The subjectivity in the wor ...



THE SUBJECTIVITY IN THE WORK WORLD UNDER THE PERSPECTIVE OF THE NURSING WORKER WITH POSSIBILITY OF RETIREMENT A SUBJETIVIDADE NO MUNDO DO TRABALHO SOB A ÓTICA DO TRABALHADOR DE ENFERMAGEM COM POSSIBILIDADE DE APOSENTADORIA

LA SUBJETIVIDAD EN EL MUNDO DEL TRABAJO EN LA PERSPECTIVA DEL TRABAJADOR DE ENFERMERÍA CON LA POSIBILIDAD DE LA

JUBILACIÓN

Ariane da Silva Pires¹, Liana Viana Ribeiro², Norma Valéria Dantas de Oliveira Souza³, Francisco Gleidson de AzevedoGonçalves⁴, Carolina Cabral Pereira da Costa⁵

ABSTRACT

Objectives: I) to describe the advantages and difficulties perceived by nursing professionals to remain in the workplace; and II) to discuss the psychosocial consequences for these professionals due to the choice of remaining in the workplace. **Method:** Qualitative research, descriptive and exploratory. The setting was a university in the city of Rio de Janeiro, with the field of data collection: a Teaching Hospital and School of Nursing, affiliated to such university. The subjects were 17 nursing staff. **Results:** the facilitator factors were the favorable interpersonal relations and professional development, however the difficulties were related to physical wear and fatigue, as also they reported problems related to work organization. **Conclusion:** It is recommended that other researches shall be developed, broaching proposals for improvements in work organization, so that the work environment is adapted to this new group of workers. **Descriptors:** Nursing Work, Ageing, Occupational Health.

RESUMO

Objetivos: I) descrever as facilidades e as dificuldades percebidas pelos profissionais de enfermagem ao se manterem no mundo do trabalho; e II) discutir as repercussões psicossociais para esses profissionais decorrente da opção de permanecerem no mundo laboral. **Método:** Pesquisa qualitativa, descritiva e exploratória. O cenário foi uma universidade no município do Rio de Janeiro, sendo os campos de coleta de dados: um hospital escola e uma faculdade de enfermagem, vinculados a tal universidade. Os sujeitos foram 17 trabalhadores de enfermagem. **Resultados:** Os fatores facilitadores foram as relações interpessoais favoráveis e a atualização profissional. Em contrapartida, as dificuldades foram relacionadas ao desgaste físico e ao cansaço, bem como aos problemas relativos à organização do trabalho. **Conclusão:** Recomenda-se que outras pesquisas sejam desenvolvidas, abordando-se propostas de melhorias na organização do trabalho, para que o ambiente laboral esteja adaptado a este novo contingente de trabalhadores. **Descritores:** Trabalho de Enfermagem, Idoso, Saúde do Trabalhador.

RESUMEN

Objetivo: I) describir las ventajas y dificultades percibidas por los profesionales de enfermería para estar dentro del lugar de trabajo, y II) discutir los efectos psicosociales para estos profesionales que surgieron de la opción de permanecer en el mundo del trabajo. **Método:** El escenario era una universidad en la ciudad de Río de Janeiro, con la colección de campos de datos: un Hospital Escuela y una Facultad de Enfermería, adscrito a dicha universidad. Los sujetos fueron17profesionales de enfermería.Los datos fueron recogidos durante losmeses de enero amarzo de 2012, a través deentrevista semi-estructurada. El método deprocesamiento de datosfueel análisis de contenidotemático. **Resultados:** los resultados mostraron que los factores facilitadores que fueron percibidos favorables son las relaciones interpersonales y el desarrollo profesional. Sin embargo, las dificultades fueron relacionadas con el desgaste físico y la fatiga, así como problemas relacionados con la organización del trabajo. **Conclusión:** Se recomienda que se emprendan nuevas investigaciones, que abarque las propuestas para mejoras en la organización del trabajo, de modo que el ambiente de trabajo se encuentra adaptado a este nuevo grupo de trabajadores. **Descriptores:** Trabajo de enfermería, Envejecimiento, Saluddel trabajador.

¹Degree in Nursing from the State University of Rio de Janeiro (ENF / UERJ). Student Special Master in Nursing - Discipline: Work and Subjectivity by (ENF / UERJ). Scientific Initiation Scholarship PIBIC / CNPq NFE / UERJ 2010 to 2011. Rio de Janeiro, RJ, Brazil. Email: arianepires@oi.com.br. ²Degree in Nursing from the State University of Rio de Janeiro (ENF / UERJ).Student Special Master in Nursing from (ENF / UERJ).Voluntary Scientific Initiation PIBIC NFE / UERJ 2009 to 2010. Rio de Janeiro, RJ, Brazil. Email: liana_vian@hotmail.com. ³Associate Professor, Department of Medical-Surgical Nursing NFE / UERJ.Pro-scientist UERJ.Professor Permanent Program Postgraduate Sensu stricto NFE / UERJ. Adress: Rua Alexandre do Nascimento, nº 45 ap. 201 Jardim Guanabara, Ilha do Governador, Rio de Janeiro -RJ/Brazil. CEP: 21940-150. Rio de Janeiro, RJ, Brasil.Email: norval_souza@yahoo.com.br. ⁴Masters in Nursing from the College of Nursing at the State University of Rio de Janeiro (ENF / UERJ). Graduate Student in Nursing Labor Federal University of Rio de Janeiro (UFRJ). Substitute Professor, Department of Nursing Fundamentals of NFE / UERJ. Fellow of the Coordination of Improvement of Higher Education Personnel (CAPES), RJ, Brazil. E-mail: gleydy_fran@hotmail.com. ⁵MS in Nursing from the College of Nursing at the State University of Rio de Janeiro (ENF / UERJ).Postgraduate Nursing Labour and Stomatherapy.Substitute Professor of NFE / UERJ. RJ, Brazil. E-mail: carolcuerj@hotmail.com.

INTRODUCTION

This article is characterized as a clipping Working End of Course (TCC) titled the undergraduate nursing staff situation in retirement and remain in the working¹ world. The object of this crop is the facilities and the difficulties perceived by nursing staff situation in retirement, choosing to stay ahead in the working world.

There is an increasing quantity of professional nursing situation in retirement that, for various reasons, want to stay in the workplace, among these reasons a emphasized: i) economic issues and ii) ability to remain useful and productive; III) coping strategy against idleness and social isolation; IV) home environment unattractive; V) feeling of belonging to a labor group, and VI) positive interpersonal relationships at work.¹

However, the choice of staying in the labor market is complex and often dialectical, because the work is never neutral in relation to health and can result in positive feelings and / or negative, and health or disease. ² Reflecting up about it, it was considered important to grasp the implications of these workers to remain in the subjective world of work, despite the possibility of retirement.

It is to inform that by raising the state of the art on the site of the Virtual Health Library (VHL), few scientific productions were found in a time frame of ten years. The consultations were held in the databases of Latin American and Caribbean Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), Database of Nursing (BDENF) and Medical Literature Analysis and Retrieval System Online (MEDLINE) in the period September-October 2011 in various days and times, using the following descriptors: "Elderly", "Work" and "Health". The subjectivity in the wor ...

As results of the search were raised 7100 publications. Proceeded to a refinement in the search, with the inclusion of the following inclusion criteria: I) language of scientific work: Portuguese and Spanish; II) period of publication of the work: from 2000 to 2011. After this refinement, picked up 951 scientific papers, 789 productions in Portuguese and 162 in Spanish. Among these publications, only 26 (twenty six in Portuguese and in Spanish) were related to the theme of this work.

Thus, it appears that there is, in the period surveyed, few scientific works related to the theme. This fact indicates how this research is embryonic axis, leading to the reflection that is still incipient study about older workers.

Therefore, this study will help to minimize the lack of publications on the employment status of nursing staff with the possibility of retirement, socializing knowledge that can motivate the emergence of other research on the topic and raise measures to improve the working conditions of these professionals. Furthermore, it is believed that he may assist trained service oriented field of Occupational Health to implement actions for the welfare and quality of life of older workers.

The work is, for humans, an essential activity, with several meanings: social, physical and psychical. Thus, it constitutes a means of affirming the individual in society. Through work, the individual can be productive, active and participatory in the construction of history in its social context. One has to also consider the particular value of the work for humans, as it can ensure the survival, awakening potential, foster needs and provide pleasure.

The work is characterized as "activity energy expenditure resulting from physical and mental, directly or indirectly aimed at the production of goods and services, thus contributing to the reproduction of human life,

Pires AS, Ribeiro MLV, Souza NVDO et al.

individual and collective" Besides this .4:341 vision, the category "work" includes inventiveness, capacity evaluation and judgment, subjective mobilizations to perform the task, combining potential cognitive, motor and psychological in a continuous and dynamic process, in which the subject interferes with the object and vice versa, leading to a transformation of the subject, object and society.

In the workplace, there are the professional nursing, a profession that combines and science, endowed with art different peculiarities, involving, among other variables, interpersonal relationships, specificity of clients assisted, working conditions, work process, organization work, job content. These variables are linked to each other and interact, resulting in the manner and means by which develops the care - the work object of the profession. Moreover, one should mention the technical and social division of labor nursing division that points to hierarchies, command, division of tasks and responsibilities.

Nursing is one of the professions in the health care has its essence in the human individual, family or community, developing activities of promotion, disease prevention, recovery and rehabilitation, working in teams. She has the professional responsibility to promote and provide comfort, care and well-being to clients, either providing care, is coordinating other sectors for the provision of assistance and / or promoting the autonomy of clients through health education.

As the bibliography regarding the elderly, is a variety of criteria to define what an elderly person is, based on the most frequent of them, age limit, such as, for example, the definition of the National the Elderly. The Statute of Idoso8 endorses this definition. Since the World Health Organization (WHO) considers how elderly people aged sixty or more, if they reside in developing countries, and 65 and over, in developed countries.

The subjectivity in the wor ...

Aging can be defined as a set of morphological, physiological, biochemical and psychological which determine the progressive loss of the individual's ability to adapt to the environment, therefore a dynamic and progressive process. During the aging process, there is a gradual decline in bodily functions, with a rate that varies not only from one agency to another, but also among older adults of the same age. These differences in the aging process are due to unequal conditions of life and work that older people were submitted. ¹⁰

Assuming that the age of an individual is associated with a biological process of declining physical capabilities, new weaknesses related to psychological and behavioral then being healthy is no longer related to chronological age and becomes understood as the ability the organism to respond to the needs of everyday life, the ability and motivation to continue physical and psychological in pursuit of goals, personal achievements and new family.¹¹

The figure of the elderly in society is linked to a negative and strongly associated with disability and dementia. However, the aging process is given a different meaning depending on the ideals and values of each individual; what it perceives as unproductive old age, relates to the physical and mental degeneration (disability, illness, dementia), which manifests in the elderly as inactivity, disability, selfishness, asexuality, dependence, helplessness and isolation. The negative image is reinforced in society, increasing feelings of sadness, loneliness, depression and moodiness, bad traits attributed to the elderly.

However, those who perceive old age as a time of new and different life, relates to the physical and mental autonomy, reflecting in psychological and physical functioning, activity, beauty, sexuality, independence, participation and integration. In this case, old age is considered a positive phase of life and sent to a period of

Pires AS, Ribeiro MLV, Souza NVDO et al.

happiness and satisfaction, pleasure and strength in living individual. ¹²

In our society, being old is a stigma that, in most cases, is related to the social exclusion of several places, one of which is highly valued: the productive system, the world of work. Being out of the system almost entirely productive defines "being old". This crystallized in society, creating barriers to the participation of the elderly in other dimensions of social life.

A relevant aspect for seniors is the financial situation as it is from an adequate income a person can choose healthy diet, comfortable housing and health care quality. Often in cases of Brazil elderly living in extreme poverty, with insufficient retirement to meet all the basic needs of the elderly.¹³

In Brazil, in order to minimize the negative impacts of this whole psychosocial context related to the elderly, there are laws that guarantee benefits such as retirement, free public transport pass, half-entry into spectacles. However, income from retirement yet is often insufficient to meet all needs and all health spending. As a result, there are several cases where many retirees find themselves driven to return to the world of work, albeit informally, to increase their income. And yet there are those who postpone retirement law in order not to reduce their income, since the amount received at retirement is not integral to what is received at the time of contribution. ¹³

Thus, it is believed that many seniors return to the working world due to economic factors. But also worth noting that the return to the working world, or stay in it, may result in other gains, such as the feeling of belonging to a social group, a sense of usefulness, pleasure generated by production capacity, the break with the isolation and with social segregation. Thus, there are the problems of the elderly stay in work is multifaceted and complex, lacking a better understanding.¹⁴ The subjectivity in the wor ...

OBJECTIVES

world.

I) describe the facilities and the difficulties
perceived by nurses to remain in the workplace;
II) the psychosocial effects due to these
professionals the option to remain in the working

METHODOLOGY

This research, a qualitative, descriptive and exploratory, was developed in a university located in the municipality of Rio de Janeiro. Specifically, we used to study scenarios of a teaching hospital and a nursing college, both belonging to the same university.

In it are offered 32 courses, which unfold in different qualifications, degrees and bachelor degrees. In addition, there are 46 programs of post-graduate studies, with 42 courses of academic master, 23 doctoral and two professional master's, and about a hundred courses post-graduation courses in different areas of knowledge. This institution also includes the Center for Distance Higher Education of the State of Rio de Janeiro (CEDERJ), which are also part of five other universities.

The undergraduate program in nursing offered by this university is composed of four departments: Fundamentals of Nursing, Public Health Nursing, Medical-Surgical Nursing and Maternal-Child Nursing. It also promotes education Graduate - stricto sensu lato and - also develops and extension projects and scientific research.

The hospital is a unit classified as high complexity level of care and outpatient and inpatient convening the Unified Health System (SUS). In quantitative terms, there are 525 beds distributed in clinical, surgical, closed units (Intensive Care Unit and Isolation Units) and support and recovery from anesthesia.

Among his surgical specialties are general surgery, plastic surgery, transplants, maxillofacial surgery, cardiac surgery, gynecology, ENT,

Pires AS, Ribeiro MLV, Souza NVDO et al.

urology, thoracic surgery, orthopedics, ophthalmology, neurosurgery, angiology, proctology and oncology. Regarding clinical specialties include: cardiology, dermatology, infectious and parasitic diseases, internal medicine, hematology, nephrology, neurology, pediatrics, pulmonology, anesthesiology, allergy, hypertension, endocrinology, physiatry, gastroenterology, geriatrics (Center for Care -NAI), epidemiology, Elderly psychiatry, rheumatology and radiotherapy.

So, these are scenarios that research showed rich collection of data, since there is a quantitative relevant nursing staff to handle the process and the organization of work of these scenarios, meeting many of these workers in retirement situation.

The subjects selected for the study were 17 nurses with the possibility of retirement. The inclusion criterion was the subject of years of contribution that the Social Security retirement and / or age group that would allow to be retired. In this sense, women were included, with at least thirty years of contribution and / or age equal to or greater than 60 years, and men with at least 35 years of age and contribution equal to or greater than 65.

Furthermore, we selected only workers who were in full exercise of their functions, or who were not licensed, developed or not assistance activities. It is also allowed to select subjects who had the following types of employment contracts: statutory (gazetted professional / effective) and hired by the Consolidation of Labor Laws (CLT), since there are predominantly those forms of contraction in the institution where the research took place.

For their part, were excluded professionals who were in Vocational Training with Pouch (TPB), as well, are not characterized as formal workers of this institution.

The subjectivity in the wor ...

As parameters to define the potential subject was requested, the Human Resources Service (SRH), a listing of all the nursing staff who had the status of possible retirement. After receiving this list, looked up nursing professionals that met the inclusion criteria of the study and it was found that there were no nursing assistants within those criteria, so in order to gather data with technicians and nurses.

Because this research is the result of a work of completion of graduation and count only four months for the collection, analysis and drafting of the final report, we chose to develop this quantitative study subjects, since Time was short.

However, we had concerns about the wealth of information collected thus in qualitative research, the number of subjects should not be the main concern of researchers, but the quality of information provided by them.¹⁵

The survey was submitted to the Ethics Committee in Research of the hospital linked to the University in which it was intended to collect the data, and approved under protocol number 3151/2011. Therefore, this study is in accordance with Resolution 196/96, which regulates research involving human subjects. ¹⁶

The instrument for data collection was semi-structured individual interviews, whereas the data were treated in the light of thematic content analysis, which is characterized by the organization of information through phases or stages, leading to a result structured and organized content. The information collected after, are systematized according to thematic content analysis, categorical analysis technique which can be understood as a process through which the empirical material is carefully and systematically processed and encoded in units that allow an accurate description of characteristics relevant to the content of the speeches analyzed. 18

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3767-79

At this stage emerged 147 Units Registration (UR), which were then grouped into six units of meaning. The compilation of these units reflected in the construction of two titled: Convenience categories **I**) and inconvenience of staying in work: paradoxes that stand, and II) subjectivities constructed and reconstructed in and through work.

RESULTS AND DISCUSSION

Conveniences and inconveniences of staying in work world: paradoxes that stand

In this category, we discuss the advantages and the difficulties experienced by the subjects with option to remain in the workplace. The total number of RUs this category represented 95 and is composed of the following units of meaning: i) facilitating the retention of nursing staff in the workplace and ii) difficulties faced by nurses to remain in the labor; III) perceived lack of facilities and / or difficulties in the working world of nursing staff; IV) minimization of the difficulties present in the work environment.

In this perspective, picked up a variety of situations considered as facilitators of permanence in the working world, highlighting: the good interpersonal relationships between team work environment; continuing education linked to professional development, involvement in scientific research and interaction with students, the use of technologies such as information technology, leadership flexible; favorable remuneration; favorable physical coping disposition, development of skills problems; work considered as a mechanism to prevent idleness, stress and illness. All these findings can be verified in the discourses within the following topics:

> First our team here is working great and we get along very well and the second is that I feel good to work for now all is well thanks to God, and the first reason is that the team be cool. (E10 - Nurse).

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3767-79

The subjectivity in the wor ...

The facility is referring to remain in the profession and also have this anxiety, this will be transmitting one set of knowledge you have acquired and helped build the pass to others. This also, I think it's a motivating factor, to have that still need to pass through the stages of the area, which is a philosophical line of work. (E14 - Nurse).

The facility is because I have had support and have been welcome, because if at another time I realize that I am not well accepted, welcomed, so I'm not staying for that, so I feel that I am useful and well Received in the environment here. (E16 -Nurse).

In the process of the relationship between people, communication allows the exchange of knowledge and feelings, emotions and opinions about each other. The interpersonal relationship promotes the interaction of the individual and strengthening ties in the workplace, making thus the work environment more pleasant and conducive to develop their tasks. Through friendship, companionship and camaraderie, the individual feels safe and welcomed, developing the ability to overcome great challenges and seeking to prolong his stay at work.¹⁹

Thus, positive interpersonal relationships are indicative sizing welfare. Share feelings, especially with other afflictions, protects the individual against stress and illness.²⁰

Another issue that emerged from the speeches was the ease of access to work. Living near the workplace is a factor of incentive to stay in the world of work, for time spent in transport and the stress is less compared to those residing in other districts or neighborhoods distant. The optimization time spent on transportation allows greater willingness to work, with consequent development of activities that if they could not perform in stressful situations and with limited time available.²¹

The facility I have is that I live near my workplace. I come walking to work. I'm always studying, me updating, developing research activities with students, and

doing educational activities with the technicians here. (E05 - Nurse).

The constant improvement of health is of paramount importance to the work environment and personal development of the individual. In this context, the Office of Continuing Education in institutions that promotes understanding work teams have about this service and the organization of work as a whole, triggering a more qualified and efficient.²²

The continuing education of professionals should contribute to the thinking and doing of workers in order to provide the personal and professional growth of self and assist in the organization of the work process, through steps that may question the reality and effect change.^{23:5}

The Continuing Education is a tool that promotes the development of people and ensures the quality of customer service, and should be facing the reality of the institution and the needs of staff. The daily contact with the technicians and nurses, personal interest and the interest of the team are facilitators of educational actions, because in this context one can meet the needs of workers when they are executed activities, acting directly as an educator in work environment in which it perceives the real interest of the teams in front of everyday situations.²²

The facilities in the working world today are the [...] communication systems by current computerized systems, and internet [...] these issues of computer use and technologies. (E14 - Nurse).

Technological development is related to the growing demand and needs, qualitative and quantitative, population health, and requires inclusion of Continuing Education, a program tied to development workers in a reality of life and work. ²³ And the possibility of being in touch with this technology, with Continuing Education, training and a continuous training, seems to attract nursing workers about to retire, and then, a factor that generates pleasure and enables the will to stay in the world the work.

The subjectivity in the wor ...

The economic situation and satisfaction in personal relationships are factors considered relevant as they may offer social support and material well-being of people. ²⁰ Therefore, a central adaptation of the individual facing retirement is how he will occupy his free time. Many prefer to remain in the workplace because they are accustomed to the daily routine of many years at work and cannot break the relations of friendship signed in the work environment, and a reference group for it.²⁴

> The facility is financial, because I gain more. I'm always in contact with my coworkers. I continue on my link in my circle of friends and that's it, stay at home is also kind of depressing. (E11 - Practical Nursing).

In order to consolidate this analysis, it is important to highlight the complexity and the multiple consequences arising from living labor, bringing an inference.

> The world of work can be defined as all encompassing and places in relation to human activity of work, the environment in which the activity takes place, the requirements and standards (established knowledge) that regulate such relationships, experience (know invested), the products arising from them, the speeches that are exchanged in the process, techniques and technologies that facilitate and provide a foundation for the work of human activity and society develop, cultures, identities, subjectivities and relationships communication made in this dialectical process of labor activity.25:103-4

Regarding the difficulties alluded to by subjects in relation to the option of staying in work, we mention: work overload, excessive workload of nursing work; physical exhaustion, fatigue resulting from work activity; fatigue resulting from shift work from home; emergence of diseases; disincentive linked to poor salaries.

Reflecting the ongoing work associated with poor working conditions, the individual feels tiredness and lack of energy to carry out their activities. These are factors that lead workers to

question whether it is really positive to stay in work.

The difficulty I have is the time, which I think is a heavy workload. I wish it had a smaller load and salary I also wish it was bigger. (E5 - Nurse).

Working conditions influence the work process and contribute greatly to determine the health-disease process of nursing. In working environment, the worker's life is influenced by the process of working on various aspects such as organization of work, distance of residence, traffic constraints, lack of child care, responsibility exaggerated position, depersonalization of relations between worker and employer, concern at the possibility of dismissal or approaching retirement, reducing company expenses, causing fatigue and hassles.²⁶ On these questions, the subjects also demonstrated, seizing the following speeches:

[...] Fatigue. I've been working for a long time. From the age of thirteen I started working and I'm tired. And the distance from home to work, too tired. (E2 - Practical Nursing).

Currently my biggest difficulty is the fatigue, but I long to work with the structural needs of the college (E17 - Nurse).

The work represents a duality in people's lives. While that brings satisfaction, physical and mental demands. Nursing is a profession that promotes the care and therefore this interaction with the other adds a risk exposure that causes changes physical and / or psychological, as time to practice. ²⁷

It is proven that the nursing profession is a heavy and exhausting; adding to the terrible working conditions, workers are faced with difficulties, having to face them to remain in the work environment.

> There are several elements in the work environment that may represent potential stimuli of stress and tension to

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3767-79

The subjectivity in the wor ...

professional nursing. For example: work overload, fragmentation of tasks, time pressure, inadequate working conditions, conflicting relationships, repetitiveness and monotony, intensiveness and excessive pace of work that remain for long periods, contributing to the occurrence of occupational diseases.^{27:816}

On the question of the distance between home and work, asserts that the work situated in locations distant from the residence of the worker causes constant travel, with significant wear and tear resulting from offsets, waiting in queues, traffic congestion in cities or highways, reflecting in health risk.²¹

It is noteworthy that a significant portion of workers did not realize the existence of facilities or difficulties to keep the world of work, exemplified by speeches given below:

No. None. I'm fine and I could get another job. (E1 - Practical Nursing).

I have no difficulty pointing, no. (E16 - Nurse).

The non-recognition of factors that deplete workers and misunderstanding of the causes contributing to the deleterious effects of increased future. It is essential to recognize the advantages and difficulties in the dynamics of work, opting to remain in the workplace, are prepared to create mechanisms to combat and reduce these harmful effects that threaten the quality of life.

Some workers minimize the difficulties bind to the fact now keep only one job, while all workers interviewed said that in the past had more than one job; professionals, thereby minimizing or even end up not identifying difficulties present in the world of work today, by considering the workload lighter.

Another important issue is that a large portion of these workers are relocated to areas that have a working process less stressful and exhausting, mainly due to health problems that have acquired over the experience at work.

Pires AS, Ribeiro MLV, Souza NVDO et al.

Therefore, these workers do not see relocated difficulties or risks to remain in the world because they work in sectors less painful.

Previously, we had to have three jobs to make a living wage, and it is exhausting. But currently only work here, and the work here is not heavy, it is a lightweight service! (E8 - Practical Nursing).

[...] I had to take medication, had a lot to do, you had to race against time. Because there are two wards, all patients with two very serious. So I even asked my boss to go somewhere quieter because it was hurting me (E12 - Nurse).

The relocation professional to another sector can generate a positive feeling when you have to change the meaning of the permission and participation of workers in contact with new experiences and relationships with teammates and management. The work is then no longer suffering and becomes satisfaction. Thus, situated in a less stressful and with new labor dynamics, difficulties at work are almost nil in the view of the worker.²⁸

The world of work is permeated with dialectical visions that complement and interact with each other, constructing and reconstructing subjectivities, interfering positively and / or negatively in the disease process. Thus, what was seized in this category is that staying in work implies benefits and disadvantages, advantages and disadvantages in. However, in case of these subjects, the positives outweigh the negatives, so they remain in the workplace, despite the perception of most of them that there are also negative effects.

Subjectivities constructed and reconstructed in and through work

This category allowed the subjective analyzes of issues that are decisive for the choice re of subjects to remain in work, even with the no option to retire. The total number of RUs that lef category accounted for 51, which consists of the int following units of meaning: I) personal and hig R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3767-79

The subjectivity in the wor ...

professional consequences inherent permanence of nursing staff in the workplace, and II) perception of no consequence and / or limitation personal and / or professional to remain in work.

It is noteworthy, then, that the subjects understood that staying at work, when we can retire, has implications for personal and professional life, especially the perception of work beneficial to life and health. For these bias, respondents consider that much work contributes to learning and to keep useful and productive as prevent idleness and stress generated by conflicts arising from family life.

> [...] I'll still get on average two more years until I retire. I get there and after two years you cannot keep. And another, have gains in this area as well, which causes us to stay. How do I say it is a balance. You work, but you gain in other ways. (E7 -Practical Nursing).

> [...] Is the wife of one form or another wanting more presence, walk more, asks: "Why work if we already have a financial equilibrium condition?" The complaint is that she does not know that the other hand, have someone doing a job pleasurable and then she does not understand. And not have to understand! But the pleasure of working people and still bears the consequences. (E14 - Nurse).

The permanence in the workplace is important to preserve self-esteem, to strengthen personal and professional values to strengthen personal identity, to shape subjectivity and to assist in coping with changes arising from old age and retirement, since retirement can symbolize a moment of loss of social role. Thus, the choice to remain at work is a strategy to postpone the void of not having anything productive and laborious to perform, ensuring self-esteem and purpose in life.²⁴

The subjects reported that the choice to remain working rather than retire, resulted in non-realization of extralaboral activities, such as leisure activities, such as lack of time is a factor interpreted injury to professionals due to the load high hourly labor, creating disruption in the lives 79

Pires AS, Ribeiro MLV, Souza NVDO et al.

of workers. This choice also created conflict within the family, due to the absence of the worker in this environment, topics which can be evidenced in the following discourses:

Of course I reduce my leisure and some extra activities in my personal life. (E16 - Nurse).

The only thing now that I start thinking really is that also need to be directing my life for other things, so I can be out here and not be idle at home. Because this is my big problem.I will not stop my activities, so do not stay home for nothing. (E5 - Nurse).

In my personal life was messier, I'm trying to organize my life more, it is very messy. I think: I do tomorrow, but tomorrow never comes, and the mess is. (E12 - Nurse).

Extend the time of retirement brought an extension of personal desires and family; consequently, must articulate very well the time left to devote to family as there are complaints against them my availability. (E17 - Nurse).

Any problems at home enhances [...] We learn that when we get together there a long time with a person, any little problem is stress generator. "Dropped the towel, you are not being careful!" (E14 - Nurse).

Due to the exhaustive workload, just having an injury in the quantity and quality of leisure, living with family, time spent on household chores, thus damaging the relationships within the family. ²² Thus, the work may be a factor that triggers or enhances health problems for workers and change your relationship with your family, bringing significant consequences in their personal and social life. ²¹

Workers too involved with their work activities have a tendency to change their routine personal, family and social, leaving them, for example, only days off to solve all orders. Therefore, they often have to delay their plans with their families because of the lack of time available. DOI: 10.9789/2175-5361.2013v5n2p3767

The subjectivity in the wor ...

Due to most of life people be organized for work, the worker has its coexistence with the other members of the family affected as the years pass, and with it, those links are not fully matured and coping mechanisms and resolution problems did not develop. Thus, the nuclear family becomes a second choice in the life of the worker, causing him to prefer the job family.²⁹

A significant quantitative subjects perceived the lack of consequences or limitations in their lives, both personal and professional; to opt for staying in work, even if this is so dynamic and complex.

> No! Not because I kept doing the same things. I kept working, giving lessons to master's, doctoral, continued lecturing to undergraduate, guiding the students Fellows undergraduates, masters, doctorate, you see ... No consequence. Also no limitation. And even in personal life. Because as I did the same things previously not hear any modification (E15 - Nurse).

> No, because there was no change in my life and I own free will even (E10 - Practical Nursing).

Job satisfaction is perceived individually, however, there are situations that strengthen this positive perception about labor activity, among which are: safe conditions at work; work worth doing; adequate compensation and benefits, job security right; supervisory authority; feedback regarding their performance; opportunity for growth and learning on the job; possibility of job promotion; possibility of promotion based on merit; positive social climate, and social justice.

All these situations help to maintain a positive subjectivity, to contribute to the employee remains in the work environment, especially if the family environment is disturbed, if the employee does not traced other plans when the time came for retirement, or if he developed a perception retirement negative, as the aging time of the order of a negative and / or disease.²¹

Given these complex factors, dialectical or contradictory about the world of work and on the subjective dimension of people work for these guys end up being a way to remain useful, active, productive, improving the standard of living and family, which reflects short, vour so overwhelmingly positive for the construction of subjectivities.In this perspective, the work becomes a source of satisfaction and greater significance in the lives of these people.

CONCLUSION

Through this study we can see that staying in work, when you already reached or are reaching for the condition for retirement, is experienced in a diversified and individualized for each worker according to their subjectivities. However, expression and meaning that work is the individual's life significantly affect the choice of keeping the working activities.

Furthermore, the specificity of the task and how the work organization is configured directly interfere positively or negatively on the health of workers, to develop their work activities. This finding needs to be taken into account by the institutions and healthcare workers, to think about work processes and environments that promote the health of older people who want to stay in work. Therefore, organizations can have the best of what these people have to offer, that is, the accumulated experience and knowledge about your field.

There was no mention of the construction of alternative plans that can replace labor for other activities, opening new horizons in the lives of these people. In this sense, it is important to consider alternative paths that point to the moment they have to retire because, with an age of seventy years, retirement becomes mandatory, not optional for being more professional.

The subjectivity in the wor ...

It is important to consider that the work should not be the only alternative in people's lives, and on this point, the university was that this research field, there is an institutional program aimed at preparing workers for a healthy retirement, however, such program is little known of the collective labor.

Another fact to consider is the wear generated by the work, since some subjects showed the emergence and worsening of diseases resulting from working life. So, the work is often not only satisfaction and pleasure but also suffering and suffering. Given this dialectic, we must provide strategies and alternatives for workers on the way to or already can retire to reflect on what is really important to them, equipping them to more conscious choices for their subjectivities.

As a final topic to be considered, the vast majority perceives the work as an aspect that make them proactive, resulting in feelings of usefulness and maintenance of psychosocial status. There is evidence of some difficulties, such as excessive working hours, the distance to be traveled to get to work, the physical exhaustion and the onset of some diseases; however, all these negative allusions seem to be outweighed by the benefits reported by subjects through the maintenance the world of work.

It is considered that the objectives of this study were achieved, but it is known that there is still much to be researched on the topic "elderly in the workplace." And seized upon the results, it is recommended that further research be undertaken. Among the possible approaches, it would be possible to treat the proposals for improvements in work organization, so that the working environment is adapted to this new group of workers, which has been growing over the years as life expectancy is rising and the elderly have aged better quality of life.

REFERENCES

1. Pires AS, Ribeiro LV. O trabalhador de enfermagem em situação de aposentadoria e sua permanência no mundo do trabalho [trabalho de conclusão de curso]. Rio de Janeiro (RJ): Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro, UERJ; 2012.

2. Dejours C. A loucura do trabalho: um estudo de psicopatologia do trabalho. 5ª ed. São Paulo (SP): Cortez-Oboré; 2003.

3. Cunha LS. As adaptações e improvisações no trabalho hospitalar e suas implicações na saúde do trabalhador de enfermagem [dissertação]. Rio de Janeiro (RJ): Programa de pós-graduação em Enfermagem, Universidade do Estado do Rio de Janeiro, UERJ; 2010.

4. Liedke ER.Trabalho. In: Cattani AD. Dicionário crítico sobre o trabalho e tecnologia. 4ª ed. Porto Alegre (PA): Vozes; 2002.

5. Souza NVDO. Dimensão subjetiva das enfermeiras frente à organização e ao processo de trabalho em um hospital universitário [tese]. Rio de Janeiro (RJ): Programa de Pós-graduação em Enfermagem, Universidade Federal do Rio de Janeiro, UFRJ; 2003.

6. Rocha SMM, Almeida MCP. O processo de trabalho da enfermagem em saúde coletiva e a interdisciplinaridade. Rev latino-am enfermagem. [online] 2000 dez; [citado 10 jul 2012]; 8(6): [aprox. 6telas]. Disponível em http://www.scielo.br/pdf/rlae/v8n6/12354.pdf

7. Ministério da Previdência e Assistência Social (BR). Lei nº 8.842 de 04 de janeiro de 1994. Dispõe sobre a política nacional do idoso e dá suas providências. Brasília (DF): Ministério da Previdência e Assistência Social; 1994.

8. Ministério da Saúde (BR). Estatuto do Idoso. Brasília (DF): MS; 2003.

9. Camarano AA. O idoso brasileiro no mercado de trabalho. Textos para Discussão n. 830. IPEA, Rio de Janeiro.2001

10. Ferreira OGL, Maciel SC, Silva AO; Santos WS, Moreira MASP. O envelhecimento ativo sob o olhar de idosos funcionalmente independentes. Revescenferm USP 2010 dez; 44(4): 1065-69.

11. Camarano AA, Pasinato MT. O envelhecimento populacional na agenda das políticas públicas. In: Camarano AA, organizadora. Os novos idosos

The subjectivity in the wor ...

brasileiros: muito além dos 60? Rio de Janeiro (RJ): IPEA; 2004.

12. Guerra ACLC, Caldas CP. Dificuldades e recompensas no processo de envelhecimento: a percepção do sujeito idoso. Ciênc saúde coletiva 2010 set; 15(6): 2931-40.

13. Mancia JR, Portela VCC, Viecili R. A imagem dos acadêmicos de enfermagem acerca do próprio envelhecimento. RevBrasEnferm 2008 mar/abr; 61(2): 221-6.

14. Sá CMS, Souza NVDO, Caldas CP, Lisboa MTL, Tavares KFA. O idoso no mundo do trabalho: configurações atuais. CogitareEnferm 2011 jul/set; 16(1): 537-42.

15. Minayo MCS (Orgs.).*Pesquisa social*: teoria, método e criatividade. 27ªed. Petrópolis: Vozes; 2007.

16. Brasil. Conselho Nacional de Saúde. Resolução nº 196 de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União; 1996.

17.Bardin L. Análise de conteúdo.Lisboa: Edições 70; 2011.

18. Oliveira DC. Análise de conteúdo temáticocategorial: uma proposta de sistematização. Revenferm UERJ 2008 out/dez; 16(4): 569-76.

19. Bertone TB, Ribeiro APS, Guimarães J. Considerações sobre o Relacionamento Interpessoal Enfermeiro-Paciente.RevFafibeOnLine 2007 ago; 3(1): 1-7.

20. Borloti E, Pinheiro D. Qualidade de vida e bem-estar velhice: função na а dos relacionamentos interpessoais. In: GARCIA A, Relacionamento organizadora. interpessoal brasileiros. Vitória: UFES. estudos Núcleo Interdisciplinar para o Estudo do relacionamento Interpessoal: Vitória (ES); 2006.

21. Salles PEM, Federighi WJ. Qualidade de Vida no Trabalho (QTV): a visão dos trabalhadores. O mundo da saúde 2006 abr/jun; 30(2): 263-78.

22. Silva MF, Conceição FA, Leite MMJ. Educação continuada: um levantamento de necessidades da equipe de enfermagem. O Mundo da Saúde. 2008 jan/mar; 32(1): 47-55.

23. Ricaldoni CAC, Sena RR. Educação permanente: uma ferramenta para pensar e agir no trabalho de enfermagem. Rev latino-am. enfermagem. [online] 2006 nov/dez; [citado 27 jul 2012]; 14(6): [aprox. 07 telas]. Disponível em:

The subjectivity in the wor ...

<http://www.scielo.br/pdf/rlae/v14n6/pt_v14n6a 02.pdf>.

24. Figueiredo NCM. Interfaces do trabalho voluntário na aposentadoria [dissertação]. Porto Alegre (RS). Faculdade de Psicologia - UFRGS; 2005.

25. Figaro R. Comunicação e trabalho para mudanças na perspectiva sociotécnica. Rev USP [online] 2010 ago; [citado 30 jul 2012]; [aprox. 12 telas]. Disponível em: <http://www.revistasusp.sibi.usp.br>.

26. Mauro MYC, Paz AF, MAURO CCC, PINHEIRO MAS, SILVA VG. Condições de trabalho da enfermagem nas enfermarias de um Hospital Universitário.Esc Anna Nery 2010 abr/jun; 14(2): 244-52.

27. Magnago TSBS, Lisboa MTL, Griep RH, Zeitoune RCG, Tavares JP. Condições de trabalho de profissionais da enfermagem: avaliação baseada no modelo demanda-controle. Acta paulenferm 2010; 23(6): 811-7.

28. Batista JM, Juliani CM, Ayres JA. O processo de readaptação funcional e suas implicações no gerenciamento em enfermagem. Rev latino-am. enfermagem 2010 jan/fev; [citado 20 jul 2012]; 18(1): [aprox. 07 telas]. Disponível em: http://www.scielo.br/pdf/rlae/v18n1/pt_14.pdf

29. Hintz HC. Novos tempos, novas famílias: Da modernidade à pós-modernidade. Pensando Famílias. 2001; 3:8-19.

Received on: 20/08/2012 Required for review: No Approved on: 27/02/2013 Published on: 01/04/2013