Dilemmas and afflictions of duty nurses evidenced in focal group

DILEMAS E ANGÚSTIAS DE ENFERMEIROS PLANTONISTAS EVIDENCIADOS EM GRUPO FOCAL

DILEMAS Y ANGUSTIAS DE ENFERMEROS DE GUARDIA EVIDENCIADOS EN UN GRUPO FOCAL

Heloisa Wey Berti[1], Jairo Aparecido Ayres[2], Maria José dos Reis Lima[3], Renata Wey Berti Mendes[4]

ABSTRACT

The aim of this study was to critically reflect on the experiences of duty nurses. The objectives were: to learn how duty nurses described and interpreted their knowledge and experiences about this reality; and to reflect about possible ways to overcome the identified problems. This is a qualitative study using the *focal-group* technique. The group consisted of thirteen duty nurses. The methodological framework was that of the Collective Subject's Discourse. Important difficulties were identified for both collective and solitary work: incomprehension among staff members; between nursing staff and other professionals working in the hospital; lack or inadequacy of materials for care provision; and perceived absence of support, among others. The relevance of creating opportunities for communication and reflection with the purpose of strengthening collective professional practice and reducing duty nurses' afflictions in the workplace was observed.

KEY WORDS

Nursing.
Professional practice.
Hospital care.

RESUMO

A finalidade deste estudo foi desenvolver reflexão crítica sobre a experiência de enfermeiros plantonistas. Os objetivos foram: apreender como os enfermeiros plantonistas descrevem e interpretam seus conhecimentos e experiências sobre esta realidade; e refletir sobre possíveis caminhos para a superação dos problemas identificados. Este estudo foi qualitativo, utilizando-se a técnica de *grupo focal.* O grupo foi formado por treze enfermeiros plantonistas. O referencial metodológico foi o do Discurso do Sujeito Coletivo. Foram identificadas importantes dificuldades para a construção do trabalho coletivo e solidário: incompreensões entre o pessoal de enfermagem; entre enfermagem e outros profissionais que atuam no hospital; falta ou inadequação de materiais para a prestação de assistência; e ausência de apoio, dentre outras. Verificou-se a pertinência da criação de espaços comunicativos e de reflexão, visando o fortalecimento do coletivo profissional e a redução das angústias no trabalho do enfermeiro plantonista.

DESCRITORES

Enfermagem.
Prática profissional.
Assistência hospitalar.

RESUMEN

La finalidad de este estudio fue generar una reflexión crítica sobre la experiencia de enfermeros de guardia. Los objetivos fueron: aprender cómo los enfermeros de guardia describen e interpretan sus conocimientos y experiencias sobre tal realidad y hacer consideraciones sobre los posibles caminos para la superación de los problemas identificados. Este estudio fue cualitativo, utilizándose la técnica del *grupo focal*. El grupo fue formado por trece enfermeros de guardia. El referencial metodológico fue el del Discurso del Sujeto Colectivo. Fueron identificadas importantes dificultades para la contrucción del trabajo colectivo y solidario: incomprensiones enre el personal de enfermeria, entre enfermeros y otros profesionales que actúan en los hospitales, falta de materiales o carencia de aquellos adecuados para la correcta prestación de asistencia hospitalaria, ausencia de respaldo, entre otras. Se verificó la importancia de la creación de espacios para la comunicación y la reflexión, pretendiéndose el fortalecimiento del plantel profesional y la reducción de las angustias en el trabajo del enfermero de guardia.

DESCRIPTORES

Enfermería.
Práctica profesional.
Asistencia hospitalaria.

[1] RN. PhD in Public Health. Faculty at Nursing Department, Botucatu Medical School, Universidade Estadual Paulista "Júlio de Mesquita Filho". Botucatu, SP, Brazil. weybe@uol.com.br [2] RN. PhD in Tropical Biology. Faculty at Nursing Department, Botucatu Medical School, Universidade Estadual Paulista "Júlio de Mesquita Filho". Botucatu, SP, Brazil. ja_btu@superig.com.br [3] RN. PhD in Tropical Biology. Faculty at Nursing Department, Botucatu Medical School, Universidade Estadual Paulista "Júlio de Mesquita Filho". Botucatu, SP, Brazil. mjrlima@uol.com.br [4] Psychologist. MSc in Collective Health. Psychologist at Centro de Referência de Saúde do Trabalhador de Piracicaba. Piracicaba, SP, Brazil. renatawbm@yahoo.com.br

Portuguese / English: www.scielo.br/reeusp

Received: 03/13/2008
Approved: 02/05/2009

INTRODUCTION

Nurses hold the responsibility to care for people, promoting life quality, preventing illnesses or helping them to live with limitations. This commitment requires permanent training, the development of awareness and ethical sensibility for appropriate decision making in exercising their profession.

While developing nursing actions, nurses assume various roles, whether as nursing team coordinator, as supervisors of the care delivered to patients or as care providers.

Historically in Brazil, nurses have been mostly performing the role of nursing care supervisors due to their team leader position. They are considered as the professional attaining the knowledge of the whole work process. However, this role is not always well established. Frequently, the supervision emphasizes work control or monitoring, predicting flaws and approvals record with a view to supervisors' maximum performance, disregarding team members' individual needs. However, supervising is an administrative process that searches for promoting continued education as from guidelines. The supervisor is the co-responsible for the actions being developed[1].

Nursing services structure, due to their rigid hierarchy, lead supervisor nurses to take authoritarian and centralized postures that compromise the team work, disabling the participation of other workers in decision making[1]. On the other hand, nurses experience submissive work relations, and they reproduce them with members from other categories: nursing technicians and assistants. Low salaries, reduced number of nurses in hospital institutions, lack of personnel and material both in number and qualification have been deteriorating working conditions and enhancing dissatisfaction among nursing professionals.

Conflict-generating situations are countless among health professionals. They can vary according to the way a service is structured, working conditions offered for professional performance and professional concepts about their own role and others'.

In this scenario, nurses are assuming more complex tasks that give them a head and/or supervisor status, leading them to deal with many adverse situations and/or events that require decisions for which they, not always, feel appropriately prepared.

Conflict-generating situations are countless among health professionals. They can vary according to the way a service is structured, working conditions offered for professional performance and professional concepts about their own role and others'. In these conflicting and contradictory relations, personal, professional and institutional interests are often confused.

It is well known that nurses question their working routines; however, they do not feel with the autonomy to change them. Their level of freedom is still restricted[2].

In our professional experience of more than 20 years working as nurses and also as nursing professors, we have noticed these contradictions. The fact has led us to search for a more broad understanding of these ambiguities and dilemmas experienced by nurses in the coordination and supervision of care delivery activities, especially when they are on duty.

In the institution where this study was developed, during the night shift and all holidays or weekend shifts, the lack of professionals in order to maintain at least one nurse in each hospital unit daily requires nurses to work on paid duty providing salary complementation in regard to care delivery coordination and supervision of many units at the same time.

Hence, an investigation involving on-duty nurses of a university hospital is proposed in order to analyze the issues of this practice. The purpose of this study is to develop a reviewed reflection about the activity.

OBJECTIVES

Learn about how on-duty nurses, participating in this study, describe and interpret the reality of their practices, knowledge and experiences.

Reflect on possible paths to overcome the problems identified by researchers.

METHOD

This was a qualitative study using the focal group technique for data collection. Focal group is an informal discussion group of reduced size with the purpose to obtain deep qualitative information, revealing the participants' perceptions about the discussion topics. Group activity is presumed to result in more diversity and deeper answers; in other words, more information with richness of details. Discussions are held for a period of about two hours, conducted by a moderator (developer of the study), with the presence of external observers (co-authors), in a private location. Discussions are registered, in writing, by the observers and by magnetic tapes[3].

All on-duty nurses were invited to participate in this study. All of them accepted the invitation; therefore the group was composed of 13 nurses who work as on-duty nurses in different areas of the institution.

The meetings were held outside the work environment and during days and hours when there are no on-duty calls.

Data collection was performed in two stages, as follows.

First stage – this stage was composed of two data collection sessions during approximately two hours each.

In the first session, after the introduction of the study objective and of participants, they were invited and stimulated to talk about their on-duty activities: their experiences and difficulties.

In the second session, after the analysis of the previous meeting, participants proposed to discuss about how to make the on-duty activity more pleasant and less stressing and wearing.

After each session, the authors read their notes, transcribed recordings and elaborated the analysis instruments.

Second stage - in this stage, a session with the aim to present a report of the study and to validate data was carried out with participants.

Data were organized using the methodological strategy of the Collective Subject Discourse (CSD)[4]. The following were highlighted from the collected material: Central Ideas – synthetic formulas describing senses in discourses; Key-Expressions – selected excerpts from the material that best describe its content; and, by means of grouping key-expressions where central ideas presented similar or complementary meanings, the Collective Subject Discourse was elaborated.

Data analysis was performed based on work psychology and nursing and health work reference.

The project was forwarded to the Nursing Technical Division Board of Directors of the Hospital. The approval was issued for the development of the study. In addition, the project was authorized by the Research Ethics Committee of the Institution (Protocol 25/2006). Participants in this research signed a Free and Informed Consent Form.

RESULTS

After the first session and transcriptions, central ideas and key-expressions were found and discourses were organized. Three themes/problems were identified emerging from the proposed question: - As on-duty nurses, how have you lived this experience?

Themes regarding the first session are presented as follows, Central Ideas and Discourses. In order to enable synthesizing this study for its better disclosure, the discourses related to each central idea were not fully transcribed, only a few excerpts. Therefore, each theme was presented in one single Discourse named Collective Discourse Synthesis.

Theme 1 - Problems with the nursing team

Central Ideas

A – Senior employees hold a certain protection from the institution.

B- The senior employee is used to making decisions.

C – Employees suppose we will take their places.

D – There are problems with employees who are frequently absent.

E – There are employees who crave certain privileges.

F – Talking about reassignment leads employees to take medical leaves.

G – There are conflicts among employees who perform the same tasks, however under different salaries and contracts.

H – Lack of commitment also involves the Unit nursing manager/responsible.

Synthesis of the Collective Subject Discourse

Senior employees want to command the activities and do not respect newer employees, not even their own colleagues, even less new on-duty nurses… There are some employees who are often absent, on medical leave…they do not commit to the care delivery. There are also those employees hired by the university who have working stability and those who are hired by the Foundation as temporary workers, so they earn lower salaries, but perform the same tasks or even more tasks than others. University employees diminish those from the Foundation. The whole process generates troubles for us... also, there are those who, for some unknown or perhaps unsaid reason, enjoy some privileges here, not always obeying orders from the on-duty nurse, we report, but nothing ever happens… Our biggest difficulty is to reassign a nurse from a calmer ward to another that lacks personnel. No one wants to be reassigned, the employee says that if they must be reassigned to another ward, they will leave and then they take a medical leave… It happens in almost all shifts, it really wears us out. I understand that they don't want to go because they had never worked in that sector before; they do not know the routines, the type of patients; so they are afraid. Sometimes, when they learn about that they could be reassigned, they take a license. It all happens because of absent employees… also due to miss-developed schedules. Nurses responsible for Units not always develop appropriate and well-distributed personnel schedules for all shifts; they are concerned with making sure they send enough people for the periods they are on duty…

Theme 2 – Problems with the other teams working in the hospital

Central Ideas

A – Our problems are with the medical team, the resident doctors.

B – Doctors do not accept and interfere in our decisions, even those related to our nursing team.

C – There is the pressure from doctors to fast track patients to leave when they have already been discharged.

D – We have problems with other teams: Social Work, Nutrition Services, and Record keeping...

Synthesis of the Collective Subject Discourse

We have constant conflicts with the medical team and the resident doctors. They sometimes want to go beyond the rules, command the nursing team, disregarding our role and presence… When they make a mistake, they do not accept it when we show them that they were wrong, but they can interfere in our work, even in our schedules and personnel reassignments…in addition, there is the pressure on us...they pressure us to fast track patients they have just discharged to leave so they can admit patients they have called in to the hospital. Sometimes, patients cannot leave, they must wait for the family to pick them up, and then they tell us to deal with it, to put the patient somewhere else to free the bed… In some wards, the head-doctor sets rules for visiting hours and other rules that we do not agree, but who are we to complain, right? We have the head-nurse of the Unit, called the technical supervisor of the section. The head-nurse has to discuss these matters with the head-doctor not allowing for some rules that are against humanization. The on-duty nurse also has to do everything, including other professionals' tasks as social workers, nutritionists; because they do not perform on-duty work or they do it from other places, so it takes a long time for them to arrive here when we call, so we end up solving it. The record keeping personnel makes things very difficult when a patient dies. They are not prepared to tell the family about it, then, we are the ones that receive the family here when they arrive nervously…

Theme 3 – Various problems during shifts

Central Ideas

A – There is a serious bed problem in this hospital because, even if the patient has already been discharged, they still count as admitted patients so emergencies are not admitted.

B – Problems of lack of material and equipments or lack of maintenance of them are stressing.

C – We have no one to guide us.

D – We have problems when employees have relatives admitted to the hospital. They do not respect hospital policies.

E – Religious groups also interfere in patient's treatment causing problems.

F – Fugitive and convicted patients result on complicated situations.

G – Some patients' companions require special care and we have no conditions to provide it.

H – Sometimes there is a need to open exceptions to hospital rules; however, it generates much criticism.

Synthesis of the Collective Subject Discourse

In addition to having to deal with interferences from everywhere during our shift; rules that were mismanaged and should already have been changed, but haven't, there is still the problem of occupied, but empty beds… we know there are patients out there, even in the ER who need to be admitted, but they still say that there are no beds. If you check the record keeping report, there are no beds because the discharge was not official, but the patient is already at home. In order to hold the bed for someone else, in the report, the patient is still in the hospital… The most stressing situation is when you need to give a respirator or another appliance to a severe patient and you cannot find one that is free for use, or when you find it, it is awaiting maintenance for a long time. In addition to being a problem for the severe patient, it is a problem for us because we are made responsible for everything bad that happens here. Our work is always *putting out fires*… all the time… much stress… Frequently we feel lost with no one to turn to, there is no one to back us and guide us… Employees' relatives admitted to this hospital are also a problem. They want privileges and keep pressuring us for it. I already had problems with a patient who had a surgery scheduled and wanted to cancel it because a religious group came in, prayed for him and told him that he was cured and no longer needed the surgery. There is always some kind of problem with religious groups… also, with convicts who need police surveillance all the time in the room… the other patients in the same room become very nervous and complain of no privacy. They ask us to make the soldier stand outside, or to change rooms, and we cannot solve this. Some patients have the right to a companion due to a severe condition. The problem is when the companion is an elder, or has some type of disease or deficiency. We have to take care of them too, as if we already didn't have enough workers to deal with our admitted patients. To tell you the truth, I have made many exceptions because I found it was for the patients' best interest. The hard part is the criticism that comes right after it and the threat for punishment…

In the second session of the Focal Group, on-duty nurses were stimulated to talk about two themes:

- The good and pleasant things in the shift
- Things that could be done to turn the shift into a less wearing and stressing work or more compensating and pleasant for the nurses.

Theme 1 - The good and pleasant things in the shift

Central Ideas

A – When I learn something else for my work or my life.

B – When we can see that the care delivery had good results.

C – When there is a good acquaintance with colleague nurses, nursing technicians and assistants.

D – The experience we acquire in dealing with problems is good and provides us with more respect.

Synthesis of the Collective Subject Discourse

I feel happy when I learn something new, whether for my work as a nurse or for my life… After all the effort I had,

> when I see that things worked out fine, that employees were satisfied, patients were discharged ok, I feel rewarded... provided by the work and favorable results reached as positive factors in this work. A good thing is a good relationship with work colleagues, other on-duty nurses, technicians and assistants…everything we learn, the competence we acquire with time… Over time, we acquire experience on dealing with the things we do while on duty… Experience makes us more respectable…

Theme 2 - Things that could be done to turn the shift into a less wearing and stressing work or more compensating and pleasant for nurses.

Central Ideas

A – If each one accomplished his role in the function.

B – If we had something that would provide us with more sureness to make decisions.

C – If we had a place to rest.

D – If our work was more acknowledged and valued.

E – A better relationship with colleagues and other team members.

F - More appropriate working schedules.

G – If there were no employees with different contracts for the same function.

H – If we had a shift change with an agenda or computer to communicate with head-nurses in the units and on-duty nurses.

I – A more efficient security system in the hospital.

J – Quality equipments and in enough number to provide care for the patients.

K – On-duty nurses should have more disposition and energy to deal with the administration in order to change what is bad or incorrect.

These ideas are comprised, in a certain way, in the previous discourses. Therefore, we chose to omit the CSD Synthesis. In the answers for these questions, the people from the group reviewed facts reported in the previous meeting, reflecting over them and reporting the items they considered important to make shifts less wearing.

DISCUSSION

When analyzing the issue on senior employees and their resistance to the newer ones, it would be best to find better understanding for such postures. The most experienced workers' know-how is considered to enable a re-creation of the activity, going beyond the established rules that, in general, stiffen the task. The less experienced workers have not acquired such implicit competence or practical know-how. They are supported by pre-established rules and procedures. Conflicts occur as experienced workers understand that rules and procedures do not always work, and less experienced nurses understand that they must be strictly followed[5-6]. A conflict of this scope reveals poor work relations in the team, making nursing professionals afraid of making mistakes and of punishments, because they perceive a collective thinking that does not protect them.

Nursing actions in a Hospital Admittance Unit are always denominated as team activities resulting from the partitioned work of many. Routinely, individual punishments are observed more than collective actions. A fact that is not always the most appropriate. Such practice seems to make the formation of a conscience difficult and to favor the individualization of the work.

Regarding work absences, denominated by nurses as lack of commitment to the care, a study on absenteeism involving nursing workers that signaled absences as occurring due to factors related to the psychic load dealt in the work environment[7] must be mentioned. In this study, among other triggering factors of psychic overload, the fragmented work in small teams and the lonely work away from administrative-political decisions were pointed. Therefore, an inductive thinking that all absent workers are irresponsible is not appropriate. However, this is a strongly accepted concept, or even a pre-concept in the hospital environment. This is harmful, since it diverts attention on absenteeism causes, considering only the consequences for the nursing care.

Another aspect to be considered in the collective formation is the balance in distributing tasks and benefits. Differentiated contracts and salaries for the same function compose unfair ways of administrating human resources. The practice has began in Brazilian hospitals, specially university hospitals, justified by the lack of State resources that caused the creation of foundations with a view to explicitly maintain and enhance efficiency in providing the service, in addition to implicitly reduce the role of the State[8].

Nurses also pointed difficulties in dealing with reassignments (dislocate / transfer), in a certain shift, of employees from the Unit they work to a more needy Unit. Poorly elaborated work schedules and absenteeism are pointed as the causes for the need for reassignments. They understand that, for an employee that well knows the work location with its rules, patients and care delivery, the fact of having to sporadically provide the service in another unit is stressing due to the fear of not knowing how to do it. They also reported that there are some employees that are absent to work or require license leaves when they become aware of the possibility of being temporarily reassigned to another sector.

Being afraid of not knowing how to do it is normal, however, an incompatibility between the objectives to be achieved and the means available for them is frequently observed. These conditions can lead to loosing the sense of the work or the *general syndrome of feeling impotent*[8].

Conflicts with the medical team are also reported, demonstrating a certain submission to its power. Nurses are frequently required to perform actions that are not always appropriate. Reports indicate that these conflicts are frequently connected to prescriptions that were not followed, or that should have been changed and had not been yet; in addition to a dispute between the people in head positions and their respective teams.

An inexistent health team is demonstrated, although the discourse regarding a common objective, the recovery of the patient, is a perpetual movement that is common in other hospital institutions.

Different professionals, developing fragmented work in various teams are favoring the *professional corporation segmentation*[9]. The dispute between corporations is legitimate. The right to talk and listen is acknowledged, however contents from different discourses will differ according to competence spheres. The academic discourse is valued, especially in university hospitals. Therefore, reason and power are legitimated, in institutions, to those that attain scientific academic rhetoric competence.

The on-duty nurses' discourse demonstrated a daily acquaintance with tension, conflict and distress situations. Material resources needed for the care are frequent in Brazilian hospitals. Decision making is frequently required, leading to a divided ethical analysis. Currently, the opportunity of constituting Multidisciplinary Committees in hospitals is discussed in order to support professionals on bioethical issues and clinical situations. It is an important initiative; since it minimizes the professionals' distress on decision making that frequently needs to be made solely, not always supported by bioethical references, but by the personal values of those making the decision.

Other reports regarding situation that also generate distress and fears in on-duty nurses for not knowing how to deal with all these adversities and, mainly for not having any support that will protect them and enable them to productively reflect and elaborate on daily issues.

The fact that gives workers a sense for working is personal, professional and collective development. It provides individuals a chance to be inserted, find themselves and others[10]. Nurses, therefore, perceive themselves as more than tasks performers, rescuing their affective dimensions and their ability to affect and be affected; an essential feature of the care taker.

As they reflect on possible path to overcome the identified problems, on-duty nurses express an understanding of aspects that can be improved and the transformations that need to be performed. They require administrative measures guided to aspects of fairness, acknowledgment of their work, protection to act with security in different situations, improvement of the communication system and of the resources for care delivery.

The structural conditions of the work, low salaries, in addition to other factors, expose nurses to an exhausting work load, making care providing not humane[11]. In order to make care delivery more humane, the autonomy of the subjects involved must be taken into account along with the improvement of the multi-professional team work, considering its independence and complementarities, work relations democratization and the valuing of subjective and social dimensions of care and its management[12-13].

The deficiencies mentioned here reveal a burdensome work that harms health[14]. Therefore, creating spaces where all nurses can equally participate, enabling the strengthening of the professional collective actions and minimizing the suffering and distress in the work of on-duty nurses is necessary.

FINAL CONSIDERATIONS

This study enabled us to identify important difficulties for the construction of the collective and individual work. While acting in the same spaces and with the same objectives, the teams must not be seen as a single team – the health team – but as compounds of various corporations, frequently acting with different interests. The resulting conflicts were emphatically approached in the focal group, signaling resistant barriers that were experienced. At the same time, work conditions and its features, expressed as *an eternal putting out of fires*, showed the rhythm and hastened work.

The CSDs showed that nurses develop activities that are more related to administrating tensions and conflicts resulting from problems connected to human resources deficient management adopted by the institution, and in reduced proportion to the activities of direct care or closer to patients. Time for care delivery seems to lack, whether if it is direct for the patient, or for professional, institutional or organizational relations care, especially in its affective dimension of solely sharing with the patient, family, community and society. The lack of time and/or space to share experiences with work colleagues is also observed, resulting in suffering and/or alienation. Over time, they become institutionalized and less humane. In other words, they devise a type of dependency on the institution that affects the performance of their autonomy. Free will is then left behind submitted to the institutional power. They become robots, mere tasks and orders accomplishers, damaging their subjective dimension and their auto-determination, due to reduced freedom limit to make decisions. As a consequence, their vulnerability is similar to those individuals living in closed institutions.

All adversities demonstrated in this study are barriers that make strengthening the collective difficult. The fact indicates the need to overcome the corporative feature of these professional categories and the conventional management models.

Hence, the role performed by nurses in a management position, aware that management work includes technical-scientific and political dimensions guided to communication and citizenship development, is of great importance.

With this understanding in mind, a nursing management will most certainly make decisions shared with its team, aware of all members' contributions, strengthening the requirement power over superior sectors with a view to improve the work process, impacting care delivery[15].

In addition, it is relevant that nursing services mangers responsibilities regard personnel dimensioning according to COFEN's Resolution 293/2004 that established parameters for the calculation of nursing staff in health institutions. Along with this resolution, the need to accomplish article 16 of the Nursing Professional Ethics Code is mandatory. It regards the responsibility and duty of nurses to ensure nursing care continuity under conditions that offer security.

Finally, we consider that the activity of the Focal Group developed in this present study, counting on the participation of nurses from the academy and services and a psychologist, demonstrated that a deeper reflection on on-duty nursing work can be very profitable, pointing the focal group strategy as propitious to creating spaces for improving the collective understanding.

May all nursing professionals, all of us integrating education and care, keep the sense of our work and its objective – *the patient* – close in every dimension, making efforts to collective construct health care, eliminating barriers, overcoming obstacles, creating spaces with boldness, commitment and determination.

REFERENCES

1. Shimizu HE, Ciampone MHT. As representações dos técnicos e auxiliares de enfermagem acerca do trabalho em equipe na Unidade de Terapia Intensiva. Rev Lat Am Enferm. 2004; 12(4):623-30.
2. Leopardi MT. Entre a moral e a técnica: ambigüidades do cuidado de enfermagem. Florianópolis: UFSC; 1994.
3. Leopardi MT, Beck MLC, Nietsche EA. Metodologia da pesquisa na saúde. Santa Maria: Palotti; 2001.
4. Lefèvre F, Lefèvre AMC, Teixeira JJV. Depoimentos e discursos: uma proposta de análise em pesquisa social. Brasília: Líber Livro; 2005.
5. Wisner A. A inteligência no trabalho: textos selecionados em ergonomia. São Paulo: FUNDACENTRO; 1994.
6. Seligmann-Silva E. Desgaste mental no trabalho dominado. São Paulo: Cortez; 1994.
7. Gehring Júnior G, Correa Filho HR, Vieira Neto JD, Ferreira NA, Vieira SVR. Absenteísmo: doença entre profissionais da rede básica do SUS Campinas. Rev Bras Epidemiol. 2007;10(3):401-9.
8. Jackson Filho JM. Desenho do trabalho e patologia organizacional: um estudo de caso no serviço público. Rev Produção. 2004;4(3):58-66.
9. Maia MAB, Osório C. Trabalho em saúde em tempos de biopoder. Arq Bras Psicol. 2004; 56(1):71-80.
10. Clot Y. La fonction psychologique du travail. Paris: PUF; 1999.
11. Deslandes SF. Análise do discurso oficial sobre a humanização da assistência hospitalar. Ciênc Saúde Coletiva. 2004;9(1):7-14.
12. Oliveira BRG, Collet N, Vierira CS. A humanização na assistência à saúde. Rev Lat Am Enferm. 2006;14(2):277-84.
13. Collet N, Rozendo CA. Humanização e trabalho na enfermagem. Rev Bras Enferm. 2003; 56(2):189-92.
14. Leite PC, Silva A, Merighi MAB. A mulher trabalhadora de enfermagem e os distúrbios osteomusculares relacionados ao trabalho. Rev Esc Enferm USP. 2007;41(2):287-91.
15. Felli VEA, Peduzzi M. O trabalho gerencial em enfermagem. In: Kurcgant P, coordenadora. Gerenciamento em enfermagem. Rio de Janeiro: Guanabara Koogan; 2005. p.1-13.

Correspondence addressed to: Heloisa Wey Berti
Rua Magnólia, 420 - Jd. Bom Pastor
CEP 18607-670 - Botucatu, SP, Brazil