







PLEASURE AND SUFFERING IN URGENT AND EMERGENCY NURSING WORK

PAZ E SOFRIMENTO NO TRABALHO DE ENFERMAGEM EM URGÊNCIA E EMERGÊNCIA

EL PLACER Y EL SUFRIMIENTO EN EL TRABAJO DE ENFERMERÍA EN URGENCIA Y EMERGÊNCIA

 Arlúni Fátima dos Santos¹
 Alexa Pupiara Flores Coelho Centenaro²
 Gianfábio Pimentel Franco²
 Andressa de Andrade²
 Suéllen Fortes de Lima Santos Mass³
 Janaine Nardino⁴

¹Hospital de Clínicas de Passo Fundo - HCPF, Residência Multiprofissional em Urgência e Emergência/Intensivismo. Passo Fundo, RS - Brazil.

²Universidade Federal de Santa Maria - UFSM, Campus Palmeira das Missões, Departamento de Ciências da Saúde. Palmeira das Missões, RS - Brazil.

³Prefeitura Municipal de Palmeira das Missões, Secretaria Municipal de Saúde. Palmeira das Missões, RS - Brazil.

⁴Escola Estadual de Educação Básica Palmeira das Missões - Polivalente, Curso Técnico em Enfermagem. Palmeira das Missões, RS - Brazil.

Corresponding Author: Alexa Pupiara Flores Coelho Centenaro
E-mail: alexa.coelho@ufsm.br

Authors' Contributions:

Conceptualization: Arlúni F. Santos, Alexa P. F. Coelho, Suéllen F. L. S. Mass, Janaine Nardino; **Data Collection:** Arlúni F. Santos, Suéllen F. L. S. Mass; **Funding Acquisition:** Alexa P. F. Coelho; **Investigation:** Arlúni F. Santos, Alexa P. F. Coelho, Suéllen F. L. S. Mass; **Methodology:** Arlúni F. Santos, Alexa P. F. Coelho, Suéllen F. L. S. Mass, Janaine Nardino; **Project Management:** Arlúni F. Santos, Alexa P. F. Coelho, Suéllen F. L. S. Mass, Janaine Nardino; **Resources Management:** Arlúni F. Santos, Alexa P. F. Coelho, Suéllen F. L. S. Mass; **Validation:** Andressa de Andrade, Gianfábio P. Franco, Janaine Nardino; **Visualization:** Arlúni F. Santos, Alexa P. F. Coelho, Andressa de Andrade, Gianfábio P. Franco, Suéllen F. L. S. Mass, Janaine Nardino; **Writing – Original Draft Preparation:** Arlúni F. Santos, Alexa P. F. Coelho, Suéllen F. L. S. Mass, Andressa de Andrade, Gianfábio P. Franco; **Writing – Review and Editing:** Alexa P. F. Coelho, Andressa de Andrade, Gianfábio P. Franco.

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 Allana dos Reis Corrêa
 Luciana Regina Ferreira da Mata

ABSTRACT

Objective: to know the experiences of pleasure and suffering of Nursing workers in urgent and emergency services. **Methodology:** descriptive qualitative research. Nursing workers from an urgency and emergency unit of a philanthropic hospital and from the Mobile Emergency Care Service of a city in southern Brazil were interviewed. The material was submitted to thematic content analysis. **Results:** the experiences of pleasure were related to identification with work, satisfaction with successful results, recognition, teamwork and strengthening the meaning of work. The experiences of suffering were attributed to the contact with the population's morbidity and mortality, to conflicts and to the precariousness of work. **Conclusion:** the experiences of pleasure coexist with those of suffering in the daily work of Nursing in urgency and emergency, being important spaces of speech and listening for the resignification of feelings and protection of mental health at work.

Keywords: Nursing; Occupational Health; Nurse Practitioners; Emergency Medical Services.

RESUMO

Objetivo: conhecer as vivências de prazer e sofrimento de trabalhadores de Enfermagem de serviços de urgência e emergência. **Metodologia:** pesquisa qualitativa descritiva. Foram entrevistados trabalhadores de Enfermagem de uma unidade de urgência e emergência de um hospital filantrópico e do Serviço de Atendimento Móvel de Urgência de uma cidade do Sul do Brasil. O material foi submetido à análise temática de conteúdo. **Resultados:** as vivências de prazer se relacionaram à identificação com o trabalho, à satisfação frente aos resultados exitosos, ao reconhecimento, ao trabalho em equipe e ao fortalecimento do sentido do trabalho. Já as vivências de sofrimento foram atribuídas ao contato com a morbimortalidade da população, aos conflitos e à precarização do trabalho. **Conclusão:** as vivências de prazer coexistem com as de sofrimento no cotidiano do trabalho de Enfermagem em urgência e emergência, sendo importantes espaços de fala e escuta para a resignificação dos sentimentos e proteção à saúde mental no trabalho.

Palavras-chave: Enfermagem; Saúde do Trabalhador; Profissionais de Enfermagem; Serviços Médicos de Emergência.

RESUMEN

Objetivo: conocer las experiencias de placer y sufrimiento de los trabajadores de enfermería en los servicios de urgencia y emergencia. **Metodología:** investigación descriptiva cualitativa. Entrevistamos a trabajadores de enfermería de una unidad de urgencias y emergencias de un hospital filantrópico y del Servicio de Atención Móvil de Urgencias de una ciudad del sur de Brasil. El material se sometió a un análisis de contenido temático. **Resultados:** las vivencias de los trabajadores se relacionaron con la identificación con el trabajo, la satisfacción frente a los resultados exitosos, la reconciliación, el trabajo en equipo y el fortalecimiento del sentido del trabajo. Las experiencias de sufrimiento se atribuyeron al contacto con la morbilidad y la mortalidad de la población, los conflictos y la inseguridad laboral. **Conclusión:** las experiencias de placer conviven con las de sufrimiento en el trabajo diario de la enfermería en las urgencias y emergencias, siendo importantes espacios de palabra y escucha para la resignificación de los sentimientos y la protección de la salud mental en el trabajo.

Palabras clave: Enfermería; Salud Laboral; Enfermeras Practicantes; Servicios Médicos de Urgencia.

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INTRODUCTION

Urgent and emergency services fulfill a fundamental mission in the health care network. They must be able to provide quick and organized care in serious or potentially serious situations, in line with the demand that emerges from the community. Currently, these services are saturated, due to weaknesses in the health care network¹ and the population's morbidity and mortality profile, which is why the number of people assisted in these services is constantly growing.²

Nursing work in the context of urgency and emergency services is challenging. This can be considered one of the areas with the greatest complexity of care and with the greatest flow of professional activities, due to the frenetic pace of work and the arrival of patients with different types of pathologies and injuries. This makes emergency services specific and differentiated from other health services.³

Given their specificities, it is considered that, in urgency and emergency services, professionals are subject to experiences of suffering in their daily lives.⁴ Stress and daily emotional challenges are common in these sectors, where professionals live with critically ill patients and potentially serious injuries, death, high workload and internal and external pressures. These elements often lead to a decrease in job satisfaction, absences, emotional exhaustion, occupational illness and, in some cases, abandonment of the profession.^{5,6}

In view of this, it is important to know how work and subjectivity are related in the daily experience of Nursing professionals in the context of their work in urgency and emergency. For this, the *Psychodynamics of Work*, a current of French thought consolidated by Christophe Dejours and dedicated to the study of the relationship between work and subjectivity, contributes towards revealing the experiences of pleasure and suffering in the daily work.

The experiences of pleasure are the result of the positive contribution of work to the worker's subjectivity. They are related to identification with work and feelings of recognition and reward, when the experience of working meets the individual's desires. On the other hand, the experiences of suffering arise when the worker meets the feelings of failure, impotence and frustration, that is, when the real work is opposed to what is desired. It is understood that there is no work without suffering. However, health or mental illness at work depends on the balance of these feelings.⁷

There are few studies on the mental health of urgent and emergency Nursing professionals; however, the

implications of suffering in illness make this topic relevant.⁸ It is important to know the experiences of pleasure and suffering of urgent and emergency Nursing workers, as they are important elements for understanding the dynamics of their mental health at work.⁹ Therefore, the study aimed to know the experiences of pleasure and suffering of Nursing workers working in urgency and emergency services.

METHOD

This is a descriptive qualitative research, carried out in an emergency unit of a philanthropic referral hospital for 52,575 inhabitants and in the Mobile Emergency Care Service (SAMU), both located in a city in southern Brazil.

Study participants were Nursing workers from these two scenarios. The Urgent and Emergency unit of the emergency room was composed, in total, of nine permanent Nursing workers, three of whom were nurses and six Nursing technicians. At SAMU, the Nursing team was composed of 13 professionals, six nurses and seven Nursing technicians. Therefore, both sectors totaled 22 Nursing professionals.

For the selection of participants, the following inclusion criteria were applied: being a Nursing professional (nurse or technician) from the permanent staff of these sectors and having been working in the units for at least six months (considering a minimum time for the worker had experiences related to the specialty). The exclusion criteria were: professionals on vacation or away during the research period, and professionals working only in administrative functions.

Of the total of 22 Nursing professionals, two had been admitted for less than six months, leaving 20 workers, but four refused to participate in the research. Therefore, 16 Nursing professionals were included in this study.

Professionals were approached by members of the research team in person at their workplaces and invited to participate in the study. The research was carried out in June and July 2020, based on an individual semi-structured interview. First, sociodemographic information was recorded for the characterization of the participants (sex, age, color/race, professional training, time of work in urgency and emergency). Afterwards, an in-depth interview was conducted, guided by a semi-structured script, whose questions focused on the professionals' perceptions and feelings regarding their work and their experiences of pleasure and suffering.

The interviews were conducted in the workplace or outside it, as previously agreed with the participants. The

meetings were held in places that ensured safety, comfort and privacy for researchers and interviewees. The interviews were conducted by two collectors who received previous training. A pilot interview was carried out to verify the adequacy of the semi-structured instrument. As it was not necessary to adapt the instrument, the pilot interview was incorporated into the study. The interviews lasted, on average, 17.8 minutes.

The interviews were audio-recorded with digital recorders after the participants' authorization and fully transcribed in the Microsoft® Word 2010 text editor. The information obtained was analyzed according to thematic content analysis, which takes place in three stages: pre-analysis; material exploration; and data processing and interpretation.¹⁰

In the pre-analysis, a skim reading and identification of material relevant to the objective of the study was performed. In exploring the material, the testimonies were coded and the semantic content was organized into two analytical categories: Experiences of pleasure in urgent and emergency Nursing work; and Experiences of suffering in urgent and emergency Nursing work. Finally, in the processing and interpretation of data, the results were theorized and discussed in light of the Psychodynamics of Work and other similar studies published in the scientific literature.

The participants were identified, in the statements, by the letter T, for "worker", followed by the number corresponding to the order of the interviews and the acronym representing their unit of origin (HP for hospital emergency room professionals and SAMU).

This research complied with Resolutions No. 466/12 and 510/16 of the National Health Council. The project was approved by the local research ethics committee under Presentation Certificate for Ethical Appreciation No. 27545620.9.0000.5346 and Protocol No. 3,800,078.

RESULTS

Participants in this research had a mean age of 39 years. The youngest was 23 years old and the oldest was 57 years old. Of the 16 respondents, seven were female and nine were male. Regarding race, 10 self-declared white and six brown. As for training, nine participants were Nursing technicians and seven were nurses.

Four participants worked in the urgency and emergency department of the hospital and 12 in the SAMU. As for the time of work in the urgency and emergency area, there was an average of seven years of work. The professional who had been working the longest had 20 years of

experience in this area, and the one who had been working the least had one year and four months.

Experiences of pleasure in urgent and emergency Nursing work

The first thematic category refers to the experiences of pleasure of urgency and emergency Nursing professionals. Some professionals mentioned, first, that their insertion in urgent and emergency work was the result of a professional project in which this specialty was at the center of aspirations:

[...] I always wanted, after I graduated I always tried to work in urgency and emergency. I'm passionate about service. It's what I always expected. [...] (T5-SAMU).

It is a pleasure to be in the profession I wanted. I feel accomplished and it's a daily pleasure [...] (T7-SAMU).

Workers recognized the existing symbolism around the urgency and emergency service. The overalls were remembered as an element that marks a professional status and contributes to the pride in being part of this work:

Get in that ambulance, be wearing the coveralls. Being on the street, kneeling on the ground. This is what gives me the most pleasure (T3-SAMU).

[...] the urgency and emergency service has a lot of romance for those who like it. It's very beautiful, the uniform, the ambulance. This is a factor that attracts, I am pleased to be in that service (T13-SAMU).

The workers highlighted their identification with the content of the work and with the profile of care that is characteristic of these sectors. In addition, they highlighted the satisfaction in obtaining good results in the consultations, as shown in the testimonies:

It's great to work at SAMU, [...] I like it a lot, it gives me that adrenaline rush when a call comes in for an accident, a cardiac arrest. I like emergency [the service] (T4-SAMU).

I really like [urgencies and emergencies], I love what I do, because it's very pleasurable. When an injured person arrives, a newborn due to drowning, when I manage to reverse it, this is very good, when I see results in my work (T9-PS).

The interviewees mentioned that their experiences of pleasure were related to the fact that everyday life in the urgency and emergency services was stimulating, full of challenges, movement and surprises:

[...] it's pleasurable because I get that adrenaline rush. At the same time it is challenging, I challenge myself every day, I don't know what will come, what will happen (T12-PS).

[...] when the phone rings, I know someone is in need. Even if I'm not having a good day, I'm having problems, worrying, I haven't slept, I've come from another job or having problems at home... That phone rings, someone needs it. That's what motivates (T14-SAMU).

These experiences of pleasure were often related to personal gratification and the strengthening of the meaning given to the work itself:

The emergency urgency service gives a personal feedback, a personal gratification. [...] When we find a person we transport or care for, or a family member, we see that person, it's very cool (T1-SAMU).

The pleasure is knowing that the patient was well [...] knowing that the patient left satisfied [...] sometimes even my children say: "Dad, you took care of so-and-so" [...] And the other pleasure I have is that the people I will serve know how to recognize the service (T15-PS).

Recognition of work by patients and family members was an experience of pleasure reinforced by Nursing professionals:

What brings pleasure is being able to provide care and a few days or months later find this victim on the street and this victim thank you (T5 - SAMU).

Another thing that boost the ego, which makes me happy, is to provide care and on some days receive some flowers here at the base, it boosts us (T10 - SAMU).

Internal elements of work were also related to experiences of pleasure. As an example, the workers mentioned the good relationship with the work team, as shown in the statements:

Working with the team that is in tune at work, there in the site of the action, I think it's also something that gives pleasure (T11-PS).

I have been working together with my colleague for almost twenty years. [...] We already know what everyone does when they have a cardiac arrest or when a serious accident arrives [...] it's very effective (T9-PS).

Finally, it was pointed out that pride in the profession and the strengthening of the sense of work and importance to society contribute to pleasure:

[...] want more knowledge, more autonomy. We feel as Nursing more empowered to really show people our importance and how much we can make a difference to society [...] (T13-SAMU).

Experiences of suffering in urgent and emergency Nursing work

The second thematic category expresses the situations that generate suffering in the work of urgent and emergency Nursing professionals. Death as an outcome of care was remembered as one of the main experiences of suffering of these workers. Upon recognizing these feelings, professionals ponder the ambiguities of a work that deals with different clinical outcomes in the daily life of the disease:

[...] every day is a day here at SAMU, I can be saving lives, as I can be losing lives in my hand. It's frustrating, it has good sides, of course, but it also has these bad sides (T3-SAMU).

[...] to do the possible and the impossible sometimes and end up losing the patient. This is very painful because I do what I can for the patient and I still can't reverse the case. I miss the patient. This is the most painful part (T15-PS).

When recalling their experiences of suffering, they highlighted memories of serious care in which they witnessed human suffering and the violent and painful interruption of life:

[...] yesterday they caught a boy who drowned, a little boy of three years old [...] we think about our [family members] too. These days I also sinned an old man who died burned. I arrive at the place and there is no way not to think about the family, the acquaintances, the other places I worked, I think that weighs too (T16-SAMU).

The interviewees emphasized the feeling of helplessness in the face of the patient's death, especially in

pediatric care, when workers identify with the roles of fathers and mothers:

[...] he had a very big hemorrhage, we couldn't resuscitate the child [...] after confirming the child's death, I went out in the hospital corridor and it gave me that easy thing, that thing of saying: "my strength is gone" [...] I don't know if it involves a lot for us to have a child too, around the same age, but this was an experience that marked me a lot (T5-SAMU).

[...] I am the father of four children [silence], I take a child who has the same age as mine, sometimes in a cardiac arrest or serious accident, and I imagine my son. [pause, tears]. [...] I lost the daughter of a friend of mine, a teenager, it was one of the things that caused me the most suffering, seeing his daughter, a girl that I practically helped to raise, seeing her die (T9-PS).

The workers also highlighted the situations of social vulnerability witnessed in daily life, in contact with the community, during the consultations:

[...] when we enter the residences and see that there is nothing to eat, that it is a precarious situation, it hits us a lot [...] we are faced with some very sad situations, so I think this is suffering (T2-SAMU).

[...] in the consultations [...] it takes a lot of indigent people. [...] There are many psychiatric problems, alcoholism. It doesn't have a referral center, or it has a referral center, but there is no way to receive these people. [...] We take care of people who are down, whether they are alcoholics or have problems in the family, we take them to the hospital, when we see them, we pick them up again (T16-SAMU).

Some professionals also highlighted occasions when they needed to care for their own family members, highlighting the emotional effort that had to be undertaken on these occasions:

[...] family is very difficult. I was there to my mother with edema of the glottis and my brother with a heart attack. I saw my father dying. It is very difficult to attend for your family at such situations. [...] (T4-SAMU).

[...] It's been seven months since a call came, it was my father, for hanging. [...] You have to be strong, resist [...] We were chosen to be [urgent and emergency professional], because we have such a courage [...] One day there was a call [...] the victim was my brother who was in a small part of the car. [...]

You have to be prepared, I live here, my family is from here, anything can happen [...] (T7-SAMU).

Interpersonal relationships were also remembered as potentiating experiences of suffering. The professionals highlighted the conflicts with the population and with the team itself:

[...] if you are going to compare the nurse and the doctor: doctors defend themselves even under the water, and the nurse is eager to stab the other. So I think these things are felt by the emotional (T2-SAMU).

[...] the patient who does not respect, even though I provide good care. They criticize (T15-PS).

Finally, in addition to the inherent elements of the nature of work, of the daily care of patients in critical life situations, professionals also highlighted other experiences of suffering related to intrinsic elements of work and the service in which they work. They highlighted the devaluation of wages and the precariousness of employment relationships resulting from outsourced contracts. These elements were sometimes related to the desire to leave the profession:

I think it's hard for us, everything is a struggle. This salary issue, if we work in two places, it is because the salary is not enough. I think this brings suffering. We sum up years of tiredness. Appreciation, like it or not, nurses do not value themselves [...] I already thought that it was not for Nursing. I already asked myself that question. But then time passes and I think: "but if it wasn't here, what would it be?" (T2-SAMU).

[...] the way we are hired is very complicated [...] we don't have the thirteenth wage, unhealthy, hazardous work, night shift, we don't have any labor rights, we don't have the right to anything. If I get sick I don't have earn my salary in full. [...] It's a threat, it's uncertainty, sometimes they leave us to God (T14-SAMU).

DISCUSSION

The first thematic category reveals the experiences of pleasure in the daily work of urgent and emergency Nursing professionals. The workers mentioned, firstly, the identification with a typical urgent and emergency work profile. The entry into the specialty as the realization of a dream and the symbolism represented by the overalls

and the ambulance reinforce the workers' identification with the content of their work.

For the Psychodynamics of Work, professional fulfillment and identification with the content of work are important markers of pleasure,⁷ which is in line with results found in other studies.^{3,9,11} Professionals also describe their work as intense, stimulating and challenging, which adds to the understanding that there is a process of identification of the person with the content of their work.

One of the aspects highlighted by the Psychodynamics of Work is the role that work activity plays in the nature of the individual's identity. The development of identity is the result of a process that develops over a lifetime and is influenced by the gaze of the other. Daily relationships allow the constitution of a personal and social identity based on material, effective and symbolic exchanges. Work is a privileged space for these exchanges and operates as a mediator in the constitution of identity and psychic life.¹² This corroborates the perception that the symbols around urgent and emergency work (the overalls, the ambulance and adrenaline) operate as a mediator of the participants' identity and affectively bring them closer to their work, enhancing the experiences of pleasure.

The experiences of pleasure were also related to the feeling of gratification for the good results obtained in their daily lives, an aspect enhanced by the recognition received from patients and family members, a result similar to the findings of other studies.^{3,9,13} The Psychodynamics of Work situates the dynamics of recognition as an important mediator of experiences of pleasure, since recognition marks a reward or symbolic retribution, strengthening the worker's psychic and social identity.⁷

Recognition, therefore, strengthens the importance of the other in the way professionals experience their work experience. The importance of the other was also evidenced in the matter of collective and cooperative work, pointing out the affective relationships between peers as an element related to experiences of pleasure.

In an Australian study, emergency nurses perceived teamwork as a positive and effective construct for the quality of care, but also for pleasure and satisfaction at work. The authors argue that building a resilient team, including strong leadership and communication skills, is essential to withstand the challenging demands of urgency and emergency.¹⁴

Work involves relationships with who you work and for whom you work. There is relevance of social bonds in the relationship between individuals and their work, as human bonds of collaboration and affection strengthen

feelings of belonging, identity and freedom, providing positive effects on the relationship between health and work.⁷ The importance of these relationships in the work of Nursing was evidenced in other studies.^{3,9,13}

The set of pleasure experiences strengthen the participants' identification with the social role they occupy as Nursing professionals. The last statement in this category reveals the pride of the profession and the strengthening of the sense of work and importance to society.

There is a process of production of meanings of work by individuals. Conducts and behaviors about work are rooted in the network of meanings constituted by the worker, woven from experiences, social relationships, learning and identity production. Strengthening the meaning of work gives it a symbolic value, capable of increasing tolerance to suffering and enhancing experiences of pleasure.^{7,15}

However, the second thematic category shows that the experiences of pleasure coexist with those of suffering. The experiences that promote suffering, in part, are related to the dynamics of losses and gains of daily life in urgency and emergency, in which successful results are interspersed with frustrating outcomes for workers. Urgent and emergency Nursing professionals constantly experience emotional exhaustion amplified by unpredictable situations that involve fear, tension, suffering and death.¹⁶

For the Psychodynamics of Work, suffering is the result of the confrontation between the worker's desire and what is called real work. The real work is the interval situated between what is desired, idealized and planned by the worker and the result obtained from the adaptation to the conditions imposed by the work organization. To work is to confront reality, to act and think about it, to adapt the tasks to one's subjectivity, but also to adapt to the reality imposed by the circumstances in which the work is carried out.⁷

Even though work in urgency and emergency walks in step with the joint action of a multiprofessional team committed to the demands of the service, there is constant contact with pain, suffering, anguish and death. Therefore, these sectors trigger physical and emotional exhaustion, which can, in some cases, lead workers to illness or even suicidal ideation.⁸

In line with these reflections, the participants of this study showed that the daily life of living with the morbidity and mortality of the population emerges as an important experience of suffering. It is known that the confrontation that Nursing professionals face with the death of

patients is the result of a historical, cultural and religious construction, but with strong implications for their health and the care they provide.¹⁷

The patient's death as an experience of suffering was evidenced in other studies carried out with this population.^{3,8,9,13} There was an emphasis on the care of pediatric patients, especially in cases where there is death, a result that is similar to the from other investigations.^{9,13} The experience of being a father or mother, in these cases, seems to potentiate the experience of suffering in the face of the death of a child. This is similar to research findings in which pediatric urgency and emergency Nursing professionals who were mothers showed that they identified with the suffering of parents who lost their children.⁹ It is agreed that there must be spaces for discussion on the subject since graduation and in work spaces, so that professionals can develop effective coping strategies on suffering.¹⁷

Other experiences of suffering evidenced in the testimonies were the contact with the vulnerable situations of the population. Situations related to mental health were highlighted, in line with research that reinforced the fact that urgent and emergency Nursing professionals do not always feel prepared to handle patients with psychological demands, which causes them suffering.¹⁸

It is known that the problems of a social nature in the community also have an echo in urgency and emergency services.¹⁹ Although the importance of urgency and emergency services with regard to social issues is recognized, scientific evidence is lacking to reveal the impact of these elements on the work process of these sectors.²⁰

In addition, workers also mentioned situations in which they had to provide care, during their work shift, to their own family members in a critical life situation. These are possible situations for all professionals who work in a unit that is open to the demands of the community. It is known that the urgent and emergency services have the mission of assisting anyone who arrives, at any time, in different situations. The technical, fast and effective approach of professionals requires that they sometimes put their own affective and emotional issues in the background.²¹ However, one must consider the need to face these personal memories that intersect with the daily environment. of work, which can harm the elaboration of mourning and the management of suffering.

Another data that emerged from the professionals' testimonies concerns the conflicts with the community and with the team itself as an experience of suffering. It is known that Nursing work is sometimes marked by the fragmentation of actions, disputes for spaces within

the team itself and with the multiprofessional team and interpersonal conflicts, which makes this environment anxiogenic.⁸

With regard to the community, it must be considered that the daily care of people with complex health conditions, added to the overcrowding of services, generate a hostile work environment for professionals, which is reinforced by situations of pressure on nurses, which can sometimes culminate in violence.⁶ An international literature review study showed that emergency rooms have been identified as a high-risk scenario for violence at work, and emergency Nursing professionals are the more exposed to this phenomenon,²² which is in line with these reflections.

Finally, the professionals highlighted the precariousness of their work and the fragility of employment relationships as a factor of suffering, which is in line with other studies carried out with this population.^{8,23} A literature review study showed that stress in the workplace Nursing work in urgency and emergency is related, in part, to low remuneration, which makes the worker seek other employment relationships, ending up feeling overloaded and undervalued.²³

It is necessary to highlight the manifestations regarding the desire to leave the sector or even Nursing. Evidences have shown that hospital and urgent and emergency Nursing workers express the intention to leave their work sectors or even their profession. Some elements involved in the desire to abandon Nursing are burnout, low salary, interpersonal relationships, work environment, emotional exhaustion and precarious working conditions.^{24,25}

It is important to rescue the Psychodynamics of Work in the understanding that, in the face of adverse situations imposed by real work (the one that confronts the idealized work), the worker can experience creative suffering. This happens when the individual produces adaptive strategies and solutions in order to maintain their health in the face of work pressures. However, when the individual is unable to mobilize in response to these situations, he may experience pathogenic suffering, in which negative feelings translate into psychic illness.⁷

Suffering is an intermediate clinical space that marks the evolution of a struggle between the pressures of work and the movements of resistance and resignification of the meaning of work.⁷ Health and illness depend on this dynamic and, in this sense, some elements can help workers in maintaining their mental health. Some authors cite the development of awareness and self-care by Nursing professionals, emotional intelligence, social support, permanent education, in addition to strengthening teamwork,

communication and leadership in Nursing. In addition, support from institutions to improve working conditions is also mentioned.^{5,14}

There is also the importance of collective spaces in the workplace, in which Nursing workers can re-signify their suffering through the space of speaking and listening. Perhaps not all elements that promote suffering can be mitigated, but workers can find, at work, strategies to manage their feelings and avoid mental illness or abandonment of the sector or profession.

CONCLUSIONS

The experiences of pleasure in the work of Nursing in urgency and emergency were evidenced in the identification of professionals with the profession and with the content of the work. They highlighted the satisfaction with the successful results in the context of a daily challenge. These elements, added to recognition and teamwork, strengthen the senses of work, maximizing pleasure.

On the other hand, the daily life of losses and deaths (especially in pediatric care), care for people in social vulnerability and, sometimes, their own family members were remembered as experiences of suffering. The professionals also highlighted the conflicts with the community and the team, in addition to the precariousness of work and employment relationships, which sometimes led to the desire to abandon the profession. At the end of this study, it can be concluded that the experiences of pleasure coexist with those of suffering in the daily work of Nursing in urgency and emergency, being important spaces of speech and listening for the resignification of feelings and protection of mental health at work.

This study presented as a limitation of the conduct of interviews in the context of covid-19. Social distancing, the use of masks and the overload of professionals may have interfered with the time taken to carry out the interviews; however, they did not severely hamper the achievement. These results may generate subsidies for the elaboration of health promotion actions and improvements in working conditions for Nursing in health institutions, as well as for the elaboration of university extension actions that optimize spaces for listening, welcoming and humanizing the work of urgency and emergency professionals.

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