Strategies to prevent illnesses: a study of nursing work environment*

Estratégias de enfrentamento do adoecimento: um estudo sobre o trabalho da enfermagem

Estrategias de enfrentamiento de la enfermedad: un estudio sobre el trabajo de la enfermería

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ABSTRACT

Objective: To identify the strategies that nursing staff from an emergency department use to prevent illnesses. **Methods:** A descriptive qualitative study was used to collect data from nursing staff working in a major public hospital in Rio Grande do Sul, Brazil. Data collection involved the retrieval of information from documents of the Institution, observations of nursing work dynamics, and semi-structured interviews. The data were analyzed through content analysis. **Results:** The findings suggest that the nursing staff faces harmful health conditions in the work environment. Nursing staff showed indifference toward death, coldness toward patients' needs in the overcrowded waiting room areas, and undesirable attitudes and humor in the work environment. **Conclusion**: The nursing staff behaviors suggest protective strategies, which warrant the development of interventions that address those behaviors and that promote health in the nursing work environment.
Keywords: Occupational health; Working conditions; Emergency nursing; Attitude to health

RESUMO

Objetivo: Conhecer as estratégias de enfrentamento utilizadas por profissionais de enfermagem como forma de proteção contra adoecimento no trabalho diante das exigências de um serviço público de pronto-socorro. **Métodos:** Estudo qualitativo e descritivo, realizado em um hospital de Porto Alegre, Rio Grande do Sul. A coleta dos dados incluiu a análise de documentos da instituição, a observação da dinâmica do serviço e a realização de entrevistas semi-estruturadas com 12 profissionais de enfermagem. Os dados foram submetidos ao método de análise de conteúdo. **Resultados:** Pôde-se constatar que as trabalhadoras de enfermagem enfrentam situações danosas à saúde com o uso de estratégias coletivas de defesa, como o distanciamento que assumem frente à morte, o afastamento que adotam diante da superlotação da sala de atendimento, ou como a despersonalização que se constata pela frieza ou pelo humor em suas atitudes no trabalho. **Conclusão:** Esses comportamentos precisam ser compreendidos como formas de proteção, o que oferece subsídios para a intervenção sobre aquilo que não favorece a saúde no trabalho.
Descritores: Saúde do trabalhador; Condições de trabalho; Enfermagem em emergência; Atitude frente à saúde

RESUMEN

Objetivo: Conocer las estrategias de enfrentamiento utilizadas por profesionales de enfermería como forma de protección, contra la enfermedad en el trabajo, frente a las exigencias de un servicio público de emergencia. **Métodos:** Estudio cualitativo y descriptivo, realizado en un hospital de Porto Alegre, Rio Grande do Sul. La recolección de los datos incluyó el análisis de documentos de la institución, la observación de la dinámica del servicio y la realización de entrevistas semi-estructuradas a 12 profesionales de enfermería. Los datos fueron sometidos al método de análisis de contenido. **Resultados:** Se pudo constatar que las trabajadoras de enfermería enfrentan situaciones dañinas para la salud con el uso de estrategias colectivas de defensa, como el distanciamiento que asumen frente a la muerte, el alejamiento que adoptan frente a salas de atención que rebasan su capacidad, o como la despersonalización que se constata por la frialdad o el humor en sus actitudes en el trabajo. **Conclusión:** Esos comportamientos precisan ser comprendidos como formas de protección, ofreciendo subsidios para la intervención sobre aquello que no favorece a la salud en el trabajo.
Descriptores: Salud laboral; Condiciones de trabajo; Enfermería de urgência; Actitud frente a la salud

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INTRODUCTION

Findings from a study on the work routine of urgency and emergency care nursing professionals* are presented here to understand the relationship between these professionals' work and their health. Seeking to understand this, coping strategies used by these professionals were identified, due to their work's harmful circumstances that potentially cause illness, such as the current overcrowding and work overload in public emergency departments.

Psychodynamics of Work[1] was the basis to understand the world of work previously mentioned, a theory that affirms that there is no work neutrality as regards the professional's health, because it is through work that human beings find the means to fulfill their wishes and needs; it is a source of satisfaction or suffering, when conditions are harmful to health. In this way, work would always benefit workers' health or cause them to become ill.

This approach to understand the phenomenon studied also leads one to question the gap between the worker's needs and the organization's work requirements. According to the psychodynamics of work, there would be more health benefits if negotiations and opportunities to create alternate ways to perform one's work, due to the limitations imposed by the organization, were encouraged. In this way, it would be possible to adapt the work organization to individual needs and wishes. However, suffering would begin to occur if such negotiations were conducted to the limit and thus blocked the worker-work organization relationship[2].

It is believed that, due to the unfavorable work characteristics to health, workers develop defenses or coping strategies, which prevent them from suffering or becoming ill. Coping strategies are socially structured and tend to become aspects of the external reality with which members of the institution awaken to[3].

Thus, health protection does not depend on each individual's talent exclusively, but it also involves group defense strategies, which play a relevant role in one's ability to become resistant to the destabilizing effects of suffering. Coping strategies result from a specific form of cooperation among workers to fight against the suffering caused by work constrictions. Among these are the following: fear of accidents, anguish for not being capable of following the rhythm of work or the time limits imposed, fear of aggression from users, and fear of domination and authority exerted by the hierarchy[4].

In contrast, if the work organization is a source of constant, strict demands, which many workers are exposed to, the construction of defenses may become un-

attainable, leaving them vulnerable to work adaptation. This, in its turn, would become a source of harmful pressure and a means to survive. Work, however, may also be a pleasant experience, because people are different in the way they experience work situations[5].

Thus, this study aims to find out coping strategies used by nursing professionals as a way to protect themselves against illness at work, due to the requirements of a public emergency department.

METHODS

This study is qualitative and descriptive, where a Case Study was employed as methodological support to approach the peculiarities and complexities of a case[6]. Data collection occurred between July 2005 and January 2006 in a public hospital of the city of Porto Alegre, in the state of Rio Grande do Sul.

Data collection was performed using known documents and records to understand the organizational context and also the observation of interactions among people and between people and the environment in real situations, in addition to an interview with nursing professionals.

Observation, in the non-participant model, occurred in 14 periods of two hours and was recorded in field journals. Interviews followed a semi-structured questionnaire with the following key questions: "How do you describe and characterize your work?" and "How do you deal with adverse situations in your routine?".

In terms of selection of participants, intentional sample selection[7] was the choice, which was comprised of 12 professionals in the categories nurse, nursing technician and nursing assistant. The Informed Consent Form clarified the research objectives to participants, as well as their rights concerning this research, and enabled speech to be recorded and then accurately transcribed. This research project was approved by the Research Ethics Committee of the institution where data collection was performed.

The information gathered was treated according to the set of Content Analysis methodological instruments[8]. First of all, pre-analysis was performed, with an initial reading of material and identification of the meaning of data as a whole. The research theoretical reference point contributed to the choice for information, as well as data exhaustion, representativeness and homogeneity.

After this stage, the material was organized according to the key themes, codifying the natural data in extracts of speech that reached content representativeness, thus forming recording units. Such units were gathered into meaning categories and, in this way, data became meaningful for the subject of study to be discussed.

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* The term "urgency and emergency care", as a single health care unit, was adopted in accordance with the Ministry of Health's use of this term.

The following stage was the construction of an interpretative textual set. Interview extracts are presented with the letter "I" and observation extracts with the letter "O", which were used in the following description to exemplify and give meaning to the findings. These findings also have the characteristics of the organizational context where coping strategies were used.

RESULTS

Data analysis enabled the identification of specific cooperative behavior and attitudes among workers, i.e. particular ways to experience the course of work, which were viewed as forms of protection against suffering originated from work requirements. The resulting categories of this analysis are as follows: Distancing oneself from the problem to feel protected; Depersonalization as defense against suffering; Suffering compensated by using humor not to become ill.

Distancing oneself from the problem to feel protected

In the context of emergency care, the need to act immediately, following the logic of technical procedures, is a characteristic that can be used as protection when dealing with a sick individual. Being close to death creates the need to distance oneself from the human being who is dying, as a way to protect oneself against suffering. Thus, attention remains focused on the technical performance, as life possibilities also depend on the immediate performance of professionals themselves.

"[…]patients don't remain here, so the bond's weaker, and this appeals to me more, because I grow attached to people easily […] Then, if we don't look, we won't suffer so much!" (I-11).

"[…]I don't know if I'd get used to working in an open unit again, or even in a closed unit with hospitalized patients, with a stronger individual bond with the patients […]" (I-3).

In this passage, the nursing technician reveals that her preference for the emergency care service is associated with the possibility of less interaction with the patients, as they do not remain there. Moreover, according to her, not to see means to suffer less. From this reality, it could be supposed that the urgent need to speed up the service to discharge the patient may also be related to a weaker bond. This fact was frequently identified during the observation of the work dynamics of nursing professionals.

Another situation that may serve to discuss this issue is the following:

"[...] when I began to work here I'd go out there to support the family. The second or third time I went there, I felt like crying, and the fourth time I did cry. Then, I said, 'No, I'm strong in here [in the clinic], but I just can't see the families!' I can deal with the patient better, but when it comes to the family… I had to protect myself by not looking. I prefer to always call social services and refer them" (I-12).

In this way, the nurse points out that turning her attention to the care for the injury, even though this is a serious situation, is easier to do than facing the family with their feelings, which remind her of the patient's life history. Thus, "to deal" with the patient means to turn to the injury and the disease, while to keep contact with the family means to give an opportunity for the emotional interactive aspect.

Another type of behavior that shows the need to distance oneself and "to see less to suffer less" is the frequency with which nursing professionals are absent from the room. Even if it is for a few minutes, they use different strategies to walk around the halls, talk to their workmates from other rooms or go to the cafeteria.

"One nursing assistant/technician from the other sector comes into the room to chat with one of the nursing assistants/technicians from this room, and as she leaves, she says, 'Drop by later!'. But I see the room full of patients" (O-11).

"One nursing assistant/technician from the other sector comes into the room and after whispering and giggling, she says out loud, 'What have I come here for again?'" (O-10).

"The nursing assistant who'd left came back with supermarket bags" (O-5).

This seems to be the way found to live with overcrowded rooms or any situation that causes tension in the care service dynamics. Such attitudes were mentioned by the professionals themselves as ways to react to the work requirements, as in the following report:

"[...] that madness that never ends, people shoving each other [...] so, you stop and say, 'I'm gonna take a break!', then, go into that little room and eat something, have a cup of coffee, and come back a little later. Then, you leave again because you get tired of that environment [...]" (I-5).

To talk on the telephone with family and friends about private matters was also a type of behavior that repeated itself throughout the work shift. To have a cup of coffee and eat snacks or dishes prepared by the staff, in the hospital itself, are also habits present in the nursing routine of the service studied.

"All the beds in the room were occupied and, yet, one patient waited in a chair, placed between the beds. One nursing assistant washes suture materials, while the others get together in the cafeteria,

where they enjoy a dinner prepared by the team" (O-12).

This study enabled to associate these types of behavior that involve evading shifts with a higher number of visits.

Depersonalization as a defense against suffering

Controlling one's feelings was a type of behavior also observed among nursing professionals when facing situations that cause discomfort and, at times, a crisis, due to their identifying with the other's suffering. This alternative is recognized as necessary to survive in this work context.

"[…] the problem doesn't appear because I don't let it appear [...] The nursing professional deals with feelings, then, you force yourself to put on a mask, something that disguises your feelings at work, or you'll start to absorb all that and end up dead as well!". (I-4).

"Since I began working with nursing, almost 12 years ago [...] I've tried to be really cold when performing my duties. It's not that I don't care about who's there [...] I try to separate this to keep my sanity, to keep my head [...] To know how to separate things is what brings balance to the professional and the individual!" (I-9).

Similarly to an individual's depersonalization, when one's own feelings are suppressed, the patient is also depersonalized. This strategy enables professionals to live with conflicts and dilemmas in the work context, as well as with major frustrations.

"The patient doesn't respond, and the team's expectation can be observed in their expressions and looks, hoping for some sign of life. Efforts continue to be made until death is confirmed. There are no explicit emotions regarding death. I see the medical team move away from the body, and the nursing technicians and/or nursing assistants stay to care for it, until it's removed from the room" (O-9).

Thus, living with death does not involve talking about it or about how strange or painful it is to experience it. This type of behavior was also observed in situations where death was viewed as "luck", because it prevented suffering, given the lack of equipment to prolong life, as in the case when there was no breathing machine.

By finding a rational justification for this situation, reality is intellectualized and the emotional dimension of the experience becomes more and more distant. In this way, the feeling aroused is turned into a logical view of reality to protect oneself from emotional unbalance.

In addition, it is important to emphasize that the observation of nursing, while living with victims of violence, also enabled to identify the depersonalization as a form of protection against suffering. This can be evidenced through the posture adopted by professionals facing situations such as the following:

"[...] we're comforted like this, 'Well, who asked him to be there?… (laughs) He was a crook anyway, he'd been in and out of jail and such… it wasn't that big a loss. Sadly, this is how we think when a criminal dies [...]" (I-10).

In addition to situations such as this, the presence of patients in custody is frequent in the service, and they are also depersonalized, while professionals remain unaware of the insecurity, fear and anger they feel. By not giving attention to the patient in custody, but rather to their physical injuries, as often observed, violence is not acknowledged as a phenomenon of social responsibility, including the health sector. Thus, focusing on the physical disease exclusively becomes a less complex and more easily met responsibility. This works as a form of protection used by professionals who routinely live with criminals and aggressors.

Suffering compensated by the use of humor not to become ill

The observation of postures used in moments of tension, due to the risk of death, reveals that professionals feel anguish and fear of their performance not saving the patient. In these situations, one alternative is used to relieve tension, as failure approaches. It is usually one of the team members who makes funny remarks to make the others feel more at ease.

This strategy is used not only when facing death, but also when people despair, due to the excessive demands resulting from work overload. Thus, when facing the distressing feeling of not being able to handle all the tasks, laughter and jokes become a resource against suffering.

"I hear the jokes about the flow of patients in the room. One nursing assistant says, 'This is like a shopping mall'. Then, the doctor says, 'But at the mall there's no line to get in!', and she replies, 'Not a problem, it's for free!' [much laughter]" (O-2)

"[...] we have our moments of distraction during work, which already is a hectic 12-hour shift. The fun part is a moment of distraction, when you tell your workmate a joke, make fun of someone [laughter]. It's something fun, it's our moment of distraction, not to take this emergency care service so seriously... excuse me, not 'so seriously', but 'so tensely'[...]" (I-5).

Sometimes, seriousness and tension go hand in hand. For this reason, to relieve tension, funny remarks, jokes and moments of laughter are a constant part of the work, and the meaning of such types of behavior is

identified as the nursing professionals' way of coping with this tension.

"[...] sometimes we laugh and I say, 'may we lose everything, but our sense of humor!' What's this sense of humor? It's my defense!" (I-2).

Thus, coping strategies are identified and interpreted by the professionals themselves as important defense mechanisms, when facing situations that can cause suffering in their work routine.

DISCUSSION

In the hospital, the frequent contact health professionals have with users' pain and suffering imposes a constant flow of activities that involves executing tasks, which are, at times, repulsive, painful and terrifying. Performing such tasks requires regularly adjusting and adapting defense strategies[9-10].

A study previously performed with nurses working with intensive care[11] described one's distancing oneself as a means to control emotions and provide care efficiently. On the other hand, this strategy causes professionals to become distant and their work mechanical, given the patients' emotional needs for support.

The professionals' depersonalization has been considered a form of protection against the suffering experienced[10]. On the threshold between life and death, as the conditions provided are found to be poor, professionals themselves try to solve the problems resulting from the lack of rationalization and protect themselves with a "'shield' made of coldness and detachment to bear their own suffering of 'knowing what to do', but not 'having conditions to do it' [author's quotation]"[12].

Acting as if the body had no importance, professionals depersonalize and deny the individual's value[3]. In this sense, all patients are viewed as equal, with no affection given to them, regardless of the situation.

One study on the coping strategies used by nursing professionals, when caring for victims and aggressors in the emergency department, had already indicated the effort made to rationalize as a way to deal with suffering[13]. Given these situations, coping strategies are measures that prevent the build-up of tension and suffering. In this regard, there are those who find ways to react in critical situations to continue to hope that these will come to change[11].

In light of the findings from this study, the coping strategies used act as protectors against the onset of suffering. However, it is known that the benefit of such defenses is the psychological resistance to aggression resulting from certain ways to organize work. These can, nevertheless, disguise suffering and harm the workers' own conscience[4] and, in view of this, the meaning of work could be a contributing factor with positive repercussions for work in the health sector[14].

CONCLUSION

The coping strategies developed by professionals were found to be characteristic of the survival relationship between the individual and unfavorable work situations. In this way, they represent important health protection factor for nursing professionals involved in the work context studied. By adopting types of behavior and attitudes that, sometimes, show coldness, detachment and user's depersonalization, these professionals cope with work requirements that cause illness, such as overcrowding, work overload and lack of support when facing the weaknesses of the public health system.

It is believed that benefits can result from including findings from this study in nursing staff meetings and debates. This is because the development of coping strategies, without clear identification of the work characteristics that may affect human sanity negatively, can cause workers to become unaware of their own performance and the conditions required for the entire staff to mobilize in order to improve work conditions.

As a consequence, finding out about ways of experiencing work and understanding how a group of workers behave towards certain situations, thus establishing work routine relationships through the observation of workers' health, were found to be relevant.

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