

PLEASURE AND SUFFERING OF NURSING PROFESSIONALS WORKING IN PEDIATRIC EMERGENCY

PRAZER E SOFRIMENTO DE PROFISSIONAIS DE ENFERMAGEM QUE ATUAM EM EMERGÊNCIA PEDIÁTRICA

PLACER Y SUFRIMIENTO DE PROFESIONALES DE ENFERMERÍA QUE ACTÚAN EN EMERGENCIA PEDIÁTRICA

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Objective: to identify situations of pleasure and suffering in nursing professionals of an emergency service. **Method:** a qualitative study conducted with professionals from the nursing team of a pediatric hospital in Santa Catarina, Brazil. The production of information occurred in 2021 through semi-structured interviews and the interpretation of the results followed the steps of the content analysis. **Results:** the sources of pleasure at work were: improvement of children's health, identification with the activity they perform, recognition at work and teamwork. In the suffering, there stood out: work overload, worsening of the child's illness, inadequate physical space, organization of work centered on the manager and difficulty of relationship between colleagues. **Final considerations:** the recognition of the factors that generate pleasure and suffering and the strategies of defenses allows the search for answers that enable the nursing professional to maintain his/her productive and less exhausting work environment.

Descriptors: Nursing. Occupational Groups. Emergencies. Occupational Health. Mental Health.

Objetivo: identificar as situações de prazer e sofrimento em profissionais de enfermagem de um serviço de emergência. *Método:* estudo qualitativo, realizado com profissionais da equipe de enfermagem de um hospital pediátrico de Santa Catarina, Brasil. A produção de informações ocorreu em 2021 por meio de entrevista semiestruturada e a interpretação dos resultados seguiu os passos da análise de conteúdo. *Resultados:* as fontes de prazer no trabalho

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foram: melhora da saúde da criança, identificação com a atividade que exerce, reconhecimento no trabalho e trabalho em equipe. No sofrimento destacaram-se: sobrecarga de trabalho, agravamento da doença da criança, espaço físico inadequado, organização do trabalho centrado no gestor e dificuldade de relacionamento entre colegas. Considerações finais: o reconhecimento dos fatores geradores de prazer e sofrimento e as estratégias de defesas possibilitam buscar respostas que permitam ao profissional de enfermagem manter seu ambiente de trabalho produtivo e menos desgastante.

Descritores: Enfermagem. Categorias de Trabalhadores. Emergências. Saúde Ocupacional. Saúde Mental.

Objetivo: identificar las situaciones de placer y sufrimiento en profesionales de enfermería de un servicio de emergencia. Método: estudio cualitativo, realizado con profesionales del equipo de enfermería de un hospital pediátrico de Santa Catarina, Brasil. La producción de información tuvo lugar en 2021 a través de una entrevista semiestructurada y la interpretación de los resultados siguió los pasos del análisis de contenido. Resultados: las fuentes de placer en el trabajo fueron: mejora de la salud del niño, identificación con la actividad que ejerce, reconocimiento en el trabajo y trabajo en equipo. En el sufrimiento se destacaron: sobrecarga de trabajo, agravamiento de la enfermedad del niño, espacio físico inadecuado, organización del trabajo centrado en el gestor y dificultad de relación entre colegas. Consideraciones finales: el reconocimiento de los factores generadores de placer y sufrimiento y las estrategias de defensa posibilitan buscar respuestas que permitan al profesional de enfermería mantener su ambiente de trabajo productivo y menos agotador.

Descriptores: Enfermería. Grupos Profesionales. Urgencias Médicas. Salud Laboral. Salud Mental.

Introduction

The literature that involves the relations of health professionals and work highlights consequences on the mental health of these workers, arising from exposure to workloads and all the implications of a professional daily life that requires knowledge, technical skills and constant attention⁽¹⁾. The hospital scenario often requires nursing workers to perform their work in an environment full of intense experiences, dealing daily with suffering, losses and recoveries, which can favor the manifestations of high levels of stress⁽²⁾.

In more specific areas, regarding child hospitalization, scientific studies have shown that the nursing team does not feel prepared to deal with critical situations in childcare, especially death, the mourning of the family and the complex set of demands emanating from this scenario⁽³⁻⁴⁾.

In this context, the complexity involved in patient care, associated with the great demand for activities, may cause processes of wear and illness of the professional, due to daily contact with situations that cause suffering⁽⁵⁾. Exposure to emergency situations that require fast execution and exhaustive tasks, in addition to extensive working hours accompanied by strenuous shifts, can lead nursing workers to the development of Burnout

Syndrome (BS), emotional disorder characterized by extreme physical and mental exhaustion, resulting from stressful work situations^(2,6).

This has been a theme addressed in recent international studies⁽⁷⁻¹⁰⁾. A research carried out in hospitals in Spain indicated that many nurses working in the pediatric area experience high levels of Burnout and the lack of personal achievement was the domain most cited by these nurses⁽⁷⁾. In a study conducted in Turkey, pediatric emergency nurses reported high emotional exhaustion, depersonalization, low personal fulfillment, and moderate compassion fatigue⁽⁸⁾. Moreover, results of a survey conducted in the Middle East, also with nurses working in the pediatric area, pointed out that personal traits, perception of salary insufficiency and hospital or unit capacity represent factors that aggravate the Burnout, quality of life and worsen the perception of patient safety⁽⁹⁾.

In this sense, it is opportune to highlight that the negative consequences of the worker's illness are not restricted only to his/her life and health; mental suffering negatively affects relations and performance in the work of nurses, which can influence in a negative way, in terms of quality

of care and patient safety, which, in more severe cases, may lead to iatrogenesis, permanent disabilities or deaths⁽⁵⁾.

Thus, the present study was based on the Psychodynamics of Work, a French current consolidated by the psychiatrist Christophe Dejours, understanding that the relationship between the individual and his/her work is established based on the experiences of pleasure and suffering. Pleasure signals positive experiences that strengthen the feelings of retribution, recognition and identification of the subject with his/her work. On the other hand, suffering is related to the feeling of helplessness, failure and frustration that the worker experiences when the reality of work does not meet his/her desires and aspirations. The relationship between pleasure and suffering is directly linked to the health establishment or the mental illness of this worker⁽¹¹⁻¹²⁾.

Pleasure and suffering are feelings that are present in the daily lives of nursing professionals who work in pediatric emergency rooms. These feelings have the potential to interfere in the work they develop, as well as in the health of workers. The identification of the factors that interfere in the mental health of the nursing team is understood to be of great importance, because such conditions of suffering can lead to inadequate and insufficient assistance, bringing harm to the worker, and, consequently, to the patient.

Thus, this study was conducted in order to identify the situations of pleasure and suffering of nursing professionals of an emergency service in a pediatric hospital.

Method

This is a qualitative, descriptive and exploratory study conducted in a pediatric hospital of the Unified Health System (UHS), located in a city in the state of Santa Catarina, Brazil. Nursing staff professionals working in the emergency sector participated in the research.

The inclusion criteria were: to be part of the nursing team, to be over 18 years old and to be working in the sector for more than 90 days. The

exclusion criteria were: being on vacation and/or medical leave in the period of information collection.

The semi-structured interviews were conducted in January and February 2021, individually, in a reserved room in the work sector. At the time of information collection, the participant received information on the objectives of the research and the acceptance of participation was obtained by signing the Informed Consent Form (ICF).

A semi-structured script was used, which addressed several topics related to the attention provided to users of the service, with special focus on aspects that generate pleasure and suffering in the work context. The interviews were recorded in audio and fully transcribed. To preserve the interviewees' anonymity, the letter P was assigned followed by a sequential number (for example, P1) as identification.

Then, the data were analyzed using the Thematic Content Analysis technique proposed by Bardin⁽¹³⁾. This approach aims to identify and analyze the recurring themes present in the collected data set. The analysis involved steps such as the organization and categorization of data, identification of units of meaning, creation of thematic categories and interpretation of results. This methodology allowed the structuring of two main categories: Pleasure expressed by professionals; Suffering expressed by professionals. To support the results obtained, the Psychodynamics of Work approach was used.

This research has the approval of the Human Research Ethics Committee, under Certificate of Presentation of Ethical Assessment (CAAE) n. 38352220.0.0000.0118/2020, following the precepts of Resolution n. 466/12, of the National Health Council.

Results

Of the 20 people selected for this study, three did not fit the inclusion criteria, thus, 17 professionals participated, namely: five nurses and 12 nursing technicians. Of them, the majority are women, aged between 30 and 50 years. The

time working in the pediatric emergency sector ranged from three months to 20 years. Chart 1

describes the two categories and subcategories that emerged from the results.

Chart 1 – Categories and subcategories emerged from the results. Chapecó, Santa Catarina, Brazil – 2022

Category	Subcategory
Pleasure expressed by Nursing professionals	Child improvement.
	Identification with the activity carried out.
	Recognition of work by users and family members.
	Teamwork.
Suffering expressed by Nursing professionals	Work overload.
	Worsening of the child's illness.
	Inadequate physical space for professionals.
	Organization of work centered on the manager.
	Difficulty in relations between workmates.

Source: created by the authors.

Category 1: Pleasure expressed by Nursing professionals

In this category, workers pointed out the sources of pleasure that are present in their daily work: child improvement, identification with the activity carried out, recognition of work by users and family members; and teamwork.

Subcategory: Child improvement

Sources of pleasure are present in their work routine related to the conditions of well-being and improvement of the overall picture of the child.

Provide care to the child, see the children being discharged, we feel awesome. (P2).

The child gets here and is discharged well, this motivates me a lot, it makes me happy. (P7).

Subcategory: Identification with the activity carried out

The nursing team reports pleasure when developing their work in the emergency sector, that is, they like what they do.

I love what I do, I love children, what satisfies me is my work for my profession. (P14).

I fit this place, where I have found me, I love it! Anything we do here is gratifying, is wonderful, it is what I want to do. (P1).

Subcategory: Recognition of work by users and family members

The recognition is present in the daily life of the nursing worker of the pediatric emergency sector, reported in the speech of the respondents:

See their recognition, when they thank you for what you have done [...] (P16).

When the parents thank us is very important for me for the team, this motivates us a lot and makes us very happy. (P12).

Subcategory: Teamwork

The statements show that the respondents cultivate a sense of professional achievement and pleasure, through the good relations established between the team.

When the team manages to get along, teamwork is very gratifying. (P3).

Our team is really good, we get along very well, this helps make the work pleasant. (P13).

The professionals reported several sources of pleasure in their work routine. In the subcategory *Child Improvement*, they highlighted the satisfaction of seeing children improving and being

discharged well after care. In the subcategory *Identification with the activity carried out*, they expressed the pleasure of working in the emergency sector, revealing the love for the profession and the feeling of personal fulfillment. The subcategory *Recognition of work by users and family members* showed the importance of recognition and acknowledgement from parents and users, which motivate and generate great joy for the team. Finally, in the subcategory *Teamwork*, they emphasized the gratification and pleasure obtained through good relations and collaborative work with teammates. These aspects contribute to professional achievement and the feeling of pleasure at work.

Category 2: Suffering expressed by Nursing professionals

Some working routines and work organization cause suffering in the worker, and have the potential to lead the worker to psychoemotional disorders and somatization in other physical diseases.

Subcategory: Work overload

As reported by respondents, the sources of suffering in this subcategory are:

Lack of employees, we feel overloaded, stressed [...] we get home with headache and anxiety. (P2).

There should be more workers, due to the service flow. Since they are children, the demand is different, this makes me very annoyed, tense [...] it is all in a hurry, automatically. (P8).

Subcategory: Worsening of the child's illness

The reports of the nursing team show that the most complex cases that evolve to clinical worsening, leading some to death, bring a feeling of anguish, sadness, compassion and suffering to the nursing team.

When we lose a patient, when we cannot save the patient, it makes me feel guilty, what else could have we done? (P10).

We deal with many things here, specially saving lives, but anguish and suffering come together, especially when children are very sick and we have nothing else to do. (P5).

Subcategory: Inadequate physical space for professionals

As for physical space, there stood out the absence of a room and/or resting place located in the emergency sector that allows workers moments of relaxation, conversations and relaxation. Moreover, the reports showed that the interval that workers have by right is extremely short, insufficient.

We take a break and then return to the sector, as we have no place to stay or rest [...] we amend one shift to the next. (P9).

We really miss a comfortable room, a place to rest, something more comfortable, that would make a difference. (P11).

We really miss having tea, a place to rest, where we can exchange ideas, think, rest a little. (P17)

We have nowhere to stay for a while. When I need to cry, I have to go to the bathroom. (P13).

Subcategory: Organization of work centered on the manager

The speeches show that the lack of motivation and little or no appreciation of the professional is harmful, reflecting feelings such as sadness, anguish, distress, disgust, restlessness, bringing harm to his/her health, which ultimately has a negative impact on his/her personal and professional life.

A lot of lack of communication, this makes work difficult, things come from top to bottom, they do not listen to us [...] many times I get home irritated, complaining. (P15).

Subcategory: Difficulty in relations between workmates

During the research period in the emergency sector of the pediatric hospital, there were situations of conflict among nursing workers. These moments produced "malaise", which interfered directly in the service provided and the well-being of professionals.

We also have those workmates who put one worker against the other[...] the atmosphere gets bad[...] our focus here is to work as a team. (P6).

I think that tiredness, intolerance cause us to create disagreements [...] many have difficulty accepting changes, they think they know everything, but they do not even know how to relate. (P4).

Different sources of suffering expressed by professionals were identified. In the subcategory *Work overload*, the lack of employees stood out, resulting in overload, stress and negative impacts on the physical and emotional health of professionals. The subcategory *Worsening of the child's illness* revealed the suffering caused by the complexity of the cases, clinical worsening and even the death of patients, leading to feelings of sadness, anguish and personal questions. The subcategory *Inadequate physical space for professionals* showed the absence of adequate rest places and insufficient intervals, affecting the well-being and the need for relaxation of professionals. The subcategory *Organization of work centered on the manager* revealed the lack of motivation, communication and appreciation of professionals, generating negative feelings and affecting their health and personal life. Finally, the subcategory *Difficulty in relations between workmates* highlighted conflicts and lack of cooperation between professionals, affecting the work environment and the well-being of those involved. These conditions can lead to psychoemotional disorders and somatization of physical diseases in professionals.

Discussion

In the context of the professionals in this study, pleasure at work can be experienced when there is a perception of improvements in the health of pediatric patients, satisfaction in dealing with children and families and the feeling of contributing to the well-being of others. The recognition of patients and their families also generates satisfaction to health professionals. In addition, teamwork and the possibility of identification with the activity performed are factors that contribute to pleasure in health work. Pleasure at work is directly related to the

possibility of expressing the subjectivity of the worker, the recognition of his/her work and the ability to establish cooperative relationships with his/her workmates⁽¹⁴⁾.

Pleasure at work is characterized by high psychic loads of well-being, a feeling linked to the satisfaction of the person's needs. The pleasure felt by the professional is the product of discharges of psychic energies provided by the activities developed in daily work. Such feelings of well-being and pleasure are possible through the development and harmony between the worker's work demand, needs and psychic desires⁽¹⁴⁾.

A study conducted in a hospital in the Southern region of Brazil highlights that situations related to pleasure at work happen when the conditions provided to the employee allow him/her to put into practice his/her technical and personal qualities, establishing the individual's total autonomy⁽¹⁵⁾. In the nursing team surveyed, the members reported how much developing their activities in the sector brings them joy and well-being, providing pleasure. Activities related to children enable the nursing professional to establish and develop his/her functions in an innovative way, thus enabling the use of dynamic techniques that provide and assist in improving the clinical status of the user and the employee, generating pleasure⁽¹⁶⁾.

A study showed that, when working with children, the nursing team is exposed to high loads of feelings and emotions, needing to have characteristics that allow a broad look, not only with a focus on technical assistance, but also on a humanized care, very calm and with kindness, for both the user and the companions⁽¹⁶⁾.

When there is a high resolution in the conducts performed by the worker, this action generates pleasant situations. This is found in the rehabilitation and recovery of the child, through nursing care, bringing satisfaction to both, generating well-being and assisting in mental health⁽⁴⁾.

Undoubtedly, it is clear how feelings of pleasure, such as satisfaction, joy and well-being, favor the physical and mental health of the worker, thus collaborating so that the activities developed in that sector are carried

out lightly, providing quality care, benefiting workers and users. Thus, feelings of well-being occur in the daily work, when the professional has the opportunity to perform his/her tasks with freedom, spontaneously⁽¹⁵⁾.

For the Psychodynamics of Work, when the activities developed by the worker are generating feelings of pleasure and well-being, they allow the individual to build his/her own identity. This is possible through recognition, enabling the worker to master the situation and its activities, identifying in a pleasant way the work he/she develops⁽¹²⁾. The recognition is understood in two senses: as gratitude for the contributions provided by the workers in the adjustment of the organization of the work, and as observation, knowledge, revelation of the reality of the contributions of the workers to the organization⁽¹⁷⁾.

Nursing professionals who participated in the study consider the presence of recognition significant in their work routine, thus contributing to favorable and pleasant conditions, acting as an incentive, collaborating directly to build the identity of each employee, transforming situations of suffering into pleasure.

Recognition is seen as an inspiration for the professional to perform his/her activities with quality⁽¹⁵⁾. The recognition of the work performed is fundamental, so that the worker realizes that his/her activities are essential and important for the expected results. When this occurs by user and companions, it demonstrates how much his/her work in the nursing team is important, performed effectively and with quality, bringing the worker and the team comfort and reward, for the commitment and dedication employed, resulting in recognition and pleasure in what is done⁽¹⁶⁾.

When there is mutuality and integration between those who receive and provide care, this solidarity, on the part of those who receive care and the worker who is performing his/her activities, transpires as a positive relationship of both parties, reflecting so that the professional realize that not only did he/she perform his/her tasks seeking financial reward, but also personal

fulfillment, receiving favorable return for his/her work, generating situations of pleasure⁽¹⁶⁾.

Good teamwork is a generator of feelings of pleasure in the work routine of professionals. Interpersonal relationships in health teams enable the transformation of perception regarding the realities experienced and the professional identity itself, and can promote pleasure in these professionals⁽¹⁸⁾. In this line of thought, a survey conducted with nurses in a university hospital in the Northeast region of Brazil correlated interpersonal communication, pleasure and suffering at work and showed that pleasure in the workplace provides the improvement of interpersonal communication, while suffering generates a proportional decrease in communication⁽¹⁹⁾.

For the Psychodynamics of Work, the suffering in work environment is evaluated as painful to the worker, being able to manifest itself by fear, anguish and insecurity, in the collective or in the individual sphere. These feelings usually originate from the confrontation between the desire and the need of the worker, resulting from an unsuccessful negotiation between desires, individual yearnings and the organization⁽¹⁴⁾.

According to the professionals involved in this study, the excessive workload, the lack of adequate resources and the precarious conditions of the work environment, together with the pressure for results, result in physical and emotional exhaustion. Moreover, emergency situations, worsening of clinical conditions, lack of recognition, rigid hierarchy, interpersonal conflicts and absence of emotional support from workmates and the institution are also identified as sources of suffering at work. A study⁽¹⁴⁾ emphasizes the importance of identifying and understanding the sources of suffering at work in health, in order to promote more favorable conditions for the well-being and quality of life of professionals. It highlights the need to value the subjectivity of the worker, promote healthy work relationships and provide work environments that allow the expression of the skills and abilities of professionals. This contributes not only to the

well-being of workers, but also to the quality of health services provided to patients.

The working conditions of most nursing professionals can be generating suffering, as they face exhaustive and uninterrupted hours of shifts, overload of tasks and poor working conditions, both in the physical area and in the organization of work, in addition to daily living with the pain and suffering of the other⁽¹⁶⁾.

Working with emergencies, and especially in caring for children, demands attention. The routines imposed on workers require great care and caution, causing high psychological pressures. Great movement of patients for care provides that the activities be carried out quickly, which conditions the team to high levels of stress. These conditions can be considered important sources of suffering and, consequently, of work overload for workers⁽¹⁶⁾.

In the reports of the nursing team surveyed, one of the greatest discontents and cause of suffering is related to the reduced number of employees. The reduction of the workforce harms the work in its entirety, causing suffering to the workers, who need to cope with the demands, overloading them. The work overload has been bringing some losses, which include the psychoemotional disturbances. Furthermore, long and exhausting journeys affect the care provided, hindering the offer of humanized nursing care by the team.

The feeling of frustration and discontent compared to the responsibility and professional practice of nursing workers can generate physical, psychological and social disorders, compromising the health of these workers, and directly interfering with the performance and quality of the activities and the service provided⁽⁷⁻⁹⁾.

Pediatric emergency nursing professionals provide clinical care to pediatric patients in a busy and fast-paced environment. The conditions of death, for many, are accompanied by a feeling of frustration and anguish, showing how embarrassing and complex they are for the understanding of the professional who faces this situation in his/her daily work. When this cycle ends in childhood life, reversing the

natural sequence of life, death is something tragic, bringing traumas of greater proportions and with greater difficulty of understanding and acceptance. This scenario seems to go against what society presupposes as an admissible reality, being difficult to understand that the life cycle can be reversed⁽¹⁶⁾.

The role of professionals, who first meet pediatric patients and provide their nursing care, is very important, and they need support. If children's health should be guaranteed, the health of the nursing staff needs to be protected first. Therefore, it is necessary to protect and maintain the mental health of all nursing workers⁽⁸⁾, especially those of the female sex, young and less experienced, according to the results of international studies for such groups at higher risk^(8,10).

To create a high-quality nursing workforce, safe work environments must be created in healthcare institutions. The working hours of workers should be organized considering their roles and responsibilities in their daily lives, and the rights of employees should be adequate concerning salary, vacation, rest and interval⁽⁸⁾.

Thus, the difficulties and limitations reported by the interviewees need to be discussed, worked and reorganized between the team and managers, improving the conditions of the environment, in order to promote the mental integrity of the nursing team and patient safety, taking into account workload and financial sufficiency issues and providing interventions aimed at increasing the resilience of professionals⁽⁹⁾. When the manager does not value the worker, does not empower him/her in the organization and in the work dynamics, he/she makes professionals feel unheard and, consequently, there comes the feeling of non-recognition in the work and the effort developed.

Care is a junction of the care and management dimensions, enabling to meet the demands of care to patients and to contemplate the needs of the nursing team and the institution. Therefore, management actions should be carried out in a way to promote the integration of all nursing team workers, providing an environment of

good relations and enabling greater engagement in the activities developed.

The feeling expressed by suffering of the workers surveyed may be related to the devaluation, lack of recognition of the patients' relatives, workmates and managers in relation to the work developed. Psychodynamics of Work interprets the limits of recognition as a source of discomfort, as a conductor to an ontological emptiness and to pathogenic suffering that sometimes transmutes into physical and mental illness⁽¹⁷⁾. Their absence, perceived as a suspicion of failure, begins to operate with the stigma of professional incompetence, fostering the high competitiveness⁽¹⁸⁾.

When relations between team members are impaired, they bring up negative feelings, when performing individual activities and those that require teamwork, which are constant in the routine of nursing work, emergency care, where the interaction between the workers is necessary. Indeed, negative interpersonal relationships interfere with worker's health and the quality of care provided.

Despite an aversive environment, the worker, when using defense strategies in situations of suffering, can remain healthy, and even feel pleasure in the activities he/she performs, that is, his/her work⁽¹²⁾.

The suffering mentioned is a result of the organizational structure of the work implemented by the institution, due to the overload of demands, lack of time for rest and lack of recognition by managers and the public in relation to fatigue faced during the working day. This study reveals that this suffering cannot be solved only through attitudes or individual actions of workers, highlighting the need for reflection on the organization of work in its entirety. Thus, as evidenced by a similar research conducted in 2014 in the city of Santa Maria (RS), understanding the elements that generate pleasure and suffering can be the starting point for organizations and professionals themselves to direct their work activities towards a more rewarding and collaborative approach⁽²⁰⁾. It is essential to identify the circumstances that cause

satisfaction and discomfort in the nursing team in order to elaborate strategies that improve working conditions⁽²⁰⁾.

An important limitation of the study concerns the collection of information, which was carried out during the period of the Covid-19 pandemic, requiring the modification of the originally planned technique of focus group for individual interviews. This adaptation represents a limitation, since it did not allow the promotion of group discussion on the subject in question. In addition, it is important to consider that the mental health issues of the participating professionals may have been aggravated by the personal and professional impacts resulting from the pandemic, which can also be considered as a limiting factor of the study. Furthermore, future studies should address in more depth the issues related to the management of the clinic, the power relations between nurses and nursing techniques, as well as the possible participation of other professionals, such as doctors. These aspects emerge as relevant themes that require further analysis.

This study brings important contributions to practice, as it allows reflections on health scenarios, and highlights the need for the development of conditions, so that the nursing worker seeks to identify unpleasant conditions that generate psychic suffering, in order to enable the implementation of defense strategies and alternatives aimed at coping with the situation, before it turns into psychosomatic problems.

Final Considerations

This research identified the presence of sources of suffering and pleasure in the context of health professionals' work. Sources of suffering are related to organizational elements such as work overload, lack of adequate resources and poor working conditions. Interpersonal factors are also present, such as lack of recognition and emotional support, as well as conflicts between workmates. These sources of suffering negatively affect the physical and emotional

health of professionals, requiring a reflection on the organization of work.

On the other hand, professionals reported sources of pleasure in their work. They feel motivated and satisfied when they perceive improvements in the health status of the children assisted by them, when they identify with the activity they perform, when they receive recognition from users and family members, and when they work collaboratively as a team. These aspects contribute to professional achievement and generate a feeling of pleasure in the performance of their functions.

Importantly, suffering and pleasure at work are not only individual experiences, but are also intrinsically linked to organizational and interpersonal conditions. Work overload, lack of adequate resources, lack of recognition and interpersonal conflicts are factors that can generate suffering in the workplace. On the other hand, pleasure is related to elements such as professional achievement, the feeling of contribution to the improvement of children's health and teamwork.

To promote the well-being of health professionals, work must be (re)organized and conditions favorable to pleasure and health in the workplace must be created. This implies proper (re)distribution of workload, provision of sufficient resources, recognition of the work done and establishment of collaborative and healthy relations among team members. The adoption of this approach may allow not only the mitigation of suffering, but also the intensification of pleasure and professional and personal fulfillment.

Collaborations

1 – conception and planning of the project: Jaqueline Imlau, Paula Eduarda Parize and Marta Kolhs;

2 – analysis and interpretation of data: Jaqueline Imlau, Paula Eduarda Parize, Marta Kolhs, Andrea Noeremberg Guimarães, Lucimare Ferraz and Yaná Tamara Tomasi;

3 – writing and/or critical review: Jaqueline Imlau, Paula Eduarda Parize, Marta Kolhs, Andrea Noeremberg Guimarães, Lucimare Ferraz and Yaná Tamara Tomasi;

4 – approval of the final version: Jaqueline Imlau, Paula Eduarda Parize, Marta Kolhs, Andrea Noeremberg Guimarães, Lucimare Ferraz and Yaná Tamara Tomasi.

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