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# Pleasure and suffering of nursing professionals arising from work in surgical clinics

*Prazer e sofrimento dos profissionais de enfermagem decorrentes do trabalho em clínicas cirúrgicas*

*Placer y sufrimiento de profesionales de enfermería derivados del trabajo en clínicas quirúrgicas*

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**ABSTRACT**

**Objective:** to identify situations that generate pleasure and suffering in the nursing staff in surgical clinics. **Method:** qualitative study, carried out with 30 nursing professionals from surgical clinics in a hospital. Data was obtained by semi-structured interviews from April to November 2019. Data processed by the IRaMuTeQ software, and lexical analysis was performed by the descending hierarchical classification. **Results:** two classes were composed and entitled situations that generate pleasure and suffering in the nursing team. **Conclusion:** situations that generate suffering were inadequate working conditions, dealing with the clinical condition and death of patients, lack of leisure and the need to make choices between working and caring for the family; situations that generate pleasure were recognition by patients and the team, patient discharge and collaboration between team members.

**Descriptors:** Work; Occupational Health; Nursing; Pleasure; Psychological Distress.

**RESUMO**

**Objetivo:** identificar as situações geradoras de prazer e sofrimento na equipe de enfermagem em clínicas cirúrgicas. **Método**: estudo qualitativo realizado com 30 profissionais de enfermagem de clínicas cirúrgicas. A produção de dados se deu por meio de entrevista semiestruturada no período de abril a novembro de 2019. Os dados foram processados pelo *software* IRaMuTeQ, e foi feita análise lexical pela classificação hierárquica descendente. **Resultados:** duas classes foram formadas e intituladas de situações geradoras de prazer e sofrimento na equipe de enfermagem. **Conclusão:** as situações geradoras de sofrimento foram condições inadequadas de trabalho, lidar com o quadro clínico e morte dos pacientes, falta de lazer e necessidade de fazer escolhas entre trabalhar e cuidar da família. As situações geradoras de prazer foram reconhecimento por parte dos pacientes e equipe, alta dos pacientes e colaboração entre os membros da equipe.

**Descritores:** Trabalho; Saúde do Trabalhador; Enfermagem; Prazer; Sofrimento Psicológico.

**RESUMEN**

**Objetivo**: identificar situaciones que generan placer y sufrimiento en el personal de enfermería de las clínicas quirúrgicas. **Método:** estudio cualitativo, realizado con 30 profesionales de enfermería de clínicas quirúrgicas de un hospital. Producción de datos a través de entrevistas semiestructuradas de abril a noviembre de 2019. Datos procesados por el software IRaMuTeQ, análisis léxico realizado por la clasificación jerárquica descendente. **Resultados:** se generaron dos clases y situaciones tituladas que generan placer y sufrimiento en el equipo de enfermería. **Conclusión:** las situaciones que generan sufrimiento fueron las condiciones laborales inadecuadas, el enfrentamiento de la condición clínica y la muerte de los pacientes, la falta de ocio y la necesidad de elegir entre trabajar y cuidar de la familia. Las situaciones que generan placer fueron el reconocimiento por parte de los pacientes y el equipo, el alta del paciente y la colaboración entre los miembros del equipo.

**Descriptores:** Trabajo; Salud Laboral; Enfermería; Placer; Distrés Psicológico.

## INTRODUCTION

Work exerts a major influence on health; thus, the workers' illness process is related to various personal and institutional variables. Nursing work in the hospital context and the interactions that the professionals establish with work organization and with the working conditions result in manifestations of pleasure and distress, which interfere with the health-disease process of these individuals[1].

Development of distress and pleasure in the workplace is related to the configuration of work organization. It is noted that work usually results in some degree of distress, as work activities are often conceived by some individuals and executed by others. From this perspective, there is potential for estrangements and conflicts between the values and perceptions of those who perform activities that were designed by someone else or by a group of workers[2].

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However, this initial distress can be turned into something positive for the workers and for work organization. This is because, based on actions and strategies implemented by the workers who experience estrangement, as well as on the agreement of work organization and the workers' collective, something unusual may turn into creative distress and promote workers' health.

Creative distress is related to the workers' ability to be creative and ingenious, leading to the development of solutions for deadlocks. In this sense, distress may act as a motivating factor for changes, driving the search for solutions, which benefits work organization and contributes to workers' personal fulfillment[3].

Therefore, pathogenic distress emerges when workers use all their ways or possibilities of transforming, managing and improving work organization but however fail to implement the desired changes, generating frustrations, annoyance, fears and a feeling of powerlessness[3]. It is noted that, in these cases, the configuration of work organization collides with the workers' characteristics, especially with their subjectivity, not allowing them to transform and manage distress.

The sensation of failure imposes risk on the workers' identity, as well as on their competence and on their know-how-to-do. To overcome this difficult situation, individuals need to act, which includes the ability of tolerating distress and investing on new attempts until finding or creating a solution. Distress-guided intelligence (practical intelligence) is manifested, as it is from there that intuition for a solution is reached[2].

Creative distress, on its turn, leverages the productive process and drives workers to change that reality and work organization, in addition to generating pleasure in the workplace, whereas pathogenic distress emerges when all mobilized defensive resources are exhausted, causing a feeling of inability that, if not treated, will culminate in mental illness[4].

Distress becomes creative when individuals are able to turn it into pleasure based on practical intelligence, which is resourceful and creative, and will transform what is prescribed, in order to add their own contribution to work organization[5].

However, when workers are not able to transform distress by investing on creativity, they develop defensive strategies, so as not to succumb to illness. These defensive strategies are characterized by adaptations to work pressures, allowing to strike a psychological balance in coping with emotional strains, thus protecting against pathogenic distress and preventing illness[3].

Nursing work in wrapped around feelings of pleasure and distress due to the characteristics of this profession, to the complexity of working in a hospital, and to the working conditions to which professionals are exposed. In surgical clinics, these feelings can be exacerbated by the high level of care complexity and heavy workload, especially in situations involving immediate or intermediate post-operative complications. These units welcome patients in the pre- and post-operative periods, which can impose overload on the professionals.

The objective of this study was to identify the situations that trigger pleasure and distress in the Nursing team in surgical clinics.

## METHOD

A qualitative, descriptive and exploratory study was conducted in a tertiary-level general public hospital from the city of Porto Velho (RO), which performs a mean of 500 surgical procedures per month. The surgical clinics were selected as study loci, and were called Surgical Clinic I, III and IV. There was no Surgical Clinic II, as it was joined to Clinic I in the same physical space.

The sample consisted of 30 Nursing professionals who met inclusion criteria, and sample size was determined based on theoretical data saturation. The professionals included in the research had at least 1 year of experience in surgical clinic, as professionals with less than one year of experience cannot have a real understanding about the work organization model in surgical clinics. Professionals who were on several types of leaves of absence (premium leave, maternity leave and sick leave) were excluded, as well as those who were on vacations, and who were coveting someone else's vacation leave.

Data production took place by means of a semi-structure interview script, which consisted of two parts. The first part aimed at characterizing the research participants, and the second one consisted of open questions, which allowed the interviewees to talk about the study object. The interviews were conducted from April to November 2019.

They were recorded in audio with a digital recorder, in order to register their content and allow for greater reliability at the time of transcription. The interviews lasted a mean of 30 minutes. To ensure the participants'

Research Article
Artigo de Pesquisa
Artículo de Investigación

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anonymity, the data were only analyzed by the main researcher, who used a coding process consisting of an acronym followed by a number: Nur. 01, Nur. Tech. 01.

The sociodemographic data were analyzed by simple descriptive statistics, and the interviews were processed in the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRaMuTeQ) software, which performed the automatic lexical analysis of the words from the speeches; the *corpus* was divided into four classes using the Descending Hierarchical Classification (DHC) method.

The classes are based on a classification according to the presence or absence of a given word; and the meaning of each class depends on the theoretical framework of each research study[6]. Considering the results obtained from the software, the researchers were able to analyze the data based on the framework provided by the psychodynamics of work, whose proposal is centered on studying the inter-relationship between work and health, based on the analysis of the particular dynamics of certain work contexts, consisting of forces that can be either visible or not, objective and subjective, social, political, psychological and economic, which may exert an impact on this context in several ways and turn it into an environment that promotes health and/or illness[4].

As the current study derives from a PhD thesis, it is worth noting that the *corpus* was divided into four classes, according to a DHC model. This article contemplates classes 2 and 3, which specifically address the speeches related to the situations that trigger pleasure and distress.

The research was approved by the Research Ethics Committee. Participation of the Nursing team in the study was formalized through signature of the Free and Informed Consent Form.

## RESULTS

The study participants were 30 Nursing professionals: nine nurses and 21 nursing technicians. A total of 19 (63.33%) self-declared as brown-skinned, 26 (86.66%) were female and 16 (53.33%) were single. There was predominance of the age group from 31 to 40 years old (33.3%).

With regard to the number of employment contracts, 17 (56.66%) reported one contract (although they worked from six to ten additional shifts per month); 12 (40%) reported two contracts, and one (3.33%) reported three contracts.

Of the 30 participants, 18 (60%) reported working 40 hours per week, six (20%) worked 80 hours, five (16.66%) worked 70, and one (3.33%) worked 60 hours a week. The nurses' and nursing technicians' incomes were between three and eight and between one to five minimum wages, respectively.

Based on data processing in IRaMuTeQ, classes 2 and 3 characterized situations that trigger pleasure and distress in the work process. The most representative terms in these classes are shown in Table 1.

**Table 1**: Most representative terms in each class. Rio de Janeiro, RJ, Brazil, 2019.

| Class | Term | f | $x^2$ |
|---|---|---|---|
| **Class 2:** Situations that trigger distress at work | Work | 175 | 33.45 |
| | Person | 118 | 37.62 |
| | Problem | 91 | 40.78 |
| | Think | 35 | 62.19 |
| | Life | 33 | 51.47 |
| | SC | 67 | 46.30 |
| | End | 78 | 30.42 |
| | Know | 14 | 28.14 |
| | Die | 15 | 19.26 |
| **Class 3:** Situations that trigger pleasure at work | Say | 142 | 99.38 |
| | Recognition | 28 | 40.13 |
| | Nursing management | 47 | 39.29 |
| | Praise | 13 | 36.65 |
| | Wrong | 15 | 35.03 |
| | Understand | 46 | 32.80 |
| | Profession | 30 | 30.08 |
| | Thank | 20 | 30.07 |

Research Article
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Class 2 included 397 text segments (TSs) (28.91%) and was related to the situations that trigger distress at work. The TSs highlighted in this class showed that the Nursing professionals experienced distress due to inadequate working conditions, dealing with the clinical condition and death of patients, lack of leisure, and the need to make choices between working and caring for the family.

Among the situations that trigger distress, it was evident that lack of good working conditions generated negative impacts, both physical and psychological, mainly because nurses understood that they were not able to provide the desired high-quality patient care to which patients had the right.

> *When you arrive and see that you don't have the necessary materials to work [... ], when you take a patient to do some exam, get there, and the exam can't be done and you have to come back later [...]. (Nur. Tech. 26)*
>
> *I see it like this: overload leads us to so much stress that we end up taking this outside work. (Nur. 3)*

Dealing with the patients' diagnosis, clinical condition and death was another cause of distress for the teams working in the surgical clinics:

> *We deal with lives in here, and we chose this profession to save lives, not to lose them, then this makes me really sad. (Nur. Tech. 24)*
>
> *If a patient dies, I guess that it'll weaken me somehow, at this moment of frailty, and people say that you'll learn to leave with that, but there's no such thing. (Nur. Tech. 12)*

Absence of leisure and having no social life was also pointed out as a distressful factor:

> *I even started going to a gym, I dropped out after 2 weeks because of the shifts, then now my life is all work, I don't have a personal life. (Nur. Tech. 23)*
>
> *Sometimes I get the notion that when I work many shift hours it interferes in my social life because, even if I try to interact, I'm always tired and that kills my social life. (Nur. 5)*

Considering that most of the research participants were women (86.6%) and that, of the 30 participants, 20 had children, another much prominent distressful factor was difficulty balancing work and family:

> *Whether you like it or not, life is made of choices and, when I choose to work more I leave my son out; that triggers a feeling of guilt in me because I either work or stay with my son. (Nur. 5)*

Class 3 included 362 text segments (TSs) (26.37%) and was related to the situations that trigger pleasure at work. They were directly related to the patients and the team recognizing the work done.

> *Since I came here, the nursing technicians that have been working for longer say that I was one of the novices that most stood out. (Nur. Tech. 30)*
>
> *The patient goes to the hearing and praises us, and that is a way to show our work, so much so that the director himself already came here to praise us. (Nur. Tech. 30)*

Another reason for pleasure reported by the participants corresponded to situations when the patients were discharged and returned to their homes.

> *I like working and seeing how we interact with patients and companions, then, when they leave, there is so much joy, they thank us, and I understand the reason for this joy. (Nur. 8)*
>
> *It's so rewarding to care for a patient and see him going home, that's good for the profession. (Nur. Tech. 12)*

Good coexistence and collaboration between coworkers stood out on the TSs as reasons for pleasure:

> *We have fun peers who play the clown and then you laugh, when the patient is discharged and thanks us, that means that you're doing a good job. (Nur. Tech. 10)*
>
> *In this clinic the Nursing team is very united. (Nur. 5)*

## DISCUSSION

The sociodemographic data show a predominantly female Nursing team, corroborating with the results from the Nursing Profile research[7].

Working additional shifts or even having more than one employment contract is justified due to these professionals' low wage incomes. Double working hours, evidenced by the correlation of the number of employment contracts and weekly workload variables, may result in exhaustion and fatigue, which interfere with care quality and patient safety, in addition to reducing the time available for the professionals to perform other activities and to increasing exposure to work demands and risks[8].

Research Article
Artigo de Pesquisa
Artículo de Investigación

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With regard to situations of pleasure and distress, it is noted that this distress arises, for example, when nurses are not able perform a task, despite all their zeal. Zeal refers to the workers' affective engagement and to their subjectivity instilled in meeting the requirements. It is precisely in the workers' subjectivity that pleasure begins because it is from their zeal that they will find convenient solutions, thus exercising their autonomy[2].

Corroborating the current study, a survey conducted with 153 workers from the Family Health Strategy (FHS) team in Porto Alegre, Brazil, found similar results with regard to factors that generate distress. Furthermore, when the professional exhaustion item was assessed through the Pleasure and Pain in the Workplace Scale (*Escala de Indicadores de Prazer e Sofrimento no Trabalho*, EIPST), work overload was shown to be a distressful factor[9].

Similar results were found in a study conducted with nurses in a hospital unit where, using the same scale, critical levels of distressful factors were observed, with lack of materials standing out as one of these factors[1].

Another factor for workers' distress is related to the patients dying. This is not surprising, as the death and dying process is also scarcely understood. We usually celebrate life and trivialize death, as it brings about feelings of dissatisfaction, denial, sadness, anger and, especially, impotence[10]. Other studies[11-13] also detected lack of materials and death of the patient as distressful factors.

The professionals in the current study reported dealing with insufficient material resources and loss of patients; and this feeling of powerlessness can be associated with guilt for not being able to provide high-quality care. Not being able to meet the patients' needs significantly increases this sensation of impotence. However, the professionals have to face organizational barriers, and this points to the fact that distress is associated with several factors, such as those of historical and occupational nature and even those associated with the very life of these workers[2].

It is believed that the neoliberal model and the economic crisis of the last three decades have worsened the work situation of Nursing professionals who face double working hours due to increasingly lower wages, lack of a dignified wage floor, precarious employment contracts and devaluation of the category[8]. These factors exert a direct effect on the situations that trigger distress.

During their academic training, Nursing professionals are not prepared to deal with death, and the Nursing team members often distance themselves from it as a defense mechanism[14].

Given this fact, it is crucial that the professionals strike a balance. This balance is achieved through a regulation process that requires defensive strategies elaborated by the professionals themselves[3].

During data production, it was evident that there are no institutionalized protective devices for these professionals, thus leading them to intense mental distress.

Absence of leisure is another distressful factor. In addition, enjoying moments of leisure has been widely recognized as a health promotion strategy[15]. Leisure is defined as a set of activities in which people can engage out of free will, and they chose what to do: rest or social meetings, among others. Such moments occur when people disconnect from their professional obligations.

In the current study there were professionals with two and even three employment contracts, which leads us to consider that they probably do not indulge in leisure activities, as they move from one workplace to another[8], with no hours left to spend them in any recreational activity. This shows that the participants place work in a central position in their lives, renouncing to other important aspects, such as leisure.

Another aspect worth noting and which triggers distress in the team is having to choose between working and caring for their family. Work and family influence each other reciprocally, which can cause interpersonal and intergroup conflicts and may lead to workers' illness[16]. For Nursing professionals, striking a balance between work and family is a major challenge. On the one hand, there is the need to generate income to ensure livelihood and, on the other, the need to engage in house chores.

For women, this situation is intensified, as they are usually responsible for taking care of the house and the children, in view that men generally have a choice between work and leisure as a trade-off[17].

With regard to the factors that trigger pleasure in the professionals, recognition in the workplace emerges as a compensation and becomes fundamental for workers to cope with distress and turn it into pleasure[2]. For the professionals, having their work recognized is what most generates pleasure in them, as they perceive their importance in the health team and for society. The psychodinamics of work draws the attention to the relationship between recognition and non-recognition in the workplace, as lack of recognition is risk factor for illness. Recognition exerts an impact on the transformation of distress into pleasure[9].

Research Article
Artigo de Pesquisa
Artículo de Investigación

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A number of previous studies[9,18] also presented recognition as a source of pleasure as a result. A study conducted in the Family Health Strategy and another one in the hospital setting showed that, regardless of the complexity level in which the professionals work, recognition is a source of pleasure and satisfaction, motivating them to continue performing their work activities, even in many situations lacking appropriate working conditions.

Other factors for pleasure are improvements in the patients' clinical conditions and their consequent discharge. Discharging patients and seeing them returning to their homes generate pleasure and even a narcissistic feeling among the professionals, because they feel that they participated in the healing process. The expressions "*I cared* for", "*I participated*" and "*I helped*" revealed that.

There is a major challenge in the health care work and its pathogenic dimension; however, the existence of a creative dimension in the workers generates pleasure in the care practice[19].

The professionals' pleasure related to good relationships among the team members was evident. Good interpersonal relationships are a reason for pleasure, as the team collaborates and develops collective work. Consequently, there is dialog, union and solidarity among the professionals[11,13,20]. To the contrary, a tense atmosphere is created when no good relationships are established among the team members, which will reflect in the assistance provided to the patients[21].

Cooperation is only effective when there is desire and willingness for collective cooperation, making it clear that this collaboration should not be prescriptive, but rather involve the professionals' adaptations to work organization[2].

It becomes important to reflect that the existing cooperation among the professionals is not something that is prescribed. In fact, it is related to people's willingness to work together and collectively overcome the contradictions that emerge from the very nature of work or from the essence of their organization. Therefore, cooperation is not imposed. It requires subjective relationships of trust between these professionals and the possibility of minimizing and circumventing errors and failures so that collective performance achieve results better than those of the sum of individual performances.

### Study limitations

The reduced number of nurses can be pointed out as a study limitation. It hinders a broader discussion about the presence of pleasure and distress in the same dimensions as the nursing technicians.

## FINAL CONSIDERATIONS

The study evidenced the existence of distress due to inadequate working conditions, dealing with the clinical condition and death of patients, lack of leisure, and the need to make a choice between working and caring for the family. On the other hand, pleasure is directly related to recognition. However, these workers show certain ability to adapt and transform distressful situations into pleasurable ones.

Nonetheless, it is important to consider that, when facing more complex and difficult situations, some workers can be affected by pathological situations, as they are not able to be creative when dealing with problems that sometimes require changes in their daily habits.

It is important to replicate the study in other contexts to validate its findings, as well as to implement measures that make it possible to reduce mental distress among Nursing professionals.

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Research Article
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