



RESSIGNIFICATING NURSING CARE: PERCEPTIONS OF A TEAM
RESSIGNIFICANDO O CUIDADO DE SI NA ENFERMAGEM: PERCEPÇÕES DE UMA EQUIPE
RESIGNIFICANDO EL CUIDADO DE SI EN ENFERMERÍA: PERCEPCIONES DE UN EQUIPO

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ABSTRACT

Objective: to identify the interference factors and the personal strategies narrowed by professionals of a nursing team to stimulate their self-care. **Method:** this is a descriptive-exploratory study, with a qualitative approach, carried out by 10 nursing professionals. The data collection was done from semi-structured interviews and the analyzes performed by the Content Analysis technique in the Thematic Analysis modality. **Results:** the existence of deficits related to the exercise of individual care associated to personal and work processes, such as lack of time, self-medication, relaxation, accumulation of work hours, and work overload were observed. **Conclusion:** there is a need to raise awareness among professionals and managers about actions that stimulate a self-care culture in the group, since lack of care negatively impacts the quality of care provided to patients. **Descriptors:** Occupational Health; Health Promotion; Self-Care.

RESUMO

Objetivo: identificar os fatores de interferência e as estratégias pessoais estreitadas por profissionais de uma equipe de enfermagem para o estímulo do seu autocuidado. **Método:** estudo descritivo-exploratório, com abordagem qualitativa, realizado com 10 profissionais de enfermagem. A coleta de dados foi realizada a partir de entrevistas semiestruturadas e as análises pela técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** observou-se a existência de déficits relativos ao exercício do cuidado individual associados a processos pessoais e de trabalho, tais como a falta de tempo, automedicação, relaxamento, acúmulo de jornadas, sobrecarga de trabalho. **Conclusão:** há a necessidade de sensibilização dos profissionais e gestores sobre ações que estimulem no grupo a cultura de autocuidado, uma vez que a falta de cuidado, impacta negativamente na qualidade na assistência prestada à clientela. **Descritores:** Saúde do Trabalhador; Promoção da Saúde; Autocuidado.

RESUMEN

Objetivo: identificar los factores de interferencia y las estrategias personales estrechadas por profesionales de un equipo de enfermería para el estímulo de su autocuidado. **Método:** estudio descriptivo-exploratorio, con enfoque cualitativo, realizado con 10 profesionales de enfermería. La recolección de datos fue realizada a partir de entrevistas semi-estructuradas y los análisis realizadas por la técnica de Análisis de Contenido en la modalidad Análisis Temática. **Resultados:** se observó por la existencia de déficits relativos al ejercicio del cuidado individual asociados a procesos personales y de trabajo, tales como la falta de tiempo, automedicación, relajamiento, acúmulo de jornadas, sobrecarga de trabajo. **Conclusión:** es necesaria la sensibilidad de los profesionales y gestores sobre acciones que estimulen en el grupo a la cultura de autocuidado, una vez que la falta de cuidado, impacta negativamente en la calidad en la asistencia prestada a la clientela. **Descriptores:** Salud Laboral; Promoción de la Salud; Autocuidado.

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INTRODUCTION

The nursing care practice involves a continuous interaction of the team with the work environment, which can be unfavorable to the health of the professional. In this way, functional diseases due to susceptibility, vulnerability and self-neglect can occur with time of exercise in the care, characteristics that deserve observation of the group.¹

A cross-sectional study carried out with 299 nursing professionals demonstrates that the five main health reasons that affect them are related to musculoskeletal diseases, congenital tissue, respiratory tract diseases, injuries and poisoning, external causes and emotional demands that overwhelm the professional's psychological.²

In this context, it is observed the difficulty of nursing professionals to reconcile their work with their care, with negative repercussions on their health, especially when they perceive that their hospital work has high devotion and strong personal identification, a fact very associated with the vision of saving lives, resulting in serious long-term occupational diseases.³⁻⁴

In this sense, several confrontations are required in the execution of the care process, ranging from the defense of the patient, the denial of reality about the precariousness experienced by the sector, the lack of organization experienced in its sectors, interfering in the exercise of its autonomy and the application of care, and consequently, leading to low visualization, the circumstantial promotion of the fragmentation of the subject and their identity. Such situations can lead to the illness of the professional, even if it is part of a health promotion strategy.³

Considering health as the sum of a political, social and cultural conjecture, one should not attribute the same meaning to all individuals. Therefore, the whole sociocultural reality that encompasses the composition of this being or group must be considered.⁵ The rationale for thinking about the existence of total heterogeneity in care approaches and preventive actions, in this case, the need for health promotion actions that should be directed to nursing professionals, in prevention of the prevalent pathologies, hindering them to act and exercise their care.¹

The exercise of self-care, in the meantime, equates with the knowledge of oneself and its limitations, requiring rules and principles of behaviors that need to be rediscovered and re-signified by the individual, being possible in

his uniqueness the rediscovery of his appreciation and in the knowledge of oneself, enabling the subject to re-encounter with himself.⁶

The actions of caring are known from antiquity, socially recognized and associated with the nature of the human being. Therefore, in the socio-cultural scope of the exercise of caring, it is perceived that it always demanded the reception of individuality in need of care. When caring for oneself does not happen, it is necessary to rescue or rediscover the facts that prove beneficial to the individuality so that one has satisfaction and pleasure in the work of caring.⁷

This thematic interest came from health education practices aimed at the women of a basic health unit on the performance of self-examination of the breasts, allowed within the collective health teaching of the baccalaureate course in nursing. Such experience became relevant when the researchers involved in the action realized that they guided a practice they did not perform. From this moment on, the following questions were raised: *how does the nursing professional exercise care of himself? What factors interfere with the full exercise of their care? What strategies are referred by nursing professionals to an expansion of their personal self-care?*

In this way, the study aimed to identify the interference factors and the personal strategies narrowed by professionals of a nursing team, to stimulate their self-care.

METHOD

A study coming from the Course Completion Work << Caring for the caregiver: an analysis from the care of himself >>. This is a qualitative, descriptive-exploratory and field-based research.⁸

The scenario consisted of a municipal emergency service unit located in the North Fluminense of Rio de Janeiro, Brazil, whose assistance focuses on emergency care in the 24 hours, nursing procedures, radiology services, social assistance and laboratory tests.

Data collection was from semi-structured interviews, from August to September 2015, with a sample of ten participants: four nurses, three technicians, and three nursing assistants. The approaches of the professionals occurred in the corridors of the institution, in the hospitalization and the intermediate unit, through the disposition of the professionals to the flows of the units. The inclusion criteria were: to be a nurse,

technician or nursing assistant, to work in the area for more than two years, to be in the hospitalization and/or in intermediate Unit (UI). These sectors were elected, given the intense assistance promoted by the bedside during a period of 24 hours on duty, which implies a greater exhaustion and action in the assistance process to the patients. On leave/vacation professionals were excluded.

For the data collection, questions were elaborated for the characterization of the participants (Name, age, gender, professional category, time of action and bonding), survey on what is the term self-care and degree of satisfaction about the time spent to care (Are you satisfied with the time you spend to take care of yourself?), A survey of the activities and care they have performed (Check-ups, self-medication, functional leisure activities) and a survey of possible actions that would encourage self-care (*Do you believe that you need to take care of yourself? If so, what actions can you take to improve your self-care? In your opinion, what can be done for the health professionals take care of themselves more during service?*).

In this way, their contributions were recorded, transcribed and submitted to the thematic content analysis process that establishes as phases the pre-analysis, material exploration, treatment of results, inference and interpretation.⁹ The conceptual reference, the formulation of expository worksheets and the identification of subjects were carried out to clarify and facilitate the comparison of the findings with the literature.

Considering the full anonymity of the participants, the abbreviations were also coded by professional categories: nursing assistants were indicated by the group (Ass), the nursing technicians with the group (Tec) and the nurses with the group (Nur). Regarding the sector, the grouping (Tec'), (Ass') or (Nur') assumed the professionals working in the UI.

From the analytical process, three categories emerged - Category 1: life processes and their relations to the full exercise of self-care; Category 2: Professional processes influencing the exercise of self-care, and Category 3: Professional strategies aimed at the best implementation of self-care.

The first category identified the factors that relate to the life processes of nursing professionals who intervene directly to the full exercise of their care, providing diagnostic spaces on personal attitudes that are dissonant to the maintenance of individual health.

The second category discussed from the viewpoint of the subjects, as the performance of labor practices interfere with the execution of self-care, leading the professional to disbelief that the exercise of their care is an indispensable practice for the execution of the care of the other.

The third category demonstrated the process of reflection and analysis of the subjects about the possibilities and strategies aimed at stimulating and sensitizing professionals in the exercise of their self-care.

The project respected the ethical-legal precepts in Resolution 466/12 of the National Health Council, being submitted to the research ethics committee of Estácio de Sá University and approved on September 7, 2015, under the certificate of presentation for ethical appreciation (CAAE): 46193715.3.0000.5284 and opinion: 1,216,976. Authorizations were requested from sector managers for the introduction of researchers to the field. The two-way Informed Consent Form (TCLE) was provided to the study participants, being informed of the risks and benefits of their participation and informing them of the freedom to express their removal at any stage of research.

RESULTS

♦ Characterization of subjects

Ten nursing professionals of both genders participated in the study, two male and eight female. Regarding the sectoral divisions, two professionals worked in the intermediate unit sector (one assistant and one nursing technician) for eight professionals from the hospitalization sector (two assistants, two technicians, and four nurses). The intermediate unit sector, on the day of the research foray, did not have a nurse on call for 24 hours assistance, one of the nurses in the ward being responsible for the surveillance of the two sectors.

The participants' ages varied between 34 and 55 years old, meaning that they are a group with a certain degree of maturity in health experiences. Regarding the bond, all the professionals were of the statutory contractual regime. Of the ten professionals interviewed, eight reported having more than one employment relationship. In the municipalities of residence, four lived in the city that worked, three made a trip to their place of work of up to 62 km, and three made a large trip to reach their place of work (more than 190 km). It is known that the extensive displacement can be inferred as a wear factor since to cross great distances involves the

stress by the traffic in its drive until the place of work.

As an introductory movement, we try to evaluate the subjects' conceptions of the term self-care through questioning: For you, how is

the term self-care defined? Five empirical definitions were elaborated on what could represent, in the participants' view of the self-care terminology, according to Table 1:

Table 1. Empirical definitions of the term self-care. Macaé (RJ), Brazil, 2015.

Definições empíricas	N=	%
1- Worrying about the other, helping him in his inability to take care of himself and have some time just for me.	0	0%
3-Ability to take care of my health and others.	2	20%
4- Acting to take care of my needs, generating well-being and physical, mental and social satisfaction.	7	70%
5 - Being up to date with my personal hygiene and take care of my needs, generating well-being, physical, mental and social satisfaction.	1	10%
5-No opinion	1	10%
Total of respondents (N=)	10	100%

Regarding the interviewees' perspective, the term self-care is referenced by (70%) subjects as *“an act of taking care of my needs, generating well-being, physical, mental and social satisfaction,”* demonstrating the prior knowledge of the term. They referred to self-care as *“the ability to take care of my health and the other”* (20%) subjects. One of the professionals (10%) chose the definition of *“Keeping up with my personal hygiene and taking care of my needs, generating well-being and physical, mental and social satisfaction.”*

None of the respondents associated the term self-care with *“worrying about the other, helping him in his inability to take care of himself and have some time just for me.”* One of the interviewees opted not to comment. It was verified that all the professionals (100%) knew the meaning of the terminology and the referred action of self-

care, and sometimes, there was the complementation in a speech about the possible definition of the term.

It is taking care of you, it is you to police yourself in every way, it is you to observe how your food is, if it is healthy (which is correct), is to do a physical activity too, is to do) the preventive exam, the breast exam (...) the blood tests and more, which is in case of the appointment today, once in the year, or every six months, to be going to our gynecologist, for example. (Nur.2)
Self-care for me is to take care of your mind, your body, your mental, physical and spiritual part, ... for us to live well. (Tec. 2)

Regarding the annual check-ups, self-medication, and absence of regular physical activities, we have the results presented in Table 2:

Table 2. Check-ups, self-medication, and physical activities. Macaé (RJ), Brazil, 2015.

Check-ups, self-medication, and physical activities	Performed (n=)	%	Not performed (n=)	%
Check-up in the year 2015	5	50%	5	50%
Self-medication	8	80%	2	20%
Physical activity	4	40%	6	60%
Leisure time	10	100%	0	0%

Although they knew the term self-care, half of the sample (50%) did not perform their annual checkup in 2015. The sample consisted mostly of women (80%), women's health assessment exams such as preventive and mammography, are the main ones pointed out as backward.

Self-medication is strongly related to the interviewed group, since self-medication leads to the postponement of an organic problem that has already been established, leading to deleterious effects on the body and becoming an alternative strategy for the relief of symptoms for fitness to work, reducing absences and paid workplaces, which burden the professional's financial situation.

The medications mentioned were: proton pump inhibitors, muscle relaxants, tranquilizers, headache medications and nonsteroidal anti-inflammatory drugs. Regarding the performance of physical activity, which would be a factor that interferes positively in increasing body resistance and stress relief, only 40% participating health professionals perform it periodically.

When asked about the presence of some acquired pathology, 40% reported having acquired some disease at work, such as scoliosis, disc hernia, plantar fasciitis, tuberculosis, tendonitis, scabies and multiresistant bacteria. Of them, 20% have

experienced more than two pathologies. Finally, in a unanimous (100%), they related to having some leisure time on the weekends with the family nucleus, even if they had to perform exchanges or paid shifts.

♦ Category 1: Life processes and their relationships to the full exercise of self-care

The professionals involved performed a non-positive analysis of the continuous performance of their self-care, alleging several personal processes as factors that interfere in the exercise of it. Regarding the factors that impede the exercise of self-care associated with personal processes, time is the primordial term evoked. The lack of self-management of time becomes a justification for the absence of the qualitative exercise of self-care.

[...] I think I needed more time. I wanted more time to take care of myself; I wanted to be able to do a physical exercise, to rest more, to sleep more [...]. (Nur.3)

[...] I would have to have more time, for example, today, I am here, tomorrow I am going to leave and go straight to the other (shift), do you understand? [...]. (Nur.1)

Sometimes, I do not have time to medicate myself! Take a little relaxing to sleep, to relax! I could at this time take the time to do some physical activity, I could be going to a dentist, a gynecologist. (Nur.2)

The lack of self-care, especially in the females, is related to the administration of the work routine with the family activities. This double journey of work and domicile was a factor considered by the female participants.

No, I do not feel no, (satisfied with the time it takes for your self-care) ... and we have our family needs, of the children, so never gives time. So much for the physical self-care, not being sedentary, as for caring for you, your mind and your mental health. (Nur.1)

There was recognition of the need for better management of personal factors. The speeches denote a certain awareness about the disorganization of their personal routine and lack of courage.

[...] It is the same thing (lack of routine), sometimes you are at home, and you say like this: I am going to take a walk because it is good for my health. However, sometimes, that is a good thing, you know? Moreover, I am sleepy, and I miss so much sleep, I am going to sleep a little bit. Hence an antagonistic thing, or one or the other, or the walk or sleep [...]. (Tec.1)

[...] I think I needed more courage because the weather is who we are! You have to organize yourself, you are the one who makes the time for you, but if you do not organize, you will always say that you do

not have time to take care of yourself. [...]. (Nur.2)

However, a participant claims to have time and shows that he is forgetful of the act of taking care of himself, a fact that contrasts the statements of professionals who claim the lack of time as a prime factor in not exercising their care, ratifying aspects of forgetfulness, Postponement of medical search in pathologies already installed in his body.

[...] Sometimes we even have time, but we forget. (ASS.2')

[...] I have a pain here in the shoulder because we took a lot of weight lifting patient. It has been two or three months since I have had this tendonitis, having to go to the doctor and I have not gone yet, I am taking medicine on my own, so it gets better, and you forget. (Tec. 2)

And the question of guiding and charging patients about care for their health, which they cannot carry out in their daily lives, thus configuring an attitudinal paradox of the professional, as if the exercise of individual care did not constitute a prelude to the performance of any function in the health area, including guidelines that involve maintaining the health of the other.

[...] From the moment you take care of your neighbor, you charge from the next, you talk about the importance of diabetes, from him (the patient) to diet, from shoe-shaping correctly and that, and yourself, to Sometimes it does not do this, it is wrong [...]. (Nur.2)

♦ Category 2: Professional processes as influential in the exercise of self-care

The perceptions obtained in this category lead us to a scenario of constant collections at the professional level, to the detriment of precarious work conditions that culminate in stress and result in the gradual onset of functional diseases, the reduction of the worker's attention on his health and in the absence of vigilance of class entities.

[...] Sometimes we do not have any conditions to rest, we do not have a schedule (of rest), only charges and I think this is not supervised as it should, I think that the competent bodies should be supervising this, they do not do this, both the city hall and COREN, as other units [...]. (Ass.3)

[...] sometimes you do not know what the person has, and when you know, you do not have the mechanism to take care, act (related to infectious diseases). (Tec.1)

The speeches indicate that some professionals have contracted or developed some diseases related to their performance, being they of ergonomic or infectious origin and that still work.

[...] I already had tendinitis in various parts of the body, I already suffered from work-related stress, I already got resistant bacteria [...]. (Ass 1)

[...] I have a herniated disc of so much weight, it has been about 5 years since I discovered this hernia, now lately I have plantar fasciitis, and I do not have time to do physiotherapy too, so it is getting [...]. (Nur.3)

[...] In the first year 1996, I graduated, and in 1997 I worked, I got tuberculosis, I discovered in a journal of the clinic. Moreover, tendinitis, by the amount of weight, right! [...]. (Tec. 2)

[...] I have a serious problem in my spine since I was new, I have 3 hernias, but now I have a sciatic nerve cramp, so I am waiting for the medication to arrive, which is not here, because every time I walk in false, and it hurts a lot. (Ass.1)

Still, from the perspective of the work, they point out their physical and psychological exhaustion associated with the overload in the accomplishment of the tasks in the sectors, by the inadequate planning of personnel, alleging the lack and flexibility in the units.

I think they should have a more appropriate place of work, enough staff, just to be able to give this time flexibility to rest a little, because of today, what I see, are units that overwhelm employees, and in what sense? Few employees are employed, in lesser quantity than necessary, from there they end up overloading. (Ass.3)

Although worn, they work by offering the function of psycho-emotional support to the patient, being intimate with interpersonal and relational problems.

[...] sometimes when you get some information from that patient, he ends up showing some problems that he did not even tell the doctor and will tell you that you are sad, depressed, with a story that is happening inside the home, or even their work, and then you are going down a little, and talk: get some help, find a psychologist, take care of yourself, you are beautiful [...]. (Nur.2)

It is a factor of professional dissatisfaction the disproportionate relation between the high working hours and the low salary since wages are incompatible with the demands of employment, which generates discontent, as well as, the concern with the personal and family future. Also, the apprehension with the professional ascension is present, as there is the perception that they will not be able to reach higher levels in the health care positions and careers (PCCS).

Because you are going to prioritize the things you are going to do, I would rather pay college for my daughter, right? To be doing masters, doing post. So, if at least they revise the salary part (...). We are not valued. I am going to die, and I am not going to get an increase in PCCS because I also it does not have a payroll plan since 2001, it is complicated, you understand? [...]. (Nur.1)

A vicious cycle of accumulation of ties and excesses of shifts is established and justified to compensate for the salary difficulties, resulting in greater wear on the professional and susceptibility to acquiring functional diseases.

Look, I think we had to have a better salary first so we do not have to have two, three jobs, first and the salary, the salary issue is important! [...]. (Nur.3)

[...] People who work at scale always have an extra day, one that works more, one more day, one more, aiming for one more (financial) condition. (Tec. 2)

One of the professionals outlines the punitive factor existing by certain leaders and managers.

[...] Because the number of patients he attends is much higher than allowed and if he complains he is punished in a way with that. Oh, because it is a city hall, statutory, but it is punished too, does not think it is different because It is not! (Ass 3)

Social networking applications also help ensure that there is no shutdown and full relaxation in their time of rest:

[...] now with the zap, you stay connected all the time, so you go off duty, and you are still on duty, he is going with you! (Nur.3)

♦ Category 3: Professional strategies aimed at better implementation of self-care and improvements in services

Possible personal strategies for improving their self-care are pointed out. Physical activity and the greatest dedication to them are retouched as a contributing element to the implementation of their care.

The physical activity I need, and a lot. (Ass.2')

It is not the time! The time I think I have! I have time, yes! I think it is a missing dedication from me, you know? (Ass.1)

External leisure activities such as walks were signaled as beneficial alternatives to health favoring internal rebalancing.

I think a lot of leisure, you know? The person goes to a different place, see different things! I believe this does very well for health because you are taking care of your interior, your exterior will be well, it will be balanced. (Nur.4)

While analyzing the deficits, and coping with their health, the rhetoric becomes positive when they outline possible resolving actions to improve their care. Thus, although there are crucial management factors that interfere in the work level, the subjects point out resolutions to the picture, such as the reduction of the rhythm and the workload.

I think it slows down the shift because I am a walker and I do it for my wife, she is more stressed and I am calmer, so it is better for her to stay home to take care of the kids. (Tec.3')

[...] Look, we had to have a stir in the hour load of people, that we are running behind [...]. (Nur.1)

[...] Decreasing the work routine, rest a little longer [...]. (Ass 3)

One professional has pointed out that the problem of care does not come from individual motivation but an internal policy issue of the sectors.

[...] I can honestly do nothing because this (taking care of yourself more) depends on political strength. (Tec.1)

The performance of a joint activity is considered as a strategy to encourage self-care by professionals during their working days. The gymnastics of labor resurfaces as a possible marker for stimulating self-care. Therefore, there is a further alternative for encouraging professional care within the work environment.

[...] In large companies, they usually have a time, something like 5 minutes, for everything and do an exercise, I know that sometimes in health area is more difficult, it gets more complicated, but I think if they took so, let's go there three, each one at a time, go there and do a little exercise, I think it would help a lot [...]. (Ass 2')

Professionals also outline the need for managers to sensitize and invest more in services and professionals through internal occupational health programs. In pursuit of better quality perspectives in care provided, they resume actions aimed at continuing education in health (EPS), envisaged as in-service training and campaigns, educational strategies that could provide guidance on the care that should be applied to them.

I think I would need the governors to invest in it, because I always found occupational health interesting, because it invests in the professional, it is a different vision and certainly the results are better if they follow this line, even the training for self-care, because there are people who do not know how to take care, they only think about what? In monthly income! So, they leave one shift and enter the other; I see many colleagues like that! [...]. (Nur.4)

[...] they could you have lectured you know? Teach how you care for yourself. There is not! [...]. (Ass.2')

At the other extreme, they reinforce the fact that this motivation and search for professional valorisation must come from the individual himself, rather than from the employer, manager or direct boss, in closing to the vicious cycle of work and lack of care.

First, you must start with you, huh? Because the question is of us being valued for the work I find a little difficult! Work I say so, the boss. Oh, I wanted the boss to value me, no! You should value yourself! You should do what you like. You should take some time for yourself! To take care of you! To take care of your leisure! You should

value all this! You should value what you do! Because it does because you like it! Because you love! If you studied, chose this profession, you should love! Especially your health, which is a very serious thing! So, you want your boss to cherish you? You do not have to wait for this! You should appreciate yourself. (Nur.2)
I think it is up to us! I think we should come and talk: stopped, enough! I will take care of myself! [...]. (Ass.3 ')

DISCUSSION

Nursing professionals face in their daily lives a series of intervening factors that depart from their subjectivity and influence their performance, passing in spaces destined to promote the health of others.^{2,10-12}

The factors pointed out by the subjects of our study were the lack of time in the management of their personal life and in the care of themselves, the postponement of medical search in preexisting health problems through the practice of self-medication and delay of medical check-ups, and factors associated with the dynamics of the sectors, such as, the hourly, quantitative personnel and management stimulus.

The constant working hours and the sectoral restrictions make possible the development of conditions of physical, mental and stress fatigue.¹³⁻⁴ These participants were presented in our study by the speech of professionals who reaffirmed the need for long periods of rest in the gaps, a condition that interferes with the difficulty of establishing a routine, managing their time for physical activities, which are beneficial to stress reduction.

Regarding the lack of self-management of time, it involves expressive meanings in the non-promotion of the health of the caregiver, making it less apt to daily confrontations and acting for the health of the other.^{1,11} Professionals reveal little time to a qualitative exercise of their care, such as medical appointments and check-ups, being subtracted and consumed by other activities of their daily life, such as care with the family nucleus, strongly reported by the female participants.

In providing care, nursing professionals need to be prepared, balanced and free from flaws, because it is about watching human lives. In this expectation of perfection, they are faced with their limitations, related to the condition of being human, and with the organization of the adversities of the work environment, which can lead to illness, such as the stress to which it is submitted.^{13,15}

Another issue that must be reinforced is the organizational issue and the management of human resources in the health field, since disproportionate workloads, overcrowding of

the units, accumulation of functions and journeys, hamper the response to the professional performance, in the Their process of self-esteem and appreciation.^{2,13,16} In this group, the subjects agree with the disbelief that they will be valued by their managers, and emphasize that this valorization must start from the professional himself, in search of a better working and life condition for himself.

It is pertinent to highlight the lack of sectoral policies that encourage and support the care of nursing professionals and that generate involvement by the managers, guided by a humanized perspective and directed to health professionals, since the exercise of caring emphasized as professional labor, imposes harsh conditions on those who exercise them.¹¹

Permanent Health Education (EPS) demonstrates the pertinent strategy to be implemented, to allow greater awareness and reflection of the actors involved, facilitating the collective search for timely resolutions through the experience. Participants state that the provision of “in-service training” would be a good practice to encourage reorientation of self-care. The permanent education (PE) is known as learning-work and occurs in the daily life of people and organizations, being based on problems based on the realities and knowledge of those who experience it.¹⁵

It reinforces the fact that Dorothea Orem's theory of self-care, retouched in practice, research by nursing professionals and in their academic formation, should be an element of behavioral basis for them, once the need for an intimate reunion with its existentialism, having the premise that the healthy body of the professional is able, through his interpersonal relations with the patient, to interfere positively in health outcomes.¹⁶ Thus, a crucial factor to the group of professionals studied is the need to Re-signify their care, so that they can provide quality patient care.

CONCLUSION

The group of nursing professionals has knowledge about what self-care means, which possibly implies in the reflection of behaviors that can be developed with the purpose of favoring actions to stimulate care. However, it is observed that the great majority makes use of unhealthy strategies, such as self-medication, denial of the reality of their physical health, which indicates the attempt of an immediate solution and self-neglect.

Also, more than half of the respondents do not perform physical activities, which shows strong evidence of lack of time or stimulus after the workday. It is also noted that half of the participants did not perform their check-ups for some time.

Nursing professionals choose some strategies that can be used for self-care actions, such as reduction of rhythm and workload, physical activity, in-service training through internal occupational health programs or in-service continuing education. It should be noted that these suggestions are relevant to the good personal and professional development of this group of workers, but difficult to execute, since they do not feel stimulated or that they depend on these actions to be implemented by the managers of the work units.

The intervening factors of work origin, the lack of support from the service centers, the peculiarities of the professional practice regarding the workload and accumulation of positions, the double journey of nursing women, the dissatisfaction with the salary floor practiced by labor market, lack of active supervision of competent bodies and management, in guiding practices and encouraging professional car are highlighted.

It is then analyzed the emergent need of the nursing professionals' awakening about self-care, so that the care provided contemplates the dialogical field between the discourse about care, the exercise of caring for oneself and the action of caring for the other, Making an attitude of health based on a reflective, conscious, humanized and integral, aimed at both professionals and patients.

As limitations of the study, we narrow the difficulty in formulating generalizations on the subject, given the number of professionals involved in the research process. However, this study narrows the opportunity to express the perceptions of health professionals about their limits in the exercise of their professional activities, promoting spaces of reflection for the subjects related to their care in the field of work.

About future studies, it would be interesting if investigations were conducted in both the public and private sectors so that comparisons could be made. Sociodemographic variables such as work time and salary should also be studied, since they may directly interfere with the perception of self-care. Finally, further work on family variables, which may help or hinder the development of self-care actions, and permanent health education (EPS) and its influence on the reorientation of the

professional practices of this group should be deepened.

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