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WORKING CONDITIONS: FEELINGS OF THE STAFF AND PRECARIOUSNESS OF NURSING WORK

CONDIÇÕES LABORAIS: SENTIMENTOS DA EQUIPE E PRECARIZAÇÃO DO TRABALHO EM ENFERMAGEM

CONDICIONES LABORALES: SENTIMIENTOS DEL EQUIPO Y PRECARIZACIÓN DEL TRABAJO EN ENFERMERÍA

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ABSTRACT

Objective: to analyze the working conditions of the nursing staff in their work environment. ***Method:*** a descriptive study of qualitative approach conducted with 16 professionals of the nursing staff of a state reference hospital for emergency in Natal-RN. The collection took place from semi-structured interview. The analysis occurred from the content analysis technique. ***Results:*** the main working conditions that stood out as harmful to labor activity were: fragmentation of work, improvisation of activities, low pay, lack of professional acknowledgement and lack of material. ***Conclusion:*** the lack of working conditions, overload of activities and patients, lack of basic materials, among other factors, must be communicated among the team members to prevent that the lack of knowledge of these situations cause conflicts. ***Descriptors*:** Nursing; Occupational Health; Working Conditions.

RESUMO

***Objetivo*:** analisar as condições laborais da equipe de enfermagem em seu ambiente de trabalho. ***Método*:** estudo descritivo, de abordagem qualitativa, realizado com 16 profissionais da equipe de enfermagem de um hospital de referência estadual em urgência no município de Natal/RN. A coleta realizou-se a partir de entrevista semiestruturada. A análise ocorreu a partir da Técnica de Análise do conteúdo. ***Resultados*:** as principais condições de trabalho que se destacaram como prejudiciais à atividade laboral foram: a fragmentação do trabalho, a improvisação das atividades, a baixa remuneração salarial, a ausência de reconhecimento profissional e a falta de material. ***Conclusão*:** a ausência de condições de trabalho, sobrecarga de atividades e pacientes, carência de materiais básicos, dentre outros fatores, devem ser objeto de comunicação para evitar que o desconhecimento destas situações, por parte de algum dos membros da equipe, cause conflitos. ***Descritores*:** Enfermagem; Saúde do Trabalhador; Condições de Trabalho.

RESUMEN

***Objetivo*:** analizar las condiciones laborales del equipo de enfermería en su ambiente de trabajo. ***Método*:** estudio descriptivo, de enfoque cualitativo, realizado con 16 profesionales del equipo de enfermería de un hospital de referencia estadual en urgencia en el municipio de Natal/RN. La recolección de datos se realizó a partir de entrevista semi-estructurada. El análisis fue a partir de la Técnica de Análisis de contenido. ***Resultados*:** las principales condiciones de trabajo que se destacaron como perjudiciales a la actividad laboral fueron: la fragmentación del trabajo, la improvisación de las actividades, la baja remuneración salarial, la ausencia de reconocimiento profesional y la falta de material. ***Conclusión*:** la ausencia de condiciones de trabajo, sobrecarga de actividades y pacientes, carencia de materiales básicos, entre otros factores, deben ser objeto de comunicación para evitar que el desconocimiento de estas situaciones, por parte de alguno de los miembros del equipo, cause conflictos. ***Descriptores*:** Enfermería; Salud Ocupacional; Condiciones de Trabajo.

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INTRODUCTION

Globalization has interfered with the working class, making it increasingly fragmented, heterogeneous and stratified. It is important to understand the current way of working, realizing the new composition of the working class in its entirety. In this global context of work, the worker is forced to sell their labor power. Besides, they must meet also the demands of an increasingly selective, fragmented and often precarious market.[1]

This fragmentation is also found in the health sector, especially in nursing, with highlight to fragmented activities, with several individuals acting with their technical autonomy, their intersubjectivities, cultures and knowledge.[2]

In the age of globalization, the working class stands out as the most fragmented, heterogeneous and diverse.[3] It is important to understand the current way of working, and one should understand the new composition of the working class that involves all the employees, men and women who live by selling their labor power; productive workers, which participate directly in the creation of added value; unproductive workers, whose jobs are used as services for both public and private sectors; the rural proletariat, composed of employees of the agro-industrial regions; the modern proletariat, characterized by precarious and modern work; and, finally, all the unemployed.[4]

In this global context of work, the worker is forced to sell their labor power in the most adverse conditions. Besides that, there are other features, such as the sexual division of labor, with preference for female labor for their lower wages; the inclusion of the "third sector", companies of community and volunteer profile; and exclusion of younger and older people from world of work.[4]

The reality of the world work resembles the nursing area to be a profession whose activities are carried out so that the most elementary tasks are carried out by less qualified members and supervisory and control activities are performed by those with more advanced knowledge.[5]

It is important to point to a key feature of nursing: to be holder of professionals with different scientific knowledge, consisted of nurses and nursing technician and / or assistant, who can illustrate a situation of leadership or management by nurses in relation to middle level professionals within a group or team.

This study emerged from the need of nursing professionals understand their work environment, their conflicts, hardships, working conditions and facilitated factors of the nursing process in order to analyze the working conditions of the nursing staff in their work environment.

METHOD

Descriptive qualitative study, carried out in the ward of a state reference hospital in urgency, located in Eastern health district of the city of Natal / RN, which has 48 nursing professionals, including nurses, nursing technicians and assistants. Data collection took place in April 2012 and participants selected for this study were professionals who agreed to participate by signing the Informed Consent Form (ICF), and who were present at the time of data collection, totaling 16 participants.

The research project was submitted to the Research Ethics Committee (CEP) of the Federal University of Rio Grande do Norte (UFRN), respecting the norms of Resolution 196/96, which approved the research by Presentation of Certificate for Ethical Consideration (CAAE) 0289.0.051.000-11 and Protocol No. 262/11.

Data collection occurred through semi-structured interviews composed of open and closed questions. These interviews were recorded with the consent and signature in the Informed Consent Form and authorization form for the use of recordings.

Upon completion of data collection, authors transcribed the recorded interviews, removed the language mistakes and carried out the spellcheck carefully, not to distort participants' lines.

The analysis occurred from the content analysis technique under Minayo perspective. The analysis of information[6] includes the process of interpretation and provides additional basic purposes in terms of social research. The following purposes stood out: establishing an understanding of the collected data, confirming or not the assumptions of research, answering the questions asked and increasing knowledge of the subject studied, linking it to the cultural context of which it is part. Thus, researchers sought to correlate the harmful factors to labor activity with the authors studied in the theoretical framework of the research.

RESULTS

This study was conducted in a public hospital located in the city of Natal, in the state of Rio Grande do Norte. Opened in 1971, the hospital started its activities in 1973. At

the time of its opening, it had a physical structure of four floors. In 2001, it was reformed and received the construction of an emergency room, becoming a hospital complex.

The institution has approximately 310 beds, all registered in the SUS, with occupancy rate of about 100%. The beds assigned for the wards are divided into: Hematology and Nephrology, Clinical Surgery and Orthopedics, Medical Clinic and Cardiology, Neurology and Neurosurgery and burned. It also has the Home Care Program (HCP) to support patients in their homes. The hospital also has 31 beds for intensive care unit (ICU), divided into: nine beds in the General ICU; six beds in the Cardiology ICU; ten beds in the Bernadette ICU; and six beds in the Pediatric ICU. It also has five rooms of the Operating Room, nine beds in the Ophthalmology Reference Center and other various services such as the Occupational Health Service Center (NAST in Portuguese), the Continuing Education Center (NEP in Portuguese), Appointments Booking Sector and Outpatient Clinic for employees and dependents.

The NAST is a service that aims to assist workers of the institution. It is comprised of a triad of actions: Quality of Life Program, which has actions involving professionals during their labor action, such as workplace exercise and arts workshop; Ambulatory Medical Care, which includes outpatient consultations in various specialties for staff and their families and also in assisting the sick worker, through consultations with the occupational physician, nurse and psychologist; Workers' Safety, involving the technician in occupational safety in activities for prevention of accidents and protection to the employee.

The NEP is a relatively new center, having existed for three years on average, which aims at the improvement and professional training, which conducts continuing education activities that expand workers' awareness through lectures, workshops and courses. It is also responsible for the control of all educational institutions that exert their internships in that work environment.

Nursing is comprised of 100 nurses and 600 nursing technicians for daily demand. To manage these professionals, there are a Nursing Director and Nursing Managers, divided into: two in the emergency room; two in ICUs; two in the wards; and one in the Surgical Center and adjacencies.

The complaints about the working conditions are routine in the local press and even in the national press, showing patients being treated in corridors, in an improvised manner, and others in need of ICU, and deaths occurring due to the long wait.

For this research, the Clinical Surgery ward was chosen, characterized by admitting patients undergoing general and orthopedic surgery. The ward has 54 beds to be assisted by an average of seven nursing technicians per shift (morning, afternoon and evening), two nurses during the day and one in the evening hours.

Table 1. Characterization of research subjects. **Natal (**RN**), Brazil**, 2013.

Variables	n	%
Age group		
20 – 30 years old	06	37
1 – 40 years old	02	13
41 – 50 years old	03	19
50 years old	05	31
Gender		
Female	15	94
Male	01	06
Marital status		
Single	08	50
Married	05	31
Divorced	03	19
Level of education		
Complete high school	09	56
Incomplete higher education in Nursing	02	13
Complete higher education in Nursing	05	31
Work regime		
30 hours per week	04	25
40 hours per week	12	75
Length of service	n	
1 – 5 years	05	31
6 – 10 years	01	06
11 – 20 years	07	44
21 years	03	19
Vínculos empregatícios		
One	13	81
Two	03	19
Total of respondents	16	100

There was a greater number of young professionals and middle-aged adults in the group studied, which is the current characteristic of the labor market, where there is rejuvenation of the market, required by employers, with increase in the participation of this group among the economically active population.[7] There was also an approximation of the number of younger employees with those over 50 years old, which enables the exchange of experiences and cooperation.

However, this reality also favors disagreements by differences in thoughts, attitudes, maturity, professional performance, respect or even the lack of it, which hinder labor relations.

Regarding gender, most of the professionals interviewed corresponded to females, comprising 15 subjects, a reality that is consistent with that found in the nursing field. The nursing activity remains feminized at all levels. The feminization[8] is attested by the recruitment process in nursing and its labor market.

Nursing, as a profession with female historical references, offers resistance points in male participation. Work involving physical strength or social status and power, such as advocacy, engineering and medicine, are characterized as male professions. On the other hand, teaching, homemaking and nursing are characterized as female professions.[9]

The insertion of men in this job market, which is historically recognized as a female concentration area, breaks with the cultural pattern formed on the activity of Nursing. On the one hand, the masculinization of the profession allows the breaking of this gender stereotype, being a cultural advancement, on the other, it can lead to a worsening of the labor market for women, increasing the competition for work space, further intensifying their work overload.

The work process is the channel through which workers express and seek to achieve their desires, wishes and possibilities by the sense and meaning of built work.[10]

Although work is one of the individual spheres of activity in society, i.e., an element of social interaction, it is - in the current situation – fundamental also in other spheres, such as economic. In the latter, it is inserted in a global context of market economy, of capitalist economic embodiment model, whose driving force is the exploration of the individual's labor force, which is converted into values and objects.

Working conditions is defined as the situation to which the worker is exposed in the exercise of their activity, the set of all objective circumstances that may influence the work process. The main working conditions that stood out as harmful to labor activity were: the fragmentation of work, improvisation of activities, low pay, lack of professional acknowledgement and the lack of material, as shown in the following lines:

It starts with the issue of the amount of employees and it is followed by the material for the amount of patients we have, so I think it's the material [the biggest problem]. (Companionship)

Here we do not have any working condition, for anyone. Honestly. There is lack of hygiene, lack of organization, lack of materials. (Kiss)

DISCUSSION

The first working condition identified in this research as unsatisfactory is the fragmentation of work. This fragmentation[1] occurs due to the existence of piecemeal work, the division of tasks performed among professionals in a strictly organizational manner and also due to the instruments of capital structure to expand the exploitation and control of the work force.

This situation is difficult to identify in practice, as it is a form to control the workforce, making it difficult for the worker to understand the structure in which they are inserted as a component.[1] Because of this, there were no explicit statements about the fragmentation of work, however, their identification was possible because of the macro-comprehension of the research, the routines and the experience of working.

Within the Nursing area, this fragmentation is intensified as there is almost a pulverization of the individual, that is placed as a single element of a huge structure, a part without autonomy of a large body, where their relevance and / or treatment as an individual is inversely proportional to the demands of their work. Thus, the, responsibilities and requirements of the professional's workforce are increased and, on the other hand, their treatment as an individual holder of desires and wishes is reduced.

Another working condition perceived as a cause of discontentment is the need for improvisation by professionals, as can be seen in the next line:

The working conditions are not good, because we work improvising in many things, because nursing is improvisation. And here, as this is an emergency hospital, there are many things that we have to improvise. The government does not look favorably upon the nursing sector, the health sector, the hospitals. All these state hospitals are going into crisis because government does do what should be done. (Help)

This problem is also seen in other studies[11-13]. It is noteworthy that improvisation brings in nursing workers the loss of energy, as it requires more attention and time, which could be focused on the patient and their family, not in solving problems related to infrastructure and working conditions. That said, improvisation is a solution for an immediate problem, and this causes a form of alienation from the collective work.

Improvisation leads the employee to two harmful effects: the first is dissatisfaction with the activity they played. The second refers to time, material and even emotional effort that the worker spends in solving immediate problems. These labor dissatisfactions[14,15] lead to various forms of confrontations, for which the employee often needs experience to circumvent the situational events and promote peace in a stressful environment.

This reality determines in Nursing the use of creativity to devise means for the realization of effective care. This permanent feature in the work environment causes dissatisfaction and frustration, as professionals see their activities be daily limited by the lack of an element in the process.

Low wage stood out as one of the elements of higher incidence of dissatisfaction among workers. In this sense, we highlight the lines:

I believe that the work environment here [...] the conditions are precarious and the pay is low. (Affection)

The biggest problem I face is on the payment, for here it is a chaos, people work exhaustively. (Help)

Insufficient payment has been also identified in other studies as a complaint in the public health sector for a long time. For over ten years, the salary of state health professionals has been extremely undervalued, although admittedly its professionals develop an activity essential for human life and for society.[16]

There has been a national phenomenon of low wages, accompanied by insecurity in employment and competition for workspace. These phenomena are also noted in nursing.[4]

Low wage is recognized among professionals as a setback to decent labor exercise, which contributes to job dissatisfaction.

The interviewees highlighted the lack of acknowledgement by the worker as another deficient working condition. We highlight the following passages:

We are not praised for the work we develop, we receive more criticism. No one praises our work, no one commends us, so I feel very anxious, very depressed. (Affection)

> *Look, the professional studies, we even work to pay our studies, and when it comes the time for the government or the managers, as the directors and health secretaries, give us some encouragement, they do not treat us as qualified professionals, but as any other person, and this constrains us and makes us very uneasy. [...] We get overwhelmed and even then I do my work, but I have a lot of difficulty because our work is exhausting and we are not valued in our work. (Help*)

Professional acknowledgement is a form of motivation, however, nursing is poor in professional acknowledgement, even though it comprises much of the human resources of a hospital, which still seek the an acknowledged and valued space in social and economic relations, both in hospitals and in society as a whole.[17]

In this research it was observed that professionals crave for acknowledgement of their duties, not only on an external plan, by the society and other professional categories, but also internally, by the institution and managers.

The last element highlighted as unsatisfactory, among working conditions, was the lack of material resources in the institution, as shown in excerpts:

> *The working conditions are poor, when we try to do a better healing there is lack of the necessary material. (Attention*)

> *We try to do the best and somehow we are prevented by several factors, such as lack of equipment. (Hug*)

> *I think the working conditions are poor due to lack of materials. (Listen*)

Other studies [18-20] have also identified working conditions as poor because of the lack of material, shortage of human resources, inadequate furniture and lack of physical structure.

The work itself is not stressful, but the daily living and the constant lack of material and human resources afflicts workers, causing them stress, anxiety and instability.[11]

It was found that the lack of resources is a condition that causes anguish and dissatisfaction in workers. The cause of this weakness is coincident with the low pay: the lack of sufficient public investment in the health sector.

Given the impression exposed by interviewees, it is possible to note that the working conditions in the investigated environment are deficient, which generates anxiety and frustration in the professionals submitted to this environment. However, it is important to note that some workers reported a different perception, in which they do not consider the working conditions as unsatisfactory or not at the same level as most professionals.

The worker, in the face of adverse working conditions, elaborates particular strategies to handle this exhausting experience. The individual carries their internal confusion and ambivalences. It is a worker who suffers but also feels pleasure at work and hesitates in face of difficulties encountered, in face of which they must make decisions and act.[21]

In this context, as highlighted by the same aforementioned authors, often skills are developed automatically and professionals act subconsciously. Thus, the worker sees their situation as natural, as they already live daily with difficult problems to solve. This can be evidenced in the following speech:

> *The hospital conditions are nor the best, nor the worst. We live, we do what we can. I still think there are a lot of good things here. There is lack of material here, there, but it is not always. Sometimes during the year there is lack of material and the conditions become precarious. But this does not happen only here, it is across the Rio Grande do Norte. It is in the whole country, in every public hospital. (Empathy*)

The professional's speech is really consistent with other studies in Brazil,[11,22] which report that, in the face of poor working conditions, the individual mitigates the unfavorable situation found in their work even as a form of escape from reality or because they think such experiences are normal. They can also do this to reduce the suffering in face of the reality in which they live, having to improvise constantly; not performing some procedures due to lack of materials; feeling overwhelmed due to personal deficit, among other factors.

For purposes of this survey, the precariousness of work will be understood as a phenomenon that weakens the individual (worker), which extends the exploitation of the workforce and reduces their perception of the injustices they suffer. This precariousness is realized by various ways and means, and can be verified by some evidence and indicatives analyzed in the scenario studied.

Among this evidence, some coincide with the inappropriate working conditions are highlighted, namely: the low pay and the submission of the worker to undue risk conditions to health and safety, as the absence of materials. Other evidences highlighted are the reduction of jobs and the expansion of informal work.[23]

Further evidence that confirms the phenomenon of precariousness of work in the

analyzed object is the presence of physical and emotional stress and reduced willingness to work, that is, a burnout of the professional. These situations can be seen in the following lines:

> *You will increasingly getting disheartened. As it involves a lot, mind, body and everything, the person might develop a disease, and it discourages work. (Hug)*
>
> *Technicians get tired, they get sick. There should be more sensibility. Today it is happening to you, tomorrow it could be me. (Companionship)*

The burnout has become common among members of the nursing staff, resulting in changes in creativity, in the desire to serve patients, in the study capacity and performance, thus becoming a suitable source for the illness of these health workers.[19]

The precariousness of work is a phenomenon of political, social and economic backgrounds and has as consequence the damage to the optimal development of the work and hence of the worker. Specifically regarding the precariousness of nursing work, this loss falls on an element that cannot be put at stake: the health of both patients and family members, and of the nursing staff itself.

Thus, if nursing wants to change the frame identified in this research, of precariousness of work and inappropriate conditions of labor exercise, the only way available is political struggle for space.

There is the need to strengthen the new arrangements outlined on work management and negotiation processes that enhance health workers.[22] The consolidation of the category, needed to this fight, requires a change of the established form of communication in nursing; however, there is fragmentation of work and precariousness, reducing and weakening the individual, being a form of resistance to their emancipation. In turn, communication strengthens the category and allows the construction of a validated and appropriate consensus to changes.

CONCLUSION

Knowing the harmful effects to the individual is the first step to convert the scenario, reduce the odds and allow the emancipation of workers, especially by the transformation of the established structure, changing the central axis of the system that revolves around the workforce, replacing it by the main element of the social context: the individual and their working relations.

The lack of working conditions, overload of activities and patients, lack of basic materials, among other factors, must be communication object to prevent that the lack of knowledge about these situations by some of the team members causes conflicts.

The work and the process should trigger in the subjects feelings of personal and professional satisfaction. The labor should be enjoyable and encourage workers' creativity and subjectivity.

The results of this study show the need for changes in the current scenario, in order to provide better working conditions through more satisfied and valued professionals by the institution in which they exercise their functions and the formation of an integrated nursing team.

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