

Suffering and pleasure experiences of nursing undergraduate students in maternity

Vivências de sofrimento e prazer das acadêmicas de enfermagem nas maternidades

Vivencias de sufrimiento y placer de estudiantes de enfermería en las maternidades

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ABSTRACT

Objective: to identify experiences of nursing students on suffering and pleasure in relation to the work organization of obstetric nurses in the maternity ward. **Method:** exploratory and qualitative study, with 13 nursing undergraduate students from a private institution in Rio de Janeiro, Brazil. Data were collected in April and May 2018 through semi-structured interviews. Content analysis and Christopher Dejours' theoretical framework was used to data analysis. **Results:** during the supervised internship, the experiences of suffering were associated with the perception that the obstetric violence is not recognized nor identified. The experiences of pleasure are related to the women's recognition of the care provided. **Conclusion:** it is necessary to adopt pedagogical strategies to be possible to problematize the work context as well its repercussions on the worker, in order to prepare nurses with reality-transforming attitudes and dispositions to fight for the appreciation and recognition of obstetric nursing.

Descriptors: Work; occupational health; women, work; nursing.

RESUMO

Objetivo: identificar as vivências de sofrimento e de prazer dos acadêmicos de enfermagem frente à organização do trabalho das enfermeiras obstétricas na maternidade. **Método:** estudo exploratório e qualitativo, com 13 acadêmicas de enfermagem de uma instituição do ensino superior privada do Rio de Janeiro. Dados coletados em abril e maio de 2018, por meio de entrevistas semiestruturadas, submetidos à análise de conteúdo e discutidos à luz do referencial teórico de Christopher Dejours. **Resultados:** durante o estágio supervisionado, as vivências de sofrimento associaram-se à percepção de falta de reconhecimento e à identificação da violência obstétrica. As vivências de prazer foram relacionadas ao reconhecimento das mulheres pelo cuidado prestado. **Conclusão:** são necessárias estratégias pedagógicas aplicadas nos cenários de prática, capazes de problematizar o contexto laboral e suas implicações sobre o trabalhador, com o intuito de constituir enfermeiras com atitudes transformadoras da realidade e dispostas a lutar pela valorização e pelo reconhecimento da enfermagem obstétrica.

Descritores: Trabalho; saúde do trabalhador; trabalho feminino; enfermagem.

RESUMEN

Objetivo: identificar experiencias de estudiantes de enfermería sobre sufrimiento y placer en relación con la organización del trabajo de las enfermeras obstétricas en el sector de la maternidad. **Método:** estudio exploratorio y cualitativo, con 13 estudiantes de enfermería de una institución privada de educación superior en Río de Janeiro, Brasil. Los datos se recopilaron en abril y mayo de 2018 a través de entrevistas semiestructuradas. El análisis de contenido y el marco teórico de Christopher Dejours se utilizaron para analizar los datos. **Resultados:** durante el entrenamiento supervisado, las experiencias de sufrimiento se asociaron con la percepción de que la violencia obstétrica no se reconoce ni se identifica. Las experiencias de placer están relacionadas con el reconocimiento de las mujeres de la atención brindada. **Conclusión:** es necesario adoptar estrategias pedagógicas para poder problematizar el contexto laboral y sus repercusiones en el trabajador, a fin de preparar a las enfermeras con actitudes y disposiciones transformadoras de la realidad para luchar por la apreciación y el reconocimiento de la enfermería obstétrica.

Descriptores: Trabajo; salud del trabajador; mujeres trabajadoras; enfermería.

INTRODUCTION

Within the Unified Health System (SUS), the advance of neoliberal reforms in Brazil was impactful given that the reduction of the role of the state led to restrictions on financing, culminating in the scrapping of public health institutions accompanied by the emergence of flexible models of health. management of services and human resources^{1,2}.

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Under this organizational logic, there is the expansion of the health care network, especially through social organizations, and the coexistence of different forms of employment. This current conformation of the labor field is associated with the precariousness of work in SUS, expressed in the multiplicity of links between workers and public administration, the instability of some forms of labor relationship and the deregulation of working conditions, which removes the autonomy of workers. workers and puts them in situations of vulnerability, in the sense of insecurity, intensification and demotivation².

As examples of flexibility in the public sector, the Family Health Strategy and, more recently, Rede Cegonha and Cegonha Carioca Program are highlighted. The latter consist of government initiatives to improve maternal and newborn health indicators through the implementation of a qualified and safe care network, consistent with the humanized care model^{3,4}.

In this context, SUS labor market absorbed a large number of obstetric nurses, however, it is clear that the organization of the work of these specialists in the maternity wards is characterized by the flexibility of labor relations and demand for productivity, forming a multifunctional, multi-purpose work process, with hierarchical tasks performed at an intense pace that reveal the intensification⁴⁻⁶. In addition, low wages, gender division and conflicting coexistence among the different professionals working in childbirth care are added, as conditions that reveal the devaluation of obstetric nursing work in the maternity wards and contribute to the demotivation of nurses^{5,7-9}.

In addition to the effects of this panorama on the specialty, it is important to consider that the socio-professional space of the motherhood is also a field of practical training, where nursing students are inserted during the supervised curricular internship. This experience is extremely relevant to the training process, however, the current context of the world of work imposes challenges, as conflicting professional relationships, ethical dilemmas and lack of recognition are issues of nurses' work organization that interact with subjectivities of the students, forming diversified experiences^{10,11}.

Based on the above, this study aimed to identify the experiences of suffering and pleasure of nursing students regarding the organization of work of obstetric nurses in the maternity wards. From the perspective of future professionals, this research is relevant to reflect on new teaching and learning strategies applied to practical nursing education, with a view to problematizing the influence of work organization on the production of experiences of pleasure, suffering, wearing out and satisfaction of the workers, as a necessary resource for understanding the labor reality and the development of transformative attitudes.

THEORETICAL FRAMEWORK

This study is anchored in Work Psychodynamics which has the following theoretical categories of analysis: The work organization, composed by the organization of the work context; labor conditions and relations; the subjective mobilization of the worker, with experiences of pleasure/suffering, and the coping strategies adopted facing the adversities¹².

In this theoretical approach, the organization of work, which comprises the division of labor (division and content of tasks, cadence and time) and division of individuals (power relations, responsibility, hierarchy, command and control), prescribes human activities and relationships for the worker. Thus, it is a concept that appropriates two work ideas: The prescribed, defined as the pre-established activity; and the real, which is concretely accomplished^{12,13}.

The relationship between prescribed, actual work and worker subjectivities is a dialectical construction in which the organization of work can be a source of suffering and pleasure. In this sense, suffering at work arises when the worker realizes that the relationship between them and the organization of work is blocked, that is, when it does not allow the subversion of the prescribed work through the use of practical intelligence or creativity. Pleasure, on the other hand, comes from a form of organization that allows transgression of prescribed work, psychic structuring and expression of worker identity^{12,14,15}.

METHODOLOGY

This is an exploratory research with a qualitative approach, conducted with 13 nursing students from a private higher education institution (HEI) of Rio de Janeiro, eleven women and two men.

Inclusion criteria were: Voluntary participation; have active and regular enrollment; and have been approved in the "supervised internship in women's health" discipline of the eighth undergraduation term. The adoption of the latter is justified because this discipline allows for the development of practical activities and contact with the reality of professional performance of obstetric nurses in the maternity ward. As exclusion criteria, it was considered to present less than 80% of the total workload of the discipline.

The capture of the participants took place from a nominal survey of the students approved in the discipline, obtained by the author who performed the data collection, who was a teacher of the fifth undergraduate period and, at the same time, a master's student. With a total of 40 students, the "snowball" technique was adopted, randomly selecting the "seed" to indicate potential participants¹⁶. Thus, there was a prior contact with each nominee, followed by the invitation to take part, reaching 13 academics that configured themselves as study participants, without loss.

Data collection took place in April and May 2018, through semi-structured interviews, following a script divided into two parts, the first intended to apprehend the general characteristics of the participants and the second containing a guiding question: "Tell me about the work situations of the obstetric nurse in the maternity ward that caused their suffering and pleasure during the internship". It is noteworthy that a pilot test was performed and that there was no need for changes in the script.

The interviews were conducted individually by one of the study authors, in a reserved place and chosen by the participant, recorded in audio files and transcribed shortly thereafter, which allowed us to glimpse the moment when the speeches became redundant, indicating the saturation of the data. and determining the end of data collection¹⁷.

Data were examined by Bardin content analysis¹⁸ and discussed in light of Christophe Dejours' theoretical framework. From the pre-analysis, we proceeded to the exploration of the material, which was cut into record units, which were organized into meaning units and progressively regrouped to the two final analytical categories: "Experiences of suffering", with two subcategories, and "Experiences of pleasure".

In compliance with Resolution,¹⁹ the participants signed a Free and Informed Consent Form, explaining voluntary participation and maintaining anonymity. For this, we adopted the letter E, concerning the term interviewed, followed by an Arabic numeral, representing the order of the interviews.

The research was submitted to the Research Ethics Committee of Pedro Ernesto University Hospital of the State University of Rio de Janeiro, under the approval opinion CAAE 82003517.6.0000.5259, March 2018.

RESULTS AND DISCUSSION

Suffering experiences

In this category, the speeches of nursing students about the work of obstetric nurses in the maternity wards converged to experiences of suffering associated with the perception of lack of recognition and the identification of situations of obstetric violence.

Realizing the lack of recognition for the work of obstetric nurses

For the participants of this study, the organization of obstetric nurses' work in the maternity ward produced negative representations expressed in the lack of professional recognition:

I think the nurse does not have the recognition he should, because we study... Not only for graduation! [...] We have a lot to offer and often we are not recognized! (E4).

People do not know work and do not value! Because there is still so much as for the doctor's figure as the one who gives birth! So, it's still not in people's minds that the nurse has full capacity for it! (E7).

I think the work is important, but not recognized! It's a struggle for nursing to "deliver" a birth! It is not recognized by system, medical category, institution, population...(E8).

A heavy, tiring and low-wage routine! The lack of good working conditions, such as lack of professionals and inputs, because if you have good working conditions at your fingertips, your performance ends up being more effective, more favorable, otherwise you get limited (E12).

The statements reveal that the perception of devaluation and lack of social recognition of the profession generated suffering in nursing students during the supervised internship. This training period is extremely important, since the inclusion of students in SUS services and the experience of professional practice in the organization of health work enables the application of knowledge, the incorporation of attitudes, the development of skills, creativity and autonomy. with a view to consolidating nursing-specific skills^{10,11,20}.

From this approach with the world of work, the student articulates theory and practice, acquires significant experiences, problematizes and critically reflects on professional know-how, acquires dispositions to transform reality and builds identity referents about being a nurse^{10-11,20}.

However, when faced with conflicts and situations of care and morally inadequate interpersonal relationships that express disrespect, students feel distressed, discouraged and powerless, realizing themselves in the experience of suffering²¹⁻²³.

In this sense, it is added that the devaluation of nursing work captured by the study participants originates in the historical process of constitution of the profession, essentially female and associated with charity, selflessness and obedience. Still, the persistence of the technocratic care model in some health care scenarios contributes to reinforce medical knowledge to the detriment of the science of nursing care, reproducing the mistaken idea of vocational dedication of the nurse and placing the profession in a position of less prestige and social invisibility, especially in organizing the hospital work^{24,25}.

These issues become even more visible in the context of childbirth care, as in the maternity wards, although the performance of obstetric nurses is legitimized by women's public health policies and supported by legal provisions, the existing hierarchy and gender division in the obstetric field. impose on these specialists conflicting relationships that, added to the strenuous working conditions in these places, reveal the devaluation of female labor^{5,25}.

Corroborating, one highlights the historical technical and social division of nursing work, which make it difficult to delimit the attributions and roles of each of the members of this team and contribute to the construction of distorted images and social representations about being a nurse and their specialties, while a devalued professional, being a low-paid professional, especially, subordinates to the medicine²⁴⁻²⁶.

At present, the lack of prestige, the devaluation, the invisibility and the lack of social recognition are meanings attributed to the context of the work of obstetric nurses in maternity, which are perceived by nursing students and constitute suffering experiences. During training, these perceptions can negatively impact the profile of the future nurse, as it influences the process of building professional identity and generates demotivation for the profession. On the other hand, when inserted in the world of work, this conjuncture interrelates with the subjectivities of workers and can lead, in the long run, to demobilization and pathogenic suffering at work¹⁴.

Identifying situations of obstetric violence in the maternity ward

According to nursing academics, the identification of situations of obstetric violence also emerged as an experience of suffering during the supervised internship in the maternity ward:

I witnessed various forms of obstetric violence that ranged from the rebuke of the professional to make the patient stop screaming during labor (E2).

The way the doctor spoke... The impatience because childbirth itself takes a lot! The moment that was supposed to be pleasurable turns out to be painful. It is remarkable! I felt sad for what the patient heard... Those verbal aggressions are very bad! It marked me (E6).

Force the patient to stay in a certain position, take the leggings and force the patient to stay there... There were actions performed by the obstetrician and we can not say anything! (E13)

It is noted that the most expressive forms of obstetric violence in nursing academics' speeches were those exerted by physicians through physical violence, expressed in violation of the right to free movement and the choice of position at the time of delivery, and psychological violence, revealed through verbal abuse, rude treatment, shouting, scolding, humiliation and intimidation.

The expression obstetric violence comprises manifestations of disrespect for women's human rights during childbirth or abortion care. From this perspective, it includes any act performed by health professionals that configure: Inhuman attention; care omission or neglect; social discrimination; physical, psychological and/or verbal abuse; performing unnecessary, harmful procedures without the woman's prior consent; lack of confidentiality; disrespect for escort rights, information and privacy²⁷⁻²⁹.

Whereas all women have the right to access to health services and information, and to participate in decisions about their bodies, including decent, quality, safe and respectful care, obstetric violence is a violation of fundamental human rights, regardless of how it manifests itself, it poses a threat to a woman's life, health, physical and mental integrity³⁰.

It is noteworthy that this form of violence is related to the care modality typical of the biomedical model, marked by the institutional hierarchy that reveals itself in the transformation of childbirth into a pathological event, where the woman is an object of intervention, without autonomy to choose and decide on their own body in the face of socially crystallized medical power^{27,31}.

The attitudes and behaviors generated from this medicalized worldview can be glimpsed from a gender perspective, as medical professionals, holders of technical-scientific knowledge and backed by unequal power relations, use their naturalized authority in androcentric society to appropriate the female body²⁷.

In this scenario, the organization of work in the maternity hospital is characterized by gender inequalities, since knowledge associated with the feminine is seen as hierarchically inferior to that of masculine origin, which shows in the domination of the feminine by the masculine and in the power relations between medicine and nursing. Thus, the nursing work process adds hierarchy, overload, exhaustion, devaluation and precariousness since it is a predominantly female profession, with attributes associated with care, patience and zeal^{6,8,25,26,32}.

Inserted in this context during training, nursing students perceive the devaluation of the nurse's work and identify care practices consistent with situations of obstetric violence, which were mostly related to behaviors showed by other professionals. These perceptions clash with the dispositions internalized by the students during graduation, configuring experiences of mental suffering^{10,11}.

From the perspective of work psychodynamics, this finding refers to the idea of prescribed work, which corresponds to the theoretical and practical knowledge acquired in the field of education, and real work, as knowledge and practices adapted to the reality of work organization in the maternity ward. This distance between teaching and health services engenders the theoretical-practical disarticulation that, when perceived by students during the supervised curriculum stage, produces negative representations and generates suffering, because this feeling arises from the mismatch between the subjectivities of the individual and the conditions. organization of work, that is, in the face of the divergence between prescribed work and actual work³³.

Pleasure Experiences

In this category, the speeches of nursing students who unveiled pleasure experiences were not generated by positive perceptions about the work organization of obstetric nurses in the maternity ward, but were anchored in the recognition of the activities developed by students during the supervised curricular internship of women and their families:

In general, what gives pleasure is the look of thanks from the client and family! And the kind speech for the welcome received by nursing and among other professionals. (E1)

When someone recognizes the effort we have! When we are recognized... I'm almost a nurse already! [...] You feel much more useful to society when you can understand what you are doing! I think this brings us pleasure! We get happy (E4)

The thanks and acknowledgment of the performed service. (E5)

The recognition and welcome of the patient! (E12).

The statements reveal that, when inserted in the organization and work process of nurses in maternity, the experience of pleasure of nursing students came only from the judgment of the utility of perceived care as recognition and appreciation of the work developed, with repercussions on their motivation and satisfaction with the future profession.

The recognition comprises a moral and symbolic reward, the result of the individual's contribution to the dynamism of work organization, through effort, persistence, resistance to failure, engagement of subjectivity and intelligence mobilized to solve everyday work problems³⁴.

For the Psychodynamics of Work, the worker develops their activities oriented by relation, contribution and retribution. In this triad, recognition is a form of symbolic retribution arising from its contribution. However, this retribution is not automatic, but consequent to the meanings and values associated with work, so that recognition can be attributed by the boss, subordinates or patients, extolling the importance of the worker in the work sphere, and/or conferred by peers, generating in the individual the feeling of belonging to a professional group¹³.

On the other hand, non-recognition denotes the invisibility of the worker in the organization of work, triggering suffering due to the absence of social significance through work activities, with the potential to compromise physical and mental health by destabilizing the framework that supports their professional identity^{12,13}.

Thus, the perception of recognition is decisive in the mechanism of subjective mobilization, as a process through which the worker uses his intellectual resources and his subjectivity to transform situations that generate suffering into sources of pleasure, allowing the rescue of the meaning of work and, consequently, of professional accomplishment³⁵.

For the participants in this study, the demonstrations of gratitude, expressed in gestures, attitudes and positive comments, worked as resources that mobilized their subjectivities, because, when they realized the recognition for care, it was possible to redefine the experiences of suffering and achieve pleasure during supervised internship²⁶.

CONCLUSION

This study evidenced that the organization of obstetric nurses' work in the maternity ward produced negative perceptions for nursing students, expressed in the lack of recognition and identification of situations of obstetric violence, which were configured as experiences of suffering during the supervised internship. On the other hand, pleasure experiences were generated from the recognition by women and their families for the care provided.

It should be considered that these findings about the experience of students' approximation with the nurses' world of work may impact on the constitution of the future nurse's profile and the process of professional identity construction, with potential for the demotivation of students to the profession. In this sense, the results of this research reveal the fragility that exists in training regarding the articulation of the teaching field with the labor field and the importance of promoting a practical, critical and contextualized teaching with the reality of health services, with a view to softening the conflict between prescribed work, portrayed by theoretical and practical teaching, and real work, exposed as practical teaching under the conditions offered by the work organization.

Still, the fact that students learn recognition at work, only through demonstrations of thanks expressed by women suggests the invisibility of the nurse's work to the agents that occupy better positions in the obstetric field hierarchy. This finding engenders important reflections, therefore, although there is recognition for care, this is due to feminine attributes associated with love, patience and zeal, which reproduce historical stereotypes of the profession and do not favor the appreciation of the nurse's work in the current work context, disregarding the theoretical framework. - scientific that determines the distinctions present in nursing care, management, political and social practices, especially obstetric nursing.

As a limitation of the research that prevents generalizations, it is highlighted the fact that it is a local study carried out in a single private HEI, which points to the need for further investigations, also addressing the teaching of undergraduate nursing in public institutions. However, their results are valid, as they highlight the indispensability of pedagogical strategies applied in practical training scenarios, capable of problematizing the work context in which the students are inserted and their implications on workers' experiences, in order to constitute future nurses endowed with transforming attitudes for the reality and with dispositions to fight for the valorization and recognition of obstetric nursing in the labor world.

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