

Facilidades e dificuldades do trabalho em terapia intensiva: um olhar da equipe de enfermagem

Difficulties and facilities in intensive care work: a nursing staff's perspective

Facilidades y dificultades del trabajo en terapia intensiva: desde una perspectiva del equipo de enfermería

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The meaning of work in adult intensive care: the perspective of the nursing team; 2012; Universidade Federal de Santa Maria.

ABSTRACT

Objective: to recognize the facilities and difficulties met in the everyday work routine of the nursing staff of an adult Intensive Care Unit (ICU). **Method:** exploratory-descriptive study of qualitative approach. The data was collected with 11 nursing workers of an adult ICU of a university hospital, between June and July, 2012, through semi-structured interview. The findings were analyzed based on content analysis. **Results:** several factors interfere in the development of the work, among them, facilities are: the use of technology and the small and restricted environment. Obstacles faced by the subjects were: personal conflicts, lack of commitment among colleagues and lack of human resources and of materials. **Conclusion:** despite the difficulties found during the development of ICU work, this activity is still seen as something rewarding by the nursing workers.

Descriptors: intensive care units (ICU); nursing staff; work.

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RESUMO

Objetivo: conhecer facilidades e dificuldades encontradas no cotidiano de trabalho da equipe de enfermagem de uma UTI Adulto. **Método:** estudo descritivo-exploratório de abordagem qualitativa. Os dados foram coletados com 11 trabalhadores de enfermagem, de uma UTI Adulto de um hospital universitário, entre os meses de junho e julho de 2012, por meio de entrevista semiestruturada. Os achados foram analisados por meio de análise de conteúdo. **Resultados:** diversos fatores interferem no desenvolvimento do trabalho, dentre eles, atribui-se como facilitadores: o uso da tecnologia, o ambiente pequeno e fechado. Já, os conflitos pessoais, a falta de comprometimento de colegas e a carência de recursos humanos e materiais surgem como alguns obstáculos enfrentados pelos sujeitos. **Conclusão:** conclui-se que apesar de muitas dificuldades serem encontradas para o desenvolvimento do trabalho em UTI, essa atividade ainda é vista, pelos trabalhadores de enfermagem, como algo gratificante. **Descritores:** unidades de terapia intensiva; equipe de enfermagem; trabalho.

RESUMEN

Objetivo: conocer facilidades y dificultades encontradas en el trabajo diario del equipo de enfermería de una UTI Adulto. **Método:** estudio descriptivo exploratorio de abordaje cualitativo. Los datos fueron recolectados con 11 trabajadores de enfermería, de una UTI Adulto de un hospital universitario, entre los meses de junio y julio de 2012, por medio de entrevistas semiestructuradas. Los resultados fueron analizados por medio de análisis de contenido. **Resultados:** diversos factores interfieren en el desarrollo del trabajo, entre ellos, se atribuyen como facilitadores: el uso de la tecnología, el ambiente pequeño y cerrado. Ya, los conflictos personales, la falta de comprometimiento de compañeros y la carencia de recursos humanos y materiales surgen como algunos obstáculos enfrentados por los sujetos. **Conclusión:** se concluye que apesar de las varias dificultades encontradas para el desarrollo del trabajo en UTI, esa actividad aún es vista, por los trabajadores de enfermería, como algo gratificante. **Descriptor:** unidades de terapia intensiva; equipo de enfermería; trabajo.

INTRODUCTION

The Intensive Care Unit (ICU) is a hospital for the care of critically ill patients who require continuous monitoring, but presenting a recoverable clinical chart and great chances to survive.¹ The concept of providing intensive and differentiated care for patients originated with the British nurse Florence Nightingale, who, in 1854, during the Crimean War, proposed separating the sickest patients and, therefore, more intensive care was necessary for other patients.

The ICU or Intensive Care Centers (LTC's) are places of great expertise and technology, identified as working spaces for medical workers and nurses with extensive differentiation of knowledge, great skill and dexterity to perform procedures that, in many instances, represent the difference between life and death.² The ICU, according to the National Health Surveillance Agency (ANVISA), DRC No. 7 of February 24, 2010, consists of a set of functionally grouped elements, and

intended to the care of critically ill or risk situation patients, potentially recoverable, requiring continuous medical care, with the support of a multidisciplinary health team and other specialized human resources, and equipments.³

This intensive care unit has several employees working directly or indirectly in patient care, namely: nurses, technicians and nursing assistants, doctors, physiotherapists, nutritionists, psychologists and support staff. Health workers who work in critical care units experience complex situations, because their daily lives involves emergency cases, prolonged hospital stay and risk of death, among other problems.⁴

According to the Ordinance GM/MS N^o. 1071 of July 4, 2005, which provides for the National Attention to Critical Patient Policy, the minimum composition for intensive care nursing staff is a nurse coordinator responsible for the nursing area; an assistance nurse per shift, exclusive to each unit for every 10 beds/fraction; a nursing technician for up to two patients. Personnel should be calculated based on some criteria such as: physical plan, number of beds, hospital characteristics, degree of dependence of patients, training of workers, quantity and quality of equipments.²

The nursing staff who work in this sector are responsible for the quality of care, which means that they feel satisfied and more valued.⁵ The results of that study indicated that, for the nursing staff, working in ICU means facing the challenge of working in stressful conditions, but which is characterized as a rewarding task.

In this sense, the troubled environment, discomfort, impersonality, lack of privacy, technological dependence and isolation permeate these professionals' work, since the technique overlaps the relational aspects of care still centered on the biomedical model, which attention turns mainly to the diseased organ, to the pathology and technical procedures at the expense of feelings, the fears of the sick person and his family and how they experience the health/disease situation.⁶

Thus, it becomes essential to know what obstacles and facilities that permeate the units nursing team's daily work, in order to encourage discussions that support professional nursing action better suited to the reality experienced by these professionals. Thus, this study brings the issue problem: What factors can contribute to facilitate and/or hinder the work in adult intensive care unit for the workers of the nursing staff?

Based on these, it is believed that the study could contribute to the process of building knowledge of the subject addressed, besides the improvement of care and work process of these workers. With this, it is believed that may appear new insights into the work of the nursing staff in intensive care units, which could create opportunities improvements in the working conditions of these workers.

METHODS

This is a survey of descriptive and exploratory study with a qualitative approach, developed with eleven workers of the

nursing staff of an Adult Intensive Care Unit in a university hospital in the state of Rio Grande do Sul. The intensive hospitalization unit adult is located on the fifth floor of the hospital, and has an infrastructure with nine beds, and of these, one is isolated.

Data collection took place between the months of June and July 2012, through semi-structured interview recorded after approval by the Ethics Committee of the Federal University of Santa Maria, on June 20, 2012, in the Opinion No. 03514512.8. 0000.5346. Interviews were conducted in accordance with the availability of each employee in the very setting of the research, in working hours, in a private environment, which provided the confidentiality of the subjects and their speech. The subjects were interviewed only after reading and signing the Consent and informed term, in accordance with Resolution 196/96 of the National Health Council.

The inclusion criteria formed are: work in the adult ICU of the hospital for over a year. Workers who were on vacation or leave during the data collection period were excluded. It is noteworthy that the proportion of workers between work shifts was respected because it is believed that there are differences in perceptions about the meaning of work as the predominant shift. In order to preserve the anonymity of the subjects, reports were identified by the letter "E", as well as Arabic numerals, following the order in which the interviews were conducted. The data was collected up to the point of saturation.⁷

After the interviews, data was transcribed and analyzed according to Bardin content analysis, which four steps are: meeting the corpus of analysis; pre-analysis: reading of the data collected; categorizing data and, finally, the interpretation analysis. The content analysis led to the construction of a category and subcategories, and at this time, it will be displayed one. The other ones are part of other scientific publication.

RESULTS

From the eleven workers interviewed, nine were female (81%) and had an average age of 36 years-old, married and had an average of two children. One is a nursing assistant, six nursing technicians and four nurses. Eight of the subjects had some form of qualification. The average time of work at the institution was eight years and the average time of experience in adult ICU was seven years and three months. Among the eleven subjects, three work predominantly in the morning shift, four in the afternoon and four during the night. The content analysis led to the construction of a category that will be presented below.

Facilities and obstacles found at work in adult intensive care

For better explanation of the theme, this category was divided into two subcategories: the facilities found at work in the Adult ICU and obstacles that hinder this work.

Regarding the facilities at work in the Adult ICU, according to employees of the nursing team, we especially pointed out the fact that all patients were monitored through electronic monitors in beds. This proved to be essential and very important not only for the quality of patient care as well as for the team's work in general, as shown in the following events:

[...] Having monitored patient... I think it is easy to work. (E1).

[...] All patients are monitored, it facilitates the work. (E2).

For these workers, the use of multi-parameter monitor for the control of vital signs of patients facilitates the entire team work, since they have colors and specific sounds to warn of an emergency and would permit rapid and easy visualization of vital parameter. The technology has been widely used in intensive care, providing benefits to both the patient and those who perform care.

The technology helps to legitimize professional conduct, which can be used as a criterion for assessing the quality of health services provided by hospitals.⁸ ICUs are the most complex and mechanized units in a hospital, they have all the technological tools necessary to assist critically ill patients, and handling these advanced equipment requires human resources with expertise to conduct such activities.⁹ Studies have considered the hard technology as an important factor for quality care, but it is not the main. It is important to consider the lightweight technology, relationships and the link to support effective care with quality.^{8,10}

The presence of doctors and nurses 24 hours a day in the unit generates safety and comfort for the nursing staff. The availability of these workers appears to be fundamental in an environment of hemodynamically unstable patients. The following testimonies depict this situation:

The doctor is here 24 hours, this is fundamental, the nurse is always available. (E8).

[...] It's everything near, all on the hand, available doctor, available nursing, and nurses are here all the time. So this makes it much easier, it's everything close to us, the access is easier. (E11).

These peculiar characteristics of smaller units, which are held in intensive care, appear extremely important for those who care, because of the fact that there are doctors and

nurses 24 hours a day, brings comfort and sense of support for these subjects. Access to remedying possible problems becomes easier and faster, which contributes positively to both the professional to provide assistance, as for the patient. Allied to this, the availability of materials offers better quality of care and safety for the worker to perform their duties.

One of the factors cited by respondents, which contributes positively to the development of the work, is easy and fast access to equipment, materials and medicines needed to care for unstable patients.

[...] I think that it is the best place we have to work, because it has everything, the doctor is always available, all equipment, all medication, all you need [...] access to the respirator, which you need to support the patient. I think that in ICU everything is very focused [...]. (E1).

[...] The availability of both medication and material is a very important factor. (E4).

The work process in this unit becomes easier when workers find subsidies that contribute positively to the development of nursing care. The factors mentioned above show that the organization's staff in relation to these appliances and materials provides agility and security for those who take care. Concomitant with these advantages, there are the benefits of being an insulating unit with the external environment and smaller physical space.

The advantages related to the ICU infrastructure, as a small and closed sector, were also mentioned:

[...] The space is small, I think we can better serve the patient, we can do everything fast, I think is a very important factor. (E1).

It's a closed unit, everything is close, and this makes it much easier. (E11).

The ICU feature in relation to physical structure is seen as one criterion for facilitating better work performance. The closed environment shown to be important in the monitoring of critically ill patients, since in this way most patients can be seen in a short time and quickly intervene when it is necessary. Coupled to this, the smallest physical structure contributes significantly to the support and help of colleagues from the nursing staff.

Teamwork is presented as a very important factor, so that we can provide quality care. Workers point out that, for this, it is necessary that each team is aware of the responsibility of their work. The cooperation and harmony among colleagues appear as positive aspects, as seen below:

Teamwork makes it much easier... the evolution... Because it is a job that has continuity in order to provide assistance to the patient, this facilitates it. (E3).

[...] The staff is a factor that makes it much easier to have a dynamic team that has a good relationship both in their area and even multi-professional. (E4).

Ah, a good group, a good relationship of people here. (E7).

The success of this collective work depends on the performance of each one, and its outcome will be satisfactory only by developing a good individual work. In this regard, it is noted that every professional needs to take commitment to share in order to maintain the organized working environment. When this does not occur, there's work overload for some workers, although when they do it, they do it with suffering.¹¹ Teamwork is important because it provides mutual support and companionship, either at the time of patient care, or the time to take care of a work mate.¹² When they work as a team they develop continuous communication, establish co-operation, provide democracy and focus on common goals.

The skilled labor is an important aspect that contributes to the success of the work in intensive care as follows is exposed:

[...] I think that to work in the ICU the professional needs to have this knowledge, it is necessary a well prepared nursing technician, someone who already has at least some experience, I think that this is the differential at the ICU. (E5).

[...] To work with the number of staff the ideal is qualified people, fully engaged in work, aware of the responsibility they must have. (E9).

In view of this need for skilled labor, the permanent health education shows as a strong ally in this process because, through it, it may provide subsidies to improve the knowledge of their work process and point out tracks and paths for the development of consciousness of these workers on the working context they live. Continuous education in health means learning at work, where learning and teaching are incorporated into the daily life of organizations and work; where the process of education of health workers is given from the questioning of the work process. It also proposes that the needs of training and development of employees are guided by the health needs of individuals and populations. The permanent health education aims at the transformation of working practices and the organization of the work.¹³

It should be noted that the general organization of the ICU, the specificities found within the defined physical area that focuses attention to most patients, the availability of human and material resources create security for the

nursing staff and, consequently, to patients. The features and characteristics found in the work in this unit and patient outcome may also influence the team relationship in a positive or negative way. It is up to each person to enjoy what the ICU offers with regard to issues related to work and interpersonal relationships.

Factors which contribute negatively can be worked jointly for the well-being of these workers, fostering a work environment that generates pleasure and satisfaction, which is reflected in patient care positively and satisfactorily. It is believed that continuing education of these employees is extremely important to raise awareness of their responsibility and commitment.

Regarding the difficulties in working in adult ICU, subjects highlight the personal conflicts arising from living indoors, since workers spend much of their work shift, confined in a small place, living with the same colleagues almost every day. They share happy and sad moments and say that in order to get good interpersonal relationship among members of the nursing staff is essential a good interactions for the performance of their work, as reported by E2 and ratified by E11:

Because it is a closed unit, we are always with the same people, seeing the same faces. So sometimes we have problems with these people, because it's a closer place, more confined in that environment. Here you divide the joys and sorrows with the people. (E2).

I see ICU as a closed unit, interpersonal interaction is direct. If you do not have a good relationship, the things get worse; the work does not happen because there is no way, you're going to one side... Go to another... Always with people... Or you solve this problem or you have to move away from the unit because it has no solution for the physical space is too small. (E11).

The testimonials above suggested that interpersonal relationships influence strongly the course of the work. Thus, conflicts between team members can lead to a lack of commitment to the job or even frustration of some workers. It is known that the work process in ICU and their characteristics influence directly in the team relationship.

For the construction of teamwork, the dialogic confrontation of conflict is necessary, seeking the flexibility of rules, negotiations and agreements between agents, and it requires sharing decisions and responsibilities.¹⁴ Teamwork can be facilitated through attitudes of respect and cordiality among all members, through attitudes of acceptance and tolerance of different views that take ethical positions.

Research on teamwork has shown that the unresolved conflicts at work can be harmful to patients, because they increase the chances of errors in interventions and undermine care, in addition to being harmful to health

professionals causing stress, anger and frustration.¹⁵⁻¹⁷ It was found that some subjects have not admitted this problem, while others mention that they are getting or trying to get along better with co-workers.

Allied to these relationship difficulties between co-workers, an obstacle faced by the subjects has also emerged: the emotional involvement with patients, and concomitant with that, escape and distancing from this situation, as noted in the statements:

[...] We are shaken very early and then you learn to separate. (E3).

I think the emotional [...] I think this is a negative factor you take the trouble of others. (E8).

[...] Sometimes we get out a little sad, we do not have control of mixing things. We do everything possible to let things when we get out of here, not to take them for our family life, and when this happens, you try not to think, you engage with other things not to let it interfere. (E9).

The human being, in essence, is endowed with feelings and emotions, which makes it sensitive and vulnerable to other people's suffering. The professional who composes the nursing team feels even more challenged because it has the role of taking care of the person who is ill. When this care involves people with the possibility of imminent death or out of therapeutic possibilities of cure, usually it takes workers to face their own finitude, pushing them further away from this interaction as a way of self-protection.¹

The team uses strategies to defend or mitigate suffering, they move away from the patient when they realize that it is in imminent death situation, that is, their chances are little or there isn't hope of survival and death is a certainty. Thus, the professionals start to move away from the patient and family to protect themselves from this suffering.¹⁸

It could be perceived that the nursing staff of this unit demonstrates difficulties in addressing issues related to patients and their families in relation to emotional issues. It is believed that understanding the defense mechanisms used by workers is relevant because it will make easier the process of understanding the feelings of those who experience the process of hospitalization in ICU, patient or family.

It has been highlighted the importance of attending the emotional aspects involved in the ICU work process, since many workers opt for no emotional involvement in care situations as a form of self-protection, which would increase the gap between professional and patient to create family opportunities.¹⁹ Moments of discussion involving the workers of the nursing staff can be an opportunity to provide reflections on the work in ICU, thus making it possible that this patient feels cared and valued. This moment of reflection can foster understanding of issues related to the lack of commitment of some colleagues of the nursing team.

In the view of respondents, there seems to be a lack of commitment by some members of the nursing staff and other workers involved in the ICU, as the following is stated:

What makes it difficult is the delay, our hands are tied, and these are limiting factors. You wait to have that conduct, wait to take the position of a person, and that person who is the solution for the problem in the case does not come, it is a negative factor in the case. (E4).

[...] Sometimes there is lack of awareness of staff, which has to be a team, not everyone has this awareness. (E6).

I do not like working with people so they are always complaining. I use to feel down. (E10).

The lack of commitment of some workers seems to be a discouraging factor for other workers engaged in care. It is believed that this is a very influential factor in the presence or absence of satisfaction and/or pleasure in work. For the ICU to achieve the objective it pursues, there must be a team effort. Therefore, the lack of collegiality and interpersonal relationship problems can interfere directly in the normal follow-up activities, creating discomfort for those answers and reflecting on who is assisted.²⁰

Inadequate career choice can be considered one of the causes that lead to a lack of commitment on the part of workers, probably due to lack of identification with the work.²¹ The participants pointed out that team disunity, associated with the lack of commitment of some workers and the non-importance of the work performed, contributes to dissatisfaction, causing suffering.²² For nursing to develop their actions with commitment and responsibility, we have to seek the development of a collective work, creating favorable conditions in the workplace, through dialogue, involvement and participation.²¹

Connected to the conflicting interpersonal relations, lack of human resources proves to be a limiting factor at work in intensive care:

It would facilitate if there would be the number of professionals who we should have, if it were more organized. (E3).

There are staff shortages, frequent certificates, frequent reports... (E5).

The ICU is a unit that needs proper amount of nursing staff to constantly monitor the evolution of patients without loss of time, which is often crucial to the successful outcome of care. The proper amount of workers for assistance is directly related to better quality of care and effective care, which are reflected in the reduction of errors in procedures and mortality indexes.²³

The literature contributes to the findings revealing that the shortage of workers is an important stress factor and dissatisfaction in the nursing field, because it causes decrease in human resources and labor force. The increased workload and stress factors does not allow the proper development of the work and upsets in professional because they cannot perform their functions well.²⁴

With regard to the working environment, as physical space, it has been cited as a problem of work in ICU, because the group pointed out that the heavy traffic of staff and inadequate physical plant are factors that limit the development of the work, as it is explained below:

[...] The small and closed environment facilitates for a lot of parallel conversation that should not have. (E7).

What makes it difficult is the physical space, there are hemodialysis machines, osmosis, all together, wire all over the place, and it makes it difficult. (E11).

These data are consistent with the findings of the current literature, because the research subjects, as well as some studies, report that the absence of adequate infrastructure compromises the care process, especially in a unit of complex care to critically ill patients with risk life, as in ICU.²²

Together with all the factors mentioned above, poor or lack of equipment and materials are also considered obstacles, as it is exposed by the following subjects:

Ah, the scrapping of materials, lack of materials [...] spoiled beds, this all makes it very difficult for us sometimes, we often have to improvise. (E7).

There is often lack of equipment, material. Sometimes you have to improvise because they do not have enough material, there is not equipment working, and you have to work fast, try to improvise. It makes it very difficult. This also slows the progress of work, and ends up stressing out because you have to do and it does not work, and even it diminishes the quality of service, for sure. (E9).

The statements show that the shortage or even lack of some equipment and materials becomes a limiting factor for the work in the ICU, taking then the need to improvise materials, which generates discomfort and may decrease quality of care offered to patients. It is known that one of the factors that influence negatively the motivation and produce lack of job satisfaction is the improvisation and lack of material resources, for work with limited resources preclude the worker to perform a quality service.²²

The lack of materials has emerged as a major problem at work; maybe it is the greatest issue, so it can generate an overall stress in the nursing team. The lack of equipment

implies the need for them and in the waste of time that could be allocated to assistance.²⁰ The precariousness and the appropriate means of achieving quality care undertake professional achievement, which can lead to frustration and feelings of professional inadequacy .

It is observed that there is a range of factors and situations that are considered limiting factors and interfere in how the nursing team perceives their work process in the sector where the study was conducted. In this sense, it appears that the number of people working in the unit and the way they deal with the severity of the patient and family suffering can influence in the development of work and thus to enhance the dissatisfaction and stress professional. The lack of commitment of some colleagues generates discomfort and contributes to the occurrence of personal conflicts, as well as the lack of material causes physical and mental exhaustion for who perform tasks with improvisations, compromising the quality of care.

CONCLUSION

As evidenced in this study, the ICU setting is considered exhausting, both physically and emotionally, where several sources of stress are present, affecting the nursing staff. The fellowship and collaboration among co-workers were important points and considered positive for the development of a satisfactory job in ICU, facilitating the everyday confrontation in the work process.

The availability and ease of access to materials and workers, such as doctors and nurses, appear as positive points found at work in intensive care. The lack of commitment of some colleagues was seen as an obstacle to the effectiveness of the satisfactory development of the team as a whole.

Personal conflicts arise when working daily in a small and closed environment, living with factors that delay and hinder the work in ICU. It was evident that we need to promote a pleasant coexistence between members of staff for each professional can interact with one another, collaboratively, making more pleasurable and less stressful work. It is necessary a reassessment of the physical space, the working conditions to which those workers are subject, the amount and quality of the material used to make the care and thus to find solutions for a better adaptation to the physical environment, the quantity of employees in the sector and recovery of such workers.

We realize the importance of raising awareness of the nursing team and the understanding of the work process in order to maintain healthy interpersonal relationships between members of staff, patients, families and other workers involved.

We can conclude that despite many difficulties encountered in the development of work in ICU, this activity is still seen by the nursing staff as something rewarding. Thus, it is important that more studies on this subject be carried out, in order to better understand the meanings of work

in intensive care to seek solutions which improve working conditions offered to those workers and, consequently, the quality of nursing care provided to patients admitted there and their families.

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