

NURSING STAFF'S STRAIN IN THE CARE FOR ONCO-HEMATOLOGICAL PATIENTS RECEIVING INPATIENT TREATMENT*

Jaçany Aparecida Borges Prudente¹, Nádia Chiodelli Salum², Francine Lima Gelbcke³,
Jorge Lorenzetti³, Jordelina Schier²

¹RN. M.A in Nursing. Teaching Hospital of the Federal University of Santa Catarina. Florianópolis-SC-Brazil.

²RN. Ph.D in Philosophy, Health and Society. Teaching Hospital of the Federal University of Santa Catarina. Florianópolis-SC-Brazil.

³RN. Ph.D in Philosophy, Health and Society. Lecturer of the Federal University of Santa Catarina, Florianópolis-SC-Brazil.

ABSTRACT: This is qualitative research using Convergent-Assistential Research as the design, aiming to investigate the strain of nursing staff in the care for onco-hematological patients receiving inpatient treatment. Data collection was undertaken with 29 participants, through interviews and focus groups, in 2012. The analysis was thematic, supported by the state of the art and conceptual framework. The results show the striking presence of the strain, resulting from the daily and continuous exposure of the worker to the workloads, both of external materiality and internal materiality, with emphasis on the psychological burdens. It is concluded that the strain is inherent to the work, but that it is not isolated, it being the case that the personal characteristics and the choices which the worker makes for her life can influence it. Strain produces effects on the worker's health, on the work team, on the institution and on the patient herself; thus, it is necessary to use strategies in order to minimize it.

DESCRIPTORS: Nursing; Workload; Professional exhaustion.

O DESGASTE DE TRABALHADORES DE ENFERMAGEM NO CUIDADO A PACIENTES ONCO-HEMATOLÓGICOS HOSPITALIZADOS

RESUMO: Trata-se de pesquisa qualitativa tendo como desenho a Pesquisa Convergente-Assistencial, com objetivo de conhecer o desgaste de trabalhadores de enfermagem no cuidado a pacientes onco-hematológicos hospitalizados. A coleta das informações foi realizada com 29 participantes, através de entrevista e grupos focais, em 2012. A análise foi temática, sustentada pelo estado da arte e marco conceitual. Os resultados mostram a presença marcante do desgaste, decorrente da exposição diária e contínua do trabalhador às cargas de trabalho, tanto de materialidade externa, quanto de materialidade interna, com ênfase para às cargas psíquicas. Conclui-se que o desgaste é inerente ao trabalho, contudo não isolado, sendo que as características pessoais e as opções que o trabalhador faz para sua vida podem influenciá-lo. O desgaste produz efeitos na saúde do trabalhador, na equipe de trabalho, na instituição e no próprio paciente; assim é necessária a utilização de estratégias para minimizá-lo.

DESCRIPTORIOS: Enfermagem; Carga de trabalho; Esgotamento profissional.

EL DESGASTE DE TRABAJADORES DE ENFERMERÍA EN EL CUIDADO A PACIENTES ONCO-HEMATOLÓGICOS HOSPITALIZADOS

RESUMEN: Esta es una investigación cualitativa, cuya base es la Investigación Convergente-Assistencial, que tuvo el objetivo de conocer el desgaste de trabajadores de enfermería en el cuidado a pacientes onco-hematológicos hospitalizados. Las informaciones fueron obtenidas con 29 participantes, por medio de entrevista y grupos focales, en 2012. El análisis fue temático, fundamentado por el estado de arte y marco conceptual. Los resultados muestran la presencia distintiva del desgaste, que viene de la exposición diaria y continua del trabajador a las cargas de trabajo, tanto de materialidad externa, cuanto de materialidad interna, con énfasis en las cargas psíquicas. Se concluye que el desgaste es inherente al trabajo, sin embargo no aislado, siendo que las características personales y las opciones que el trabajador hace para su vida pueden influenciarlo. El desgaste produce efectos en la salud del trabajador, en el equipo de trabajo, en la institución y en el propio paciente; así es necesaria la utilización de estrategias para minimizarlo.

DESCRIPTORIOS: Enfermería; Carga de trabajo; Agotamiento profesional.

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Corresponding author:

Jaçany Aparecida Borges Prudente
Hospital Universitário Polydoro Ernani de São Thiago
Rua Profª. Maria Flora Pausewang, s/n-88036-800-Florianópolis-SC-Brasil
E-mail: jacanyborges@yahoo.com.br

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INTRODUCTION

Scholars who discuss work and its relationship with the worker believe that the work process can influence the workers' strain⁽¹⁻⁵⁾. Nevertheless, strain cannot be analyzed only in the light of the environmental conditions in the work process in which the worker is inserted, it being fundamental to add one concept which explains the origin of the strain – the burdens resulting from the work⁽¹⁾.

These burdens are present in the work processes and "interact dynamically between themselves and the worker's body, creating processes of adaptation which are translated into strain"^(1:110); these are divided into the burdens of external materiality and burdens of internal materiality.

In this perspective, it is possible to recognize the burdens of external materiality in the nursing work: physical – noises, heat, cold, humidity, light, ventilation, ionizing radiation; chemical – products which are handled, such as antibiotics and chemotherapy agents, gases, vapors, powders, smoke, pastes, liquids (antiseptics, disinfectant agents, sterilizing agents); biological – through the contact with parasites, bacteria, viruses, fungi (arising from infectious-contagious illnesses, fluids and secretions, and the handling of contaminated materials); mechanical – relating to work on projects, the technology used, the conditions of installing and maintaining materials and equipment which can lead the worker to bruises, fractures, wounds and other injuries^(4,6).

The burdens of internal materiality found in the nursing work, on the other hand, are: physiological – resulting from the visual and physical effort, uncomfortable and inappropriate positions, disruption in the circadian cycle, work overload, overtime, working double or even triple shifts, shift work; psychological – arising from the stress at work, from the pace and the intensity used, from how the work is organized and divided, from coexisting alongside pain, suffering and death, from the need for training, and from the relationships of power, among others^(4,6).

In this context, the nursing worker is exposed to various burdens in exercising her role, as she lives, on a daily basis, with the specific characteristics of a work process and the weaknesses with which she is organized, as well as the difficulties faced by the profession^(3,7).

In caring for onco-hematological patients, the nursing worker adds the normal burdens of the work process to the work overload arising from the demands for care, both in relation to the technical-assistential needs and in relation to the demands for emotional support for the patient, family members and companions during therapy. Furthermore, she also lives alongside the striking presence of the pain, suffering and death of the patients with whom she builds bonds.

Among other issues, the work burdens are responsible for the emotional strain of the health and nursing workers, and the overload/excess of these burdens leads to the occurrence of accidents and health problems. The greater the burden, the greater the strain and the greater will be the compromising of the worker's health^(3-4,8-9).

The weaknesses in the organization of the work, and the difficulties of the profession, also lead the nursing workers to burdens which can be reflected in harm to their physical and mental health, resulting from the lack of materials, equipment and staff, low salaries, lack of recognition, high technical and technological complexity; and complex interpersonal relationships, whether with the multi-professional team, the patients, the companions or the students⁽³⁻⁴⁾.

As well as interfering in the worker's health, strain compromises her work, as it affects performance, reduces productivity and weakens the provision of the care; it promotes absenteeism, staff turnover, and the risks of work accidents. Above all, strain interferes in the cohesion of the work team, destabilizes the institution, and places a heavy burden on society. The reduced number of professionals in the care is a determinant factor for the increase of the workers' physiological and psychological burdens⁽⁸⁻¹⁴⁾.

The work, however, also contributes to the workers' health as a source of pleasure and a means of subsistence. Through it, the individual is constituted as a subject, affirming her identity and her desire to be recognized socially. The work brings personal and professional actualization, comfort, stability, security, material goods and the pleasure of caring for her patients^(2-3,15-18).

Thus, this study aims to investigate nursing workers' strain, in the care for onco-hematological patients receiving inpatient treatment, as it is understood that these workers are exposed to different work burdens, as a result of the specific characteristics of the care work.

METHOD

This is qualitative research, using as its design Convergent-Assistential Research (PCA), which allows "a close relationship with the care practice", with a view to seeking "alternatives for resolving or minimizing problems, undertaking changes, and introducing innovation in the practice"^(19:28-29).

The study was undertaken in a teaching hospital in the South region of Brazil, with 29 nursing workers who work in an inpatient unit, responsible for attending onco-hematological patients. The choice of the participants was intentional, with the invitation to participate following explanation of the study's objectives. The inclusion criteria established was to be a nursing worker working in the unit studied; the exclusion criteria was to be off work as a result of sick leave, maternity leave or holiday.

The collection of information was undertaken in November 2012, through semistructured interviews and focus groups. The sample was made up of 29 workers. The following workers participated in the interviews: 07 nurses, 17 nursing technicians, 03 auxiliary nurses, and 02 health care assistants - while 04 nurses and 04 nursing technicians participated in the focus groups. Through the interview, it was sought to identify the nursing workers' understanding regarding the strain experienced in caring for the onco-hematological patients receiving inpatient treatment. Three meetings were also held using the focus group technique. The meetings occurred outside the participants' work hours, with an interval of one week between one and the other, each lasting approximately three hours. These allowed the participants to reflect on the work process in the inpatient unit, on the strain experienced, on the importance of caring for oneself and on the identification of the strategies used by the nursing workers in order to minimize the strain in the care for the onco-hematological patients receiving inpatient treatment. The collection of information was recorded, transcribed and analyzed, always preserving the participants' anonymity, these being identified with the letter "P", followed by the sequential number of their interview.

The analysis of the information took place simultaneously with collection, as, according

to PCA, at the time of collection the researcher already organizes the information obtained, seeking familiarities between them through the learning process. After the analysis was completed, the interpretation phase followed, in which the processes which explained to the study's findings were inserted. In the summarizing process, the participants' accounts were transcribed, these being organized by codes and then grouped by similarities, forming categories; in the theorization process, the categories were analyzed following the study's guiding questions, and the thematic analysis was supported by the state of the art and the conceptual framework; finally, in the transference process, the study's results were divulged.

The bio-ethical principles were observed through the work's submission to the Federal University of Santa Catarina's Committee for Ethics in Research with Human Beings (CEPSH-UFSC). It was approved under protocol N. 144.444, respecting Resolution N. 196, of 10th October 1996, which establish the Directives and Regulatory Norms for Research with Human Beings, in law at the time of the project's submission⁽²⁰⁾.

RESULTS

Of the 29 participants, 26 (89.65%) indicated the existence of strain in the care for onco-hematological patients, and 03 (10.35%) considered this strain to be inexistent, although they did record suffering in the situations of the patients' finitude.

The aspects of the strain indicated by the participants were organized in the following categories: What is strain? Does strain in the work exist? How is the strain manifested? Is it only the work that exhausts people? What is it that moves the worker to continue caring?

In the category 'WHAT IS STRAIN?' the workers associated it with physical, emotional and spiritual tiredness; with the continuous stress in the work, or the excess of it; with the professional disturbance caused by the fact that the patient is not cured; to the effort of trying to get the work done; with the demand for care when this goes beyond the limits of the worker's role; with the extra pressure occurring when one takes the work

home; and with what happens in a way which differs from what was planned.

They are actions or effects of the daily work, of the nursing routine, related to some physical or emotional harm resulting from the stress of the work, which is often repetitive, from the long working day, from working in two jobs. (P14)

In relation to the category 'DOES STRAIN IN THE WORK EXIST?' of the 29 participants in the study, 26 reported perceiving that strain exists in caring for onco-hematological patients.

You feel greater concern with this type of patient, you get more involved, both in professional and emotional terms, and you end up spending more time, more physical effort, more emotional effort: this patient depends more on you than the others do. (P06)

The strain also arose related to the specific character of caring for onco-hematological patients, and as a result of the pathology affecting very young patients.

I couldn't accept it when they [the patients] were youngsters of 17, 18, 19, 20, 25 years old. I used to imagine it as if they were my children, with them there, ebbing away little by little. And then, my God, my cases of depression, the bigger ones, were because of them [...] this kills us. (P17)

Of course physical strain exists, but we recover from physical strain, now emotional strain my God, we go home crying [...] I've been working in this area for more than 21 years, but I remember every one of them, each face, each name, each life history, you can't take an evening off from this, there are no holidays [from these memories]. We just learn to live with this, because you know that patients come and patients go [...]. I can't forget, I can't pretend that this is just one more. For me, each suffering is unique, mainly when we lose. (P20)

It may be perceived that the strain does not only occur through the work overload, but, above all, through coexisting with the suffering of the

other. The duration of the inpatient treatment and the environment of care influence the forming of the bond, in such a way that the worker and the patient come to share the tenderness in the care, the trust in the care and the hope of a cure. Nevertheless, due to the illness's complexity, they also share failures, sadnesses and sorrows, these last being responsible for the greatest strain in the worker.

In relation to the workloads, burdens of external and internal materiality were identified affecting the strain. In relation to the burdens of external materiality, they mainly point to the chemical and biological burdens, identified in the nursing service:

There's the chemical and biological risk [...]. Although I'm trying to do everything to take care of myself, as I learned during my training, using PPE. (P11)

In relation to the burdens of internal materiality, the participants indicate exposure to psychological and physiological burdens, highlighting the overload in attending the patients' demands and the demands posed by the work process, as while they care, they use the psychological and physical structures in the care for the onco-hematological patient. In the act of caring for the other, the worker becomes exhausted, as the demand posed by the work is generally greater than the time and the energy available for undertaking it, which is reflected in the care offered not always being what was desired.

Physical and emotional strain, the physical strain is what we live through in our day-to-day [...] the very low number of professionals [...]. Medications, vital signs, changing incontinence pads two or three times. And the emotional strain lies in the issue of those losses which leave us psychologically shattered. (P13)

Even though the prevalence of the work burdens was not sought, the participants emphasized that it is the psychological burdens which most promote strain in the nursing worker who cares for onco-hematological patients.

In the category 'HOW IS THE STRAIN MANIFESTED?' the participants confirmed that

the strain can provoke physical and psychological manifestations; among the physical manifestations, emphasis is placed on tiredness, fatigue, muscular pains, back pain, joint pain and headaches; while among the psychological manifestations, they highlight changes in mood and behavior, such as irritability, stress, distress, depression, aggressiveness, rebelliousness, tearfulness, sadness, lack of support, and need for conversing or introspection. They also emphasize that these manifestations of strain are reflected in the work, causing a reduction in pace, indisposition, lack of motivation and pleasure, dissatisfaction and hopelessness.

The strain is manifested when you begin to get irritated over little things, when you become depressed, saddened, when you begin to stop wanting to be positive, and to behave responsibly. It is manifested from the moment in which you no longer take pleasure in what you're doing. (P02)

In relation to the category 'IS IT ONLY THE WORK THAT EXHAUSTS PEOPLE?' the participants recognize that the strain is not attributed exclusively to the work, but also to the choices which the worker makes for her life, such as working in two jobs at the same time, private problems and even personal characteristics, which can increase the strain.

I think it is a set of things really, there is emotional strain, there is physical strain, but there are also the frustrations which we carry with us, which do not stop being a strain [...]. This strain comes from home as well, because you can't completely separate it, your home, your other work [...]. You have to weigh everything. (P11)

In the category identified as 'WHAT IS IT THAT MOVES THE WORKER TO CONTINUE CARING?' the participants emphasized that they are moved by liking caring, as caring for onco-hematological patients brings learning opportunities, satisfaction in helping to reduce the suffering, and the feeling of professional actualization. The following were emphasized as facilitating the work process: the length of the inpatient treatment, the involvement of the cohesion of the multi-professional team, the technological apparatus used, and extending

the worker's safety – such as diluting the chemotherapy medications in an appropriate place, and the availability of PPE.

In spite of the seriousness, these patients are extremely aware in relation to the illness, they are aware in their interaction with us, so access to them becomes easier. This exchange is greater. They even help you, look: today I've got chemo at such-and-such a time, not that we depend on this, but he is always switched on, and this is good, their active participation. (P13)

The participants also emphasized that they are motivated by the results which the care brings, as the care improves the patient's state, whether through the comfort provided or through the mitigation of the suffering. The workers present distinct feelings, such as: empathy, compassion, concern, insecurity, tension, distress and impotence. Above all, they feel gratified when they observed improvement in the patient's clinical status, as confirmation of a duty achieved and a job well done.

The good side of working with these patients is valuing life [cries, pauses] each patient who goes, leaves a great message. I see much more than illness, [...]. You begin to notice how important the little things in life are [...]. You learn to see with a new perspective, and this makes us reflect on our life, our actions, our thoughts. (P02)

The accounts showed that the search for life, the construction of the bond and the cure of the patient affect the worker, promoting reflection on her part, her valuing of life, and overcoming obstacles.

DISCUSSION

The participants' understanding denoted that the strain originates from the excess of work and from the suffering arising from it, with direct repercussions in the workers' life and health. These indications corroborate authors' perception when they discuss strain

as the loss of perspective and/or potential capacity, both biological and psychological. That is, it does not refer to a particular process in isolation, but rather to a set of bio-psychological processes^(1: 115).

In this sense, strain is multifactorial, that is, it is produced in the work, but is promoted by the worker's life choices and even by the characteristics of her personality. It is understood that professional strain impacts directly on the workers' life and health; on the nursing team, with the loss of cohesion, fragmentation of team spirit, and work overload; and on the institution, with the difficulty of guaranteeing a work schedule within the proposed hourly workload; while for society, it becomes expensive, due to the need to pay for overtime and the contracting of new workers, as well as for the health treatment of the worker on sick leave, as well as, above all, being able to compromise the undertaking of the care for the patient.

The strain exists and is inherent to the nursing work, however, the technical-assistential demands (medications, chemotherapy, transfusions, adverse reactions, side effects, procedures, and controls, among others) of the onco-hematological patients have contributed to the increase of the strain, both physical and emotional, of the workers. To these aspects, one can add the emotional demand posed by the patient and her family members, created by the seriousness of the illness and the difficulty in predicting the outcome of the therapy.

Among the professions directly involved in healthcare, nursing is indicated as that which presents the highest rates of emotional strain and of depersonalization, and a low level of professional actualization, that is, an accentuated risk of developing burnout among its workers⁽²¹⁾.

The participants' reports denote an understanding that strain is present in the work, that they live with it and also perceive that it can lead to illness, as well as impairing the work team and weakening the care provided to the patients. Thus, strain is also an institutional problem, which needs to be taken into account and mitigated through strategies which promote the health of the institution's workers.

Above all, these strategies need to improve the working conditions, to adjust the dimensioning of staff, and reduce work overload and the working day, as well as encouraging and investing in the worker's qualification⁽¹⁴⁾.

In the work process, the workers identify burdens of external materiality, mainly related to the biological agents due to the change in the profile of the infections, with a significant increase in multi-drug-resistant bacteria among hospitalized patients, as well as infectious-

contagious illnesses and the chemical burdens, as a result of chemotherapy and the various medications necessary for treating cancer.

In relation to the identification of the burdens of internal materiality, the psychological burdens predominate, and influence the workers' falling ill, producing characteristics which are difficult to identify⁽⁴⁾. The physiological burdens, on the other hand, are easier to overcome through relaxation and breaks.

The work is a determinant for the workers' health, naturally being influenced by the conditions and environment. In addition to this, illness has a correlation with personal and institutional variables, and some workers may fall ill, depending on how they react and respond to the occurrences in the work^(2,22).

At the end of the day, strain can present various manifestations in the workers, both physical and psychological, with direct reflections in their personal and professional life, dramatically weakening them. It is essential for the workers to be involved in prioritizing their own health, as a means of minimizing professional strain, and to this end the worker needs to appropriate strategies capable of minimizing the strain which is intrinsic to the work. The problem is when these workers work in two jobs at the same time and have other stressful activities, with few or no strategies for minimizing the strain. Maintaining the worker's health depends on this balance and, for this, there needs to be time, focus and determination: time for taking care of oneself, focus in order to finish what is provisional, and determination to live well and with quality.

The low salaries and working day with two or even three shifts are part of a set of factors exposing the worker to a worsening of working conditions, and leads to excessive tiredness, as well as increasing the probability of neglecting conducts, which can compromise the undertaking of the care and subtract from the worker's free time, mainly hindering family life and leisure – which are strategies for minimizing the strain from the work⁽²³⁾.

It is believed that some problems in healthcare worldwide result from shortcomings in the format of the system, which allows an excessive hourly workload. These shortcomings provenly reduce patient safety and the workers' well-being, thus compromising the healthcare and the worker's health⁽²⁴⁾.

Furthermore, it is necessary to emphasize that treating an onco-hematological illness is complex, specific and specialized, involving a scientific, technological and multi-professional apparatus. It is a dynamic work process, in which various professionals interact, as the therapy is surrounded by risks, instabilities and uncertainties, as well as requiring competency, commitment and dedication of the worker, so as to correspond to the demands of the care. The ethical questions and the professional commitment to the other in a situation of vulnerability constituted an important aspect of reflection for the participants in this study, in the sense of their being empathetic when faced with the daily challenges imposed by the illness and the onco-hematological treatment, indicating that the fact that they work with these patients brings work satisfaction.

It is observed that while she cares, the worker can reflect upon and grow, based on the experiences of the other, using the tools made available for her – this being a privilege of nursing. One study undertaken with nursing workers showed that worker's satisfaction with their work is materialized through seeing the improvement of the patient and perceiving oneself as the subject in one's work process. Moreover, when there is autonomy in the work, there is a reduction of the psychological strain⁽²⁻³⁾.

The nursing worker experiences feelings of pleasure and suffering in her work. In this regard, it is recognized that the work can be a source of suffering, strain and illness, but that the work can also be a source of pleasure, professional actualization, and personal satisfaction. Thus, it is essential for the worker to understand the specific characteristics of the profession, to like the work which she undertakes, and above all to appropriate strategies capable of minimizing the professional strain as a way of preserving her life, health and profession.

As a result, it is fundamental to identify the factors which cause pleasure and suffering in the work, as a means of promoting health and preventing workers from falling physically and psychologically ill, as well as making the work a pleasurable activity^(15,17).

FINAL CONSIDERATIONS

In caring for onco-hematological patients, the nursing workers are exposed to various

work burdens, both of external materiality and of internal materiality, with emphasis on the exposure to psychological burdens. The daily and continuous exposure to work burdens culminates in the production and increase of strain, which can progress to the worker falling ill. It is possible to perceive a differentiated pattern of strain among the nursing workers, it being the case that for some this is presented in a more marked form than among others, and that when marked, it affects the life, health and work of the same. Above all, the study shows that in spite of the professional strain experienced, the workers care for the onco-hematological patients because they like doing so and because they are motivated by the contribution which they can offer to minimizing their suffering.

Despite the strain being inherent to the work process, it cannot be considered in isolation, but, rather, must be considered in context, as it is produced in the work; nevertheless, the workers' personal characteristics and – above all – the choices which they make in their lives can also influence professional strain. Thus, strain is multifactorial and produces a vicious circle of effects in the work environment, with direct repercussions for the worker's health, for the work team, for the institution, and for the work itself – and, consequently, for the patient to be cared for. At the end of the day, the strain becomes a social problem.

This cycle needs to be broken, with the causes of the strain at work needing to be identified and mitigated or eliminated at the earliest stage possible, through institutional strategies promoting workers' health. And, above all, the nursing worker needs to use individual strategies which minimize professional stress, and appropriate those public policies which can and must influence the institutional policies, so as to transform their workspace and safeguard their health and that of the team, supporting changes in how the work is undertaken.

Practice environments which are favorable – in the sense of shared management, appropriate structural conditions and sufficient human and material resources – are preconditions for safe, quality care for the patients and for the satisfaction and sanity of the workers. In this regard, nursing must have the construction of favorable practice environments as a priority on its professional agenda.

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