professional fulfilment (nine items) assess the experiences of professional gratification, pride and identification with the work; burnout, professional (seven items) is related to the insecurity, uselessness, wearing out and stress in the work; and lack of recognition (eight items) assesses experiences of injustice, indignation and devaluation for the lack of recognition of their work.

The data were typed and organized in an Excel spreadsheet, being doubly conferred to avoid possible typing errors; sequentially, an analysis was done in the PASW Statistic® (Predictive Analytics Software) program, version 18.0 for Windows. Initially, the items that compose each one of the factors were grouped, being carried out the PPWS analysis on basis of overall averages of factors and absolute number of participants.¹¹ After, the items of each factor were individually analyzed, calculating the simple frequency, mean and standard deviation, according to the Table 1.

Table 1 - Factors of pleasure and suffering in the work. Santa Maria/RS, Brazil, 2016

	*F	†A
Pleasure	Freedom of expression Professional fulfilment	Above 4 = satisfactory assessment Between 3.9 and 2.1 = critical assessment Under 2.0 = severe assessment
Suffering	Professional, burnout lack of recognition	Above 4 = severe assessment Between 3.9 and 2.1 = critical assessment Under 2.0 = satisfactory assessment

*F=Factor; †A=Analysis.
Source: Inventory of Work and Illness risks.¹

The variable qualitative were described through the absolute and relative frequency, while the quantitative, with normal

distribution, by the mean and standard deviation. For associations between the factors of the PPWS and the socio-work variables (categorical), the chi-square test was used with significance level of 5% (p<0.05). It was carried out the calculation of the residuals adjusted in cases where there was global association observed (p<0.05), to identify the significant local association among the categories. The reliability of the scale was evaluated using the Cronbach's alpha coefficient.

RESULTS

Seven workers were excluded (three with actuation less than six months on the sector and four with work leave). The eligible population consisted of 62 workers. Of these, there were six losses (four have failed to return the instrument after 30 days and two instruments have not been considered valid due to the incompleteness in the fulfilment of the items).

The study population brought together 56 nursing workers, being 17 nurses, 31 nursing technicians and eight nursing assistants. There was a predominance of females (76.82%; n= 43), with a mean age of 40.2 years (DP = 8.07), without a partner (66.12%; n= 37). There were identified, among the participants, length of service of 3.99 years (DP=4.43), with predominating actuation on the night shift (42.86%; n=24), without another job (94.63%; n=53), non-occurrence of work accident (85.71%; n= 48) and that were satisfied with the work (98.2%; n= 55). It was also evident that 57.1% (n=32) of workers moved away from the work because of illness, being 17 the average number of days absence.

Regarding the PPWS scale, in the factor professional burnout it was identified critical assessment (2.19±1.39). All the factors of the PPWS presented satisfactory internal consistency, according to the Table 2.

In the experiences of pleasure in the work, the factor freedom of expression presented as the item with the highest average the "freedom with the colleagues" (4.96±1.23) (satisfactory assessment) and the lowest average in the item "freedom with the manager" (3.50±1.78) (critical assessment). In the factor professional fulfilment, we identified the highest average in the item "pride for what I do" (5.72±0.76) (satisfactory assessment) and the item with the lowest average was the "recognition" (3.54±1.68) (critical assessment).

In the experiences of suffering, the factor burnout, professional presented as the item with the highest average the "stress" (3.02±1.91) (critical assessment) and the item with the lowest average the "fear" (1.05±1.35) (satisfactory assessment). The factor lack of recognition presented as the item with the highest average the "lack of recognition for my effort" (2.45±1.90) (critical assessment) and the item with the lowest average was the "disqualification" (0.93±1.39) (satisfactory assessment).

Table 2 - Mean, standard deviation, classification and Cronbach's alpha. Santa Maria/RS, Brazil, 2016

	*F	†M	‡DP	§ CL	AC
Pleasure	Freedom of expression	4.37	1.02	Satisfactory	0.85
	Professional fulfilment	4.69	0.90	Satisfactory	0.90
Suffering	Professional, burnout	2.19	1.39	Critical	0.91
	Lack of recognition	1.69	1.43	Satisfactory	0.93

*F= Factor; †M=Mean; ‡DP= Standard Deviation; §CL = Classification; ||AC= Cronbach's Alpha.

It was identified statistical association between the variable work leave due to illness and the factors lack of recognition ($p=0.022$) and professional burnout ($p=0.002$), both related to the suffering experiences. The workers who were distant from the work associated to the serious assessment in the factor professional burnout and to the critical assessment in the factor lack of recognition.

Moreover, we evidenced significant association between the variable job satisfaction and professional category ($p=0.047$). The nursing assistants were associated to no satisfaction.

DISCUSSION

In this study it was possible to identify that the most workers were female, with mean age of 40.2 years. These findings converge with other similar study carried out with nursing workers.^{3,7,10}

The length of service less than five years states that there are workers who were at the beginning of their professional career. The lowest length of service suggested the most positive perception of the work environment of nurses of the ITU.¹² On the other hand, a study carried out with recent graduates nurses identified that the little experience has a little impact on the team's credibility, which may represent stress situation.¹³

As regards the job satisfaction, we identified the predominance of satisfied workers. However, not be satisfied at the work-site was associated with the position of nursing assistant. The Brazilian Nursing has a hierarchical structure that the nursing assistants, workers without higher education, are responsible for the providing care of less complexity. This suggests, many times, less autonomy for this category and, consequently, a possible compromising of the satisfaction related to the labor activity. That way, study with nurses and nursing technicians identified that the autonomy was the more important component assigned to the professional satisfaction,¹⁴ which corroborates the relevance of this construct in the identification with the work and, therefore, in the strengthening of the worker's mental health.

Converging these findings, scientific evidences show that, in the work environments in that the health professionals are satisfied, the rates of absenteeism reduce, the productivity increases and the performance at work improves.¹⁵ Study carried out in China identified that hospitals providing organizational support for workers enable them to obtain more job satisfaction, which

strengthen the safety and the quality of the health care provided.¹⁶ Thus, enabling experiences of pleasure in the work means contributing to the safety and health of the patient and the worker.

With respect to the work leave, it was noted that the majority of the participants needed to move away from the work due to illness. This variable presented association with the critical assessment in the factor lack of recognition and with the severe assessment in the factor professional burnout, both related to the experiences of suffering in the work. This result indicates that the worn out, insecure workers, who felt frustrated and useless (items related to the professional burnout) moved away from the work for the healthcare, which favors the moderate risk for illness to worker. Moreover, these workers experienced feelings of injustice and depreciation for the lack of recognition of the carried out work (item related to the lack of recognition), being this an assessment that suggests a greater risk for illness to worker (severe assessment). The associations found in this research allow us to infer that there is a relationship between professional burnout /lack of recognition and the mental illness of workers who experience them, culminating with his leave.

With regard to the experience of pleasure, the factors professional fulfilment and freedom of expression were assessed as satisfactory, similar result to the one found in study with professionals of a mobile urgency service.¹⁰ This assessment is positive, since these factors are producers of pleasure in the work, and should be maintained and consolidated in the organizational environment.¹¹

Research carried out in the ITU identified as items with the highest averages in the factor freedom of expression the "solidarity among colleagues" and the "cooperation among colleagues".⁹ Regarding the hemodialysis,⁷ the item with the highest averages, assessed in a more positive way were "freedom with the management to negotiate what it needs" and "solidarity among colleagues". This factor contributes for the construction of professional identity, being something that is constructed in the relationship with the other.

In the experiences of pleasure, we identified that "pride for what I do" received satisfactory assessment, pleasure producer. For intensivists nurses, the pleasure experienced in the work was related to motivation that they stated they had, since the items "pride for what it does", "good relationship with the team" and "satisfactory working conditions" are essential into daily work and were also positively assessed in this study.⁹

For the nursing workers of a hemodialysis service, the items with the highest averages were "pride for what I do" and the "professional fulfilment".⁷ The professional fulfilment is one of the indicators of pleasure in the work and may be expressed in the feelings of gratitude, pride, identification with the work and as the worker see their needs were addressed.¹¹

In a surgical center, the pleasure in the nursing work was represented by the positive interpersonal relationships, the environment generator of scientific knowledge and frequent apprenticeship.¹⁷ Study carried out with physicians and nurses identified that, despite the requirements and the damages inherent to the work process, it was possible to experience the pleasure in the performance of activities, because these were challenged to save lives, had to express their opinions, were proud for the profession and were recognized by colleagues, patients and relatives.¹⁸

Thus, the stimulus for the experiences of pleasure, especially by recognition, may have positive effects on the workers' health and on the quality of the developed work. In this perspective, it seems clear that the experiences of pleasure in the work relate to and enable other feelings of well-being, which can confer additional satisfaction to workers and, consequently, the protection of its health.⁷

Regarding the experiences of suffering, the factor lack of recognition was identified with satisfactory assessment. The recognition in the work by leaders and team is considered important factor in the maintenance of the worker's health. On that basis, it is mentioned that the pleasure comes from the experiences of gratification and satisfaction of the worker's desires and needs, starting from a successful resolution of the conflicts generated in the work context.¹¹

The factor professional burnout was assessed as critical, similar to the one identified in Brazilian research carried out with nursing workers.^{9,10} This result is indicator of a limit situation, which strengthen the suffering in the work.¹¹

The critical classification may be related to no job satisfaction, low productivity, absenteeism, occupational diseases, among other aspects.⁹ Research carried out with nursing professionals who work in burn units identified as wearing out elements in the factor professional burnout the "physical and emotional weariness related to patients' demand", "involvement with the patient's suffering" and "feeling of powerlessness".¹⁹

In the hospital work scope, there is a requirement for the maximum productivity and goal achievement, which press the worker to be multifunctional, causing mental wearing out. Furthermore, the financial resources commitment and the reduction in budgets result in the decrease in the work strength, increase in the pace of work and in the workers' multifunctionality.²⁰

The workers think and act about the work, space of organization of social life, and may have their health affected due to the complexity and fragmentation of the work organizations.⁹

In the PAR room, the nursing workload suffers influence from the length of stay and of the surgical size,²¹ that, among other elements, such as experiences of pleasure and suffering, may affect the worker's health.

The lack of recognition, another experience of suffering, was assessed as satisfactory, similar to the one found in the scientific literature.⁷ With regard to a study with workers of mobile urgency service showed critical assessment for the factor lack of recognition, assigned to the lack of recognition of the workers regarding their work.¹⁰

When the worker's actions fail to promote a dynamic exchange that enable them to reach individual and collective targets, the lack of recognition emerges and, consequently, the suffering in the work.²² The manifestation of the suffering in nursing workers active in surgical center was expressed in physical and psychosocial symptoms,¹⁷ which indicates the implication of these feelings in the workers' physical and mental health.

Study with women members of hospital nursing teams, which used the PPWSscale with the aim to identify the degree of influence of the organizational identification in the experiences of pleasure and suffering, concluded that the item identification of the individual with the organization in which he works had a positive impact on the experiences of pleasure and negative on the experiences of suffering. The lack of recognition and the valorization of the nursing profession by other professional categories and/or by the society is also configured as some of the main factors of lack of satisfaction among the members of these teams.²³

The experiences of suffering related to the professional burnout represent risk for moderate illness in the population studied. Despite the constructive character that the work has in the human life, if it is carried out under precarious conditions it can become a generator of diseases.¹⁸

Therefore, the results of this study advance in the construction of the knowledge in the health area, especially around the work reality developed by the nursing professionals in the PAR room, giving more visibility to the category and creating opportunities for reflections in the work environment. They can subsidize the planning of prevention and promotion actions of the PAR workers' health.

The workers' health interventions should include the creation of spaces in that they have the opportunity to express their feelings with respect to work, an unusual practice that might bring positive repercussions in the clinical practice. The movements of talk and listening among the workers and of these and the management may represent a possible way to strengthen the professional fulfilment and reduce the burnout.⁶

With respect to the limitations of the study, we indicate the cross-sectional design, since the reverse a causality cannot be discarded. Also, the sample studied corresponds to a spe-

cific sector, which justifies the need for further studies so that comparisons may be carried out. Nevertheless, the results may contribute to the planning of actions that improve the work environment and the health of the worker, how to provide the workers with opportunity to expose its ideas and listen its colleagues. It suggests that future research be accompanied by qualitative analyses, able to reveal the individual dimension of the experiences analyzed in this study.

CONCLUSION

This study analyzed the pleasure and the suffering of the nursing workers who actuated in the PAR room and we concluded that they assessed the professional burnout as critical, which indicates the moderate risk for illness to worker. The variable work leave due to illness was associated with factors related to experiences of suffering, burnout professional and lack of recognition, which indicates that the worn out and unappreciated worker is suffering and stays away from work due to illness. The professional category of nursing assistants was not professionally satisfied.

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