

Teamwork in Family Health in the South of Brazil as a Factor for Pleasure and Coping with Suffering

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Abstract

Aim: The aim of this article is to analyze the teamwork carried out by workers of family health (FH) teams in Porto Alegre as a factor for pleasure and coping with suffering.

Method: This was a qualitative study using the theoretical framework of Work Psychodynamics, in which 68 workers from 3 FH teams from Porto Alegre, Brazil participated. The information collection was carried out through observation and collective interviews that occurred from October to December of 2012. The content analysis method was used for the analysis.

Results: The FH team workers studied reported that the teamwork was pleasing, as they identified feelings of satisfaction in the work relationships. This feeling of well-being was perceived through the conviviality, bond and good relationships among the professionals of the team. Conversely, when there was no dialogue between the prescribed work and the professionals with their subjective and creative potential in the construction of the work, this caused suffering.

Conclusions: It was concluded that the workers of the FH teams considered the teamwork to be a source of pleasure in the work, which gave them identity, uniting them and functioning as the sustainability in the face of difficulties. It also strengthened them as a team and produced exchanges and trustworthiness among the peers, intervening positively for the health of the worker.

Keywords: Family Health; Worker Health; Patient Care Group; Job Satisfaction.

INTRODUCTION

Work in Family Health (FH) is characterized by comprehending the existence of a subject that lives in an area, establishing social relationships, belonging to a family and having objective or subjective health needs and, accordingly, seeking health care. Therefore, for the production of health, an interaction process and relationship is necessary among the subjects involved, with this being performed in a unique way by the workers¹. In this context, the work of the FH teams allows the workers to organize it in different

ways, enabling the exercise of professional autonomy and creativity in their work activities, and its joint construction in a multidisciplinary team.

The work demands that are imposed for the health services today could hardly be met with the individual capabilities of one worker or another. There must be a set of people working in an interdependent way so that many of the objectives can be achieved². Working together is an important tool, since, in addition to the qualified care to the user, the professionals when performing teamwork, feel recognized, as their

experience and knowledge are taken into account in the decision making and the users receive care for their true needs, establishing a bond with the workers of the health unit³.

Teamwork is a fundamental assumption of the Family Health Service in the quest for the qualified provision of health promotion and prevention services to the population in primary care. In addition to a collective work, the family health teams provoke the horizontality of interprofessional relationships and recognition of the complementarity of knowledge and fields of practice⁴. The words: "cooperation", "respect" and "unity" are central to the performance of teamwork². Thus, listening, dialogue and welcoming are not only tools to be used in the creation and maintenance of the bond with the community⁵, but they are also important tools for the organization of the teamwork process. These issues are fundamental for the effectiveness of integral, unique and humanized care in primary care, since they open spaces for communication and affection at work, and thus, it is understood that they can provide professionals with pleasure in the work.

The work requires the professionals to organize activities, involving relationships that provide pleasure and/or suffering. Thus, the importance of health studies on this subject is evident, since it is understood that in order to be continent with the suffering of the other, health workers must, in their work, be able to balance their desires with the organizational demands, avoiding suffering³. In this sense, the Work Psychodynamics framework proposes to seek, through a psychoanalytical foundation, the comprehension and the relationship between pleasure and suffering in the labor field. For Dejours^{6,7}, work is a primordial space in the construction of the health of the subjects, since it drives processes of subjectivation and self-realization.

In view of the above, the teamwork in family health in the south of Brazil was investigated as a factor for pleasure, promoting agreements among the workers in facing the suffering. Thus, the aim of this article is to analyze the teamwork carried out by workers of family health teams in Porto Alegre as a factor for pleasure and coping with suffering.

METHODOLOGY

This qualitative, descriptive and analytical study used Work Psychodynamics⁸ (WPD) as the

theoretical-methodological framework. It was based on a quantitative study with a cross-sectional and descriptive approach, carried out with the application of the Work and Risks for Illness Inventory (*Inventário sobre Trabalho e Riscos para Adoecimento - ITRA*) with the workers of the multidisciplinary teams of 12 Health Units (HUs) that make up the Community Health Service of a hospital group³.

For the qualitative stage, workers were selected from the analysis of the results of the quantitative stage, being members of the teams: of the HU that presented the lowest risk of work-related illness; workers of the HU with the moderate result and those of the HU that presented the highest risk of work-related illness³. Therefore, the qualitative study was conducted in three, intentionally selected, Health Units of Rio Grande do Sul, in the south of Brazil. Firstly, contact was made with the Community Health manager of the institution and the respective coordinators of the HUs and then the professionals were invited to participate in the study. The criteria for participation in the study were: inclusion of all the professionals of the Family Health teams who were working at the time of the data collection and those who had links with the institution, with a period of service of more than six months and that agreed to participate in the study, totaling 68 professionals. Those professionals that were on holiday, on sick or maternity leave and those on leave for training were excluded.

A total of 68 workers participated, including nurses, nursing technicians, physicians, dentists, psychologists, oral health technicians and a social worker. The HUs were identified with the letters A, B and C. A total of 13 professionals participated from HU-A, 30 from HU-B and 25 from HU-C. The information was collected from clinical observation of the work process and collective interviews, between October and December 2012. Clinical observation is essential in this type of study and should be based on the discourses of the participants of the session, according to the Work Psychodynamics method⁷. Twenty hours of observation were carried out in each HU following a previously designed itinerary. These observations were performed in the morning and afternoon shifts, totaling 60 hours of observation, with the findings recorded in a field diary and identified by the letter "O" - observation - plus the date and shift in which the observation was carried out. Subsequently, collective interviews were performed with the workers. The aim of the interview

is to allow the evaluator to enter into the perspective of the others, seeking to incorporate the context of their production and, whenever possible, must be accompanied and complemented by observational information⁹.

In HU-A, two meetings were held: one for the presentation of the study and another for the collective interview. In HU-B and -C, a single meeting was scheduled divided into two moments: the first for the presentation of the study and the second for the performance of the collective interview. The collective interviews allowed the participating professionals to speak freely about the proposed theme, guided by the following question: regarding work time in Family Health; what are the factors that cause pleasure in your work and situations that cause suffering in the work? The collective interviews lasted two hours and were identified with the specification of the letter, according to the HU, i.e. A, B, or C, with a number added to define the professional.

The analysis of the data was performed after the transcription of the interviews in full and the organization of the fieldnotes using the Content Analysis method, based on the Work Psychodynamics theoretical framework⁸, with three fundamental stages: pre-analysis, exploration of the material generating the categorization and interpretation of the information⁹. From the reading and classification of the information, this was coded by similarity and difference and organized into the following categories: "teamwork as an intervention for the health of the workers" and "recognition of the work". The ethical precepts of CNS Resolution 466/2012¹⁰ were followed and the project was approved by the Institutional Research Ethics Committee under authorization number 11-140.

RESULTS AND DISCUSSION

The workers of the Family Health teams considered that they carried out their work as a team, which was considered by them to be a source of pleasure in the workplace scenario. Teamwork is not carried out alone; it is a collective construction in which all participants must interact, expose their desires, skills, abilities and difficulties in a group, channeling them for an improvement in the quality of the work of the health team¹¹.

In the category of teamwork as an intervention for the health of the workers, the FH team workers in

southern Brazil considered it pleasing to identify feelings of satisfaction in the work relationships. This feeling of well-being was perceived through the conviviality, bond and good relationships among the workers of the teams, which positively affected the health of the workers who perceived the teamwork as a way of sustaining and maintaining their health.

It is a mostly a pleasurable relationship, we have some specific situations, but in general, it is good company, I think there is the issue of partnership [...] I take pleasure in what I do (A2).

We have a great team. I think we can support ourselves very well here along with the other team members. We have some difficulty, I know that I can work hard and will have this help from my colleagues. I know I can count on them. So it's very different, here it really is a team (A3).

I think I have a good bond with the team, I've been here for a long time (A4).

I am extremely satisfied working here. I'm very happy, it's what I want, to be in this unit (B5).

At no point have I felt unhappy in this unit, we have already experienced several changes, various processes, which I think are normal, the quarrels, the discussions but, at no time did this make me sad (B6).

I was very well accepted here, it was even very cool for my professional achievement (B7).

And with my colleagues, each one has their side, they have their way and we have to respect that: if one wants to be more alone, if the other likes to talk more, the other speaks louder. Each in their way, everyone, all together (B8).

The issue of affection and of teamwork, I think this is one of the things that brings pleasure and in some moments causes suffering (C3).

Because this space here, is a space of many people, of the team, it is what I planned. I was pretty clear when I graduated, one thing I was sure, that I was not going to be attending people alone in an office (C5).

I feel very good as a professional, as a person, as a colleague, I feel respected (C6).

We manage to have a good relationship and we have great respect from the community [...] (C7).

We talk about people's feelings, and sometimes people do not value this, they think it's not technical. Not here, I always feel very respected here, even the way I position myself and always count on my colleagues to discuss cases to do things together (C4).

I think this, I get on well in the other centers, I feel good with other people and, at no time have been made to feel inferior, quite the opposite. It is that incompatibility or something negative will happen. I was very surprised by the question of suffering, you know, sometimes you get angry, you argue, you want things to happen one way and they happen another. But, sincerely, I have suffered only a few times [...] I like to come to work, this is another important thing (laughs). You sleep well, wake up well. I wake up, I get up and I come to work (C8).

The organization of the work has a specific action on the people, affecting their psychic apparatus, in which pleasure implies satisfaction of the needs of the working subject that results in the discharge of psychic energy caused by the work⁶. Thus, working with peers, belonging and feeling recognized and respected in the group becomes a pleasure when there is recognition of the person who thinks and acts in the organization of their work. Respecting the uniqueness of each individual, properly considering the products they generate, properly reverencing their know-how, and judiciously recognizing their commitment to successfully accomplish a task, makes recognition a reality⁸. This study reports that the subjective aspects of the actors involved must be considered, making the various meanings denoted by the health workers: union, harmony, interaction, collaboration, bonding, friendship and partnership in the work, fundamentally important¹².

Synchronized performance depends to a large extent on the interaction and responsibility of those involved. At work, there is a space for the interdisciplinary team, with exchanges of knowledge and understanding among the health professionals. It can be said that teamwork is a reality, however, the possibility of achieving it becomes a constant challenge in the everyday practice¹².

In the category of recognition of the work, the workers in the family health teams perceived that the recognition of the work was manifested through representations that the workers constructed about the work context, which were characterized mainly by feelings of justice, appreciation, admiration, belonging and involvement (collective and institutional)⁸, as seen in the reports of the professionals:

...] but I'm just doing my job, that's it, I do not need praise. Sometimes patients say thank you, I do not know why, I'm getting paid at the end of the month for that, there's no need to thank me. I think it's our role to do the best, if that's what we like to do, right? We have to do the best! (B9).

This bond with the community is very interesting, the community trusts the team and feels at home (C5).

Recognition, together with pleasure and transformation, implies a redefinition of the collective space of speech and cooperation and constitutes an outlet for suffering, as well as defenses⁷. This recognition process implies the capacity to construct and modify the reality of work and a political mobilization, the result of negotiation in face of the multiplicity of divergences and interests inherent in the work, that is, the capacity to negotiate and influence the work collective⁷. In this way, the pleasure coming from that recognizing and being recognized in the teamwork gives an identity to the FH professionals, uniting them and functioning as sustainability in the face of difficulties, strengthening them as a team and producing exchanges and trustworthiness among the peers. The establishment of trust is one of the pillars of clinical work, which aims to comprehend the suffering that precedes the formation of symptoms, so that this suffering is not lost and does not lead the subject to folly, to madness, but that the subject is capable of transforming it from pathogen to creator¹². This team identity, in addition to the trust, mobilizes the professionals in the partnership to face the daily work obstacles, transforming suffering into pleasure, fatigue into balance, because the action is collective.

And, we do things with enjoyment so [...] for now I feel very happy like this (A6).

I know I can ask them and count on any of these people that are here to help me in any

situation, and that's priceless. [...] this is very cool, when one is feeling bad, the other helps and we know this [...] (C8).

[...] It's good to work, because you feel at home, you also curse, scream, fight, get angry. Somehow we feel comfortable even to do this, to show that we are angry, to be free with each other to say that we are angry and that we did not like it (C10).

Thus, the work is a place of pleasure when it is possible to create, innovate and develop new ways to perform the task and learn about a specific doing; when conditions are provided to interact with the others, for socialization and reinforcement of a personal identity; and when the organization of the work allows the establishment of agreements that lead to the transformation of suffering⁸. The statements of the professionals refer to pleasure in the work associated with an organization that considers autonomy, freedom, creativity and an action with the team, in which, with the peers, there is a space of talking, listening and proposing with and for the others. Therefore, the work in the HUs, in addition to the prescribed work, is characterized by work that is not cast and has in the communication, in the capacity to create faced with the needs, the urgency of teamwork and recognition through the action developed.

CONCLUSION

The present study aimed to analyze whether the teamwork carried out by workers of family health teams in Porto Alegre, in the south of Brazil, provides pleasure or suffering and can be considered to be an intervention for the health of the worker. It was sought to broaden the discussion regarding the theme, considering its importance and visibility to strengthen the teamwork in a multidisciplinary work context, with a view to qualified practices and comprehensive care to the user in an area.

In response to the guiding questions of this study, it was possible to analyze the results obtained in two main categories: teamwork as an intervention for the health of the workers and recognition of the work. The FH team workers studied reported that the teamwork was pleasing, as they identified feelings of satisfaction in the work relationships. This feeling of well-being was perceived through the conviviality, bond and good relationships among the professionals of the team.

It was concluded that the workers of the FH teams considered the teamwork to be a source of pleasure in the work, which gave them identity, uniting them and functioning as the sustainability in the face of difficulties. It also strengthened them as a team and produced exchanges and trustworthiness among the peers, intervening positively for the health of the worker. The recognition and the ability to transform daily difficulties into something that constructs the work and unites the workers produces exchanges and trustworthiness among the members of the multidisciplinary team, which makes teamwork a collective action and produces more resolute care. Conversely, when dialogue does not exist and the workers are unable to negotiate the prescribed work with their subjective and creative potential in the construction of work, suffering arises. From the above, practices and actions that strengthen the teamwork of family health workers were incentivized, providing spaces for the production of exchanges and construction of a work that allows negotiation between what is in place and the subjectivities of the individuals.

Finally, it is important to mention that this study is limited to analyzing a specific context of work of family health teams attached to a hospital group in southern Brazil, highlighting the perceptions of workers of a multidisciplinary team regarding their work, with there being a need to identify other realities in other working contexts, not only in public health but also in the hospital context. Therefore, new studies, with the involvement of health managers are recommended to deepen the theme, as well as investments in actions that promote teamwork in order to positively respond to users of health services and to promote the health of the worker.

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