



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

THE PLEASURE AND DISTRESS OF MEN WORKING IN HEALTH SERVICES O PRAZER E O SOFRIMENTO DOS HOMENS NO TRABALHO EM SERVIÇOS DE SAÚDE EL PLACER Y EL SUFRIMIENTO DE LOS HOMBRES EN EL TRABAJO EN SERVICIOS DE LA SALUD

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ABSTRACT

Objective: to know the situations of pleasure and distress experienced by the male worker at the Health Care Network (RAS - Rede de Atenção à Saúde). **Method:** descriptive study, with qualitative approach, conducted with seven men working at the RAS, in a city of Bahia. The data were obtained by semi-structured interview, after approval of the ethics committee (protocol number 081/2009), and treated by the content analysis. **Results:** the pleasure was related to appreciation, recognition and knowledge through experience as satisfaction factors and pleasure experiences, converging with other studies. As for the distress, it is characterized by interpersonal relations of engagement, indifference or its attempt regarding pain and distress of the service users. **Conclusion:** knowing the pleasure and distress situations in the men's work is necessary to think of strategies for quality of life at work in the gender perspective. **Descriptors:** Man; Work; Health.

RESUMO

Objetivo: conhecer as situações de prazer e de sofrimento vivenciados pelo trabalhador homem na Rede de Atenção à Saúde (RAS). **Método:** estudo descritivo, de abordagem qualitativa, com sete homens que trabalham na RAS em um município baiano. Os dados obtidos com entrevista semi-estruturada após aprovação do comitê de ética (protocolo nº 081/2009). Sob tratamento da análise de conteúdo. **Resultados:** o prazer foi relacionado com a valorização, o reconhecimento e o conhecimento através da experiência como fatores de satisfação e vivências de prazer, convergente com outros estudos. Quanto ao sofrimento, é caracterizado por relações intersubjetivas de envolvimento, indiferença ou a tentativa dela com a dor e o sofrimento dos usuários do serviço. **Conclusão:** conhecer as situações de prazer e sofrimento no trabalho dos homens faz-se necessário para pensar estratégias de qualidade de vida no trabalho na perspectiva de gênero. **Descritores:** Homem; Trabalho; Saúde.

RESUMEN

Objetivo: conocer las situaciones de placer y sufrimiento experimentado por el hombre que trabaja en la Red de Cuidado de la Salud (RAS). **Método:** estudio descriptivo, de enfoque cualitativo, con siete hombres que trabajan en la RAS en un municipio de Bahía. Los datos fueron obtenidos a partir de entrevista semi-estructurada, después la aprobación del Comité de Ética (número de protocolo 081/2009), y tratados con la análisis de contenido. **Resultados:** el placer está relacionado con el aprecio, reconocimiento y conocimiento a través de la experiencia como factores de satisfacción y experiencias de placer, lo que converge con otros estudios. En cuanto a sufrimiento, se caracteriza por las relaciones interpersonales de compromiso, la indiferencia o su intento con el dolor y el sufrimiento de los usuarios del servicio. **Conclusión:** conocer las situaciones de placer y sufrimiento en el trabajo de los hombres es necesario pensar en la calidad de las estrategias de vida en el trabajo en la perspectiva de género. **Descriptor:** Hombre; Trabajo; Salud.

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INTRODUCTION

The capitalist conception brought significant changes to work's world, as well as psychosocial changes in the worker's life. As an inherent factor to human condition, labor is the income's source of most people, and may also characterize a source of mental health.¹⁻²

With this perspective, the job brings multiple meanings, that go beyond simple economic source of satisfaction of biological needs. The work is comprised by its plural and central characteristics in daily life.¹⁻²

In the capitalist mode of production, work becomes labor force when it becomes a commodity that can be bought and sold, and for this to happen, it is necessary that the worker is disconnected from the means of production, leaving only the force work to sell. The work, once a source of humanization and responsible for the social being, under the capitalist mode of production, becomes degraded, alienated and strange, as the worker loses the sense of the whole, that is, the their final work product ends up strange for them.¹

With the rise of modern industry, man has been slowly adapting and internalizing the new rate of the machine system. Now, the worker, stranger for its production, does not dominate all stages of the production process, being subordinate to the machine or acting on her behalf.¹

The systematic discipline imposed by the machine system exerts so much power over the worker even changing his subjectivity. The man "reified" lives the insecurity of being one more piece in a mechanical system, which can be replaced at any time without prejudice to the production, since, in a purely mechanical system, when its parts stop working or are not useful anymore, they are replaced in favor of more production. Therefore, the worker lives the instability of not getting sick or even hiding the disease, or working even when sick, because he knows he can and should be replaced by many others that are available in the labor market.³

This disposable worker dimension, regarding the health-disease process, is also present in the daily lives of workers who work in Health Care Network (RAS). This consists of integrated services organizations with the objective of cooperative and interdependent action that enable offering

a continuous and comprehensive care to certain population, coordinated by the primary health care.⁴

The primary care, urgency, emergency, psychosocial care, specialized and hospital outpatient care and health surveillance services form an interdependent network, vertical in complexity, equipment and technology, but horizontal in the importance of full individual care which starts and ends in the care network.⁵

The Primary Health Care (ABS - Atenção Básica à Saúde) is characterized by a set of integrated health services, responsible for the promotion, protection, diagnosis, treatment, reduction of health damage and health maintenance, in order to develop a comprehensive care that impact on health status and empower people.⁶

Through care practices and democratic and participatory management, the ABS, through the Basic Health Unit (BHU), is responsible for solving problems of low and medium complexity, using resolving technologies of high complexity and low density, but ensuring the establishment of health and attending the users' needs and characteristics. When this is not possible, it is the responsibility of the service to refer and follow-up users to other levels of complexity for the health care network.⁶

An individual, found lying with a head injury in the middle of the street, was taken by some people to the USF. Once there, the antisepsis and a suture were made, and a strong smell of alcohol was noticed. Through the community health agent, it was discovered that he was Mr. João, a mason resident of the neighborhood that had alcohol problems. When he returned the unit to remove from the points of the suture, an assessment was made of his health status and it was found that, in addition to hypertension and diabetes, he was also an alcoholic; therefore, besides fulfilling a registration form in the hypertensive and diabetics program at USF, he was sent to CAPSad (Psychosocial alcohol and Drugs Care Center - Centro de Atenção Psicossocial Álcool e Drogas) for the treatment of alcohol abuse and NASF (Family Health Support Center - Núcleo de Apoio à Saúde da Família) for nutritional and psychological orientation. The USF meant the main port of RAS and established the user's path through the network by

flows and protocols previously established between the actors of the network.

In this context, the work in the Health Care Network is established through partnerships between health workers, in a multidisciplinary or interdisciplinary way.⁴ Beyond the biological differences between men and women, health work should be focused on the prospect of gender. The various man and woman identities, built in social relations, not only build the way of conceiving the body, health and disease, but also the way the logic of health services are constructed, mostly based by male and female ideal models.⁷

The idea of "being a man" that populates the social imaginary structure the identity of the subjects, modeling behaviors and emotions that are perpetuated as a model to be followed. Although we are talking about masculinities in relation to health, men often deny the existence of pain or suffering, vulnerability, to ratify its peculiarities, marking the difference with women.⁷

The worker's dynamics with the work is never neutral. There is a relationship that makes the work environment more than a space to exercise a trade. By this bias, the influences of the work beyond the barriers of physical, chemical, biological and cognitive pressures reach the organizational dimension of the work, that is, the division of tasks and production relations. These are crucial to the subjectivity of pleasure and suffering at work.⁸

A healthy work environment is the one that provides the worker experiences of pleasure, which, in this study, is understood as rewarding experiences of situations where people can satisfy their desire and their needs, in the context of production, being recognized and valued.⁹ When the pleasurable sensation is not perceived by the worker, the pleasure ends up being replaced by distress, understood from the wear factor, which is the feeling of fatigue, discouragement and discontent regarding work.⁹

Thinking of those peculiarities of the work context, the Occupational Health, a specialty of health, has been proposing actions involving prevention, promotion, research, survey and rehabilitation of health and control of worker illness in various types of establishment. Therefore, it focuses on the physical and psychological relationships

in the workplace, which should be organized in such a way to provide healthy spaces with quality of life for workers.^{2,10} These people that are directly or indirectly involved in the provision of health services, within the health institutions or activities, may hold or not specific training for the performance of functions related to the sector.¹¹ However, it seems paradoxical that, in an environment where health should be promoted, workers suffer of the lack of it.

In health care provision, even in the unfavorable context of quality of working life, will the male worker rethink his practice in health self-promotion?

It is noteworthy that the lack of specific strategies for this genre and the difficulty of adhesion of the male population to the family health program, appears as another factor to promote man's health. With this in mind, the federal government developed the National Policy for Comprehensive Care to Men's Health (PNAISH - Política Nacional de Atenção Integral à Saúde do homem), which aims to: promote health actions that contribute significantly to the understanding of masculine singular reality in their various socio-cultural and political-economic contexts.¹²

The PNAISH reinforces the importance of more comprehensive care to the occurrence of changes in men's behavior regarding health. It also has the purpose of qualifying health professionals for the proper care of man's health, implementing sexual and reproductive health care, guiding men and family about promotion, prevention and treatment of diseases that affect men. Above all, its intention is that health services recognize men as subjects in need for care and, thus, encourage them in their health care.¹²⁻¹³

The complexity that involves being a man makes the male population devoid of essential care to maintain their health.¹²⁻¹³ By taking into consideration this fact and relate it to work, where the man usually spends much of his life, and when this man is a health worker who promotes, cares for and restores the health of others, it is important to consider: what gives pleasure and distress to man working in the Health Care Network of a city of Recôncavo Baiano?

Suffering and pleasure at work can be experienced by men and women, workers in an unique way. Due to gender peculiarities, the masculinity characteristics - virile,

strong, invulnerable and provider - make men, differently from women, not to easily show their feelings, tending to mask them in favor of a more "man" stance.¹⁴ Therefore, the following question emerges: What are the situations of pleasure and pain that men experience?

The interest in this theme regards the concern with the current relation of the working class to working environment. The recent man's health visibility and the implementation of healthcare policies for that group also put into focus researches about male health worker's health.

As a health worker, a reflection about the relations in the work environment arises, establishing, thus, a more systematic attention to this area of senses construction, focused on pleasure and suffering experienced by the worker. Thus, it is essential to understand the working relationships that are experienced by health workers, since a few or no studies specifically discuss the relation of the male health worker to the work environment and the situations of pleasure and pain. This study may be extremely important to protect, prevent and take care of the workers' health. Therefore, the objective of this study is to identify situations of pleasure and suffering experienced by men working in RAS of a city of Recôncavo Baiano.

METHOD

Descriptive study, with qualitative approach, conducted at the health care network of a city of Recôncavo Baiano. The study was part of an excerpt of the study "Working conditions, employment and health conditions of health workers in Bahia", developed by the Public Health Center (NUSC - Núcleo de Saúde Coletiva) and Epidemiology Center (NEP - Núcleo de Epidemiologia) of the State University of Feira de Santana (UEFS), structured in subprojects: subproject 1 "Survey of health, work and illness in the health sector: a multicenter study"; subproject 2 "Employment conditions in primary care", and subproject 3 "Health working process in primary care", with a partnership with the Federal University of Bahia Recôncavo (UFRB). Thus, this research is part of the subproject 3, which seeks to discover the pleasure and suffering experienced by male health workers in the Health Care Network.

It is a study in a city located in Recôncavo Baiano. This choice is justified by the importance in the region and for it has a study center of the UFRB, revealed as a field conducive to scientific research. The participants were men working in RAS namely: the Family Health Unit, Basic Health Unit, Support Center for Family Health, Psychosocial Care Center, Testing and Counseling Center for STD and AIDS. The inclusion criteria were: male, continuously working in RAS for more than six months and be over eighteen years. Interviews were conducted with all the men who agreed to participate in the study (n = 8), being an interview considered lost. Respondents had the following professions/occupations: doctor, nurse, physical education teacher, audiologist, psychologist and workshop worker.

The instrument used for collecting the data was the semi-structured interview, individually performed in the period from August to October 2011, in a preserved area, ensuring privacy of respondents and recorded using an MP4 electronic device. The transcription of the interviews was done by UFRB academics, who were part of the research group, and subsequently stored in the database of UFRB and UEFS.

The ethical issues of this study were guided by Resolution number 196/96, in force until December 2012, which concerns the Guidelines and Norms Regulating Researches Involving Human Beings. Thus, this project was submitted to the Research Ethics Committee of the State University of Feira de Santana (UEFS), registered under Protocol 081/2009. Finally, all those who participated in the survey were guided about the Informed Consent Form (ICF), signed in 02 (two) copies, one was held by the respondent and the other, by the researcher to be filed in UFRB.

Thus, to ensure the anonymity of participants, we used the pseudonym H (man in Portuguese - "homem"), which means interviewed man 1 (H1), interviewed man 2 (H2) and so on, not keeping any relationship with the names of the participants or their workplace. From the responses of the participants, some meaning groups were identified, and comprised three categories: identity, pleasure at work, suffering at work.

The content analysis technique articulates the cultural, psychosocial and

messaging production processes, as well as relates significant and meanings. To do so, we followed the three steps below:¹⁵

The first step is the ordering of the interviews, which is the choice of interviews with content elements that contemplated the study objectives. Then, the organization of the accounts of the interviews was included in certain order to start the classification and interpretation of information.

The second stage was characterized by the classification of the data, which prioritize the reading of each interview, where we prioritized the first impressions in order to identify the internal coherence of information, convergence, divergence and differences in the statements of the respondents. This is important for not merely displaying the lines or disregarding what was found in field.

In the third and last stage, the data have undergone processing and interpretation. The interpretation was performed by deductions related to the findings with the theoretical framework.¹⁵

RESULTS AND DISCUSSION

The results and discussion were permeated by reflections about Being Man: authentic identity, the immaterial product of labor as a source of pleasure, (non)involvement with the other as a source of suffering.

♦ Being man: authentic identity

In the last years, work has become the subject of study by many theoretical researchers. The relationships that are established within the working environment raise many feelings and, among them, the pleasure and suffering emerge as an important indicator of worker's health. Relating these elements with male health worker, it was built an explanatory scenario of the interrelation of different factors that characterize the experiences of pleasure and suffering of this worker.

In an attempt to understand and characterize who is this male health professional, it was observed the reiteration of a male ethos of hegemonic masculinity, common to every man belonging to a patriarchal society that needs to reaffirm their masculinity intrinsically linked to the social representation of his role.

I'm (name). And the man of 35 to 36 years old that is about to become father

in less than 2 months and who has a great pleasure, which is working, operating, I like surgery, operating, Caesarean operating, I like seeing my patients satisfied with my job, the patient's satisfaction is something that makes me excited to work, I like staying at home, right [...] I like cinema a lot, motorcycle and also barbecue and iced beer.. (H3).

The phrase "I am a man" goes beyond the meaning of not "being a woman", carries with it a set of characteristics that populates the social imagination and make up the "be a man" who is strong, "male", not fragile. Within the complexity that involves a man, fragility is a peculiar characteristic of women, suggesting femininity⁶, an aspect that is not part of man, as well as the idea present in the sentences "man doesn't cry" and "man doesn't get sick".

It seems to be very emblematic for the worker the fact of being a man, and this is already a source of pleasure, as it brings with it the logic of the macho culture of being potentially sexed, strong and hardworking, since the work "dignifies the man" in addition to support themselves and their family.¹⁶

It is noteworthy that feeling useful is a form of satisfaction with the work that is important for himself and the society. This also demonstrates the great importance in the psychological construction of each individual.

In this masculinity model to be followed, which is culturally constructed, man is a sample provider and father. These characteristics seem to compose the world of respondents.

[...] Today, I'm a father (laughter), I'm enjoying the happiness of being a father [...]. (H2).

The man is influenced by the ideology of patriarchal society that prints, on this man, the virtues of being responsible for the family and work, which is to legitimize its superiority due to the role of being a leader and provider. Although, nowadays, the formation of Brazilian families has changed a lot, but when there is a man who is part of this structure, he, almost always, carries the mentioned feelings.

Another peculiarity of personality and character that populates the subjectivity of man perceived through the reports is the fact that he expresses being buddy/friend,

companion. The following statement illustrates this perception:

[...] I'm a common person. I'm a buddy, friend, I try to be friends with everybody, it's and...I'm a citizen [...] (H6)

Thus, it is noticeable that the identity described by the study participants confirms the features that make up the man described by PNAISH.⁶ That, in its complex subjectivity, socially constituted, reaffirms a man, worker, family man and friend, so are essential characteristics of man that everyone should pursue.

♦ The work's product, the conquered pleasure

Pleasure at work is more than being pleased when executing a task. Pleasure is a source of mental health for the worker, who, in its multiple relationships in the workplace, is involved with many interpersonal and structural factors that provide gratification.⁸ This comes from the satisfaction, desires and needs, as well as the successful mediation of conflicts and contradictions generated in certain work environment.

The feeling of pleasure is part of the balance between the worker's objective and the answer to this desire. Therefore, achievement, recognition, appreciation, freedom and gratuity are means of providing bonus experiences.

Thus, a health worker who provides care to others, employing his knowledge and skills so that the patient's health is completely or partially re-established, feels happy to see that the product of his work had a satisfactory and successful result. This is what appears from the speeches of the respondents, when asked about what brings pleasure at work:

[...] here? (Pause) meeting my colleagues and seeing a very positive result, and seeing someone who is very sick getting well in a short period of time [...] (H3).

Our own work. Because if we, like I've said before [...] we feel accomplished, we feel satisfied with what we do. So, I guess that what it is [...] (H6).

The way the work is done allows the perception of the activity as significant or not. It is observed that the product of labor is mentioned as something that provides pleasure of experiences, as well as the awareness of the importance of their work

brings out the pleasant feeling of accomplishment. Once, at the work, the professional develops his potential, which gives freedom of creation and expression, favors cognitive-technical ties as a result of activities.¹⁷

This same result was found in the study of pleasure and suffering in the managerial practice of the nurse in the hospital context, stating that the pleasure is in the positive return of their work recognized by their colleagues or by the appreciation and satisfaction of the patiente.¹⁷

It is strange to know that the work in a health system or service is often fragmented, that is, for solving his/her problem, the patient undergoes several professionals, since the sum of the parts becomes the whole. And this characteristic, according to the literature, makes the worker lose the product concept of his work, causing him strangement.¹ So, how can someone feel pleasure of something if he/she doesn't know his/her contribution to the final product?

The appreciation and recognition are factors that allow the worker to believe in the importance of his work. They are also essential for pleasure experiences to outweigh the suffering ones. When inquiring about what gives pleasure, the mentioned idea was evidenced in the following statement:

The reward, right, when you realize that everything you're doing is being appreciated, that the elderly, in my case, when I'm not present, when we take some days off, when I get sick, or when I do some activity, they come and embrace me, kiss me, show this sensation, this caress. So, for me, it's...it's what matters the most (H1).

From the H1 speech, it is clear that the recovery and the reward at work produce the feeling of pleasure for the worker. Studies claim that the appreciation is the meaning of work, which implies saying that the work is meaningful and important for the users and for the service.¹⁸ When the employee finds, in the workplace, appreciation of himself and his work, he feels pleasure. It also functions as a motivating factor to work. Regarding health professionals, the recovery can be translated into high quality rates of attendance.¹⁹ This positive emotional state of the worker is a key element for improving the quality of care provided to citizens.

The work in RAS can provide situations and experiences of more direct and lasting contact with service users. The link between users and health professionals is essential to ensure bonds of trust, complicity and affinity between them. In H1 statement, the pleasure appears when receiving many expressions and affection, which also suggests that being accepted and admired at work. The peculiarities of work in RAS often allow professionals to act closer to the community. This promotes bonding between them, allowing greater adhesion of the target audience in the activities and practices to promote, prevent and care for the health of the population, susceptible to various forms of pleasure and suffering.²⁰

The H4 speech confirms the appreciation, and adds recognition as reference of pleasure in the work environment. In this space of multiple and hybrid relations of feelings, having an element as a positive factor, which gives good feelings, satisfaction in serving, is essential to create a subjective experience of pleasure. This is clear in the following report:

When a person comes to thank me, because we realize our work served something. I think it's very important! (H4)

This means saying that, when the professional realizes that there is recognition of his work and this comes from the actors directly involved in the process, it makes the employee feel admired, useful and stimulated by what he does. As a result, it creates a sense of satisfaction that, in this case, is understood as a synonym for pleasure. Recognition is a pleasant feeling of feeling accepted and admired at work.¹⁹ This may come from the management, co-workers and service users.

The recognition, appreciation and professional experience are related to the results of work and getting pleasure, which ultimately provides personal growth and, consequently, knowledge. Thus, H5 states feeling pleasure with the knowledge gained through years of work:

The recognition. I appreciated more, I'm learning more, I'm really knowing what the knowledge is. So, 7 years ago, I started and, after 27 years, I restarted, and started to learn what it is, the importance of the medicine and, with it, understand what is physical, mental and social health..., understand

what life is, give meaning to life. My life is really more meaningful. [...] (H5)

If multiple inter- and intra-subjective relations established within the work environment are considered, the changes that happened in the work's organization and technology, all of this implies an acquired knowledge over the years. Labor relations, in any way, imply pleasure and pain to a greater or lesser degree¹⁷; in this particular case, the pleasure of the experience knowing, or knowing himself outweighs the suffering.

The complexity involved in caring for health, requires not only skilled professionals within their specific training, but also individuals sensitized to act and think as a team. So is the work in primary care. Perhaps the personal and professional growth reported by H5 is precisely the way health and disease are conceived, differently from the biomedical view, which often becomes hegemonic.⁷

♦ (Non) involvement with the other, the inevitable suffering

As well as pleasure, suffering is a feeling that is also inherent in the relationships that are established in the health labor environment. When dissatisfaction takes over the worker and he cannot solve the conflicts that are faced in daily work, there is an imbalance regarding pleasure and suffering, which ends up reigning.

Suffering is understood as anguish for not having their wishes accomplished, because there is no suitable space to externalize their desires and the dissatisfaction and disappointment with work.¹⁹ Frustration, lack of satisfaction and motivation of work has its origin in several multi-faceted factors. In this sense, when asked about what gives suffering, H6 defined the perspective of the involvement and construction of relationship with patients:

[...] Yes, sometimes. Because it's, it's a work we handle with human beings, and as it's a Psychosocial Care Center, we get involved a lot with the patients, and it causes us pain when we see some patient in crisis. When we're involved, we suffer with the patient's suffering. That's what usually causes suffering. (H6)

As health professionals usually deal with the suffering and pain of individuals, the daily living in this environment impact on the subjectivity of the professional.²¹ The

worker's involvement with those who suffer, sometimes is inevitable, and the professional who built a bond with the patient, ends up experiencing the pain of the other, because he cannot be indifferent. It can be seen, here, that the set of relationships between subjects can also be a source of suffering and, perhaps, the most painful.⁹

The attempt of keeping certain distance, or remaining indifferent to the suffering of others, ends up providing suffering to the worker, which is illustrated with the following report:

[...] For instance, unstructured families with people who use drugs, with a complicated situation of the drug dealer charging at their homes, so that makes us kind of sad and also worried. We have to keep our professional attitude. [...] (H4).

Being professional and not getting involved with the suffering of others also generate suffering. Suffering is inherent in human life and work, but there must be a balance between these two poles. Once the feeling of not wanting to get involved to avoid suffering, inevitably gives the suffering with the conflict between acting with reason or with emotion or feeling of compassion with others.

This impersonality behavior justified in a professional position, seeing the other without getting involved is inheritance of a care model of health called privatizing liberal. This model proposes a medical style ruled by the impersonal care by the health professional. Unfortunately, still nowadays, this fragmented model is prevalent in many health facilities. For overcoming this scenario, a new framework is imposed, which is guided by the ethical commitment to life, with the health promotion, recovery and full care.²²

Another statement of cause of suffering of male health professional is the conflict of interest between worker and patient. The fact is that this disagreement of relationships within the work environment causes suffering to the worker for he knows the breakdown the absence in a consultation can cause to the user and the service.

[...] Situations that cause me the greatest suffering (pause) patient who skips consultations or convocations, who schedule and does not come, because when she schedules, she is preventing

some other person from coming, and, for re-scheduling, it's awful, so she gets impaired and, sometimes, the person is going through a problem, or I'm with some kind of trouble, and the client is not in line with us, causing arguments [...] between the doctor and the patient. Sometimes, when some needs are not responded, the patient thinks the doctor doesn't want to attend, and, sometimes, the opposite may happen [...].(H3)

In networking routine, H3 shows a difficult relationship between doctor and patient. In the doctor-patient relationship, there is a repetitive practice of holding signs and symptoms and many times the uniqueness of the encounter between doctor-patient, respecting the values, the culture, the user co-participation in his/her treatment plan are neglected and/or marginalized.²³

It is clear breakup of the relationship (meeting) between professional and user. This creates suffering, firstly, because it undoes the possibility of the meeting, relations, trust, bond; secondly, because other relations could be established with other users. Relationships occur to satisfy some kind of need. H3 also brings the appearance of the user's (un)commitment during the meeting and the doctor-patient appointment. It is worth questioning: Does the worker suffer because of the user's absence or because the user's absence makes him think over his patient-doctor relationship?

It is necessary to reflect that the work has several facets that influence on the formation of the workers' self-image which, in turn, is the reason for pleasure and suffering. Focusing on these facets means focusing on factors that can directly influence the workers' health. Therefore, it is necessary to understand and identify which aspects of the relations established within the health work environment generate physical and psychological distress, such as wear, anguish, frustration, fatigue, among others, which can lead to illness of employees. Thus, it is essential to build work environments that value, not only the production and care services, but also the provision of healthy physical or subjective spaces for quality of life at work.

CONCLUSION

The launch of the National Policy for Comprehensive Care to Men's Health - PNAISH has highlighted the discussion about the issues that permeate the health care of the male class in Brazil. It is important because it allowed to see the "man being" from another perspective, not only biological, but the comprehensive care of this being, who, in sociocultural issues, acts differently from women.

Added to this, the field of study about occupational health brought the concern of the problem of physical and mental illness of health workers as an issue of public health. This provided a closer look at the relationships that are established within the workplace, especially in a specific area of promotion and health care.

Studying the pleasure and suffering of workers in the Health Care Network of a city of Recôncavo Baiano is just an offshoot of this closer look, since pleasure is understood as a feeling intrinsically related to satisfaction in the workplace, while the suffering appears as unpleasant sensations arising from the failure to meet the needs and interpersonal and intra-subjective relations of that worker. Thus, it influences the behavior, quality of working life and, consequently, the workers' health.

From the answers present in the speeches of male workers of RAS, it was possible to characterize who is this worker and what experiences provide him pleasure and suffering in the workplace.

The content analysis of the reports confirms the description of "being a man" present in other studies and in PNAISH - father, family provider, strong and virile that cannot show weakness. The typical man of the patriarchal society.

As for the question related to pleasure, the analysis is in line with other studies. The pleasure experienced by male health workers is related to the quality of the services provided by them, rendering them the appreciation, recognition and knowledge gained through experience. Thus, the product of labor is responsible for the great satisfactions and worker's experiences of pleasure.

The suffering was characterized by an inter-subjective relationship, especially because it is a health environment. It appears from the reports that get involved

and not get involved provide the suffering experience to male health worker of RAS, who, in a failed attempt, cannot or even tries to remain indifferent to the suffering of others. Although this suffering cannot be demonstrated, for man, even health worker, "cannot or do not want to show weakness."

Through the study, it was revealed that the situations that provide pleasure and pain are common to men and women (appreciation or lack of it, the knowledge and recognition, the bond with the patient). There are labor issues that are often more directed to "man's world", especially in problem solving, in positions of authority and not having, sometimes, double shifts, illness. But these points were not objectives of the research. Also because of this, the results of this study did not bring or suggest specific interventions for the working man in the work environment. Therefore, this was a limiting factor for this study.

Thus, it is important to notice that, given the complex subjectivity that constitutes "being a man", it is necessary to promote other studies that may contribute to a closer look at the pleasure and suffering specifically of the health worker.

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Submission: 2016/01/13

Accepted: 2016/05/27

Publishing: 2016/07/01

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