

(De)construction of the meanings of work: experiences of suffering in hospital emergency wards

(Des)construção dos sentidos do trabalho: vivências de sofrimento em enfermarias de emergência hospitalar
(De)construcción de los sentidos del trabajo: experiencias de sufrimiento en enfermerías de urgencias hospitalarias

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Abstract

Objective: To investigate the experiences of suffering in the work of nurses in a hospital emergency service. **Methods:** Qualitative study with 15 nurses from a public hospital emergency unit in a municipality in Bahia, Brazil. Data were obtained through in-depth interviews, analyzed by the Collective Subject Discourse and anchored in the theoretical framework of Work Psychodynamics. **Results:** There is professional suffering in the work of nurses in the Hospital Emergency Unit and it is permeated by the (de)construction of the meanings of work, the way work is organized, professional recognition, psychological illness, and the coping strategies developed and available to them. **Final considerations:** The suffering that emerges from work relationships presents specificities of the organization and professional practice in nursing in the emergency sector, which makes up the context, causes and consequences of the phenomenon and impacts on the different dimensions of life.

Descriptors: Emergency Nursing; Psychological Adaptation; Mental Health; Worker's Health; Emergency Hospital Service.

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What is already known on this?

The literature has highlighted the situations of vulnerability in the work of nurses, especially those who work in hospital emergencies, in which contexts of precarious work promote and intensify suffering, and professional exhaustion.

What this study adds?

The suffering it is permeated by the (de)construction of the meanings of work, the way work is organized, professional recognition, psychological illness, and the coping strategies developed and available to them.



How to cite this article: Santana TS, Sousa AR, Servo MLS, Carneiro IA, Moreira WC, Fontoura EG, Souza KAO. (De)construction of the meanings of work: experiences of suffering in hospital emergency wards. Rev. enferm. UFPI. [internet] 2023 [Cited: ano mês abreviado dia];12:e3846. doi: 10.26694/reufpi.v12i1.3846

Resumo

Objetivo: Investigar as vivências de sofrimento no trabalho de enfermeiras em um serviço de emergência hospitalar. **Métodos:** Estudo qualitativo, com 15 enfermeiras de uma unidade de emergência hospitalar pública de um município da Bahia, Brasil. Os dados foram obtidos por meio de entrevistas em profundidade, analisados pelo Discurso do Sujeito Coletivo e ancorados no referencial teórico da Psicodinâmica do Trabalho. **Resultados:** Há sofrimento profissional no trabalho de enfermeiras em Unidade de Emergência Hospitalar e está permeado pela (des)construção dos sentidos do trabalho, do modo como este se organiza, do reconhecimento profissional, do adoecimento psíquico e das estratégias de enfrentamento desenvolvidas e que lhes estão disponíveis. **Considerações finais:** O sofrimento que emerge das relações do trabalho apresenta especificidades da organização e do fazer profissional em enfermagem no setor da emergência, o que compõe o contexto, as causas e as consequências do fenômeno e impacta nas distintas dimensões da vida.

Descritores: Enfermagem em Emergência; Adaptação Psicológica; Saúde Mental; Saúde do Trabalhador; Serviço Hospitalar de Emergência.

Resumen

Objetivo: Investigar las experiencias de sufrimiento en el trabajo de enfermeras en un servicio de emergencia hospitalario. **Métodos:** Estudio cualitativo, con 15 enfermeras que trabajan en una unidad de emergencia de un hospital público de un municipio de Bahía, Brasil. Los datos fueron obtenidos a través de entrevistas en profundidad, analizados a partir del Discurso del Sujeto Colectivo y con base en el referencial teórico de la Psicodinámica del Trabajo. **Resultados:** Existe sufrimiento profesional en el trabajo de las enfermeras en una Unidad de Emergencia Hospitalaria y está permeado por la (de)construcción de los significados del trabajo, la forma en que se organiza este, el reconocimiento profesional, la enfermedad psíquica y las estrategias de enfrentamiento desarrolladas y que están disponibles para ellas. **Consideraciones finales:** El sufrimiento que emerge de las relaciones de trabajo presenta especificidades de la organización y del trabajo profesional de enfermería en el sector de emergencia, lo que conforma el contexto, causas y consecuencias del fenómeno e impactos en las diferentes dimensiones de la vida.

Descriptor: Enfermería de Urgencias; Adaptación Psicológica; Salud mental; Salud del trabajador; Servicio de Urgencias Hospitalarias.

INTRODUCTION

Suffering at work, inherent to the human condition, is understood as a complex phenomenon that must be analyzed from a multiprofessional perspective. Workers are active subjects and mobilize defensive strategies to face situations that put their physical and psychological integrity at risk, and are able to mobilize individually and collectively.⁽¹⁻²⁾

Nursing professionals, the largest contingent of the health workforce, are vulnerable to the experience of suffering in daily work, with unhealthy conditions present in the hospital environment, conducive and potential generators of suffering, severely impacting the professional capacity of Nursing.⁽³⁾

Despite the overload of work that affects the body and the subjectivity of the worker, this suffering presents itself in a creative way, when the subject produces adaptive strategies and solutions to conserve his health in the face of work pressures. However, it can manifest itself in a pathological way, in which actions harmful to his health and life become effective, such as the consumption of psychoactive substances.⁽⁴⁾

Anchored in this scenario, attention is drawn to the expressiveness of the number of nursing professionals experiencing suffering, which has increased levels of absenteeism, loss of productive capacity and meanings of life and absence from work due to psychic illness.⁽⁵⁾ Faced with this problem, the literature has highlighted the situation of vulnerability in the work of nursing professionals, especially those who work in hospital emergency units, in which contexts of precarious work promote and intensify suffering and professional exhaustion.⁽⁵⁻⁶⁾ There are, therefore, lacks of investigations that have analyzed suffering and coping strategies, constituting an expressive gap, especially in the light of the psychodynamics of work.

In view of the complexity of the problem presented and mobilized by the need to investigate the phenomenon, this study was guided by the research question: how do nurses in hospital emergency services experience and face suffering at work? This article aims to investigate the experiences of suffering in the work of nurses in a hospital emergency service.

METHODS

Qualitative study, based on the theoretical framework of Work Psychodynamics that proposes a specific scientific approach and directed to the psychoanalyst understanding of the defense mechanisms in the face of the occurrence of situations that generate suffering resulting from the organization of work.⁽¹⁾

This study met all national and international standards of ethics in research involving human beings with respect to Resolution of the National Health Council 466, of 12/12/12. The anonymity of the

participants was ensured, with the identification of the discourses by the initials CSD (Collective Subject Discourse). It complied with all the requirements required by the Research Ethics Committee (CEP), being approved, under the opinion number: 1.997.878 and CAAE: 66184217.7.0000.5025.

The research was carried out in the Hospital Emergency Unit (HEU) of a public general hospital in the state of Bahia, Brazil. The institution studied is part of the Public Health Network and stands out in the organization of Health Care networks and in urgent, emergency and trauma care, which makes it a reference for medium and high complexity services in the diverse lines of care.

Fifteen nurses participated in the study, who met the inclusion criteria: perform the care and/or managerial function; have experience of more than six months of work in the HEU of the institution studied. Nurses who were on vacation, sick leave and/or maternity leave were not included. There was no refusal on the part of the invited nurses.

Data collection took place through in-depth individual interviews conducted in a single meeting. The research period took place between 2017 and 2019, coordinated by researchers with Master's and PhD's degrees and expertise in the area, trained in the method, data collection and processing techniques, both without direct link with the participants. For the interviews, a previously prepared semi-structured script was used, which guided the responsible researchers, which contained questions about the sociodemographic, professional and labor characteristics, and questions related to the phenomenon in question: "Tell me about your professional experiences in the work environment of the HEU. In your work environment have you experienced unpleasant and/or negative situations? Tell me how you have sought to deal with these situations, if they occur and/or have already occurred."

The interviews took place in the hospital environment and were recorded, with an average duration of 40 minutes, in places that guaranteed privacy, at times that respected availability and did not compromise care. To this end, prior appointments were made, safeguarding autonomy, freedom, anonymity and secrecy. The interviewees were informed about the presentation of the researchers, with regard to intentionality, professional insertion and future purposes under the field of research and developed practices.

The composition of the final sample of the study was based on the criterion of theoretical data saturation, which conferred the scope of the interruption of data collection, and defined and delineated the sample size, in addition to providing the opportunity for external validation of the research data, insofar as it allowed not only to locate the repetitions, but to bring out the theoretical properties and empirical depth of the data.⁽⁷⁾

The data seized in the interviews were transcribed, were made available to the participants for analysis and validation, and thus, after favorable feedback, were considered for the results. Subsequently, they were organized and processed with the support of the NVIVO11 Software. Finally, as a way to ensure rigor in qualitative research, the guidelines of the Consolidated Criteria For Reporting Qualitative Research (COREQ) were adopted.⁽⁸⁾ aiming at ensuring rigor in qualitative research.

The structuring of the methodological analysis was anchored in the Collective Subject Discourse (CSD) method, which has an inductive character and makes it possible to elucidate the methodological figures proper to the method, which provide the support of a collective representation about an investigated social phenomenon, namely: Key Expressions, Central Ideas/Anchoring. Thus, in this study, the CSD allowed materializing the verbal data from the participants' testimonies, in Synthesis-Discourses of social representation of the thought of the nurses surveyed.⁽⁹⁾

Line-by-line data were analyzed in the search for competitions, convergences, complementarities and theoretical density. In this sense, the Key Expressions were located in the discursive fragments, and coalesced in order to bring out the Central Ideas and their anchoring (suffering at work). Finally, the Synthesis-Discourses were constructed: CSD.

RESULTS

The participants of this study are nurses, female, aged between 25 and 32 years, white self-reported skin color, with a lato sensu education in the area of Nursing in Urgency and Emergency (n=7), Intensive Care Unit (ICU) (n=6), Public Health (n=1) and Collective Health (n=1), with an average time of six years of experience in the area and have, for the most part, two formal work links, with a total workload of more than 44 hours per week.

The results of this study are categorized according to the thematic axes that make up the theoretical framework of work psychodynamics, and express through the Synthesis-Discourses the experiences of suffering of nurses who work in HEU (Box 1).

Box 1. Experiences of suffering of nurses working in hospital emergency. Feira de Santana, Bahia, Brazil, 2019.

ELEMENTS EXTRACTED FROM THE SYNTHESIS-DISCOURSES	
01: Situations that generate suffering	1A: Disorganization of work Constituent elements: Acceleration, self-demand, job misconfiguration, demands, goals, pressure and overload. 1B: Professional devaluation Constituent elements: Difficulty in achieving results, low remuneration, difficulty in getting achievements, devaluation, lack of knowledge, dissatisfaction, loss of enthusiasm. 1C: Loss of meaning at work Constituent elements: Conflicts, dilemmas, problems with institutional values, depersonalization, confrontation with personal values and professional identity and lack of growth perspective.
02: Suffering triggering illness	2A: Physical, psychic and social illness Constituent elements: Changes in behavior, sleep pattern, anxiety, psychomotor symptoms, tiredness, physical exhaustion, discouragement, changes in family dynamics and socio-affective integration.
Defensive strategies to minimize or manage suffering	3A: Coping strategies focused on solving the problem Constituent elements: Promotion of pleasure, satisfaction and well-being in and beyond the work environment; use of individual and collective resources, transformations of scenarios that generate suffering, minimization of impacts.

Source: prepared by the authors (2019).

Synthesis-Discourses 01: situations that generate suffering

Central Idea - Work Disorganization

Regarding the organization of work, nurses present overload related to the intense requirement to donate to work, self-demand related to the activities developed and excessive bureaucratic processes, as well as the intense changes in the organization of work, the fast pace and pressures with the achievement of the goals to be achieved and the results, which interferes with the interpersonal relationship. In this aspect, the variables of what is prescribed and what is real in the development of the nurse's activities can be highlighted:

“[...] the stress I experience is very great. There are many demands and many charges. During the workday there are many people who turn to me. There are many impasses, difficulties, judgments and underestimations that happen in the hospital institution, especially in the emergency unit. There is a lack of power and autonomy to exercise governance in the sector and the overload is very high, in addition I have to constantly deal with the scarcity of material resources and also human and problems with the physical structure. Like me, I have observed illness and anguish among my co-workers in an attempt to solve the problems and not be able to see so many patients faint, dying and family members dying. With all this, the unit's stress level starts to become very high and I also started to get stressed” (CSD)

Central Idea 1B - Professional devaluation

The lack of recognition at work and professional devaluation is a factor that generates suffering in the hospital emergency unit. This problem is intersected with low remuneration, which denotes dissatisfaction and loss of enthusiasm with the profession:

“[...] in addition I feel devalued professionally, because I feel dissatisfied with the remuneration that is paid and I think it should be better. In addition, I have taken training

courses in the area, graduate courses, but the institution does not value me even though I am a specialist" (CSD)

Central Idea 1C - Loss of meaning at work

In this category, aspects related to the loss of professional identity stand out, due to conflicts related to the dilemma values of the institution versus personal values and absence of the perspective of professional growth, dissatisfaction, work overload and impacts on quality of life:

"Sometimes I wake up in the morning and talk like my husband asking me how can I continue working in a place that does not offer me quality of life? Where do I not feel like being in the workplace? Before I came happily to perform the shift, but now I have been asking myself: another shift to perform? Again? The feeling that arises is that of impotence in the service I provide, because the feeling that prevails most of the time is that I am not able to offer quality human care that the patient needs so much and I am leaving work as if it were incomplete. As the demands of the work are very high I have to make a very great effort, sometimes even greater than I can accomplish, to be able to maintain well my personal life and with the people around me. I strive to perform other activities of life, such as studying, paying attention to my family and husband, however my work takes up a lot of time in social life and with that my quality of life ends up becoming precarious" (CSD)

Synthesis-Discourses 02: suffering triggering illness

Central Idea 2A - Physical, Psychic and Social Illness

It was possible to identify in the nurses' speech clinical manifestations related to physical illness such as loss of physical strength and vigor, cardiac alterations and arrhythmias, in addition to strenuous physical fatigue, indisposition that leads to sedentary lifestyle, obesity and decreased self-image and self-esteem, and consequent cardiocirculatory and metabolic diseases:

"I was losing the vigor I had before, and even though I tried to balance, the overload and high stress have generated occasional physical illness processes, which have become more frequent in recent years. I started to have heart changes, as well as other co-workers who are developing arrhythmias. Sometimes I have had to replace colleagues who have been sick during the work period. With extreme physical fatigue I have lost the will to go to the gym, my disposition and commitment have also decreased and consequently, I have gained more weight, eating uncontrolled" (CSD)

Psychic illness arises as a result of the suffering experienced by nurses in the work environment. The manifestations related to psychic illness are associated with psychosomatic symptoms. The nurses' discourse showed the presence of changes in behavior, physical and emotional exhaustion, tiredness, discouragement, anxiety and sleep changes:

"Over these years of acting in this unit I have become moody, discouraged, sad and apathetic. I end up taking out of work the feelings and thoughts related to what I experienced at work, such as the suffering of the patients I attended and those who were serious and those who died and this has interfered with my psychological state. I have felt a psychic strain because I leave work after having faced a very tired, discontented, bored, and discouraged 24-hour shift. I feel the direct reflexes in me, because I started to get accelerated thoughts, I cannot rest or sleep properly, I end up performing daily activities quickly and mechanically and I have lost enthusiasm. The recovery has not been quick, as I can only be well two days after having performed the shift due to the sleep problems and the shock that stress promotes" (CSD)

Suffering at work has caused illness/social damage, evidenced by changes in the family and affective dynamics of these professionals, the excess of work associated with long hours generates exhaustion, decreases time in the domestic environment and consequently the willingness to maintain loving relationships with their spouses and partners:

"I don't have time to maintain an emotional relationship, it's very difficult. I feel that I am having difficulty maintaining the bond because even my willingness and availability to

maintain a loving relationship has decreased. In addition to work, I have many family demands to reconcile, but I have not been able to because the work has interfered. Most of the time I end up taking home and to my family the dissatisfactions of work. I get more impatient when I'm home. I have found myself being rude to my children and my husband and I have had more conflicts with them than before. I have suffered a lot of family interference and I feel that all this is because of the stress caused by my work" (CSD)

Synthesis-Discourses 03: defensive strategies to minimize or manage suffering

Faced with the experiences of suffering in hospital emergency, the nurses sought to establish immediate coping strategies in order to mitigate the factors that generate suffering, in order to enable/improve continuity in work:

Central Idea 3A - Coping strategies focused on solving the problem

In order to face suffering, the professional presents individual and/or collective resources to transform the painful experience into satisfaction and pleasure:

"I've been trying all the time to neutralize the impacts of work-related stress by asking God to give me the strength to keep working without getting sick, but staying at work has sometimes been a very difficult challenge. Constantly someone reveals in the WhatsApp group of which I am part and is exclusive to colleagues in my work sector, who are mentally ill" (CSD)

DISCUSSION

All work offers experiences of pleasure and suffering and this paradox is guided by a worker's struggle movement in constant search for pleasure and avoidance of suffering⁽¹⁰⁾ The absence of suffering at work does not necessarily mean being and/or having health, but the way each worker has and uses his internal and external resources to transform the suffering inherent in work into personal and professional pleasure and fulfillment, often using individual or collective defense strategies.⁽¹¹⁾

Collective defense strategies are able to mobilize the worker individually or collectively, which can generate gratification for work or recognition, the latter being essential for the construction of the worker's identity and the improvement of his mental health⁽¹²⁾. It is also important to emphasize the role that the understanding of the organization of work assumes in the life of the worker, in this case, nurses, since it enables the control of health/disease processes, identification of stressors, and enhances defensive strategies⁽¹³⁾.

In the scope of work, the suffering evidenced in the nurses' discourse comes from multiple sources that generate stress, expressed as consequences of the (dis)organization of work, and which reflects an unfavorable scenario in the nursing work process, evidenced by reports of physical, psychological and social illness⁽⁵⁻⁶⁾. Such developments have negative repercussions and compromise the quality of life, in which the performance and ability to perform the work of nurses is affected, leading to loss of meaning.⁽¹⁴⁾

In this way, the suffering in the work of nurses starts to present peculiar characteristics, in which the findings revealed in this study allow us to recognize elements of their own, highlighted in the discursive fragments such as the accumulation of exhausting professional experiences, the overload of work, the scarcity of material and human resources, inadequate infrastructure, the presence and confrontation of situations that explore governance and control of nurses. Under this sphere, attention is drawn to the dismantling of the systems, services and work of the nurses, who, expressly in this country, has been going through exhaustive commitments that place not only the quality of care, patient safety, but also vital capacity and the maintenance of mental health and well-being at work at high risk of illness, as pointed out by the World Health Organization document on global nursing.⁽¹⁵⁻¹⁶⁾

It is necessary that the findings of this study seem timeless, considering that the data collected with the professional nursing teams in later years, such as in the scenario of the Covid-19 pandemic, continue to emphasize the serious labor problems and working conditions in Nursing, which raises and calls for emergency attention to be given, as a way to guarantee dignity to life, the reduction of potential years lost, the loss of capacity for work, quality of life and mental health.⁽¹⁷⁾

In addition to these problematic specificities and which configure the elements that promote professional suffering within the scope of the HEU, it should be noted that this scenario has peculiar characteristics that require high self-control from the nursing worker.⁽¹⁾ In addition to the frequent and daily

contact with the suffering of others, the disease, the aggravation, the complexity and the processes of death and dying that enhance personal and professional self-obligation, phenomena evidenced in this study, and also the specificities that make up the characteristics of management, the administrative and organizational performance of the nursing work process, which want proximity to the practices and management of care, which needs to be adequate, coherent, ethical, precise, resolute and safe, which is not always possible given the difficulties faced in this scenario.⁽¹⁸⁾

It is also observed in this structure of projection of factors that trigger suffering, that the (dis)organization of the nurses' work is instituted and interferes negatively in their work process, causes suffering and dissatisfaction. The presence of a threatening environment, employee turnover, lack of materials and equipment for care and low remuneration are elements that enhance suffering at work.⁽¹⁹⁾ In addition, the lack of professional recognition/devaluation profoundly affects job functions and influences the quality and safety of patient care.⁽²⁰⁾

Given these surveys, it is crucial to establish actions, the institutionalization of services and programs that promote the improvement of psychosocial well-being at work in a hospital environment, especially in the context of HEU.⁽²¹⁾ In addition, it is recommended that actions be focused on the instrumentalization of nurses regarding self-management of stress, the strengthening of strategies and positive attitudes for coping with and minimizing suffering, and the recovery of personal and professional identity. Nevertheless, the importance of using care technologies with a focus on the matrixing, screening, monitoring, support and rehabilitation of nurses regarding psychological illness is emphasized, as a way to preserve them from the triggering of severe and disabling mental disorders, and those that take life as suicide, makes it necessary.⁽²²⁾

Aspects related to the organization of work such as the work process itself, power relations, hierarchies, command, control, the degree of autonomy in activities, communication among others, occupy a prominent position in the analysis of the psychodynamics of the worker's experiences are important to understand the processes of pleasure and suffering of various orders in the work scenario⁽¹⁾. In this context, physical damage such as cardiac changes, loss of vigor, strength and courage for work; psychological damage such as lack of enthusiasm, decrease in self-control, predisposition to sedentary lifestyle and obesity, can arise and potentiate suffering at work.⁽²³⁾

The psychodynamics of work exposes the effects that the organization of work has on the mental health of the worker.⁽¹⁾ One of these effects is moral suffering, defined as ethical problems arising from moral dilemmas related to the organizational environment, professional attitudes and psychological characteristics.⁽²⁴⁾ In the analysis of moral suffering, it was learned that poor working conditions, combined with poor remuneration, translate into feelings of discouragement, unhappiness, incompleteness, impotence and professional devaluation. Therefore, unfavorable environments potentiate professional dissatisfaction, which can cause chronic stress, professional exhaustion and depersonalization - loss of professional identity.⁽²⁵⁾

The work dimension also affects family dynamics, as the nurses in this study mostly had double working hours, with a workload of more than 30 hours per week, that is, most of the time they were in this environment, thus interfering in their family relationships causing conflicts and aggressive behaviors. The daily experience in the workplace, as well as the way in which nurses organize, plan and execute their activities in these spaces, can significantly affect the relational dimension with repercussions on the mental health of these workers,⁽²⁶⁾ which can also generate affective and social suffering, contributing to illness.

Affective suffering nurses expressed as the difficulty of attention to their relationships, which caused a decrease in sexual bonds and practices. Thus, declining impacts on the performance of sexual practices were observed, especially due to reduced libido and loss of interest in affective/sexual encounters. This happens due to the amount of hours dedicated to work and difficulties in time management, reflecting directly on the lack of willingness for pleasurable activities such as enjoying the company of partners either for leisure activities or for sexual practices.⁽²⁷⁾

Social suffering occurs within labor organizations and derives from the social relations of production, domination and exacerbated control of labor, which exposes the professional to damage of various orders.⁽²⁸⁾ Social activities of the nurses' daily lives are impaired, which requires a greater effort to happen, such as studies, leisure, contact with friends and family. The demands of work significantly interfere in social life, impairing the quality of these actions and precarious well-being, enhancing suffering, which is revealed as the cause of psychic illness.

The organization of work itself can generate psychological suffering,⁽¹⁾ revealed in this study by the presence of psychic illness, which according to the psychodynamics of work is a consequence of suffering. The manifestations associated with psychic illness were identified in this study through psychosomatic symptoms such as behavior changes - moodiness, annoyance, aggressiveness, loss of enthusiasm, accelerated thinking syndrome, feelings of sadness, discouragement, discontent, apathy, anxiety, sleep changes, hypertensive peaks, cardiac and gastric changes and symptoms compatible with Burnout Syndrome.⁽¹¹⁾ And on a more intangible level it has reached the "soul", compromising the spiritual dimension of nurses, as well as the way of perceiving oneself in front of work, the world and life, and even the psychological, cognitive and mental capacities and faculties.

The chaotic scenario of emergence potentiates suffering.⁽²⁹⁾ The cause and effect relationship becomes noticeable when stressors are observed as antecedents and sufferings as consequences. This relationship of cause and effect, linked to the work scenario of nurses in hospital emergencies, transcends the work environment and changes the dynamics of good living and well-being of these professionals, promotes loss and pleasure at work, generates physical and psychological illness and negative feelings. In these environments, the professional presents a range of strategies to transform the painful experience into satisfaction and pleasure.

Defenses strategies are used by workers to face suffering and re-signify it, characterized as ways of apprehending, understanding and giving senses and new looks to their work. Such strategies can be individual such as improvement and learning, in order to adapt to the norms, policy and demands of users⁽²⁸⁾ or collective related to the compensatory way of thinking, feeling and acting used by workers, in addition to levitation, defenses at work in a mental health service, anguish, fear and insecurity at work, as well as team meetings.⁽¹⁾ Team meetings are characterized as a space in which the worker feels comfortable expressing himself, listening, making exchanges, establishing cooperative ties and protective strategies with other colleagues.⁽³⁰⁾

The study has as limitation the fact that the data were collected in the institutional environment, which may have influenced the response of the respondents, such as having provoked censorship in them, when considering the possibility of being audited and/or supervised. Moreover, the impossibility of generalizing the results, because it is a qualitative study, whose results are related to the experiences of the professionals who participated in the study, which may reflect the specificities of the organization and professional practice in this service.

The findings of this study contribute to boosting the direction of attention by governments, managers, formulators and agents of action of public policies, and those who are at the head of hospital organizations in the care network in the country investigated. It weaves contributions to the field of research and practice of Nursing and work, health promotion and psychosocial care.

FINAL CONSIDERATIONS

The Discourse of the Collective Subject of nurses working in the Hospital Emergency Unit showed that there may be suffering related to the work process in this environment. The suffering that emerges from work relationships presents specificities of the organization and professional practice in Nursing in the context of the emergency, which makes up the context, causes and consequences of the phenomenon. The nurses' experience of suffering is permeated by the (de)construction of the meanings of work, the way work is organized, professional recognition, the psychic illness itself, and the coping strategies that are developed and available to them, composing a cyclical, hybrid and contradictory scenario between pleasure and suffering.

The impacts of nurses' professional suffering are not limited to the organizational environment at work, but are transposed to the different dimensions of human life, psychosocial well-being, good living and better living of these professionals. Thus, they are degrading repercussions to dignity, value and morality, to the network of family and socio-affective ties, and sexual practice. In addition, the findings reveal the unfolding of suffering to the field of nurses' (inter)subjectivity and transcendence.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Santana TS. Contributed to data collection: Santana TS. Contributed to the analysis and/or interpretation of data: Santana TS, Sousa AR, Carneiro IA. Contributed to article writing or critical review: Santana TS, Sousa AR, Servo MLS, Carneiro

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Conflicts of interest: No
Submission: 2023/19/01
Revised: 2023/26/01
Accepted: 2023/29/03
Publication: 2023/18/05

Editor in Chief or Scientific: Raylane da Silva Machado
Associate Editor: Andressa Suelly Saturnino de Oliveira

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