

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i69p7000>

Dialogues on job satisfaction in the field of palliative oncology care: the voice of the nursing technician

Diálogos sobre a satisfação profissional no campo de cuidados paliativos oncológicos: a voz do técnico de enfermagem
Diálogos sobre satisfacción laboral en el ámbito de los Cuidados Paliativos Oncológicos: la voz del técnico de enfermería

RESUMO

Objetivo: Discutir sobre satisfação profissional no campo dos Cuidados Paliativos oncológicos, na visão dos técnicos de enfermagem de um hospital universitário do RJ. Método: Trata-se de um artigo original, sob a forma de um estudo qualitativo exploratório, desenvolvido a partir de uma categoria emergida em pesquisa de mestrado, cuja técnica empregada foi a Projetiva, com avaliação das 10 entrevistas obtidas pela análise de conteúdo. Resultados: Foi unânime a insatisfação profissional, diante do desprestígio e a falta de incentivo para qualificação, da classe entrevistada, sobre Cuidados Paliativos e assistência na terminalidade da vida. Conclusão: Ressalta-se a importância dos setores de educação permanente e continuada proporcionarem, nas instituições de ensino e assistência, capacitações e aperfeiçoamento acerca das temáticas descritas, valorizando a participação dos técnicos de Enfermagem que operam o cuidado, bem com a inclusão dos mesmos como vozes ativas e essenciais nas discussões clínicas multiprofissionais sobre os pacientes assistidos.

DESCRIÇÕES: Cuidados Paliativos na Terminalidade da Vida; Satisfação no Trabalho; Papel Técnico de Enfermagem; Qualificação Profissional

ABSTRACT

Objective: To discuss professional satisfaction in the field of palliative oncology care, in the view of nursing technicians at a university hospital in RJ. Method: This is an original article, in the form of a qualitative exploratory study, developed from a category that emerged in master's research, whose technique used was Projective, with an evaluation of the 10 interviews obtained through content analysis. Results: Professional dissatisfaction was unanimous, given the discredit and lack of incentive for qualification, of the interviewed class, about Palliative Care and assistance in the end of life. Conclusion: It is emphasized the importance of the sectors of permanent and continuous education to provide, in teaching and assistance institutions, training and improvement on the themes described, valuing the participation of Nursing technicians who operate the care, as well as the inclusion of them as active and essential voices in multiprofessional clinical discussions about assisted patients.

DESCRIPTORS: Palliative Care at the end of life; Job Satisfaction; Technical Nursing Role. Professional Qualification.

RESUMEN

discutir la satisfacción profesional en el campo de los cuidados oncológicos paliativos, a la vista de los técnicos de enfermería de un hospital universitario de RJ. Método: Se trata de un artículo original, en forma de estudio exploratorio cualitativo, desarrollado a partir de una categoría surgida en la investigación de maestría, cuya técnica utilizada fue Proyectiva, con una evaluación de las 10 entrevistas obtenidas mediante análisis de contenido. Resultados: La insatisfacción profesional fue unánime, dado el descrédito y falta de incentivo a la calificación, de la clase entrevistada, sobre los Cuidados Paliativos y la asistencia al final de la vida. Conclusión: Se enfatiza la importancia de los sectores de educación permanente y continua para brindar, en las instituciones de enseñanza y asistencia, capacitación y mejora en los temas descritos, valorando la participación de los técnicos de Enfermería que operan el cuidado, así como la inclusión de los mismos como voces activas y esenciales en discusiones clínicas clínicas multiprofesionales sobre pacientes asistidos.

DESCRIPTORES: Cuidados Paliativos al final de la vida; Satisfacción Laboral; Rol Técnico de enfermería; Calificación Profesional.

RECEBIDO EM: XX APROVADO EM: XX

SAMHIRA VIEIRA FRANCO DE SOUZA

Staff Nurse at the Pediatric CTI at INCA and Professor of Nursing at FAETEC; Master by the Collective Health Institute of UFF.
ORCID: 0000-0001-6942-6833

LILIAN KOIFMAN

Full Professor at the Collective Health Institute at UFF; PhD in Public Health ENSP / FIOCRUZ.
ORCID: 0000-0003-1038-3490

INTRODUCTION

Job satisfaction is determined by comparing expectations about work and their actual experience, relating to the beliefs and emotions that individuals have about their work.¹ A satisfied professional makes their workplace the extension of their home, moving positive energies, strengthening bonds and making the environment productive, aiming for good results and surpassing established institutional goals.

The health service in the midst of a pandemic has proven to be crucial, and thus, comprehensive care (biopsychosocial) strategies among professionals to combat the precariousness of health care become essential for the advancement of Nursing.² In times of COVID-19, where the notoriety and protagonism of Nursing are in evidence, as observed in social media, it is necessary to talk about the status of this professional class outside this scenario, where the status of devaluation is chronic and latent in the different areas of activity, evidenced by the low pay and the lack of incentive for training and qualifications in health institutions.

The precariousness of work processes and the offer of negligible wages, both in private institutions and in public selection processes, generates a series of inconveniences for these professionals, impacting the quality of care provided to the population. Low pay, work overload, lack of autonomy and social recognition contribute to the emergence of psychological changes, leading to lack of motivation for care and contributions to institutional improvements, given the idea that their work is irrelevant and without value.³

It is worth emphasizing the increasingly intense and expansive demand related to

A satisfied professional makes their workplace the extension of their home, moving positive energies, strengthening bonds and making the environment productive, aiming for good results and surpassing established institutional goals.

the responsibility of the Nursing professional towards their patients, accumulating in their hall of attributions physical, moral, social and emotional concerns, even in the face of the connotation of discredit of this professional in the organization of health.⁴ Added to this fact, an environment with segregated interpersonal relationships and without the institution's incentive to develop skills and abilities, makes the environment inhospitable and unproductive, in addition to contributing to requests for sick leave and delays in the number of staff.

In a study carried out with representatives of this class, the lack of communication, the difficulty in creating bonds, hierarchization in the care process and non-cooperation between peers, resulting in precarious and fragmented care.⁵

According to the Federal Council of Nursing (COFEN), the body that regulates and oversees the practice of nursing professionals, it is known that, in Brazil, Nursing absorbs the largest fraction of health care. The Nursing workforce is part of a multidisciplinary and interdisciplinary team, covering different categories with distinct core competencies. Nurses, technicians and nursing assistants represent, in Brazil, 80% of the health workforce. In hospitals, it is estimated that nursing workers make up 60% of the total workforce.⁶

According to Boff, human care is not about our professional health interventions on an object, but through the subject-subject relationship. The author goes on to say that the "relationship of care is not one of domain over, but rather of coexistence; it is not pure intervention, but interaction".⁷ Thus, the activity performed by these workers is essential for health services and of extreme responsibility and complexity, at all levels of health care and care perspec-

tives, including Palliative Care.

From this perspective, considering that in recent decades researches that promote curricular restructuring have been gaining prominence, a study was carried out that evaluated the practical-pedagogical character, in the training and work process, of nursing technicians, about the terminality of life and palliative care. In the categories elaborated based on the obtained interviews, a category emerged that deals with professional lack of motivation for qualification in Palliative Care and dissatisfaction with the status of the technician in the multidisciplinary team, this discussion being the object of this article.

Based on the feedback obtained in the research described, this study is justified in view of the gaps in health education regarding death and palliative care, perhaps when this investigation is aimed at technical-level health professionals, professionals who have low visibility and prestige in the social and health scenario.

The oncology area is loaded with peculiarities that are often unknown by the professional nurse who does not have specific training in the area during higher education. This is due to the fact that, in most Brazilian educational institutions, the teaching of oncology is not addressed throughout the undergraduate nursing course.⁸ In professional education in health, this scenario is even worse, generating yet another stressful factor for the professional who works in this field. Both for lack of expertise, and for the fact of dealing with patients out of therapeutic possibility, with the threat of death closer and more real to their field of action.

Faced with such remarkable and unanimous statements collected during the course of the Master's research field, the author was encouraged to develop this article, whose objective is to discuss professional satisfaction in the field of oncology palliative care, from the perspective of nursing technicians, assigned to the oncology service of a university hospital in Rio de Janeiro.

METHOD

The precariousness of work processes and the offer of negligible wages, both in private institutions and in public selection processes, generates a series of inconveniences for these professionals, impacting the quality of care provided to the population

It is the elaboration of a writing in the original article model, which is based on the material exposed in a master's thesis defended in 2019, in the form of an Exploratory Qualitative Research. The interview technique used was the Projective Technique with the objective of capturing perceptions and conceptions that are normally not said when traditional data collection instruments are adopted.

From a projection that dealt with death reproduced in different cinematographic perspectives, with the aid of an interview script that contained questions related to teaching, practice and experience, the approach of the participants began, leaving their speech free to encompass the research objectives and other relevant notes.

The research was conducted between August and October 2018, at a University Hospital in the metropolitan region of Rio de Janeiro, considered as a High Complexity Care Unit in Oncology (UNACON), with 10 nursing technicians from the oncology service, being submitted to the approval of the Research Ethics Committee of the Hospital Universitário Antônio Pedro, Universidade Federal Fluminense (UFF). As it is research on human beings, it followed the Regulatory Norms for Research involving Human Beings (CNS Resolution n° 466/ 2012).⁹ This submission took place in March 2018 and was approved at the end of May 2018, being proven by the CAAE: 87431618.5.0000.5243, version 2, Opinion No. 2,680,108, after the consent of the aforementioned Hospital.

Inclusion criteria for participants: Technical nursing professional with active registration in COREN (Regional Nursing Council); Be part of the hospital's staff, either as a temporary or statutory contract, without being licensed or on vacation. Exclusion criteria for participants: Nursing technical professional licensed or on vacation during the collection period; Professional who works as a nurse in the hospital, the collection scenario, but acts as a nursing technician in another employment relationship; Students of the professional nursing course, in the formative process, interns at the hospital institution or pro-

professionals with a bond of nursing assistants, even if with a technical degree.

All participants signed an Informed Consent Form - TCLE (according to Resolution No. 510/2016), guaranteeing the anonymity and impartiality of the study, with confidentiality of the information obtained through the interview. So that there is no mention that contributes to their identification, we refer to the interviewee through a kind of butterfly, symbol of Palliative Care.

Among the notes obtained, transformed into 4 categories and 8 subcategories through Content Analysis of the interviews, the central theme for the development of this article stands out: Professional demotivation for qualification with a view to improving assistance to patients Out of Therapeutic Possibility.

RESULTS

Category: Professional demotivation for qualification with a view to improving patient care Out of Therapeutic Possibility.

The professional overload, the shortage of human resources and the psychological and moral suffering experienced by the Nursing team in human care are demotivating sources in their field of work. This lack of motivation affects the quality of care, the distance produced in human relationships, as well as mental and physical illness.

When we study this feeling focused on care at the end of life, there is an exponential increase in the burden of suffering caused by the fear of loss and self-awareness of human finitude. According to Simoni and Santos, 10 in hospital work in palliative care, professionals live with loneliness, fear of madness and physical illness due to the emotional and physical mobilization that patients' stories evoke even outside the hospital environment. Great emotional charge and subsequent weariness are repercussions generated in the performance of tasks related to suffering and death, resulting in fragmented relationships and the desire to abandon the profession. 11

The health professional's difficulty in facing death, an incipient approach in train-

ing on essential content for theory and practice, added to the lack of incentive for qualification in the workplace, become responsible for the feeling of dismay and sadness that hover over workers, motivating them to seek other work activities, as shown below:

When we study this feeling focused on care at the end of life, there is an exponential increase in the burden of suffering caused by the fear of loss and self-awareness of human finitude.

*"For me to take care of it, I need to be fine. I also need to take good care of the family member who suffers a lot. The bad thing about all this [the non-appreciation] is that I think we technicians are stupid, because if I do something wrong, I'm the one who answers. So, it's not all a responsibility? The key piece of care is here [pointing to himself]. I've even talked to the nurse who is setting up another business, outside of Nursing. I just haven't quit yet because I have to.
(Borboleta Esmeralda)*

In the aforementioned highlight, the feeling of professional discontent and the lack of appreciation of the status of the Nursing technician in the multidisciplinary team is explicitly noted, characterized by the phrase "thinking that we technicians are stupid", considering them only as performers of technical procedures, without critical analysis and scientific basis.

"I feel like a 'cleaner, diaper changer' because you live on automatic without being encouraged to reflect on why. It's not just here, but everywhere. You are a nursing technician and you are only good for cleaning. I want to learn and participate." (Borboleta Rabo de Andorinha)

"Ah, the technician doesn't know anything (as they say)... what do you mean I don't know? I even know the dose. Not only do I know, but I'm also going to prepare and manage it. (...) We know, because we prepare and manage. A wrong comma, you'll look and recognize. Where was the error? But I go the-

re, give a signal and he corrects it. It's okay that they don't even thank me, but I went there and did my part. This lack of appreciation for the technician sometimes gives me a certain lack of motivation. We are not valued, they only know how to charge, but they also don't know how to explain, teach, guide, you know?"

(Borboleta Greta Ouro).

"I think managers had to think a little about the Nursing technician. To guide this technician more, to value this technician more, because he is the one who will pass on to the nurse what you are seeing in the patient. If you don't know how to teach him, how will he give you [information]?"

(Borboleta Greta Ouro)

"I think it's important, including the rounds not being inside [the meeting room] and including the coaches. Being able to take one or another professional and explain about the patient's clinical condition. Pick up and ask, do you know what lymphoma is? Myeloma? You often treat the patient and you have to learn everything online"

(Borboleta Esmeralda).

"I like to contribute, talking to the professional who is involved at the time. I think it's important for us to participate (...) to participate in the rounds, when the doctor and the nurse transmit important information about the patient for better care." (Borboleta Morpho Azul)

"As for the institution's encouragement to address issues inherent to death, grief and palliative care, I don't see any incentive for the patient, family, much less for the professional, for those who are there at the cutting edge." (Borboleta Coruja)

"It sure is very high-level oriented. Even because we don't know. Here at the clinic, few people know about the courses; they hardly reach us, I don't know why; if they cut for us not to leave the sector because there are few professionals; very little. About this palliative care rarely, I think there must have been one or the other there, but we didn't participate." (Borboleta Flambeau)

A deficient training base, added to the fact that there is no support in the workplace, through training and updates, weakens the complex human care provider, limiting exchanges between professional-patient, in addition to plastering this relationship with superficial communication, such as noted in the following speech.

"(...) Because the first few times I took care of a terminal patient, I didn't have so much to talk about, to approach to take care of it, because it generated a blockage. Even to wish him a good day, because you know he won't have a good day. I think that if the technician was prepared for when he left the course and even to face the internship, he would already know how to convey more peace of mind to the patient, he would know how to talk, without acting automatically."

(Borboleta Morpho Azul).

"Paciente hematológico aqui pra mim é muito complicado, principalmente que aqui eles não explicaram muito pra gente como era o perfil desse paciente. Então, a gente teve que entrar sim e viver a situação para aprendermos sozinhos." (Borboleta Greta Ouro)

DISCUSSION

The failure to value the status of nursing technicians ends up being extensive, including them numerically as members of a

multidisciplinary team, but without giving them due importance. Thus, this professional is discredited in decision-making and in participating in discussions for health care, as evidenced below:

Multiprofessional and interdisciplinary rounds tend to enrich discussions and value all team members who provide care. According to Gianinina, 12 systematized group meetings should expand their content, not limiting procedural techniques, promoting discussions in order to add efforts. Under this logic, everyone contributes and the urgency of meeting the emerging needs of patients at the end of life is considered.

An aspect concerning this category concerns the medical hegemony and the hierarchical status occupied by this class. It is a cultural issue of medical valuation at the expense of other professional classes, giving unilateral attention to decision-making power. This discussion involving schooling, higher income in view of professional status and social position are issues discussed by Pierre Bourdieu 13 about Symbolic Capital.

Another issue highlighted by the interviewees concerns the lack of institutional encouragement for continuing and permanent education on Palliative Care and the end of life. As already mentioned throughout this article, the shortage of human resources becomes a limiting factor to the extension of refresher and training courses at the institution for Nursing technicians, not generating release for study. This attitude on the part of managers and sector leaders generates intense dissatisfaction on the part of professionals, configuring itself as a risk factor for emotional and physical overload.

The lack of incentive to participate in forums, symposia, courses, conferences, especially those focused on Thanatology, such as the study of the process of dying and death and Palliative Care, may be responsible for the lack of critical and technically competent reflection reproduced in the health spaces, mainly by professionals with a technical level, contributing to their social disrepute. 14

Therefore, it limits the participation

The segregation of health categories and the lack of incentive to expand scientific knowledge leads to superficial and limited actions, which do not ratify the technical and aggregating potential of this professional class.

of these professionals in the fields of discussion about these themes, perpetuating the “social invisibility” of this professional class, within the health system and in the academic sphere, as well as contributing to the iatrogenics affected by a lack of scientific knowledge.

Kóvacz sums up well the exhaustion and impotence of the nursing professional when dealing with death in their daily lives and with the demands arising from this possibility, demonstrating their protagonism in the constructed relationships:

The Nursing team has a high rate of collapse due to its function of daily care for patients, therefore in more intense contact with pain and suffering. It is also these professionals that patients seek to talk about their intimate issues, leading to embarrassing situations due to the fact that they do not have an answer to all the questions and the outburst of internal feelings (...). Patients, in turn, seek answers, wanting confirmation of their hope, and, because of these demands, they can further overload the team, which already has an intense amount of functions to perform. 15

All of the above narratives demonstrate how much the invisibility of the subject of this research affects the cohesion in the multidisciplinary work, favoring dissatisfaction with remaining in the profession and performing their activities, even with the Nursing technician's self-recognition of his essentiality in the art of care. The segregation of health categories and the lack of incentive to expand scientific knowledge leads to superficial and limited actions, which do not ratify the technical and aggregating potential of this professional class.

CONCLUSION

Whether from the work overload, the shortage of health workers, which makes it impossible for these professionals to be released for training courses and the like on

the subject, or from the non-aggregation of them to participate in clinical discussions and decision-making, the issue of devaluation of this category urgently needs to be analyzed.

It is also highlighted the importance of permanent and continuing education spaces to provide, in teaching and care institutions, training and improvement on the themes, valuing the participation of nursing technicians who operate care directly and, in a longer time, to the patient. By increasing the valuation and expanding the construction of training spaces for them, seeing such discussions as pedagogical actions, we will contribute to changing the generalized professional demotivation of the class, found in this research, as well as their inclusion as active and essential voices in the clinical multi-professional discussions on assisted patients, without undermining the importance of these professionals in human care.

REFERÊNCIAS

- 1-Lorber M, Skela Savič B. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. *Croat Med J.* 2012 Jun;53(3):263-70. doi: 10.3325/cmj.2012.53.263. PMID: 22661140; PMCID: PMC3368291.
- 2-Botelho, J.L.S.; Santos, S.M.; Aquino, C.F.; Melo, J.M.O.; Freiras, I.G.C.; Como melhorar a qualidade da saúde da equipe de enfermagem mediante ao COVID-19. DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i64p5680-5689>.
- 3- Sâ, Adriana Müller Saleme de, Martins-Silva, Priscilla de Oliveira, & Funchal, Bruno. (2014). Burnout: o impacto da satisfação no trabalho em profissionais de enfermagem. *Psicologia & Sociedade*, 26(3), 664-674. <https://doi.org/10.1590/S0102-71822014000300015>.
- 4-Ferro Denise, Zacharias Fabiana Costa Machado, Fabríz Luciana Aparecida, Schonholzer Tatiele Estefâni, Valente Silvia Helena, Barbosa Sara Maria et al. Absenteísmo na equipe de enfermagem em serviços de emergência: implicações na assistência. *Acta paul. enferm.* [Internet]. 2018 Jul [citado 2021 Abr 07] ; 31(4):399408.http://www.scielo.br/scielo.php?script=sci_arttext&pid=S01032100.https://doi.org/10.1590/1982-0194201800056.
- 5-Paparelli R, Sato L, Oliveira F. A Saúde Mental relacionada ao trabalho e os desafios aos profissionais da saúde. *Rev Bras Saúde Ocup.* 2011;36(123):118-27. <http://dx.doi.org/10.1590/S0303-76572011000100011>.
- 6-Conselho Federal de Enfermagem. Pesquisa inédita traça perfil da enfermagem. Disponível em: <http://novo.portalcofen.gov.br/pesquisa-inedita-traca-perfil-da-enfermagem_31258.html>. Acesso em: 04 abril. 2021.
- 7-Boff, Leonardo . Saber cuidar: ética do humano, compaixão pela terra. 6. ed. Petrópolis: Vozes; 1999.
- 8-Rodrigues AB, Chaves EC, Fatores Estressantes e Estratégias de Coping dos Enfermeiros atuantes em Oncologia; *Rev Latino-am Enfermagem* 2008. Disponível em: http://www.scielo.br/pdf/rlae/v16n1/pt_03.pdf. Acesso em 06 Abril 2021 01:44.
- 9-Brasil. Conselho Nacional de Saúde. Resolução 466/12. Trata de pesquisas em seres humanos e atualiza a resolução 196. [Internet]. Diário Oficial da União. 12 dez. 2012 (acesso 13 fev 2021).
- 10-Simoni, Miguel de, Santos, Mônica Loureiro dos. Considerações sobre cuidado paliativo e trabalho hospitalar: uma abordagem plural sobre o processo de trabalho de enfermagem. *Psicologia USP*, 2003,14(2), 169-194;<https://doi.org/10.1590/S0103-65642003000200009>.
- 11-Fernandes, Priscila Valverde, Iglesias, Alexandra, Avellar, Luziane Zacché. O técnico de enfermagem diante da morte: concepções de morte para técnicos de enfermagem em oncologia e suas implicações na rotina de trabalho e na vida cotidiana. *Psicologia: teoria e prática*,2009,11(1), 142-152.
- 12-Gianinia, M. Equipe de Enfermagem diante da morte. *Revista Escola Enfermagem*, 2009, São Paulo, 32(2), 117-123.
- 13-Bourdier, P. O campo científico. In: ORTIZ, Renato (Org.). São Paulo: Ática, 1994.
- 14-Assumpção, Evaldo. *Biotanologia e bioética*. São Paulo: Paulinas, 2005.
- 15-Kovács, Maria Julia. Educação para a morte. *Psicologia: Ciência e Profissão*, 2005, 25(3), 484-497. <https://dx.doi.org/10.1590/S1414-98932005000300012>.