58 - THE SCALE OF WORK AT AN INTENSIVE CARE UNIT: THE NURSE TECHNICIAN QUALITY OF LIFE AT A PUBLIC HOSPITAL

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INTRODUCTION

Work enables man to provide the many needs that are changing over time depending on his experiences (SANNA, 2007).

The working process in health care presents several characteristics which distinguish it from other Brazilian productive sectors. Among them it is said that its product is consumed in so far as it's produced, i.e. the goods produced cannot be stored or marketed due to being essentially a collective work of several different professionals of the most varied formations (FELLI; PEDUZZI, 2010).

For the purpose of defining the Nursing work process, it must be considered the fact that the Nursing team is made up of different specialties, where dominates a social and technical division, due to the different formations and activities (FELLI; PEDUZZI, 2010).

The Nurse undertakes the concept of care - the collective responsibility of therapeutic care - yet complementary activities and its execution are carried out by other members that take part of the working force in Nursing: Nursing technicians and auxiliaries (Thofehrn; AMESTOY; Arrieiral, 2011; FELLI; PEDUZZI, 2010).

The Nursing service has an essential part in assistance processes in Health care institutions, especially at the Intensive Care Unit (ICU) sector where care is complex (GARANHANI et al., 2008).

The Nursing team members who work in ICU face difficult routines related to the performed complex care technique, to the need of patients and their families,to doctors and institution demands in different situations (GARANHANI et al., 2008).

Health care services need professionals working on a 24-hour basis, particularly in Nursing. This way of organization of work may cause changes in workers biological rhythm due to the need of working nighttime and sleeping throughout the day. These findings call attention to review and restructure Nursing practice in order to offer improved working conditions and reduced harm to these professionals' health (SALOMÉ; SILVA, 2008), as well as working shifts and scale of work.

Regarding care in ICU dynamics, it was reported that Nursing technicians engaged in activities as hygiene, hospital food, drug therapy, curative procedures, and other activities considered as made by hand, which are believed to be heavy work, tiring and and essential to patient assistance (GARANHANI et al., 2008).

Among others existing resources at the patient rehabilitation sector, one becomes aware of the technological intensification, the professional overspecialization, the emphasis on cure, the constant fight for patient survival; all this as a result of nurse technician care (Lima; Teixeira, 2007).

In order to carry out the above mentioned nursing activities, there is a need of establishing a periodic scale of work, which is a need to shift professionals on days and schedule so that to ensure continuity and uninterrupted care. Together with others, this complex task assemblies managerial activities in which the nurse is responsible for. In order to meet this, it is necessary, among others, the nurse masters knowledge related to the necessities the teamwork presents, to the dynamics of the sector, to institutional rules and to labor norms (ESTEVÃO; DIAS, 2010; Rangel; Évora, 2007).

One can see that a scale of shifts is an interfering factor either in satisfaction or dissatisfaction at the workplace. A nurse administrator should always evaluate the employees' satisfaction level in relation to the unit's scale of work. Showing the team that she has control over the scale of work, the shifting options and allocation policies of human resources, the responsible nurse is capable to improve the workplace satisfaction level (Marquis; Huston, 2005).

One of the social issues experienced by who work in shifts is related to a different scenario that of the rest of the community like as personal activity distribution. Workers depend on the scale of shifts. Thanks to the scale, nurses might face difficulties on relationships among relatives and friends, besides the impossibility of joining regular events, turning it an open door for social isolation (MORENO; FISCHER; ROTENBERG, 2003).

Based on the above said, the background to the study shows that the scale of work might interfere in private life and in Nursing worker's motivation with impact on quality provided to patient care.

The present study aimed to identify what type of scale of works interferes in private life and life quality of nursing technicians who works at a General Intensive Care Unit (GICU) of a public hospital, Foz do Iguaçu, PR.

METHODOLOGY

The descriptive-exploratory study of qualitative approach conducted at a General Intensive Care Unit of Padre Germano Lauck Municipal Hospital in Foz do Iguaçu, Paraná. A population of 22 nursing technicians was subject of study. These subjects works in a work scale model of 12 hours of working time by 36 hours of rest period. Data were collected by semi-structured recorded interview based on an interview script.

Data collection occurred during the first semester of 2012 after pre-testing was made in order to validate the data collection tool.

Related Ethical aspects of this study involving humans were complied according to Resolution 196/96 of the Brazilian National Health Council (BRAZIL, 1996). Data was collected after approval of the Research Ethics Committee from UNIOESTE

under protocol number 148/2011.

Data analysis was carried out in accordance with the Discourse of the Collective Subject (DCS) technique proposed by Lèfreve and Lèfreve (2005). The above said technique might be applied in the health field so that collective opinion can be expressed, resulting in either qualitative other quantitative approach.

The Discourse of the Collective Subject (DCS) method is a synthesis ruled by first person singular that brings together different discourses so that similar opinions of different people converge to be just one. A series of individual testimonies collected using open-ended questions resulted in collective testimonies at the end of this process (LEFÈVRE; LEFÈVRE, 2005).

RESULTS AND DISCUSSION

Subjects who took part of this study sample made a total of 22 nursing technicians, which are staff members in Padre Germano Lauck Hospital, under a 12x36 hours scale shift model.

Characterization of the interviewed subjects shows women employees as the prevailing gender with 88.23% against 11.77% of male employees. It was also verified that the majority is young between 20 and 30 years old, and that 41.17% is single. Part of the study participants revealed having more than one employment relationship (23.07%).

The resulting qualitative analyses of testimonies presented as guiding themes the following Central Ideas (CI) and Discourses of the Collective Subject (DCS):

Theme 1 Type of scale aspect interfering in professional's private life	**CI1**: The scale interferes with my life weekends	**DCS1:** That scale interferes mainly at the weekends. It's hard to get a free Saturday or Sunday in that 12x36 scale. This is more likely for Sundays. I believe that it gets more complicated for who has a family. It also interferes with my quality of life, because there are no more family
Theme 2 The ideal scale model for Intensive Care Unit according to the professionals' point of view	**CI1:** The scale of 12x36 is better because it overloads less work than others.	**DCS2**: We had the 12x36 one and it was changed to part time. We didn't like it and ask them to change it back to the 12x36o We've got it for a trial period, but it didn't wo rk out. Everybody began to get stressed and to become tired with a part time period. It didn't work. 12x36 is way better. Of course that model of scale is better, because the six hours scale overloads lots of work to all employees.
Theme 3 What could be improved when building scales of work	**CI3**: What could be improved would be the shifting of days off.	**DCS3:** I think that it could be a better shifting of days off. (about the day off) It's only a Sunday per month. And sometimes there is a birthday to comme morate and you have to ask the nurse first to see if it's possible to change shifts.

Chart 1: presentation of guiding themes, CIs and DCSs arising from data analysis.

Subjects at the DCS1 mention that the model of scale experienced, that is twelve per thirty-six hours, interferes with private life, mainly at weekends. In the health care field and, especially, at nursing work, weekends are compromised because of the type of work.

So that to ensure an uninterrupted nursing care and at the same time to meet people's demand of health services, these professionals' work is organized in shifts. Studies showed that these professionals experience bad sleep and rest quality. This might interfere with other aspects such as social and family context compromising their physical, emotional and behavioral conditions (SILVA et. al., 2011).

DCS2 reveals that the 12-hour scale of work x 36-hours rest period is considered the most satisfactory shift. By contrast, the six daily hour model is judged a short term to carry out activities and, besides, leads to employee's stress and exhaustion. This collective subject reports the workload as a reduced amount. The subject obtains more time to perform patient care activities.

Nursing work at a hospital setting must consider grievances coming through it. The authors recommend employing institution should offer readjustment conditions in an employee's life and working environment. It should be provided adjustment of tasks, sectors and less stressing shifts so that professionals face better external and internal stimuli. These actions prevent emerging or worsening of chronic health condition (TEIXEIRA; MANTOVANI, 2009). Fatigue and stress mentioned during collective subject discourse might be common if employees do not adjust to their scales.

According to Silva (2004), in Labor Law studies, it's taught that labor law must protect employees against threatening head offices or the person itself, because of motives such as basic needs or greed, the employee forgets about his/her own human condition and accepts working under conditions that are extremely prejudicial to his/her own health or that jeopardize his/her own life.

The discourse of the collective subject number three (DCS3) discloses that subjects are not satisfied with the model of shift change because it's difficult to modify it in order to attend social events.

It's known that many institutions allow shift changes with a limit of two changes every two months. In order to get this, the employee shall first obtain permission of the immediate superior. It's an employees' responsibility to attend to work with the rearranged shift data (CAMPINAS, 2007).

The above said discourse emphasizes the importance of employees being asked about the possibility of days off arrangement and its scheduling in a month period. Hence, studies highlight ICU nurse managers nowadays usually adopt an active and flexible leadership profile bringing harmony to the working environment with a focus on teamwork (GARANHANI et al., 2008).

FINAL CONSIDERATIONS

Subjects point out the quality of life as a factor that the scale of work compromises. Sleep, food intake and family gathering are just some of the jeopardized life conditions.

The scale was pointed out as one of the factors that prevent professionals to be with their families on weekends, holidays and special dates. That would be because of the fact that nursing requires ongoing work that needs a 24 hours a day / 7days a week monitoring.

The study concluded that an institution's scale of work might be a demotivating factor in the day-to-day of the worker. A bad elaborated scale might compromise employee's private life which can reflect in the care given to patients.

Still today, there are head offices make requests to employees without checking the satisfaction level of the company.

This administration model only brings frustration and the end product does not come out as expected. In the case of nursing, the end product is health care, therefore there cannot be flaws in this production.

The results suggest developing more studies related to the scale of work since the theme has a direct impact on the care given and on the quality of life of nursing workers.

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THE SCALE OF WORK AT AN INTENSIVE CARE UNIT: THE NURSE TECHNICIAN QUALITY OF LIFE AT A PUBLIC HOSPITAL.

ABSTRACT

The Nursing service has an essential part in assistance processes in Health care institutions. The present study aimed to identify what type of scale of works interferes in private life and life quality of nursing technicians who works at a General Intensive Care Unit (GICU) of a public hospital, Foz do Iguaçu/PR. This descriptive-exploratory study of qualitative approach conducted at a General Intensive Care Unit of Padre Germano Lauck Municipal Hospital in Foz do Iguaçu, Paraná. A population of 22 nursing technicians was subject of study, who had a work scale model of 12 hours of working time by 36 hours of rest period. Data collection occurred during the first semester of 2012 after pre-testing was made in order to validate the data collection tool: the Discourse of the Collective Subject (DCS) technique proposed by Lèfreve and Lèfreve (2005). The resulting qualitative analyses of testimonies presented as guiding themes the following Central Ideas (CI) and Discourses of the Collective Subject (DCS): The scale interferes with my life weekends; The scale of 12x36 is better because it overloads less work than others; What could be improved would be the shifting of days off. The study concluded that an institution's scale of work might be a demotivating factor in the day-to-day of the worker. A bad elaborated scale might compromise employee's private life which can reflect in the care given to patients.

KEY WORDS: Nursing team, Nursing work; Quality of life.

LE TRAVAIL À L'ÉCHELLE DANS UNE UNITÉ DE SOINS INTENSIFS: LA QUALITÉ DE VIE DE L'INFIRMIER TECHNICIEN DANS UN HÔPITAL PUBLIC

RÉSUMÉ

Le travail de soins infirmiers a un rôle essentiel dans les processus de soins qui se développent dans les institutions d'aide à la santé. Le but de cet étude a été identifier l'interférence du type de travail à l'échelle à la vie personnelle et à la qualité de vie des infirmiers techniciens qui travaillent dans une Unité de Soins Intensifs. La recherche, du type exploiratoire d'approche qualitative, a été ménée dans l'unité de soins intensifs d'un hôpital public de la ville de Foz do Iguaçu/PR, dont les données ont été obtenus auprès de 22 infirmiers techniciens qui présentaient les modèles de travail à échelle de 12x36 heures. Pour la collecte des données, on a été procedé à des entrevues semi-structurées, au premier semestre de 2012. Pour l'analyse des données, on a utilisé la technique du Discours du Sujet Collectif (DSC), proposé par Lefrève et Lefrève (2005). Les idées centrales (IC) suivantes ont été survenues à partir de leurs DSC: Le travail à échelle dérange ma vie dans les week-ends; Le travail 12x36 est meilleur puisqu'il surcharge moins; Ce qui pourrait rendre mieux la vie seraient les échanges de repos. On a conclus que le travail à échelle d'une institution pourrait être un facteur de démotivation dans le quotidien d'infirmier technicien. L'échelle proposée sans pondération déstabilise la vie personnelle du travailleur et modifie sa qualité de vie, ce qui peut intervenir dans les soins aux patients.

MOTS-CLÉS: L´équipe de soins infirmiers; Travail; Qualité de vie.

ESCALA DE TRABAJO EN UNA UNIDAD DE TERAPIA INTENSIVA: LA CALIDAD DE VIDA DEL TÉCNICO EN ENFERMERÍA EN UN HOSPITAL PÚBLICO.

RESUMEN

El servicio de Enfermería tiene papel esencial en los procesos asistenciales que ocurren en las instituciones de atención a la salud. El objetivo de este trabajo fue identificar la interferencia del tipo de escala de trabajo en la vida personal y en la calidad de vida de técnicos en enfermería que actúan en una Unidad de Terapia Intensiva. Fue una investigación de tipo descriptiva exploratoria de abordaje cualitativa, con 22 sujetos envueltos, técnicos en enfermería de la UTI de un hospital público de la municipalidad de Foz do Iguaçu/PR, y que vivencian los modelos de escalas de trabajo de 12x36 horas. La recolección de datos ocurrió por medio de una entrevista semiestructurada, en el primer semestre de 2012. Para el análisis de los datos se utilizó la técnica del Discurso del Sujeto Colectivo (DSC), propuesto por Lefrève e Lefrève (2005). Surgieron las siguientes Ideas Centrales (IC) seguidas por sus DSC: La escala interfiere en mi vida los fines de semana; La escala de 12 x 36 es mejor porque sobrecarga menos; Lo que podría mejorar es la distribución de los días libres. La escala de trabajo de una institución puede ser un factor que desmotiva en el cotidiano del trabajador de Enfermería. La escala mal elaborada puede perjudicar la vida personal del funcionario e interferir en su calidad de vida, pudiendo reflejarse en el cuidado que presta al paciente.

DESCRIPTORES: Equipo de Enfermería, Trabajo; Calidad de Vida.

ESCALA DE TRABALHO EM UMA UNIDADE DE TERAPIA INTENSIVA: A QUALIDADE DE VIDA DO TÉCNICO DE ENFERMAGEM NUM HOSPITAL PÚBLICO

RESUMO

O serviço de Enfermagem tem papel imprescindível nos processos assistenciais que ocorrem nas instituições de atenção à saúde. O objetivo deste trabalho foi identificar a interferência do tipo de escala de trabalho na vida pessoal e na qualidade de vida de técnicos de enfermagem que atuam em uma Unidade de Terapia Intensiva. Foi uma pesquisa do tipo descritiva exploratória de abordagem qualitativa, os sujeitos envolvidos foram 22 técnicos de enfermagem da UTI de um hospital público do município de Foz do Iguaçu/PR, e que vivenciam os modelos de escalas de trabalho de 12x36 horas. A coleta de dados ocorreu através de entrevista semi-estruturada, no primeiro semestre de 2012. Para a análise dos dados utilizou-se a técnica do Discurso do Sujeito Coletivo (DSC), proposto por Lefrève e Lefrève (2005). Surgiram as seguintes Ideias Centrais (IC) seguidas por seus DSC: A escala interfere na minha vida nos finais de semana; A escala de 12x36 horas é melhor porque sobrecarrega menos; O que poderia melhorar são as trocas de folga. A escala de trabalho de uma instituição pode ser um fator de desmotivação no cotidiano do trabalhador de Enfermagem, e se a escala for mal elaborada, pode prejudicar a vida pessoal do funcionário e interfere em sua qualidade de vida, o que pode refletir no cuidado que é prestado ao paciente.

PALAVRAS CHAVE: Equipe de Enfermagem; Trabalho; Qualidade de vida.