DUALITY BETWEEN FULFILMENT AND SUFFERING IN THE WORK OF THE NURSING STAFF IN OPERATING ROOMS

ABSTRACT: Objective: We aimed at understanding the nursing staff’s perception of the correlation between the work in the operating room (OR) and health. Method: A descriptive and qualitative study conducted in a medium-sized hospital in Northwest Paraná. Twenty-three members of the nursing staff working in the OR participated in this study. In September 2014, the data were collected by means of an interview with two guiding questions. The results were grouped into thematic categories, according to the content analysis technique proposed by Bardin, and interpreted within the theoretical framework by Dejours. Results: We ascertained that nursing staff has been handled a duality of emotions: satisfaction/pleasure – represented by interpersonal relationships established at work, constant learning and scientific knowledge – and suffering – due to the work process organization and manifested by physical and psychosocial symptoms factors that have repercussions for health. Conclusion: To identify the correlation among work, health, and factors that create suffering in the OR work is critical to support strategies that promote occupational health and improve working conditions.

Keywords: Occupational health. Employee satisfaction. Psychological stress. Nursing staff. Operating rooms.

RESUMO: Objetivo: Buscou-se apreender a percepção da equipe de Enfermagem sobre a relação entre trabalho em centro cirúrgico (CC) e saúde. Método: Pesquisa descritiva e qualitativa, realizada em hospital de médio porte da Região Noroeste do Paraná. Vinte e três membros da equipe de Enfermagem atuantes em CC participaram desta pesquisa. Em setembro de 2014, os dados foram coletados por meio de entrevista com duas questões norteadoras. Os resultados foram agrupados em categorias temáticas, de acordo com a Análise de Conteúdo de Bardin, e interpretados no referencial teórico de Dejours. Resultados: Apreendeu-se que a Enfermagem vivenciou uma dualidade de sentimentos: satisfação/prazer — representada pelas relações interpessoais estabelecidas no trabalho, pelo aprendizado constante e pelo conhecimento científico — e sofrimento — decorrente da organização do processo de trabalho e manifestado por sintomas físicos e psicossociais que repercutem na saúde. Conclusão: Reconhecer a relação entre trabalho e saúde e os fatores geradores de sofrimento no trabalho em CC é fundamental para subsidiar estratégias de promoção da saúde do trabalhador e melhoria das condições de trabalho.

INTRODUCTION

The operating room (OR) is a unit that has a prominent place in the hospital, considering the purposes and the complexity of procedures performed in patients, whether in elective, urgent, and emergency surgeries. However, as this is a complex environment, there are several stressors, which, associated with singular factors, can compromise the health and the well-being of the professionals who work there and, therefore, impair their performance and the quality of assistance provided to clients1.

The nursing care dynamics in this environment focus on the development of objective and technical actions, seeking the recovery of the individual. Thus, considering the peculiarities of the sector, social interaction in care is often restricted and influences the satisfaction of employees with the work done2.

Work satisfaction is considered as an important variable simultaneously associated with productivity and personal fulfillment. Feeling well in the work space is a fundamental need as satisfaction is directly connected to the well-being of individuals in all aspects of their lives3. We reiterate that satisfaction and dissatisfaction in health care jobs have direct implications for health of employees and quality of life as well as for the quality of the care provided4.

Regarding that, social interaction between staff members and between these members and patients are fundamental aspects of the search for more efficiency and quality of care5. In this context, understanding the OR nursing staff’s perception of work, health, and their correlation help identify problems in health care services, plan possible solutions and improve the work environment, which may affect the quality of the care provided.

METHOD

This is a qualitative and descriptive study. Participants were 23 members of the nursing staff of an OR of a medium-sized hospital in Northwest Paraná.

The OR has seven operating suites, allowing small- and medium-sized surgeries, predominantly procedures in the following specialties: Orthopedics, Gastroenterology, Gynecology/Obstetrics, and Urology. Regarding participants, we used intentional sampling through the following inclusion criteria: nursing professionals working in the nursing staff of the institution’s OR, present at the moment of data collection. The population comprised 24 nursing staff members; one member was rejected as their day off was at the time of data collection.

In September 2014, subjects were invited to participate in the study through a printed invitation containing information about the study thematic as well as date, time, and place for data collection. Data were compiled over three consecutive weekends, during 12-hour daytime shifts of the staff, after they signed the Informed Consent Form (ICF). The choice of weekends was due to the work dynamics in the sector, since the number of surgical procedures in those days is reduced. To promote a suitable atmosphere for reserved and comfortable
communication with participants, an administrative room was previously prepared within the OR, where interviews were held.

For data collection, the following guiding questions were created:

1. What does working in an operating room mean to you?
2. Can working in the operating room affect your health? (If so, how?).

Statements were recorded, verbatim transcribed, structured into categories and analyzed qualitatively through the content analysis technique proposed by Bardin. Result interpretation and discussion occurred according to the theoretical framework of Dejours, which extensively analyzes the correlation between work and health, especially regarding mental health aspects, which can be influenced by work, and defensive strategies adopted by employees.

The study complies with the ethical principles under Resolution No. 466/2012 of the National Health Council (CNS) and was approved by the Research Ethics Committee of the State University of Maringá (UEM), by Statement No. 684.994, from 2014, and CAAE (Application Certificate for Ethical Review) No. 27811214.3.0000.0104. The identification of participants was preserved using a Hindu-Arabic numeral for each respondent.

RESULTS

Work aspects that create satisfaction in the nursing staff in the operating room

The work background in the OR is permeated with positive meaning that leads to the satisfaction of nursing staff. Aspects that cause satisfaction regarding the subjectivity of employee include extreme value attributed to the work. The characteristics of the work process – such as positive interpersonal relationships characterized by comradeship of co-workers – also satisfy them. In addition, environment aspects also create satisfaction when respondents perceive them as promoters of scientific knowledge and constant learning, according to the following statements:

I like it here very much because, in short, it’s my second home […] (Respondent No. 3)

To me, the operating room, it is one of the most important sectors of the hospital because they [sic] accept those who need treatment and these people expect trust. […] it’s like my second home […] (Respondent No. 7)

I think the assistance in the operating room is very important […] (Respondent No. 2)

To me, I love the work in the operating room, I’m passionate about it; as it is true for all types of service, you must love what you do […] (Respondent No. 15)

Working in the operating room is, well, something I like very much; it’s about team effort, comradeship… fellowship, you know… It conveys all of that to me… To me, the OR represents knowledge. It was my first place of work, and I’ve been working here for a short time; I’ve gained lots of knowledge. (Respondent No. 18)

Routine aspects of the work that creates suffering in the nursing staff in the operating room

The nursing staff believes the OR work sometimes causes suffering and frustration, even regarding organizational characteristics, which is evidenced by professional devaluation, productivity demands, staff absence, work overload, and, consequently, lack of time, which is reiterated by the following statements:

[…] if there was acknowledgement, it would be much better […] (Respondent No. 7)

[…] there is little recognition for the place; it is very important, but not acknowledged enough, it should receive better attention, especially regarding employees. (Respondent No. 14)

[…] we should receive better assistance, because we do not have health insurance, we have nothing […] (Respondent No. 15)

[…] they want tasks to be performed quickly, work productivity, as if we were in a poultry processing plant. […] often doctors do not recognize our
work… Lately, the number of surgeries has increased greatly, but the number of employees is the same… Rather than taking care of six patients you have to take care of 18 patients with the same staff. […] as we do not have the time to assist patients, which is the true priority; not that you do not want to, you do not have to offer all that care portion of the treatment to patients; we try not to let them go to their rooms in pain, but sometimes that happens because there are three, four of them in PACU (post-anesthesia care unit), we cannot take care of them as we should, and they deserve more, that’s troublesome […] (Respondent No. 23)

[…] we are so poorly recognized that sometimes we even forget how important we are […] (Respondent No. 2)

[…] there is also the productivity issue for which the demand is always very, very high… everything must be done very quickly (Respondent No. 6)

[…] the lack of quality is due to their demands for quantity […] but the psychological pressure we feel harms each person here. Working every day in a place where you must deliver, deliver, you cannot make any mistakes… But sometimes it happens – it affects us a little, too […] (Respondent No. 1)

You rush around, from here to there, giving everything you have so that many happy people can leave this place […] (Respondent No. 18)

Aspects related to characteristics of the work process and specific to the OR environment are also perceived negatively, such as the power relation that is striking and present among the different professional categories working in the OR, a fact supported by the following statements:

[…] doctors often arrive, nervous, and take their frustrations on us […] (Respondent No. 14)

[…] doctors usually do not recognize our work […] (Respondent No. 19)

[…] surgeons want swiftness and put a lot of pressure on us […] (Respondent No. 15).

Physical, psychological, and social repercussions for the nursing staff resulting from the work in the operating room

The nursing staff understands the OR as an environment filled with occupational risks. Some work conditions affect the physical condition, resulting in musculoskeletal pain, fatigue, arthritis, arthrosis, and cephalgia, which is conveyed by the following statements:

Before I started at this institution, 13 years ago, I would not have headaches; over the years, I developed cervical fibromyalgia, RSI\WMSDs and so forth… I had spinal surgery […] (Respondent No. 14)

Yes, repetitive motion, it affects you. Here, you start without pain at the age of 20 and leave as if you were 60, using a cane. (Respondent No. 23)

It certainly affects you physically, but sometimes because we worry about getting a sick note, and so many other things, we withstand it, deal with it… And then we get by the best way we can, since most of us have cervical and lumbar spinal conditions. But that’s the reality: you are always performing the same duties, repetitively, then you get really affected… I have developed cervical fibromyalgia. (Respondent No. 15)

[…] too much repetitive motion. (Respondent No. 3)

[…] you get patients, you pull patients, you pick up weight, all of these repetitive movements. (Respondent No. 4)

[…] there is the risk of perforation, the risk of X-ray exposure, because we are inside the room, all the time […] (Respondent No. 9)

The influence of work on psychosocial conditions of employees was established, manifested by stress, anxiety, irritability, nervousness, and tension, as stated below:

I think here in the OR… mental and emotional aspects also affect us a lot, due to tension and stress. (Respondent No. 5)
And we get stressed out here, we go home stressed out… We get stressed at home, too. (Respondent No. 4)

[...] mentally as well, we must be really responsible, we must do everything very quickly, and it has to be just right, there can’t be any mistakes, there’s too much pressure on us. (Respondent No. 6)

Too many demands, but not for others… And I also end up taking it out on someone or doing something that annoys the other person, so the whole staff suffers because of it, leading to lots of arguments and fights. (Respondent No. 16)

It is a lot of pressure; we are psychologically affected by it, a lot. We spend a lot of time together here, sometimes we have quarrels […] (Respondent No. 22).

**DISCUSSION**

In this study, the nursing staff’s perception of the OR work created a duality of emotions: between satisfaction and suffering.

In relation to employee satisfaction, Dejours’ theory emphasizes that inventiveness, cooperation, trust, and the sense of social utility dialectically articulated with task content — thus, the worker expresses them in the task while being reinvigorated by it — are essential aspects for pleasure at work.

Working is not just about productivity, it is also about living together. Therefore, it is a unique opportunity to learn about respect for others, trust, coexistence, solidarity and is also a way to contribute to the development of work rules that are not limited to technical rules, covering social rules that favor the pleasant aspects of the occupational activity.

Dejours determined occupational pleasure increases if the actual work exceeds the stipulated tasks, or the preset *modus operandi*, performed under extreme rigorous parameters. Therefore, strict non-observance of procedures, that is, strict non-completion of the stipulated work, provides space for actual work feasibility, allowing it to be invented and discovered by the employee, valuing patient subjectivity and allowing the creativity to surface, which enables personal satisfaction and potential integration.

Well-being is related to a rewarding environment. When this feeling is provided in such an environment, employees like the product created. However, suffering is related to the exploitation of labor; when that occurs, anger is imparted to the product. Thus, work is adapted by affection; affection implies “love” or “hate” towards work and generates other parallel binomials: “joy” or “sadness,” “enthusiasm” or “discouragement,” “aspiration” or “contempt.”

Nevertheless, OR work causes distress towards institutional aspects, the work process and the OR environment. Pressure related to working conditions is primarily targeted at employees’ organisms, which can cause strain, aging, and somatic disorders.

The shortage of employees combined with high patient demands and work overload reported in this study sometimes leads employees to perform their duties under pressure with a low level of concentration and task interruptions, since there is an increased overload of labor activities. Common work situations are permeated by unexpected events, malfunctions, incidents, organizational incoherences, unforeseen occurrences arising from matter, tools, machines, or other employees, colleagues, bosses, subordinates, staff, hierarchy, and clients.

As for formality, the institution conveys elements that lead to suffering in the routine of the nursing staff. The situations presented here reveal that suffering is significantly related to work organization, which is understood as the division of tasks, the hierarchical system, power, and control relationships, the absence of autonomy and organization objectives and goals, which impact occupational health.

From the health perspective of the employees, this study showed physical and psychosocial repercussions for the nursing staff attributed to work. Among the physical aspects, musculoskeletal pain was confirmed as an important occupational risk. A study conducted in Bahia on health risks in nursing professionals in a public hospital found that musculoskeletal complaints were the most commonly reported among occupational diseases, corroborating this study findings.

The risk to health of employees is developed in a multicausal model, considering their objective and subjective experiences. Studies on occupational illnesses and the ways they interact with work have gained attention in the scientific community and provide a broad understanding of the incidence and course of health problems and their consequences to individuals, families, and society.

As for psychosocial repercussions, stress was a prominent aspect. It is well known that stress is harmful to health...
and can influence the ability of individuals to develop their work\textsuperscript{12}. The sense of frustration and discontent may arise in relation to responsibility and the professional practice, affecting health and work performance, thus creating a high level of stress\textsuperscript{15}. The lack of interference to minimize this situation, employees may feel exhausted, without energy and depressed, being susceptible to various diseases\textsuperscript{14}.

A study carried out in the surgical ward of a university hospital highlighted interpersonal relationships – the most frequent mention – environment, surgical procedures, inappropriate materials and equipment, behavior of surgeon, uncertainties, and conditions of patients as stress generators\textsuperscript{17}. By investigating elements that trigger stress and its consequences, we obtain the basis to aid the planning of actions to promote health and maintain or restore work capacity, aimed at physical and psychological well-being of employees\textsuperscript{12}.

In this context, health care services must acknowledge and value the perception of professionals working in this environment to plan and implement measures that minimize stress and employee dissatisfaction. One example is the development of continuing education actions that enhance professional performance and its routine obstacles\textsuperscript{16}. Moreover, training in self-control techniques and stress management consolidate the optimism and self-esteem of the professional\textsuperscript{17}.

Studies developed in France by Dejours show that work organization, in line with the Taylorist approach, is responsible for painful or unfavorable consequences for psychic functioning of employees. The author states that suffering experiences may occur at work, being expressed through specific symptoms related to the socioprofessional context and the personality structure\textsuperscript{5}.

Dejours offers a broad approach to the concept of work suffering; specifically, we emphasize his approach to the well-being/madness ambivalence. This ambivalence conveys that suffering at work can be understood “as the space of struggle that exists between, on the one hand, well-being, and, on the other hand, mental illness or madness”. Suffering becomes pathogenic when it is not possible to conciliate the internal demands of individual and the work organization\textsuperscript{16}.

It is possible to establish the antagonistic relationship in the work process of nursing staff, indicating that the conditions and organization of this system can interfere and potentiate suffering and satisfying situations at work and regarding work. The multiplicity of activities, institutional demands, peer relationship difficulties, and the work profile are important process elements. Correspondingly, the ambiguity of emotions experienced by employees (for example, pleasure and suffering) composes living and working processes, considering the degree of subjectivity, faced well through healthy mechanisms\textsuperscript{18}.

Dejours stated that suffering is the source of organizational exploitation, as the resulting defense mechanisms lead to workforce maximization to continually increase productivity, suppressing free will of employees. Furthermore, suffering is not what is explored; above all, defensive strategies used in contrast to suffering are examined\textsuperscript{7}.

Therefore, the present study makes relevant contributions to the understanding of the correlation between work and health of the OR nursing staff. However, the uniqueness of the results is a limitation because they only reflect the reality of an OR. Thus, caution is required before generalizing results, as each work environment has its own characteristics that influence the work process and the connection with occupational health.

**CONCLUSION**

In the routine work of the OR, the nursing staff experienced a duality of emotions: satisfaction/pleasure and suffering. Satisfaction culminated in subjectivity of employees, which includes the extreme value attributed to the work, positive interpersonal relationships, and the environment, which fosters scientific knowledge and constant learning. The manifestation of suffering, however, was expressed as physical and psychosocial symptoms in the nursing staff. This evidence can contribute to the development of more assertive strategies to promote occupational health by hospital managers, including the improvement of working conditions regarding organizational aspects and the work process.

Discussing the work process with the nursing staff in a collaborative and collective manner can stimulate the group’s critical and reflexive comprehension of this important theme, contributing to the understanding of their reality, the awareness of their role as transforming agents of health practices in favor of quality, and satisfaction of clients and employees.

Moreover, the results of the correlation between work satisfaction and health are relevant so this knowledge becomes the foundation for the conception, implementation, and assessment of preventive and corrective measures in the psychosocial work environment, aiming at promoting and protecting occupational health.
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REFERENCES


