

Pleasure and Suffering at Work: Study with Current Health Professionals in Urgency Units

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Abstract— Objective: The objective of this study was to identify the factors that cause pleasure and suffering in the context of the work of health professionals who work as team coordinators in urgent and emergency care services. **Methods:** The application was performed with 13 health professionals, using the Pleasure and Suffering at Work Scale and Work Context Assessment Scale for data collection. **Results:** The results showed the main variables that can contribute to the pleasure and / or the task of not working, and the risks of becoming ill. **Conclusion:** It is concluded that there is an urgency of enabling spaces for action and intervention in organizations, in order to enhance work pleasure, minimize suffering and consequent illness.

Keywords— Stress, Job Satisfaction, Work. Emergencies.

Prazer E Sofrimento No Trabalho: Estudo Com Profissionais De Saúde Atuantes Em Unidades De Urgência

Resumo— Objetivo: O estudo teve por objetivo identificar os possíveis fatores causadores de prazer e de sofrimento no contexto de trabalho de profissionais de saúde que desempenham o cargo de coordenadores de equipe em serviços de atendimento de urgência e emergência. **Métodos:** A amostra foi feita com 13 profissionais de saúde, utilizou-se a Escala de Indicadores de Prazer e Sofrimento no Trabalho e a Escala de Avaliação do Contexto de Trabalho para coleta de dados. **Resultados:** Os resultados evidenciaram as principais variáveis que podem contribuir para o prazer e/ou para o sofrimento no trabalho, e os —riscos de adoecimento. **Conclusão:** Concluímos que é urgente a viabilização de espaços de escuta e intervenção nas organizações, de forma a potencializar o prazer no trabalho, minimizando o sofrimento e, consequente adoecimento.

PALAVRAS-CHAVE— Estresse. Satisfação no trabalho. Trabalho. Emergências.

Prazer Y Sufrimiento En El Trabajo: Estudio Con Profesionales De Salud Actuantes En Unidades De Urgencia

Resumen— *Objetivo: El estudio tuvo por objetivo identificar los posibles factores causantes de placer y de sufrimiento en el contexto de trabajo de profesionales de salud que desempeñan el cargo de coordinadores de equipo en servicios de atención de urgencia y emergencia. Métodos: La muestra fue hecha con 13 profesionales de salud, se utilizó la Escala de Indicadores de Placer y Sufrimiento en el Trabajo y la Escala de Evaluación del Contexto de Trabajo para la recolección de datos. Resultados: Los resultados evidenciaron las principales variables que pueden contribuir para el placer y / o el sufrimiento en el trabajo, y los riesgos de enfermedad. Conclusión: Concluimos que es urgente la viabilización de espacios de escucha e intervención en las organizaciones, de forma a potenciar el placer en el trabajo, minimizando el sufrimiento y, consecuentemente la enfermedad.*

Palabras Clave— *Estrés, Satisfacción en el trabajo, Trabajar, Emergencias.*

I. INTRODUCTION

Marx (1996: 71) conceptualizes work as "[...] a process between man and nature, a process in which man, by his own action, mediates, regulates, and controls his metabolism with Nature". In this relation, humans act on the nature that surrounds them, modifying it, at the same time that they modify themselves.

Work is a relevant factor in the life of man and has been going through the years undergoing major transformations in all spheres, mainly as a consequence of technological innovations that have led to the mechanization of operational work, and increased psychic suffering (DEJOURS; DERANTY, 2015).

In order to investigate the mental consequences of the work, between 1950 and 1960 appears in France the Psychopathology of the Work, a discipline that deals with the psychic suffering due to the organization of the work (DERANTY; 2009). Cristophe Dejours is undoubtedly the greatest representative of this theoretical approach and, over time, found that the great enigma of Work Psychopathology was not mental illness but rather normality, leading to an understanding of the defensive strategies (individual and / or collective) adopted by workers in order to avoid disease and achieve psychic balance (MERLO; MENDES, 2009).

From this finding, it was proposed to change the name of the discipline for Psychodynamics of Work (GIONGO; MONTEIRO; SOBROSA, 2009; MENDES, 2009). In this context, the organization of work is the central point for the investigation of the dimensions of the human condition (MENDES, 2009), but it not only addresses suffering but also pleasure in work activities.

The changes that have occurred and are still occurring in the world of work have affected the health of workers in an intensive manner. In the hospital environment, in some cases, the environment can become unhealthy, difficult and dangerous for workers. The hospital activities, as well as in the industries, are fragmented which produces workers now compromised and now unmotivated (ELIAS; NAVARRO, 2006).

The worker who develops his functional activities in hospital services of emergency and emergency attendance constantly experiences situations of decision making and deals with the unpredictable that can contribute to the increase of the suffering and the stress (ALMEIDA, 2007).

The activities that are performed in the hospital environment have a complexity and uniqueness in relation to the various types of work that exist, and because it is an essential work of 24-hour care in an emergency and emergency situation, it causes a lot of wear and tension. The services are continuously adjusted to the needs and demands of the clients, making the workers experience continuous innovation, agility, creativity and proactivity to plan and face the changes, which can lead to suffering (BOUYER, 2010).

Health work is the conjuncture of the relationship between the professional and the users. It is in this meeting that the light technology is developed, that is, the production of communication between the health worker and the patient. This relational dimension can enable both a positive factor and a negative factor in the worker's mental health (GLANZNER; OLSCHOWSKY; KANTORSKI, 2011).

The pleasure of the professional in the exercise of his activities is to see that his work is being fulfilled in a satisfactory way. Displeasure is related to the way your work is organized and the conditions under which it is provided. Although hospital work is seen as exhausting, it is noted as a source of pleasure for the possibility of helping others (ROSA; CARLOTTO, 2005; MARTINS; ROBAZZI; GARNHANI, 2009).

Organizations are assuming ever more strategic roles and the way professionals face this strategic challenge can be a source of suffering and/or pleasure, and it is important to know their possible triggering factors, which legitimizes the relevance of this study (CASTRO; CANÇADO, 2009).

Faced with these issues, we understand that this study is relevant, as it is current because of the constant changes in the process of sickness of health professionals that require their approach in the training processes to meet the demands of individuals and services. It also enables reflection and a greater understanding of the characteristics and particularities of the work in the context of urgency and emergency.

Thus, the present research aimed to identify the possible factors causing pleasure and suffering in the work context of health professionals who perform the position of team coordinators in urgency and emergency care services.

II. METHOD

The survey consisted of the total number of health professionals only of the emergency and emergency services ($n = 13$), who occupied the position of team coordinator in the emergency department, as the main labor activity, distributed in two categories: Nurses and Doctors. All of them met the inclusion criteria: working in the role of team coordinator of the Emergency Department for at least one year.

This research used as an instrument of data collection a closed questionnaire composed of two parts. The first part of the questionnaire required demographic and functional data of the respondent, namely: gender, training course, marital status, age, professional working time. The second part of the questionnaire referred to the Work Inventory and Risk of Sickness Scale (WIRS), developed by Mendes and Ferreira (2007): the Pleasure and Suffering at Work Indicator Scale (PSWIS) and the Working Context Evaluation Scale (WCES). It should be stressed that none of the participants gave up during this process and no problems were identified for the collection of data.

The PSWIS scale describes the meaning of the work demonstrating representations regarding the experiences of pleasure and suffering at work, and the WCES describes the context of the work, referring to representations related to the organization, the socio-professional relations and the working conditions. The first one consists of 32 descriptive inferences, grouped into four variables: "Professional Realization" and "Freedom of Expression" referring to pleasure; "Professional Exhaustion" and "Lack of Recognition" associated with suffering. The second contains 31 descriptive inferences, grouped into three variables: "Work Organization", "Working Conditions" and "Socio-professional Relations".

In this context, the PSWIS and WCES have the purpose of assisting in the diagnosis of critical indicators at work, aiming at a descriptive analysis of the real, outlining a profile of some factors that may lead the worker to illness. The parameters for the evaluation and interpretation of the results obtained through the WCES and PSWIS were summarized in Table I.

Table I - Parameters for the evaluation and interpretation of the results obtained through the WCES and PSWIS.

Scale	Parameters	Level	Evaluation
Working Context Evaluation Scale (WCES)	Over 3.7	Severe	More Negative
	Between 2.3 and 3.69	Critical	Moderate
	Under 2.29	Satisfactory	Positive
Pleasure and Suffering at Work Indicator Scale (PSWIS)	Over 4.0	Severe	More Negative
	Between 3.9 and 2.1	Critical	Moderate
	Under 2.0	Satisfactory	Positive

Source: MENDES and FERREIRA, 2007.

Data collection began in the months of February to April 2015, at a time previously scheduled with all participants. The quantitative descriptive case study

included professionals from four hospitals of the Hospital Foundation of the State of Minas Gerais (FHEMIG), located in the city of Belo Horizonte (MG), which

provide emergency and emergency services to the population. The unit of analysis chosen in this research was the working context of the health professionals of the emergency and emergency services of the FHEMIG Network.

According to Decree 45.691, of August 12, 2011, FHEMIG provides hospital and health services, at a regional and state level, at secondary and tertiary levels of complexity, through a hospital structure integrated with the Unified Health System (UHS) , with administrative and financial autonomy grouped in 21 care units in the State of Minas Gerais (MINAS GERAIS, 2011). The scenarios of this study were the hospital units are part of the emergency and emergency complex located in the city of Belo Horizonte the study scenario.

Regarding the profile of care, the main services offered by the four hospitals concern: care for victims of major burns; urgent medical care for orthopedic trauma in victims of serious accidents; medical care in cases of poisoning or severe intoxication; medical and hospital care for injured people in cases of major catastrophes; urgent surgeries for patients at risk of death; urgent medical clinic service; medical treatment for adults in need of intensive and intermediate care; child care for pediatric emergencies and emergencies, infectious diseases and complex diseases; oncology. The specialties contemplated are: general surgery; medical clinic; pediatrics; neurology, neurosurgery; orthopedics; restorative plastic surgery; oral and maxillofacial surgery and traumatology; otorhinolaryngology; intensive medicine; anesthesiology; cardiovascular surgery; ophthalmology.

For the analysis of the results the statistical package *Statistical Package for Social Science* (SPSS) version 19 was used. The data obtained through this statistical program were systematized in tables and graphs for a better understanding of the results. The elements that compose the factors related to PSWIS and WCES were grouped in tables following the order of each scale. The descriptive and univariate statistical analysis of the data obtained included the determination of absolute frequency and percentage frequency distributions, mean, standard deviation, maximum values and minimum values.

This study began after the authorization of the Ethics and Research Committees of the Federal

University of Minas Gerais and the Hospital Foundation of the State of Minas Gerais (CAAE 38956614.2.0000.5149 and 38956614.2.3001.5119, respectively). All requirements of Resolution 466 of December 12, 2012, which regulate research involving human beings were met (BRASIL, 2012).

III. RESULTS

The sample of this research was composed of 13 health professionals from the emergency and emergency services (n = 13), who were the coordinator of the emergency room team of four FHEMIG hospitals, located in Belo Horizonte (MG).

The predominant profile of the analyzed sample was of female participants (69.23%), age between 29-38 years (53.85%), the predominant training course was Medicine (61.54%), marital status married (53.85%), and professional time as a team coordinator from one year to ten years (53.85%).

The following are the results of PSWIS and WCES, which allowed the identification of possible risks of illness at work.

3.1 Pleasure and Suffering at Work Indicator Scale (PSWIS)

The PSWIS is composed of the factors "Freedom of expression" and "Professional realization" - related to pleasure - and "Professional exhaustion" and "Lack of recognition" - associated with suffering (MENDES; FERREIRA, 2007).

In PSWIS the items are evaluated by a seven-point Likert scale, where 0 = no time, 1 = once, 2 = twice, 3 = three times, 4 = four times, 5 = five times, 6 = six or more times.

They are considered as results for PSWIS factors related to *pleasure at work*: below 2.0 = evaluation for rarely at a serious level; between 2.1 and 3.9 = moderate evaluation at critical level; above 4.0 = more positive evaluation at satisfactory level.

As can be seen in Table II, the results of the experience of *pleasure at work* analyzed based on the factors "Freedom of Expression" and "Professional Achievement", had the averages of 4.09 and 3.92, respectively. The first factor presents a positive evaluation at a satisfactory level, and the second a moderate assessment at a critical level.

Table II - Descriptive statistics of the four PSWIS variables

Factor	General media	Level	Evaluation
Freedom of expression	4.09	Satisfactory	Positive
Professional achievement	3.92	Critical	Moderate
Professional Exhaustion	3.02	Critical	Moderate
Lack of Recognition	2.26	Critical	Moderate

Source: Research Data, 2015.

For the PSWIS factors associated with suffering at work, the following are considered as results: below 2.0 = positive evaluation at satisfactory level; between 2.1 and 3.9 = moderate evaluation at critical level; above 4.0 = more negative evaluation at the severe level. According to data from Table II, it can be observed that the variable Professional Exhaustion received a slightly higher mean (3.02) than Lack of Recognition (2.26), making it more negative for the health of the professional, even so, the

two evaluations can still be considered moderate at critical level.

Table III presents the detail of the set of items belonging to each of the four factors. It is observed that the items that most provide the feeling of pleasure are related to: "freedom to express their opinions" (4,45); "Talk to colleagues about work" (4,44); of "negotiation with the chief" (4,35); "Pride in what he does" (4,56); "Professional achievement" (4,33); and "general well-being" (4,09).

Table III - Descriptive statistics of the four variables and the PSWIS items

Factor	Items	Average
Freedom of expression	Freedom with the leadership to negotiate what you need	4.35
	Freedom to talk about my work with colleagues	4.44
	Solidarity among colleagues	3.95
	Trust among colleagues	3.73
	Freedom to express my opinions in the workplace	4.45
	Freedom to use my creativity	4.04
	Freedom to talk about my work with the bosses	4.11
	Cooperation among colleagues	3.62
Professional achievement	Satisfaction	3.85
	Motivation	3.95
	Pride for what I do	4.56
	Well being	4.09
	Professional achievement	4.33
	Appreciation	3.47
	Recognition	3.07
	Identification with my tasks	4.15
Professional Exhaustion	Personal gratification with my activities	3.85
	Emotional exhaustion	3.31
	Stress	3.56
	Insatisfaction	2.62
	Overload	3.78
	Frustration	3.04
	Insecurity	2.55
Lack of Recognition	Fear	2.31
	Lack of recognition of my effort	2.64
	Lack of recognition of my performance	2.64
	Devaluation	2.40
	Indignation	2.91
	Uselessness	1.76
	Disqualification	1.82
	Injustice	2.27
	Discrimination	1.60

Source: Research Data, 2015.

Among the items that most contribute to suffering are "stress" (3.56) and "overload" (3.78).

3.2 Working Context Evaluation Scale (WCES)

The description of the work context are representations related to the variables "Work

organization", "Socio-professional relations" and "Working conditions", evaluated through the WCES (MENDES, 2007). In WCES the items are evaluated by a five-point Likert scale, where 1 = never, 2 = rarely, 3 = sometimes, 4 = frequently, 5 = always. The following are considered as results for WCES factors: below 2.29 = more positive, satisfactory evaluation; between 2.3 and 3.69 = more moderate evaluation at critical level; above

3.7 = more negative evaluation at a serious level (MENDES; FERREIRA, 2007).

The results of the descriptive statistics regarding the WCES variables and the factors that compose this scale are presented in Table IV. As it is possible to observe, all the variables present critical level, with moderate evaluation.

Table IV - Descriptive statistics of the three WCES variables

Factor	General Average	Level	Evaluation
Work organization	3.68	Critical	Moderate
Work Conditions	3.20	Critical	Moderate
Socio-professional Relations	2.89	Critical	Moderate

Source: Research data, 2015.

Table V presents the detail of the set of items belonging to each of the three variables. It is observed that the items that most provide a negative evaluation at a serious level in the variable Labor Organization are: "excessive work rhythm" (4.23); "Strong collection for results" (4.15); Term pressure (3.92); and "insufficient number of employees to perform the tasks" (3.92).

Table V - Descriptive statistics of the three variables and WCES items

Factor	Items	Average
Work Organization	The pace of work is excessive	4.23
	Tasks are met with time pressure	3.92
	There is strong charge for results	4.15
	The norms for carrying out the tasks are strict	3.46
	Performance monitoring exists	3.69
	The number of people is insufficient to perform the tasks	3.92
	Specific results are out of touch	2.92
	There is a division between who plans and who executes	3.38
	Tasks are repetitive	3.31
	Time to take rest breaks at work	3.85
	The tasks performed suffer discontinuity	3.62
Work conditions	Working conditions are precarious	3.62
	The physical environment is uncomfortable	3.46
	There is a lot of noise in the work environment	3.15
	The furniture in the workplace is inadequate	3.23
	The instruments of work are insufficient to carry out the tasks	3.38
	The workstation is inadequate to perform the tasks	2.85
	The equipment required to carry out the tasks is precarious	3.15
	The physical space to do the work is inadequate	2.92
	Working conditions pose risks to the safety of people	3.15
Socioprofessional relations	Consumption material is insufficient	3.08
	Tasks are not clearly defined	2.92
	Autonomy does not exist	2.85
	The distribution of tasks is unfair	2.69
	Officials are excluded from decisions	2.77
	There are difficulties in communication between manager and subordinates	2.38
	There are professional disputes in the workplace	3.23

Lack of integration in the work environment	3.23
Communication between officials is unsatisfactory	3.46
Lack of managerial support for my professional development	2.62
The information I need to perform the tasks is difficult to access	2.77

Source: Research data, 2015.

It should be noted, finally, that no item of any of the variables received a positive evaluation, at a satisfactory level.

IV. DISCUSSION

4.1 Pleasure and Suffering at Work

Our results showed that the items "Freedom to express my opinions in the workplace", "Freedom to talk about my work with colleagues" and "Freedom to negotiate what I need" positively influence the average "Freedom of expression". This variable points out that pleasure seems to be linked to the possibility of participation in decisions, the support of the bosses for the development of work, autonomy and freedom of expression. Such results confirm the logic of work as capable of providing pleasure and becoming part of the psychic economy as an irreplaceable mediator in the construction of a sense of health and self-realization (DEJOURS; DERANTY, 2015).

In this way, the freedom to think about the scope of work minimizes suffering by taking the worker to an experience of pleasure together with the structuring of psycho-affective coexistence with colleagues, a fact that corroborates our results. We can also infer that pleasure is part of the attempt to transform the reality that surrounds the subject in his own desires, that is, pleasure in work is the coherence between the aspects of work and the psychic needs and desires of the worker. A study carried out with workers from a commercial building diverges from our findings, as this showed a critical level for this factor, indicating a state of alert, indicating a need for intervention in the short and medium term (MARTINS; ROBAZZI; GARANHANI, 2009; FERREIRA; MENDES, 2001; DEJOURS, 1992).

Pleasure should be seen as a structuring factor of the work, and can be experienced to the extent that the individual manages to exert some influence in the way the work is planned and organized, resulting in a greater commitment to the process and its results (BEN, 2004). "It is through this recognition of the contribution of the subject that the suffering necessarily involved in the work can be sublimated into pleasure, that is, an experience of subjectivity or of an increase of identity" (DERANTY, 2009, p. 45).

The process of people management is permeated by the ability to plan and organize the processes of teamwork, so the participants of this study reaffirm their

potential of pleasure in work subjectively consolidating their identity as unit coordinator.

However, in a detailed analysis of the other items of this factor ("Freedom of Expression"), it is worth mentioning that the descriptors that negatively influenced the averages were "peer solidarity", "peer trust" and " ", Presenting a moderate assessment and critical level, which indicates that social interactions need to be improved.

We understand that cooperation is related to the will of individuals to work as a team, in order to collectively overcome the contradictions of the work organization itself. Cooperation as an element relating to the freedom factor cannot be prescribed and its absence can lead to a blockade of production (LANCMAN; SZNELWAR, 2008).

When analyzing the variable "Professional Achievement", we verified that the item "recognition" obtained the lowest average (3.07), being considered as critical level. The best evaluation descriptions were "professional achievement" and "pride in what I do" that relate the person's identification with their work. The results of the analysis of the items of this variable influenced more negatively the general averages (3.92) and indicated critical level and moderate evaluation.

It is undeniable that recognition is one of the elements of great importance in the daily life of the worker, being considered as a significant factor for the development of the professional, acting directly on their motivation. We emphasize that our results presented an average for the item "motivation" of 3.95, which although the evaluation is considered moderate, is very close to the average of a satisfactory evaluation; thus we understand that the health professionals participating in this study are in a tenuous context between motivation and demotivation which can directly impact the work process and inter-professional relations.

Professional Realization confirms that pleasure and recognition are ideas that interact with each other and are central elements for the understanding of suffering, assigning a new meaning to the organization of work. In this perspective, the recognition and motivation that in this study denote a critical state / level, can mean fragility

in the socio-professional relations (MENDES, 2007; FERREIRA; MENDES, 2001).

The variables "Professional Exhaustion" and "Lack of Recognition" are considered to cause suffering and distress. The analysis of the results of this research registered general averages of 3.02 and 2.26 for such variables concurrently, thus registering a critical level and moderate evaluation for both.

The "stress" (3.56) and the "overload" (3.78) are the items that contribute the most to the Professional Exhaustion according to the interviewees, obtaining the highest averages. The current literature is consensual in stating that stress is a factor that requires a lot of attention, since it can lead the worker to physical and psychic illness. The most common physical symptoms are headaches, insomnia, and fatigue; and the psychic symptoms refer to anxiety, depression, decreased concentration and fear (KARASEK; THEORELL, 1990). Work overload can also be harmful to the professional as it culminates in work accidents, dissatisfaction, and a growing desire to quit (SCHMOELLER; et al, 2011). These negative effects are due to the fact that the exhaustive workload interferes in the moral and functional capacity of the nurses besides culminating in damages to the health of the patients (MANETTI; MARZIALE, 2007).

Suffering may be concealed from the defense strategies that the individual will produce in his work context, but this concealment of suffering can be potentiated causing physical damage to the health of the worker, which may result in removal from work and/or loss in productivity and quality of services provided (MOUTINHO, 2011).

In view of these results, it is necessary to reflect on the suffering caused by the professional exhaustion that can lead to a decrease in income at work and may be the result of the organization and working conditions to which the health professionals participating in this study are exposed. Suffering enters the life of the person independent of their will or institutional orders, this may be due to the organization of the activities developed and has been studied throughout the history of the work, but without due attention as a reaction of the worker (BRANT; GOMEZ, 2007; BRANT; GOMEZ, 2009).

Finally, the variable "*Lack of Recognition*" that evaluates the experience of injustice, indignation and devaluation by the non-recognition of their work, obtained a general average of 2.26. In this work, a general low average was observed, but still at the critical level, moderate evaluation; (2.91), "*lack of recognition of my*

effort" (2.64) and "*lack of recognition of my performance*" (2.64).

Recognition is part of a process of valuing the suffering employed in the work, so their lack generates a sense of injustice and causes workers to draw defensive strategies to deviate from mental illness. If the dynamics of recognition are no longer worked by the individual, suffering can no longer be transformed into pleasure which can result in experiences of indignation and devaluation, in order to compromise the identity in the work (MENDES, 2007; BOUYER, 2010).

This analysis of PSWIS results showed that the health professionals participating in this study experience both pleasure experiences and experiences of suffering at work, as presented in other studies (ALMEIDA; PIRES, 2007; CASTRO; CANÇADO, 2009; AUGUSTO; FREITAS; MENDES, 2009; PRESTES; et al, 2014).

This finding allows us to think that there is pleasure and it can counteract the suffering experienced by the respondents, which can contribute to the psychic balance. Even motivated by suffering, the subject has the potential to promote changes in the way of working through autonomy, leading him to transform or reduce suffering (LANCMAN; SZNELWAR, 2008).

Modern man sees in work a form of salvation, a way of overcoming uselessness and meaninglessness in life, however, the present society consumes the individual and transforms it into a mechanical being that is becoming only a part of a larger gear which seeks to frame life in models and despises subjectivity. The machine man becomes a product or a function for society, it dominates the technologies, but it is unknown as a subject, that is, it lives a alienation of the emotions and the senses (SIQUEIRA, 2008).

4.2 Work context

The variable "*Work Organization*" analyzes the division and content of tasks, norms, controls and work rhythm. From the analysis of our results we can understand that this variable is in a critical situation and very close to the serious condition (3,68), which requires greater attention so that there is no risk of illness with a negative result and cost producer and suffering at work (MENDES, 2007).

In the particular analysis of the items composing this variable, "*Pay for results*", "*work rate*" and "*insufficient number of people to perform the tasks*", were evaluated by professionals as severe, in which the averages were 4.15, 4.23 and 3.92 respectively.

The organization of work generates contradictory forces on the professional that confront the desire of the

individual and the reality of work, such as doing more versus doing good. In this scenario, we perceive that the transformation of suffering is based on the freedom of the worker to adjust the reality of the work to their needs (MENDES, 2009).

The second factor analyzed was the variable "Working Condition" that defines the quality of the physical environment, the work station, the equipment and materials made available for the work (MENDES, 2007). In this study, the analysis of the data resulted in an average value of 3.20 which presents borderline situation being considered critical level, moderate evaluation.

The items that presented lower averages, based on the statistical analysis of this research, were: "*The physical space to perform the work is inadequate*" and "*the workstation is inadequate to carry out the tasks*" presenting averages of 2.92 and 2.85 respectively. Hereafter, the items with the highest averages of the applied scale were "*Working conditions are precarious*" with a mean of 3.62 and "*The physical environment is uncomfortable*" with an average of 3.46. Although different, all the results point to a critical level and moderate evaluation which means lessened risk of illness, but which demand the implementation of measures in the causes in order to eliminate them and/or to mitigate them.

The precariousness of working conditions, the experience with the pain of the other, the existence of accumulation of positions and the increase in the scale of work can lead the health professional to the psychic suffering. The prolongation of the time dedicated to work due to the long journey reduces the time of family life being a factor of distress for the health professional (ROSA; CARLOTTO, 2005).

The last factor that makes up the WCES relates to the variable "*Socio-professional Relations*" which analyzes the modes of work management, communication and professional interaction (MENDES, 2007). The analysis culminated in an average value of 2.89, which is also a critical factor and indicates a state of alertness. In the particular analysis of the items we highlight "*The communication between employees is unsatisfactory, with an average of 3.46,*" "*There are professional disputes in the workplace*", with a mean of 3.23 and "*Lack of integration in the work environment*", where the mean was 3.23. The lower value items were: "*There are difficulties in communication between manager and subordinates*", with a mean of 2.38 and "*Lack of managerial support for my professional development*", with an average of 2.62. Corroborating with the other variables related to the WCES presented, this one is also characterized with critical level and moderate evaluation.

These results converge with a study carried out with workers of a public research foundation, published in 2014, that sought to characterize the work context in all its dimensions; besides describing the experiences of pleasure and suffering, and investigating the mechanisms used to mediate suffering. Among its results, we emphasize that working conditions have proved to be precarious in terms of job design, which contributes to the destruction of relationships in public organizations, which can have undesirable consequences on the quality of services rendered to society (AUGUSTO; FREITAS; MENDES, 2015). This congruent finding, points to the need for inter-professional cooperation which is an additional element in the organization of work, which helps to overcome the contradictions presented and must be allied to trust between individuals.

As a limitation, it is possible to indicate that the qualitative approach was not used concomitantly with the quantitative approach. Mendes and Ferreira (2007) recommend the use of PSWIS and WCES in conjunction with other techniques, aiming at an apprehension based on different looks on the object of study. Thus, it is suggested for future research the use of the qualitative approach together with the quantitative approach to investigate the possible risks of illness of these workers.

However, this research was a great contribution in the academic field, since it collaborates to generate knowledge on the theme "health and work" and stimulate the development of new researches with health professionals based on the scientific approach of work psychodynamics. In the organizational context, the diagnosis of occupational health risks assists the health services in recognizing the possible risks of illness and also enables the use of the results by the participants themselves, to benefit the transformation of the work context.

V. CONCLUSION

The relevance of this study is the collection of data that can identify the main variables that may contribute to pleasure and / or suffering at work; in addition to the aspects related to the work context identified, which may represent risks of sickness of the health professionals who work in the emergency and emergency services occupying the position of team coordinator of the Emergency Care Sector.

The results of this research allow us to conclude that it is necessary to rethink the organization of work, the exercise of power, ethics, and especially the way of dealing with suffering and its consequences for the subject and the community. There is an urgent need to

create spaces for listening and intervention in organizations, so that work groups can be set up in all health services.

It is important to emphasize the importance of the implementation of permanent education actions on this subject in the services that were part of this study to minimize the risks of psychic illness of its workers. It is suggested to hold workshops, discussion groups and work activities that stimulate worker participation in an exercise of reflection and mutual cooperation aimed at improving work processes and inter-professional interaction, enhancing work pleasure, minimizing suffering and consequent illness.

INTEREST CONFLICTS

The authors of this paper have no conflicts of interest of any nature to declare.

SUPPORT

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