







Distress at work and defensive strategies reported by nursing technicians at public maternity hospitals

Sofrimento laboral e estratégias de defesa referidas por técnicas de enfermagem de maternidades públicas

El sufrimiento laboral y las estrategias de defensa mencionadas por las técnicas en enfermería de maternidades públicas

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ABSTRACT

Objective: to examine experiences of distress and related defensive strategies reported by nursing technicians at public maternity hospitals. **Method:** in this exploratory, qualitative, descriptive study of 11 nursing technicians from public maternity hospitals in Rio de Janeiro, data were collected in May 2019 by semi-structured interviews, subjected to thematic content analysis, and discussed in the light of the Psychodynamics of Work. **Results:** the reports point to wearing and distressing working conditions, which affected participants' health. In response, they developed individual defensive strategies, such as emotional isolation, creative solutions, spirituality, religiosity, and moments of leisure. Collectively, they resort to periods of conversation and mutual support during shifts. **Conclusion:** the defensive strategies reported are important in coping with suffering and meeting work demands, but they do not seem to prevent illness nor promote changes in the maternity hospital work environment..

Descriptors: Nursing; Work; Occupational Health; Work Conditions.

RESUMO

Objetivo: analisar as vivências de sofrimento e as estratégias de defesa referidas por técnicas de enfermagem em maternidades públicas. **Método:** pesquisa qualitativa, exploratória e descritiva, com 11 técnicas de enfermagem de maternidades públicas do Rio de Janeiro. Os dados foram coletados em maio de 2019, por meio de entrevistas semiestruturadas, submetidos à análise de conteúdo temática e discutidos à luz da Psicodinâmica do Trabalho. **Resultados:** os relatos apontam para condições laborais geradoras de desgaste e sofrimento, que repercutem na saúde das participantes. Diante disso, elas elaboram estratégias defensivas individuais, como isolamento emocional, soluções criativas, espiritualidade, religiosidade e momentos de lazer. Na perspectiva coletiva, recorrem a períodos de conversa e ao apoio mútuo no turno laboral. **Conclusão:** as estratégias defensivas referidas são relevantes para lidar com o sofrimento e atender às demandas do trabalho, mas parecem não evitar o adoecimento nem promover mudanças no contexto laboral das maternidades.

Descritores: Enfermagem; Trabalho; Saúde Ocupacional; Condições de Trabalho.

RESUMEN

Objetivo: analizar las experiencias de sufrimiento y las estrategias de defensa mencionadas por técnicas de enfermería en maternidades públicas. **Método:** investigación cualitativa, exploratoria y descriptiva, junto a 11 técnicas de enfermería de maternidades públicas de Rio de Janeiro. Los datos se recopilaron en mayo de 2019, por medio de entrevistas semiestructuradas. Luego se sometieron a un análisis de contenido temático y se discutieron a la luz de la Psicodinámica del Trabajo. **Resultados:** los relatos apuntan hacia condiciones laborales que generan desgaste y sufrimiento y que afectan la salud de las participantes. Por tanto, desarrollan estrategias defensivas individuales como: aislamiento emocional, soluciones creativas, espiritualidad, religiosidad y momentos de ocio. Desde una perspectiva colectiva, recurren a las conversaciones y al apoyo mutuo durante la jornada laboral. **Conclusión:** las estrategias defensivas mencionadas son relevantes para enfrentar el sufrimiento y satisfacer las demandas del trabajo, pero no parecen prevenir enfermedades ni promover cambios en el contexto laboral de las maternidades.

Descriptores: Enfermería; Trabajo; Salud Laboral; Condiciones de Trabajo.

INTRODUCTION

Within the scope of women's health care, from the perspective of the humanization policy for delivery and birth, the advancement of the neoliberal model in Brazil has transformed the configuration of the organization of the health services, the interpersonal relationships and the care practices¹. As an effect of the non-state logic in public services, the management of human resources in many hospitals in the state of Rio de Janeiro was transferred to Social Organizations, which are free to choose the forms of personnel contracts and replacement, with impacts on the health workers' rights, stability and career path prospects².

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It is noteworthy that Nursing is the largest workforce in the health field, being mostly composed of nursing technicians and assistants who, for the most part, work more than 60 hours a week. For this category, employability is higher in the Southeast (49%), with signs of unemployment, underemployment and diversified forms of employment³.

In order to mitigate distress and to maintain their job positions, workers develop individual and collective defense strategies that, although not always bringing about changes in the work context, and they are effective in awakening collaboration, increasing emotional bonds, and strengthening the feeling of belonging and professional identity⁴.

In view of the above, this study aims to analyze the experiences of distress and the defense strategies referred to by nursing technicians in public maternity hospitals. This research is relevant to the area of Nursing workers' health, as it gives visibility to the real work context of nursing technicians and their potential repercussions on health.

THEORETICAL FRAMEWORK

This study is anchored in the Psychodynamics of Work, which has the following theoretical categories of analysis: work organization; industrial conditions and relationships; subjective worker mobilization, with experiences of pleasure/distress; and the defense strategies adopted in the face of adversities⁵.

In the dynamics of work organization, prescribed activities are revealed that derive from the predictability of the process. However, unforeseen events and incidents of daily work produce real work, which consists of adjustments to what is prescribed^{4,6}.

The relationship between prescribed/real work and the subjectivity of the worker is a dialectical construction in which work organization can represent a source of distress or pleasure. In this sense, distress can arise when the workers realize that the relationship between them and the work organization is blocked, that is, when it does not allow for the subversion of the prescribed work through the use of practical intelligence or creativity. However, work provides the survival of the worker and can be a source of pleasure, of belonging, as well as supporting the formation of professional identity and experience^{7,8}, important requirements for the Nursing practice.

Faced with the work pressures, the worker is not passive, but exercises freedom, even if in a limited manner, in relation to the organization. For this, the worker uses defense strategies, both individual and collective, to circumvent distress and prevent body or mind illness, seeking balance in their work environment, since the defense mechanisms can only mask distress and transmit an apparent normality⁹.

METHOD

This is an exploratory and descriptive research study, with a qualitative approach. The study participants were 11 female Nursing technicians, who work in four public maternity hospitals in the state of Rio de Janeiro.

The inclusion criteria were the following: being female; working in the obstetric care of public maternity hospitals for more than a year, regardless of the type of employment contract (statutory, celetist and/or temporary). The exclusion criterion adopted was working exclusively in obstetric assistance in the private network.

To capture the participants, the "snowball" technique was used, a form of non-probabilistic sample used in social surveys. In this sense, the seed participant, chosen intentionally due to the ease of obtaining her contact by one of the authors, indicated new participants, who indicated other participants, and so on. It is noteworthy that the search for new interviewees ended when there was repetition of contents in the statements and these did not add new information relevant to the study, indicating data saturation¹⁰.

Data collection took place in May 2019, by means of semi-structured interviews, with a mean duration of 40 minutes, and following a script made up of two parts. The first was intended to apprehend general characteristics of the participants, and the second consisted of open topics based on the theoretical categories of the Psychodynamics of Work, expressed in the following questions: What difficulties do you face in your work environment? How do these difficulties affect you? How do you deal with and/or face these difficulties? Do you have any physical or mental health problem? If so, what relationship do you establish between these problems and your work?

The interviews were conducted, individually, by the first author of the article, in a reserved place chosen by the participant; being recorded in an MP3 converter and transcribed shortly thereafter. It is to be noted that there were no losses or refusals throughout this process. It is also noted that a pilot interview, entitled Tec0, was carried out, which was inserted in the analysis *corpus* of the research, since it evidenced the adequacy of the data collection instrument.

The data obtained were submitted to Minayo's thematic content analysis¹¹, following the stages of: data sorting, with organization and systematization of the interviews; classification, through exhaustive reading in order to identify the relevant structures and central ideas about the study object, which allowed for thematic grouping; and final analysis, which culminated in the elaboration of interpretative syntheses. This process originated two analytical categories: "Work-related distress experiences of nursing technicians in maternity hospitals" and "Defensive strategies of nursing technicians to mitigate work-related distress".

The study was approved by the Research Ethics Committee of the State University of Rio de Janeiro, under Opinion No. 3,304,622, dated May 6th, 2019. In compliance with the ethical and legal aspects of research with human beings¹², the participants signed a Free and Informed Consent Form, explaining voluntary participation and maintaining anonymity. For this purpose, the acronym "Tec" were adopted, concerning the term nursing technician, followed by Arabic numerals, representing the order in which the interviews were carried out.

RESULTS

The nursing technicians participating in this study belonged to the age range of 40 years old or more. Regarding vocational training, seven have only high school level, three have a Nursing degree and one has a higher education degree. Most of them are the main provider of the family through employment contracts of the temporary orceletist types. Consequently, six have two employment contracts in public maternity hospitals and five have only one contract. Therefore, their weekly hour load varied from 30 to 70 hours, with four working 30 hours a week and seven with workdays of at least 40 hours.

Work-related distress experiences of nursing technicians in maternity hospitals

Maternity work takes pleasure in caring for women and their families at a unique moment in human life; however, it can become a source of distress and wear out in the face of inadequate conditions, such as: excess and diversity of activities, staff shortage, insufficient supplies and lack of recognition in daily work.

You come to the workplace and already go like this: "More work! I can't already manage mine and I also have to take care of the other". And the Coordination takes a long time to replace another nursing technician. (Tec2).

The routines are so heavy! Generally, public maternity hospitals are full! There we welcome, provide delivery assistance, circulate in the operating room, take care of the baby, of the women with high-risk pregnancies... It's a little bit of everything! (Tec7).

I had a biological accident two months ago! Due to lack of PPE [Personal Protective Equipment]! (Tec8).

There's no appreciation! We do our work! We give our best! But there's no appreciation! If you make a mistake, you're sanctioned! But if you do things right, there's no praise! (Tec6).

As a repercussion of this work configuration, the nursing technicians coexist with stress, anxiety, tiredness and musculoskeletal injuries.

Because of the work environment... I couldn't sleep because of stress! At the moment, I live very ill, very psychologically ill! I already had to go to the neurologist to take a controlled medication... (Tec2).

At the end of the day, you go back home, you feel the column, you feel a headache for being tired because it's way too much effort! I associate three herniated discs to my work (Tec6).

Anxiety crisis that I was beginning to develop. [...] It's horrible! We are getting sick! We don't feel it, but we are getting sick. We live on the edge of stress, on the edge of anxiety! [...] physically and emotionally exhausted (Tec7).

Defensive strategies of nursing technicians to mitigate work-related distress

This category evidenced that many nursing technicians develop individual defense strategies to deal with situations of work-related distress and adapt to inadequate working conditions. In this sense, they resort to emotional isolation, to the use of creative solutions, to spirituality, to religiousness, and to moments of leisure:

I'm fine in mine. I do what I have to do, but I keep really quiet. I keep it to myself (Tec0).

Extender, when you don't have it and we need it, we cut a team. There are times when we say that nursing makes a lot of improvisations, and we will make it work! I feel that I'm saving lives. [...] I feel very intelligent! (Tec5).

Talking to God. God is my comfort. My greatest listener. He who does not criticize me, He who doesn't point a finger at me. So, He listens to me and consoles me (Tec3).

If I'm in great pain and blue, I go to church. I end my shift and go directly to church. (Tec4).

We are sometimes stressed in the service. I'll be honest, sometimes I go to the bathroom, I sit on the toilet, I spend a lot of time thinking, breathing, talking to God in my own way... Then I get up and go! (Tec10).

When I leave the shift, I read a book to de-stress, I watch a program that I like a lot, I watch a movie... Because otherwise you freak out! (Tec9).

At the same time, most nursing technicians point to periods of conversation and mutual support as collective defense strategies adopted by them during their working hours:

At work, we try to support each other. If it was for crying, we're going to cry together! We isolate ourselves, go to a corner, then the co-worker comes and supports. That way we can support each other! (Tec1).

We try to talk, see what's going on... Try to help each other because, most of the time, the colleague comes down a bit and passes it on to the whole environment (Tec4).

I say: "Guys, let's drink some water! Let's sit!" Then the others who stay there take over! You talk to the other and then comes back, because otherwise you can't take it. (Tec5).

DISCUSSION

The study showed that the working conditions of nursing technicians are inadequate, given that the deficit of personnel in maternity hospitals leads to the development of diversified activities in the same work shift that, associated with insufficient supplies, increase the work volume and load of these professionals in the maternity wards, causing them to wear out.

Furthermore, lack of recognition, also mentioned by the participants, hinders the work process and the transformation of experiences of distress into pleasure; however, recognition is an essential resource to awaken the workers' creative capacity and mobilize their dispositions to face injunctions in the work environment⁵.

These working conditions of the nursing technicians reveal distress, which is characterized by a sum of factors in the work process, which are often imperceptible, but which, over time, generate stress and add up to occupational diseases that could be prevented⁸. It is noteworthy that Nursing is one of the groups most affected by providing direct assistance to the users and by the organizational structure, which results in work overload and can trigger illness, depression, sadness, fatigue, headache, exhaustion and muscle pain^{13,14}.

Some of these repercussions were identified in the participants' statements, where stress, anxiety, fatigue and musculoskeletal injuries resulting from work were mentioned. It is noteworthy that the characteristics of Nursing care add psychic burden resulting from the construction of sensitive and close relationships with the patients¹⁵. To this we must add the physical loads resulting from the effort, the prolonged stay in upright positions, the long distances covered and the repetitive movements during the work day, which increase the risks of musculoskeletal injuries^{14,16}.

It is worth considering that these working conditions have biopsychosocial and economic impacts, since they can reduce productivity, increase absenteeism, increase the rates of work-related accidents, cause cardiovascular diseases such as hypertension, diabetes, sleep disorders, metabolic disorders and harm the immunological system¹⁷. Faced with distress and the potential for work-related illness, workers resort to defense strategies, both individual and collective, to deal with the limitations of their professional activity and seek balance⁹.

The individual defense strategies are related to the worker's personality and experiences; therefore, they play an important role in adapting the subject to the work, even though they are insufficient in the work collective, as they do not produce effects on the working conditions that generate distress⁴. In this perspective, emotional isolation, the use of creative solutions, spirituality, religiosity and moments of leisure are configured as individual mechanisms used by the participants of this study to establish their strategies for coping with work-related distress.

Emotional isolation is a strategy of the workers to shield themselves from situations that generate anguish and distress arising from a work organization that increasingly fragments the community and demands more complex and strongly individualized defensive mechanisms¹⁸. However, when opting for isolation, workers distance themselves from the integrality of care and start to work in a mechanized and insensitive way in their professional performance, which reinforces the importance of service management in promoting care humanization in a permanent way.

It is emphasized that the meaning that workers give to their work involves the way they see themselves, their affections, their cognitive capacity and the significant content of their activities. In this way, in the face of unforeseen events, individuals resort to creativity and put into action their skills and cunning to accomplish a certain task, forming an individual defensive strategy⁴.

Another resource commonly used by Nursing professionals to face adversities related to health work is spirituality, which, as a connection between the individual and the divine, adds compassion and zeal to the work activities¹⁹. On the other hand, belief in a specific religion can also be a source of resilience, through mutual support²⁰. Therefore, spirituality and religiousness are envisaged as strategies to achieve psychological balance in the face of the distress and stress experienced by nursing technicians in their daily work²¹.

Leisure is also a resource used by the workers to alleviate the psychological burden. Through entertainment activities and social interactions, the stress, fatigue and discouragement generated by the work environment are channeled²². However, it is important to emphasize that the individuals are unable to divide working time and free time, so that, when experiencing situations of anguish and distress at work, they tend to deny these experiences in their free time to relieve tension, seek psychological balance and avoid falling ill⁴.

From the perspective of collective defensive strategies, the participants of this study mentioned that dialog and mutual support during shifts are resources to mitigate distress, which can be understood as interpersonal support, characterizing that, among these workers, there is sorority²³, defined as the approach of women in circles of empathy and positive attitudes to face adversities²⁴.

Teamwork is the driving force of Nursing, requiring joint work, unity and interpersonal support in order to visualize possibilities for defense strategies, which are produced through a consensus that aims to promote cooperation and cohesion of the group in the face of injunctions in work organization²⁵, creating escape valves for the workers to sublimate distress and establish coping strategies.

It is noteworthy that, although the experience of distress is unique and the development of individual defensive strategies can function as a form of shielding against psychological suffering, these strategies enhance individualization and do not promote effective changes in the working conditions, nor do they protect the worker^{22,24,26}. The strategies developed in groups can contribute to the growth of the worker and to the strengthening of the collective, since recognition by peers and cohesion provide pleasure and a sense of belonging, favoring the strengthening of professional identity^{4,6}.

Despite the apparent duality that exists between emotional isolation, as an individual strategy, and interpersonal support, as a collective strategy, it is emphasized that it is not possible for the workers to maintain themselves only with individual defensive strategies that, in view of the work organization, are insufficient for maintaining the notion of collectivity⁶, necessary for the feeling of belonging to Nursing, an essential element for the experience of pleasure at work.

Study limitations

As limitations, we emphasize the fact that this is a local study carried out with a reduced number of participants; nevertheless, its results are similar to the findings of research studies of national scope, which show the precariousness of the work of Nursing professionals. It is also emphasized that there is no focus on the occupational stressors that could be related to mental distress, which would provide a more in-depth discussion of the coping strategies adopted by nursing technicians working in maternity hospitals.

CONCLUSION

The work of nursing technicians in maternity hospitals is carried out under inadequate working conditions, expressed in excess and diversity of activities, in deficit of personnel, in insufficiency of supplies and in lack of recognition. As a repercussion, these professionals coexist with stress, anxiety, fatigue and musculoskeletal injuries.

In this context, they develop defensive strategies to deal with distress and to meet the demands of their work process, even if such strategies do not prevent illness. Thus, the participants use emotional isolation, creative solutions, spirituality, religiousness and leisure moments as individual defensive strategies, as well as dedication to periods of conversation and interpersonal support as collective strategies.

By highlighting this work reality, this research suggests the creation of moments of listening to the professionals and adaptations in the maternity environment, in order to improve the working conditions and promote the recognition of Nursing; as well as investments in health promotion and disease prevention actions, in order to minimize harms to the workers' health.

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