

ORIGINAL ARTICLE

NURSING WORK IN A PEDIATRIC EMERGENCY SERVICE: BETWEEN PLEASURE AND PAIN*

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ABSTRACT

Objective: Gain knowledge on the experiences of pleasure and pain of nurses who work in a Pediatric Emergency Service.

Method: Qualitative exploratory-descriptive study conducted in a university hospital in southern Brazil. Data was collected in April 2015 from nine nursing professionals, through Focus Groups and submitted to thematic content analysis.

Results: The experiences of pleasure were associated to liking children, interacting with the children's families, availability of time for providing care, recovery of sick children, teamwork and being recognized for their work by the patients (children) and their families. The experiences of pain were associated to the identification of the nursing worker with the role of mother, to the children's death and suffering, to being the target at which the frustrations of the children's families are directed and to child abuse.

Conclusion: The nurses experienced dichotomous feelings of satisfaction and identification with work and frustration due to the daily difficulties and negative outcomes, and role conflicts and emotions are the challenges faced by the workers.

DESCRIPTORS: Nursing; Worker's health; Nursing in Emergency Care; Pediatric Nurses; Qualitative study.

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TRABALHO DE ENFERMAGEM EM PRONTO SOCORRO PEDIÁTRICO: ENTRE O PRAZER E O SOFRIMENTO

RESUMO

Objetivo: conhecer as vivências de prazer e sofrimento dos trabalhadores de enfermagem de Pronto Socorro Pediátrico.

Método: pesquisa qualitativa, exploratório-descritiva, realizada em um Hospital Universitário do sul do Brasil. Os dados foram produzidos em abril de 2015, com nove trabalhadores de enfermagem, por meio de Grupo Focal, e submetidos à análise temática de conteúdo.

Resultados: as vivências de prazer vincularam-se ao gostar de crianças, interação com a família, disponibilidade de tempo para o desempenho do cuidado, recuperação da criança enferma, trabalho em equipe e reconhecimento por parte da criança e família. As vivências de sofrimento relacionaram-se à identificação da trabalhadora com o papel de mãe, morte e sofrimento da criança, tornar-se alvo das frustrações do familiar e violência infantil.

Conclusão: as trabalhadoras se encontram entre sentimentos dicotômicos de satisfação e identificação com o trabalho e frustração frente às dificuldades e desfechos diários, sendo desafios os conflitos de papéis e sentimentos

DESCRITORES: Enfermagem; Saúde do Trabalhador; Enfermagem em Emergência; Enfermeiras Pediátricas; Pesquisa Qualitativa.

TRABAJO DE ENFERMERÍA EN PRIMEROS AUXILIOS PEDIÁTRICOS: ENTRE EL PLACER Y EL SUFRIMIENTO

RESUMEN:

Objetivo: conocer las experiencias de placer y sufrimiento de los trabajadores de enfermería de primeros auxilios pediátricos.

Método: investigación cualitativa, exploratoria y descriptiva que se realizó en un Hospital Universitario del sur de Brasil. Se obtuvieron los datos en abril de 2015, con nueve trabajadores de enfermería, por medio de Grupo Focal y se sometieron esos datos al análisis temático de contenido.

Resultados: las experiencias de placer se asociaron al hecho de a los trabajadores les gustaren los niños, la interacción con la familia, la disponibilidad de tiempo para realizar el cuidado, recuperación del niño enfermo, trabajo en equipo y reconocimiento por el niño y la familia. Las experiencias de sufrimiento se asociaron a la identificación de la trabajadora con el papel de madre, muerte y sufrimiento del niño, ser objeto de las frustraciones del familiar y violencia infantil.

Conclusión: las trabajadoras afirman que se ponen entre sentimientos dicotómicos de satisfacción e identificación con el trabajo y frustración delante de dificultades diarias, siendo desafíos los conflictos de papeles y sentimientos.

DESCRIPTORES: Enfermería; Salud del Trabajador; Enfermería en Emergencia; Enfermeras Pediátricas; Investigación cualitativa.

INTRODUCTION

In the complex hospital organization, the emergency units demand extensive and special attention due to the diverse conditions and situations that need to be addressed there. Therefore, nursing work requires quick thinking, mental agility, knowledge and resolution. In the Pediatric Emergency Service, in particular, the scenario is more complex, since in addition to facing illness, children are far from their home environment, their friends and school⁽¹⁾.

This study proposes a reflection on the mental health of nursing professionals who work in pediatric emergency services based on the Psychodynamics of Work, a theory proposed by French psychiatrist Christophe Dejours. According to the Psychodynamics of Work, the relationship between the individuals and their work is associated with the experiences of pleasure and pain. Pleasure reveals positive experiences that strengthen a feeling of being rewarded and recognized for their work and of identification of the subjects with their work. Pain, in turn, is related to feelings of helplessness, failure and frustration experienced by the professionals when their work routine is opposed to their desires and aspirations. The mental health or illness of these workers depends on the dynamics between pleasure and pain⁽²⁾.

Scientific evidence has shown that nursing workers do not feel prepared to deal with critical situations in childcare, especially the death of the child, the mourning of the family and the complex set of demands associated with this scenario, and may experience mental suffering⁽³⁻⁴⁾. National and international studies with different approaches found that nursing professionals who provided care to critically ill children had mental health problems, such as moral distress, Burnout Syndrome and sleep quality impairment⁽⁵⁻⁸⁾.

Therefore, it is necessary to identify the experiences that impact the feelings of these workers in their routine activities, in order to discuss their mental health status in the workplace. In this regard, the present study was based on the following research question: how do nursing professionals who work in a pediatric emergency care unit perceive their experiences of pleasure and pain at work? In order to answer this question, the present study aimed to gain knowledge on the perception of nursing professionals from a pediatric emergency care unit of their experiences of pleasure and pain in the workplace.

METHOD

Exploratory-descriptive qualitative study conducted at the Pediatric Emergency Service unit of a university referral hospital in the Southern region of Brazil. This Pediatric Emergency Service provides care to children and adolescents aged 0-14 years in day and night shifts. The work team consisted of six nurses, five technicians and one nursing assistant, totaling 12 workers. All professionals were performing their duties in the referred Service for more than six months (a time period considered sufficient for adaptation and familiarization of the individuals with the work activities) and none of them were away from work for any reason. Of the 12 workers, nine agreed to participate in this study.

Data was collected in April 2015, through the Focus Group technique, which allows the collection of information based on group discussions about a specific theme or focus⁽⁹⁾. Three meetings lasting approximately 90 minutes each were held.

The meetings were held in the university to which the health institution is affiliated. The dates and times of the meetings were previously agreed with the participants. These were fully informed about the study and the ethical aspects involved and gave their permission to participate in the study. Afterwards, they completed a questionnaire on socio-occupational data.

The meetings were mediated by a moderator (first author of the study). The author

stimulated the reflection of the group based on guiding questions focused on the participants' feelings and experiences about their work. Two previously trained research assistants, responsible for recording the meetings, were also present.

With the consent of the participants, the sessions of the focus groups were audiotaped and transcribed verbatim. Thematic content analysis was used to analyze the data set, in three stages: pre-analysis; exploration of the material and data processing and interpretation⁽¹⁰⁾. The data were grouped into two thematic categories: Pleasure-generating experiences in nursing work in a Pediatric Emergency Service and Pain-generating experiences in nursing work in a Pediatric Emergency Service.

The participants were identified by letter "W" (worker) followed by the participant's interview order number. The study was approved by the local Research Ethics Committee under protocol No. 999,237, as of March 31, 2015.

RESULTS

All workers were women aged 34-55 years. Of the nine participants, six had children. Five were nursing technicians and four were nurses; six worked in the day shift and three in the night shift. The length of time in the specialty ranged from 11 to 15 years.

Pleasure-generating experiences in nursing work in a Pediatric Emergency Service

The nursing workers reported a set of activities that generated experiences of pleasure in Pediatric Emergency Service. Liking children and interacting with the patients' families were the most frequently mentioned pleasure-generating elements.

[...] I love to play with children, interact with them. [...] I love children. I think this was the best part of my job. I like to go to work every day [...] If they [the mothers] do something inappropriate, we help them [...] we explain or try to explain to them what must be done, and they accept it. (T3)

Besides, the possibility of providing nursing and health education guidance was facilitated by the fact that the professionals had time and peace of mind for doing this, as it can be seen in the statement below:

There [Pediatric Emergency Service] we can sit down, talk to the patients, the children, and try to do our best. There is plenty of time for this. (T7)

Another experience that generated pleasure at work was the recovery of the children's health. The workers felt that their efforts were rewarded when the patients' conditions improved and they were discharged from hospital:

[...] I helped care, support, medicate, and promote the patient's health ... I'm happy to contribute to this process. (T1)

[...] the organization of the unit and care resolution is different there [Pediatric Emergency Service]. (T5)

The possibility of working in an efficient and well-coordinated team was also reported as an element that generates pleasure at work, because the professionals benefitted from the expertise and dynamism of the health team:

[...] We get along well with them, we have a good relationship with them [doctors]. They value everyone's knowledge. (T2)

Here we feel as if we are a family, helping each other. We work a lot together. (T7)

The medical team, the nutritionists and the nursing team interact. There is dialogue and communication. (T9)

Finally, another element that generates pleasure at work was recognition. In this study, being recognized by the children and their relatives was particularly important for the workers, since it was associated with the establishment of a bond with the nursing workers which was mediated by recreational activities. Moreover, recognition by the family members is an important driving force of pleasure at work:

[...] we feel very happy when they are discharged from hospital, hug us and thank us for our work [...] this is very rewarding. [...] They draw and give their drawings to us. They say "look, I have made this for you". This is the recognition we get [...] because we do the best we can. (T3)

Some children do not even want to leave the hospital; they feel welcomed here [Pediatric Emergency Service]. (T8)

Pain-generating experiences in nursing work in a Pediatric Emergency Service

Several situations in daily work activities could generate painful experiences for the nursing workers in the Pediatric Emergency Service. The identification of the nurses with the role of mother was evident because it was impossible to separate the personal life from the professional life. Providing care for children who reminded them of their own children because of their age, looks or even behavior was reported by the workers as painful experiences.

The health professionals who are mothers identify with mothers who have hospitalized children. [...] I don't know if I could stand something like this. [...] The whole family is affected when a child becomes ill. . [...] (T3)

The suffering of female workers was maximized by the death and suffering of hospitalized children, situations in which the context of care is particularly complicated. The more unexpected and sudden the death of a child was, the more it affected the workers:

I did not want to make this comparison, [...] but seeing an old patient [dying] is different from seeing a child die. [...] No one is prepared for the death of a child [...]. (T5)

[...] that child was suffering so much. They [family members] did not want to accept his/her death, they wanted to keep the child alive, regardless of the medium used, even if it was through mechanical ventilation. All that mattered was that he/she was there [...] I felt sorry for the child and thought ... 'Oh, why can't God shorten his/her suffering? (T8)

The nursing workers used to spend 24 hours with the children and their families in the emergency service and therefore tended to be more thoughtful and receptive to their feelings. However, it was also found that the nursing professionals often became the target at which the frustrations of the families were directed, and they were also persuaded to mitigate the children's pain. Moreover, many relatives used to make comparisons among the nursing workers, e.g. commenting that worker X was successful in obtaining peripheral intravenous puncture in the first attempt; worker Y was more flexible regarding visiting hours, etc., causing unease among the workers.

[...] parents are often very stressed about the situation. The child is sick, and there are many procedures that parents do not understand. So they blame us for their frustration.. (T3)

[...] They [family members] test our patience to the limit. [...] They usually [say], 'Ah, but the other nurse let us do that.' Then we face an embarrassing situation.. [...] "You are not going to obtain peripheral intravenous access []. . One more attempt. (T4)

Finally, the last aspect highlighted in the study as an element that generates pain

among female workers was care provided to children in the cases of child abuse, especially sexual and family violence:

[...] it's very sad [sexual violence], because we get angry and wonder why this kind of thing happens. [...] (T2)

[...] the child said that he/she had broken his rib, arm and other bones because his/her mother had fallen to the ground while holding him/her in her lap. We believed in this story. However, the child's mother had already lost another child that had been beaten. We stayed all night with that child. He/she was crying because of the many fractures suffered. [...](T3)

In view of these experiences of suffering, nursing workers emphasized the complexity of the work in Pediatric Emergency Room, as well as their anxiety because of the distressing situations they would have to deal with in each shift of work:

I often go home worried about a child. When I experience stressful situations, I get home and think about it [...]. (T2)

[...] It is a kind of suspense. When my shift begins and the doors open, I don't know what will happen [...] We must always be prepared for the worst. [...] Those who are not familiar with our routine thinks that it is very easy.. It's not that easy. (T4)

DISCUSSION

The data presented in the first thematic category reveals that work in the Pediatric Emergency Service provides pleasurable experiences. The first thing the workers mentioned was their contact with the children and their families. The care provided to the children and their families is part of a system of recognition for the dedication of the workers who provide humanized care. A study corroborates our findings by suggesting a relationship, most often peaceful, that facilitates the development of nursing work and, consequently, the recovery of the sick child⁽¹¹⁾.

The establishment of a bond between workers, children and families as a pleasurable experience may be related to the availability of time for interaction, as shown in the statements. Aspects related to the organization of work have been gaining ground in discussions about workers' health. Providing an adequate environment, with available resources, facilitates care for both the patient and the caregiver. Therefore, it can be affirmed that the existence of an efficient environment is a key factor in the experiences of pleasure.

Pleasure at work is experienced when workers feel rewarded for the effective care provided⁽¹³⁾. In their statements, the workers reveal that they have a feeling of professional accomplishment when the care provided is resolute. The organization of work and the individual and collective technical efficiency seem to be elements of a resolute care. Thus, in emergency situations, teamwork is essential for child recovery and resolute care.

The resolution of the situations faced by workers in their routine activities can generate satisfaction and pleasure. Thus, both the recovery of the child and the way in which care was provided can be pleasure-mobilizing factors, as long as they involve the uniqueness of know-how and the subjectivity and intersubjectivity of the workers⁽¹²⁾.

In this regard, since the workers value the bonds established and care resolution, it is understandable that the recognition of their work is perceived by them as an important experience of pleasure. One study found that the pediatric nursing team perceived recognition as a key aspect to motivation at work, favoring satisfaction⁽¹⁴⁾.

Recognition has a direct impact on the construction of the identity of the workers,

because thanks to them part of the pain is transformed into pleasure⁽¹⁵⁾. Thus, recognition can be understood as a dimension of elevation that involves a value judgment and which can also emanate from the patient, from the relatives, or from the beneficiary of the quality of the work. For Psychodynamics of Work, "when the quality of work is recognized, efforts, anxieties, doubts, disappointments and discouragement also make sense"^(16:34).

Therefore, the first category demonstrates the strengthening of the experiences of pleasure based on the identification of the workers with the content of the work (care to the children and their families) and satisfaction with the positive results obtained, such as the recovery of the sick children, resolute care, the bond established and the recognition obtained.

However, painful experiences related to the nursing work in Pediatric Emergency Service also emerged. They are included in the second thematic category. Pain-related experiences originate from the conflict between the individual and the work routine, since work has a significant content related to the subject and the task performed. Thus, the discrepancy between the reality of the job and the expectations of the workers (satisfaction and other yearnings) triggers pain⁽¹⁷⁾.

Sharing pain with patients and their families can generate vulnerability in the workers⁽¹³⁾. One example is the possible impact of the child's death or suffering on them. The death of a child generates a feeling of helplessness for those who care and culminates in a sense of failure, even when death was inevitable. The imminence or occurrence of death mobilizes many feelings such as pain, sadness, helplessness and shock, which are maximized when the patient is younger or when the workers establish close ties with the patient and their relatives⁽¹⁸⁾.

However, caring for bereaved relatives sometimes generates more pain for the workers than providing care to the sick child. In this regard, it should be noted that it is not a mere coincidence that women often assume the role of the main caregivers at home, and most nursing professionals are women. The intersection of culturally instituted gender roles seems to permeate the symbolic identification between professional caregivers and family caregivers. Being a nurse worker and also a mother are two experiences that can hardly be dissociated, and this may interfere in the experiences of pain.

It can be argued, therefore, that the painful experiences of nursing workers who witness the death and suffering of children goes beyond the professional dimension, as it interferes in their value systems related to gender, motherhood and family. For the authors, "the lack of theoretical knowledge on the subject, as well as the lack of adequate training to help the children and their families in coping with death, cause the workers to feel insecure"^(11:34). This difficulty is an important issue to be addressed, as it prompts personal conflict about the quality of the care provided and the health workers' perceptions of death.

In an emergency service workers must have agility, initiative, ability to work in teams, emotional balance and self-control in situations of death and human suffering, and this can compromise their physical and mental health, as well as their professional expertise. Thus, there are several stressors and pain-generating factors. For this reason, many nursing workers do not like to provide care for children because they do not perceive themselves as emotionally balanced to deal with the suffering of the children and their family members, and possibly because of the process of identification with their own children⁽¹⁹⁾.

In addition to the feelings involved in the relationship between female workers and children, the complex ties established with the family members were also highlighted. When the family members are allowed to stay in the hospital with the children, it is necessary to negotiate with him the care of the children so that professional care is offered without devaluing family care, respecting their beliefs and values, but avoiding excesses⁽²⁰⁾.

A Brazilian study with nursing workers and patients' relatives in two pediatric hospital units revealed that the relationship between these subjects is dynamic and complex in the

context of the children's hospitalization. If, on the one hand, the family members recognize nursing as a support unit for the care and recovery of the sick children, on the other hand there are aspects that make this shared care difficult, such as the stress and irritability of the family members who blame the nursing professionals for the frustrations experienced (21), which corroborates the findings of this study.

Child abuse was found to be an element that has a negative impact on the relationship between nursing workers and the patients' relatives. According to a study, nursing still needs to overcome training and capacity building barriers for the management of child and juvenile violence situations⁽²²⁾. Therefore, it can be affirmed that the feeling of helplessness in the face of complex problems, such as family dynamics, aggravates the problems of communication and coexistence of nursing workers and patients' relatives.

However, mediating the experiences of pleasure and pain of nursing workers also requires that nurses are prepared to reflect on their relationship with the relatives, in order to maintain the bonds of collaboration and trust, through the delimitation of roles and rationalization of professional conducts and behaviors, even in the face of complex situations.

In view of the aforementioned, the data obtained in the present study may suggest that the experiences of pleasure and pain of nursing workers are influenced by role conflicts. If, on the one hand, the workers find it difficult to separate their professional experiences from their maternal feelings, on the other hand, they need to establish limits between their work activities and family caregiving, so that they do not become the target at which all the frustrations of the family members are directed.

The impact of the data obtained in this study on the workers' mental health should be discussed. The pain experienced by these workers has a negative effect on their health status, their professional performance, their lives, and also impact social, economic and work organization aspects⁽¹²⁾.

A cross-sectional study with nursing workers who provided care to children in critical condition reported the prevalence of headaches, exhaustion, nervousness, tension, worry and a general loss of interest. The complexity of care, the death of the children and interaction with the families were related to the onset of mental diseases among nursing workers⁽²³⁾, which is consistent with the results of the present study. Therefore, it is necessary to reflect on the implication of these data for the mental health of the workers, as well as on strategies for the promotion of mental health in work in Pediatric Emergency Service.

One limitation of this study was the size of the sample, as it included a reduced number of participants. Although a qualitative research was carried out, it is known that a small sample size affects the reliability of the survey's results. As work in pediatric emergency service is continuous and performed in shifts, many workers were not able to participate, and this may have been a limiting factor for data collection.

CONCLUSION

Nursing workers in a Pediatric Emergency Service perceived a set of elements related to their experiences of pleasure and pain. The experiences of pleasure were associated to liking children, interacting with the children's families, availability of time and a quiet environment for providing care, recovery of sick children, teamwork and being recognized for their work by the children and their families.

The experiences of pain were associated to the identification of the nursing workers with the role of mother, to the children's death and suffering, to being the target at which the frustrations of the children's families were directed and to child abuse. It is concluded that the nurses experienced dichotomous feelings of satisfaction and identification with work and frustration due to the difficulties and negative outcomes, and role conflicts and

emotions were the challenges faced by the workers.

The data analyzed indicate that there are risks to the mental health of nursing workers at pediatric emergency services. The results of this study can contribute to the visibility of these workers and the coordination of institutional actions to promote their health, based on listening to suffering. Promoting mental health at work and listening to suffering are key actions in the process of ensuring that nurses feel welcome and minimizing illness.

Participatory spaces where workers can share experiences, socialize their feelings and implement coping strategies are suggested. The action of speaking and listening can promote the recognition of the subject who is in pain, the encouragement of dialogue in the workplace and the construction of a warm working environment.

Other participatory and intervention research is recommended to help nursing workers reflect on their suffering and develop strategies for coping with it.

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