

Psicodinâmica do trabalho: a dialética do prazer e sofrimento em residentes multiprofissionais de um hospital de ensino

**Psychodynamics of work: the dialectic pleasure and suffering in multidisciplinary residents of a teaching hospital**

Psicodinámica del trabajo: el placer y el sufrimiento en dialéctica residente multiprofesional un hospital universitario

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**RESUMO:** O presente estudo objetivou investigar as vivências de prazer e sofrimento no processo de formação de residentes multiprofissionais de um hospital de ensino. A investigação foi desenvolvida dentro da abordagem de pesquisa quantitativa, utilizando-se o método descritivo exploratório. A coleta de dados realizou-se com aplicação de questionário de caracterização social e profissional dos participantes e a Escala de Prazer e Sofrimento no Trabalho (EPST), validada e aplicada por Mendes (1999). Como referencial teórico para análise dos resultados utilizou-se a psicodinâmica do trabalho, que exprime o confronto do sujeito com a realidade do trabalho e suas consequências na dinâmica dos processos psíquicos. Os resultados demonstraram que a valorização é vivenciada de forma intensa pelos residentes; os maiores índices foram em relação à finalidade do trabalho e à exigência de conhecimentos específicos para este. Quanto ao desgaste, este sentimento também se obteve presente, porém em menor intensidade. O maior fator de desgaste foi relacionado ao cansaço e ao desgaste no trabalho. O fator reconhecimento demonstrou que os residentes sentem-se reconhecidos, onde os maiores índices de reconhecimento foram relacionados à convivência com os colegas e à possibilidade de utilização do estilo pessoal no ambiente de trabalho. Os resultados remetem a uma reflexão sobre a dialética prazer e sofrimento no ambiente de trabalho, e revelam itens significativos para os residentes multiprofissionais, em relação ao seu ambiente de formação e de trabalho, abrindo espaço para discussões e produção de medidas que auxiliem a administração do prazer e sofrimento de forma sadia neste processo de formação.

**Palavras-chave:** Capacitação em Serviço, Internato e Residência, Princípio do Prazer-Desprazer, Psicoterapia Psicodinâmica, Trabalho.

**ABSTRACT:** The present study aimed to investigate the experiences of pleasure and suffering in the process of training multi-professional residents of a teaching hospital. The research was developed within the quantitative research approach, using the exploratory descriptive method. Data collection was carried out with the application of a questionnaire of social and professional characterization of the participants and the Scale of Pleasure and Suffering at Work (EPST), validated and applied by Mendes (1999). As a theoretical reference for the analysis of results it was used the

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psychodynamics of work, which expresses the confrontation of the subject with the reality of work and its consequences in the dynamics of psychic processes. The results showed that the valuation is intensely experienced by the residents; the highest indexes were in relation to the purpose of the work and the requirement of specific knowledge for it. As for wear, this feeling was also present, although with less intensity. The greatest wear factor was related to fatigue and wear at work. The recognition factor demonstrated that the residents feel recognized, where the highest recognition rates were related to the coexistence with colleagues and the possibility of using personal style in the workplace. The results refer to a reflection on the dialectic of pleasure and suffering in the work environment, revealing significant items for multi-professional residents, in relation to their training environment and work, opening space for discussions and the production of measures that help the administration of the pleasure and suffering in a healthy way in this process of formation.

**Keywords:** In-service Training, Internship and Residency, Pleasure-Pain Principle, Psychotherapy Psychodynamic, Work.

**RESUMEN:** Este estudio tuvo como objetivo investigar las experiencias de placer y sufrimiento en multidisciplinaria proceso de formación de los residentes de un hospital universitario. La investigación se llevó a cabo en el enfoque de la investigación cuantitativa, utilizando el método exploratorio descriptivo. La recolección de datos se llevó a cabo con un cuestionario de caracterización social y profesional de los participantes y la Escala de placer y sufrimiento en el trabajo (EPST), validado y aplicado por Mendes (1999). Como marco teórico para el análisis de los resultados se utilizó la psicodinámica del trabajo, que expresa la confrontación del sujeto con la realidad del trabajo y sus consecuencias sobre la dinámica de los procesos psíquicos. Los resultados mostraron que la recuperación se experimenta intensamente por los residentes; las tasas más altas fueron en relación con los propósitos y la exigencia de un conocimiento específico para esto. Para el desgaste, este sentimiento también consiguió esto, pero a una intensidad menor. El factor de mayor desgaste se relaciona con la fatiga y el desgaste en el trabajo. El factor de reconocimiento mostró que los residentes sienten reconocidos, donde las tasas de reconocimiento más altos se relacionan con la convivencia con los compañeros y la posibilidad de uso de estilo personal en el lugar de trabajo. Los resultados apuntan a una reflexión sobre el placer dialéctica y el sufrimiento en el lugar de trabajo, y revelan elementos significativos para los residentes multidisciplinarios en relación con su formación y medio ambiente de trabajo, por lo que las habitaciones de los debates y de producción de medidas para ayudar a la administración de el placer y el sufrimiento de una manera saludable en este proceso de formación.

**Palavras chave:** Capacitación en Servicio, Internado y Residencia, Principio de Dolor-Placer, Psicoterapia Psicodinámica, Trabajo.

## 1 INTRODUCTION

The need to overcome the traditional clinical model of health care in Brazil, for the emergence of actions that trigger change processes, must reflect on the ways of working in the health sector. Under this approach, reassessments were proposed in training, through curricular reforms and teaching methods, as well as in the qualification of workers that were already inserted in health services through the elaboration of permanent staff development programs<sup>1</sup>.

In this context, the residence is considered a teaching modality that uses as a methodology the in-service training, at the sensu lato postgraduate level<sup>2</sup>. The multi-professional residences are characterized as a process of education from the insertion in the work. This methodology is

fundamental in the preparation of qualified workers for the health care of the population and for the reorganization of the work process in health<sup>3</sup>.

The multi-professional residences promote a contact between the world of work and the world of training, which allows for changes in the techno-assistance model from the multi-professional or integrated action suited to the local-regional needs. It constitutes a process of permanent education in health that makes possible the affirmation of the worker in his universe of work and in the society in which he lives<sup>4</sup>. It is in this contact with the world of work through in-service teaching that the multi-professional resident becomes recognized as a health worker, and is no longer a student.

Given the above, considering that this training process is characterized as a preparation for work, several challenges emerge from this training modality. According to Dejours<sup>5</sup>, the current context of the work, marked by great changes and instability, provided a scenario in which psychic suffering, psychic and somatic decompensation, work accidents and the physical and psychological illness of workers became present.

The proposal of the study originated from experiences of the author in this training process, in which it was observed that despite its transformative character, aiming to break with the paradigms in relation to the formation of professionals for the Unified Health System (SUS), some of their aspects can generate great psychic overload, resulting in multi-professional residents dealing with dilemmas and charges related to the activity of their respective professions, which require great preparation and responsibilities, such as: daily living with severely ill patients and critical situations in the environment hospital, activities related to the theoretical disciplines, among other tasks that can interfere in the establishment of limits between personal and professional life, due to the time dedicated to work.

For that, it became important to know the situations of pleasure and suffering experienced by residents. Such situations are related to the work psychodynamic approach, in which work is characterized as a source of pleasure and suffering, since these emotions permeate the formation process of this teaching method.

Thus, considering the importance of the theme proposed for training, it is evident that this is an area of research that needs to be strengthened and can contribute, through the identification of the situations of pleasure and suffering experienced by the residents, with elements for planning actions to improve the process of multi-professional residency training in health.

The general objective of the research is to investigate the experiences of pleasure and suffering in the training process of multi-professional residents of a teaching hospital. With specific objectives: To describe the social and professional characterization of the multi-professional residents participating in the research and to identify the factors that multi-professional residents of

a teaching hospital recognize as sources of pleasure and suffering in their training process.

For the proper theoretical contextualization, a brief history about the concept of work and reflections about it as a central category is presented. Characterization on multi-professional residences in health is the topic that arises. Here is an item on the psychodynamics of work, rescuing some of its foundations, focusing on pleasure and suffering at work. Next, the reflections developed through the application of the research are summarized. Final remarks close the text.

### **Work as a central category**

From antiquity to the present day, work has acquired - and has acquired - different meanings for humanity, presenting peculiarities according to the historical context.

For a long time the conception of work was associated with a negative view of burden and torture. In its own etymology, the term originates from the Latin *tripalium*, the precise meaning of which is “an instrument made up of three pointed sticks, sometimes with iron tips, in which farmers would beat the wheat, the ears of corn, to tear them and to make them”<sup>6</sup>. In the Middle Ages, this instrument became an instrument of inquisitional torture, attributing a connotation of suffering<sup>7</sup>.

In ancient Greece the term labor did not even exist. The laborious activities were carried out by the slaves, the inferior ones. Even without a term that defined it at the time, work was considered vile and unworthy activity, essentially causing suffering to the detriment of leisure, father of happiness and son of freedom<sup>8</sup>.

Times have changed, and a new conception of labor has come into being, no longer a servile condition. From the Renaissance, it gained a positive conception related to the possibility of construction, of identity and of self-realization. According to Albornoz<sup>6</sup>, “the reasons for working are in the work itself and not outside it or in any of its consequences”. In this context, work also gains a new meaning: the filling of the life of man.

Today, according to the Universal Declaration of Human Rights<sup>9</sup>, Article XXIII, “Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment.” In these times of change from slavery to voluntary servitude, work previously seen as duty and inevitable suffering becomes represented as a right that guarantees the dignity of man. Thus gaining a central category in Western society<sup>10</sup>.

Dejours<sup>11</sup> states that work, besides having a character of utilitarian judgment, means, for the worker, a way of affirming their identity, their realization and their recognition. In this way, the sense attributed by individuals to the work is composed by the utility to the organization and to society, related to the ideas of purpose and objective.

However, work does not always function as a source of growth, recognition, and professional independence, and often generates dissatisfaction, irritation, exhaustion, and illness<sup>12</sup>. Dejours, Dessors and Desrioux<sup>13</sup> point out that work can generate wear and tear, but that it is also an essential factor for the balance and development of the human being, importing in this relation not so much which work is carried out, but as the conditions for the realization of this.

In this context it is necessary to reinforce the double face of the work that comes from the dichotomy of this human activity, in which, according to Seligmann-Silva<sup>14</sup>, “works as source of construction, satisfaction, achievement, wealth, material goods and services useful to human society, meaning slavery, exploitation, suffering, disease and death.”

Considering the various dimensions and complexity of man’s relation to work, one understands the dialectic existing in the ideological bias that work permeates in the life of man; now having a vital character in the existence of individuals, now being acquired a space of manifestations of symptoms that affect the health of the worker.

### **Multiprofessional residences in health: A process of in-service training for SUS qualification**

The origin of the teaching modality called residence is directly related to the meaning of the word housing. Historically, one of the basic requirements for applicants for this type of course was to reside in the institution where the in-service education program was being developed, and students should be available to the hospital full time<sup>15</sup>.

The first residence programs appeared within hospital institutions and boarding school. Medical residency, as a teaching modality legally recognized in postgraduate service, was a pioneer in the area of health, appearing in the United States of America in the late nineteenth century. In Brazil, medical residency began in 1940 and consolidated in 1960, influenced by the American model and centered on the traditional hegemonic model, based on training and technical skills in hospital institutions<sup>16</sup>.

The first multiprofessional residence in Brazil came in 1977 at the School of Public Health of Rio Grande do Sul (ESP / RS) - The community health residency program of the São José do Murialdo Sanitary Unit<sup>17</sup>. The proposal was to work in a multiprofessional team, through the care provided to the population’s health in the basic health network, going beyond health care focused on medical care to the biological body<sup>16</sup>.

The Ministry of Health has been supporting the multiprofessional health residency modality since 2002, when 19 multiprofessional residences in family health were created, with funding from this organ, “within the perspective of working fully with all health professions”<sup>18</sup>.

Multiprofessional and/or integrated residences in health only began to be regulated in 2005, when Law No. 11,129, of June 30, 2005, was promulgated, which created residency in a professional health area and established the National Commission for Multiprofessional Residency in Health (CNRMS)<sup>3</sup>.

The Interministerial Ordinance no. 2,117, established within the Ministry of Health and Education, multiprofessional residency in health<sup>19</sup>. Accordingly, in 2007, the Interministerial Ordinance no. 45 recognized multiprofessional residency in health as a specialization course characterized by in-service teaching<sup>20</sup>.

In the light of the above, it can be concluded that the history of the residency programs is not recent and that gradually they have been configuring and consolidating as a postgraduate labour, contributing to the training of health workers according to the requirements of SUS, representing one of the potential strategies to rethink the process of health formation.

### **Psychodynamics of work and pleasure and suffering at work: A dialectical construct**

Created in 1990 in France by Christophe Dejours, the psychodynamics of work, starting with the foundations of psychopathology and then evolving as an autonomous scientific approach was based on the study of normality, on the pathology. The psychodynamics of work proposes an approach beyond theory and research, and is also a mode of action in the organization of work<sup>21</sup>. The object of work psychodynamics is the study of the dynamic relations between work organization and subjectivation processes, which are manifested in the experiences of pleasure and suffering, in strategies that signal incoherence in the work environment, diseases in society and aspects involving illness and health at work<sup>21</sup>.

For psychodynamics, the work plays a very important role in the structuring of an individual's psychic health, when it allows to decrease their drive energy; however, when it does not allow the impulsive discharge, it becomes fatiguing, a source of illness<sup>22</sup>.

Work can be both a source of pleasure and suffering; this will depend on the mediation between the subjectivity of the worker and his working conditions<sup>23</sup>. For work psychodynamics, pleasure and suffering are inseparable, and work contributes to subvert suffering into pleasure from the social, political, and ethical conditions of organization and work processes<sup>24</sup>.

Derived from the Latin verb, *placere*, which means to please look good, the term pleasure, is also related to the term *placare*, which means "to quiet down, to calm down." The expression pleasure in work, approached by the psychodynamics of work, defines pleasure as a mobilizing principle of the dynamics that emerges from the work contexts. Pleasure is defined as a mobilizing principle that places the subject in action for the pursuit of gratification, self-realization, and recognition by the other of the usefulness and beauty of his work<sup>24</sup>.

The term suffering in the work has its origin in psychoanalysis, in the sense used by Freud in 1996 in the work “The Psychopathology of Everyday Life”, in which pathos refers to the study of suffering and not only of the disease<sup>25</sup>. The suffering of work is inherent in the confrontation of the subject with the real of work, due to the irreducible discrepancy between the prescribed organization and the real one. An assimilated and elaborate mode of operating does not always work properly. The work always brings surprises, unexpected, incidents, anomalies, which put in check the predictions and predictions<sup>26</sup>.

Suffering, depending on the psychodynamic processes developed in the work, can be directed in two destinies: the creative and the pathogenic. This occurs when the subject does not find possibility of negotiation between the work organization and its subjective contents, being prevented from exercising its creative capacity; persisting the experience of failure that will consequently compromise health. Creative suffering, however, happens when suffering can act as a mobilizer for change, pushing for the search for solutions through creation and “ingenuity”<sup>27</sup>.

Psychodynamic health according to psychodynamics is not due only to the absence of suffering, but also to the existence of internal and external possibilities capable of providing the worker with a means of transforming suffering by becoming aware of its causes, conflicts and situations they generated it<sup>28</sup>.

The challenge is not to eliminate suffering, but rather to define actions that favor the transformation and resignification of situations that generate displeasure in situations that generate pleasure<sup>29</sup>.

As can be inferred, the pleasure-suffering addressed by the psychodynamics of work, is a dialectical experience, which can not be studied separately. What can be identified are the specific aspects of the organization of the work that now favors one, and another experience, as well as the dynamics resulting therefrom.

The configuration of the work situation as pleasurable or not, according to Torres and Abrahão<sup>30</sup>, is related to the way the worker deals with such a situation. The variables ‘pleasure’ and ‘suffering’ are the result of the relationship between the individual and the organization, with himself, with other individuals and with the environment in which he is inserted. So, what for some can be source of pleasure will not necessarily be for others.

## **2 METHODOLOGY**

The research was developed within the approach of quantitative research, using the exploratory descriptive method.

The study was carried out in the city of São Luís, in the state of Maranhão, with professionals residing in a Multiprofessional Health Residency program of a teaching hospital. The program is characterized as a *latu-sensu* postgraduate course, lasting two years, 60 hours a week of activities, with 80% of practical activities and 20% of theoretical activities, with a total workload of 5760 hours.

This training process is carried out under a regime of exclusive dedication. To this end, residents receive a monthly scholarship, which is made possible by meeting the required workload. The program covers the following areas of training: nursing, dentistry, physiotherapy, psychology, nutrition, physical education, speech therapy, social work, occupational therapy and pharmacy.

The instrument for collecting the data was the Pleasure and Suffering at Work Scale (EPST), validated and applied by Mendes<sup>31</sup> in his doctoral thesis, which was based on the Likert scale. This instrument is composed of 39 statements in which the interviewees use the scale indicating degrees of agreement. The scale has five intervals punctuated from 1 to 5, corresponding: “1” to the affirmative “never”; “2” to “rarely”; “3” to “sometimes”; “4” to “often”; and “5” to “always”. These 39 statements are distributed in 3 factors: valorization, wear and recognition, distributed as follows:

Valuation: issues 01, 04, 07, 10, 13, 16, 19, 22, 27, 30, 33, 35, 37,38 and 39.

Wear: issues 02, 05, 08, 11, 14, 17, 20, 23, 25, 28, 31, 34 and 36.

Recognition: issues 03, 06, 09, 12, 15, 18, 21, 24, 26, 29 and 32.

Following the recommendations of the creator of the scale, the analysis of the means is performed based on the normal distribution, and from the comparison between the means obtained, the definition of the results for each of the factors representative of the presence or absence of pleasure and suffering at work .

As any class interval has its midpoint, defined as the most central value of it, the following formula was used to determine it:

$$\text{Inferior limit} + \text{upper limit}/2 = 1 + 5/2 = 3$$

Participants also answered a questionnaire for the collection of socio-demographic data. The purpose was to ensure a better understanding of the research subject through personal and professional characterization. It included aspects such as gender, age, marital status, presence of children and dependents, schooling (course, institution of higher education, year of completion) and work time prior to multiprofessional residence.

The data collection was carried out in June and July 2015 and was adopted as a criterion for



inclusion in the research: To be a resident professional of the second year of the Multiprofessional Health Residency enrolled in the Adult Health Care and Elderly Program of the biennium 2014-2016 and have consented to participate in the research.

The information found was organized and grouped according to the nature of its variables and converted into demonstrative tables containing averages, medians, variance and standard deviation of the scores referring to EPST recovery and attrition factors.

This study was carried out in line with Resolution 466/2012 of the National Health Council of the Ministry of Health, which deals with research with human beings. In this sense, the execution of the present study was based on the assumption of the autonomy of the subjects and on the guarantee of secrecy of the information that allows the identification of the participants of the research.

Also according to the aforementioned resolution, this study was approved by the Research Ethics Committee of the University Hospital of the Federal University of Maranhão under the number of opinion 1,064,603, dated May 15, 2015.

### 3 RESULTS AND DISCUSSION

#### Personal and professional characterization of multiprofessional residents

From a total of 42 multiprofessional residents enrolled in the program, 40 residents were divided into the following categories: 10 nurses, 7 physiotherapists, 4 nutritionists, 4 pharmacists, 3 occupational therapists, 3 dentists, 1 physical educator, 2 social workers, 4 psychologists and 2 speech therapists. A total of 95.23% of study participants were then obtained.

Regarding the personal characterization of the residents, Table 1 shows the predominance of female (77.75%), mostly single (87.5%), without children (87.5%) and without dependents (77.5%), with the age group between 23 and 26 years old (70%).

**Table 1:** Personal characterization of multiprofessional residents

Variables		N=10	%
Gender	Female	31	77,5
	Male	9	22,5
Age	23-26 years	28	70
	27-30 years	10	25
	31-34 years	2	5

<b>Marital Status</b>	not married	35	87,5
	married	5	12,5
<b>Number of Children</b>	None	35	87,5
	One to two Children	5	12,5
	More than two Children	0	0
<b>Economically Dependent</b>	Yes	9	22,5
	No	31	77,5
<b>TOTAL</b>		<b>40</b>	<b>100</b>

The results were in line with those identified in a survey conducted by Franco et al.<sup>32</sup> (2011) with nursing residents, in which the majority of the sample consisted of women (81.3%), single women (93.8%), without children (87.5%) and with an average age of 25.8 years.

The predominance of the female sex in the residence is related to the growth of the participation of women in the labor market and especially the feminization of the health sector.

Data from the IBGE<sup>33</sup> show the enormous feminine expression in the health workforce. Of the total of 709,267 persons employed in the sector with university education, 61.75% are women. The most feminized professional category is that of nutritionists, where women account for 95% of professionals, and nurses which corresponds to 90%.

According to Wegner and Pedro<sup>34</sup> women have conquered spaces essential to their valorization and social affirmation through the roles they have been playing competently in family, community and work.

In relation to the age of the multiprofessional residents studied, the mean age was 27.9 years, with the predominance of the age group between 23 and 26 years. This finding is similar to the study by Goulart, Silva, Bolzan and Guido<sup>35</sup> on the sociodemographic and academic profile of multiprofessional residents of a public university, in which the prevalence of residents aged between 25 and 29 years was verified. This profile of young adult residents may be related to most being newly formed.

In terms of marital status, they are mostly single (87.5%). This is directly related to the fact that to a large extent multiprofessional residents do not have children or people who depend economically on them. In this sense, the findings of this study may refer the option of professional training to the detriment of the family.

Regarding the professional characterization of multiprofessional residents, it is evident that nurses are the most present occupational category of residence (25%), 42.5% come from the Federal University of Maranhão - UFMA, 72.5% do not have a specialization, 52.5% never had work experience prior to the training process (Table 2).

**Table:** Professional characterization of multiprofessional residents

<b>Variables</b>		<b>N=10</b>	<b>%</b>	
<b>Professional Category</b>	Physical Education	1	2,5	
	Nursing	10	25	
	Pharmacy	4	10	
	Physiotherapy	7	17,5	
	Speech Therapy	2	5	
	Nutrition	4	10	
	Dentistry	3	7,5	
	Psychology	4	10	
	Social Service	2	5	
	Occupational Therapy	3	7,5	
<b>Institution of Higher Education</b>	Federal University of Maranhão- UFMA	17	42,5	
	Federal University of Piauí- UFPI	5	12,5	
	State University of Piauí- UESPI	2	5	
	Faculdade Santa Terezinha- CEST	8	20	
	Ceuma University	6	15	
	Faculty of Maranhão- FACAM	1	2,5	
	University Center Uninovafapi	1	2,5	
	<b>Specialization</b>	Yes	11	27,5
		Não	29	72,5
<b>Working Time Before Residence</b>	I never worked	21	52,5	
	Less than 1 year	6	15	
	1 to 2 years	3	7,5	
	More than 2 years	10	25	
<b>TOTAL</b>		<b>40</b>	<b>100</b>	

The large number of nurses in the research (10) is related to the greater number of vacancies

in the category program. Because it is a training performed in the hospital, there is a greater demand of these professionals.

It is observed that in large part the residents are graduates of universities of the state in which the research was carried out. Residence is the first contact with the world of work and the training world of most of them.

The importance of this training process in the lives of these professionals, most of whom are newly graduates, who seek to build their professional identity and improve their skills in the preparation of qualified professionals for the health care of the Brazilian population and for the reorganization of the health work process in the direction of the constitutional principles and directives of the SUS, according to the Ministry of Health.

### **Analysis of the scale of pleasure and suffering at work (EPST)**

The scale of pleasure and suffering at work presents the distribution of questions in a random way, in which the three factors proposed by Mendes<sup>31</sup>-valorization, recognition, and attrition- are mixed. To facilitate analysis, the items were organized and grouped into tables. In the tables were ordered the values of averages (Med.), Medians (med.), Variance (Var.), And standard deviation (D.p.). Some items of the scale were adapted to become questions applicable to the reality found. Each factor will be analyzed individually in the following topics.

### **Appreciation**

For Mendes<sup>31</sup> “appreciation is the feeling that work has meaning and value in its own right, it is important and meaningful for the organization and society.”

Based on the analysis of the scores, one observes the value experience of this factor; which obtained the total score of 4.01; mean above the methodologically stipulated average for the predominance of the experience of pleasure in the form of valuation in the work environment (Table 3).

**Table 3:** Distribution of the means, medians, variance and standard deviation of the scores referring to the valuation factor.

<b>Item</b>	<b>Méd.</b>	<b>med.</b>	<b>Var.</b>	<b>D.p.</b>
07 Meu trabalho tem finalidade	4,575	5	0,40	0,63
33 My tasks require specific knowledge	4,575	5	0,35	0,59

37 My work contributes to the development of society	4,4	5	0,53	0,77
01 My job is important for the hospital.	4,325	5	1,14	1,07
19 My tasks are meaningful to me	4,325	5	0,58	0,76
27 I am proud of the work I do	4,15	5	0,64	0,80
39 My tasks are meaningful to people in general.	4,175	5	0,86	0,93
04 When I perform my tasks I am professionally	4,05	5	0,81	0,90
13 I feel useful in my work	4,05	5	0,76	0,87
35 I identify myself with my tasks	3,975	5	0,53	0,73
30 I feel productive in my work	3,855	5	0,64	0,80
10 I use my creativity in the performance of my tasks	3,82	5	0,66	0,81
38 I am willing to do my work	3,85	5	0,69	0,83
22 My tasks are not trivial	3,175	5	2,30	0,80
16 I can adapt my work to my needs	3,025	5	0,89	0,94
<b>Total</b>	<b>4,01</b>	5	0,78	0,81

According to the authors Mendes and Tamayo<sup>36</sup>, when the worker perceives valorization, the worker considers his work important for himself, for the company and society, indicating a positive reinforcement in the self-image, which is related to pride for the work that makes the professional achievement, the feel useful and productive.

The highest score obtained in the valuation factor refers to item 7 of the EPST, “my work has purpose”, reaching 4,575. It is concluded that, most multiprofessional residents often feel that their work has purpose.

Also with a score of 4,575, item 33 of the EPST, “my tasks require specific knowledge”, was often found in the process of formation of residence. This result is inferred from the fact that even though it is in the same hospital unit, the activities performed require specific practices of each professional category.

The lowest score obtained in the valuation factor refers to item 16 of the EPST, “I can adapt my work to my needs”, reaching 3.02; which by the methodologically stipulated mean corresponds to “sometimes”.

### **Wear**

According to Mendes<sup>31</sup>, “suffering is experienced when experienced attrition in relation to work, which means the feeling of tiredness, discouragement and discontent with work”.

By means of averages (med.), Medians (med.), Variance (var.), And standard deviation (SD) obtained through the analysis of the data collected in the EPST, one can conclude with the scores obtained in the wear factor, which although to a lesser extent, there is the existence of this feeling in the multiprofessional residence formation process; the total score (3.01) is found with almost the same methodologically stipulated average (3) for the prevalence of suffering experience in the form of wear in the work environment.

**Table 4:** Distribution of the means, medians, variance and standard deviation of the scores referring to the wear factor.

<b>Item</b>	<b>Méd.</b>	<b>med.</b>	<b>Var.</b>	<b>D.p.</b>
02 My job is tiring.	3,625	5	1	1,00
08 My work is exhausting.	3,5	5	0,76	0,87
25 I feel overwhelmed at work	3,275	5	0,87	0,93
28 The repetitiveness of my tasks bothers me	3,175	5	1,27	1,12
23 Revolt me the submission of the preceptory to the superior orders	3,15	5	2,02	1,42
14 I have frustrations with my work	3,10	5	1,06	1,03
05 I feel wronged by the hospital promotion system	3,05	5	1,79	1,33
36 I get angry when I have to submit my work to political decisions	3,02	5	1,76	1,32
31 I feel discouraged at work	3,00	5	0,87	0,93

34 My work causes me suffering.	3	5	0,76	0,87
17I remain in the multiprofessional residence due to lack of market opportunity	2,6	5	2,24	1,49
11 I do not feel satisfaction in my work	2,4	5	1,16	1,08
20 My tasks are unpleasant	2,3	5	0,57	0,57
<b>Total</b>	3,01	5	1,24	1,07

The greatest wear factor was obtained in items 20, “my work is tiring” (3,62), and 8, “my work is exhausting” (3,5). The results may be related to the high weekly workload that residents must complete on in-service training on a weekly basis.

The Health Residency courses in Brazil have a workload of 60 hours per week, this being a specific characteristic of this training modality together with the frequent complaints of the alumni about the high number of hours of these courses<sup>37</sup>.

The lowest score obtained in the wear factor was in item 20 of the EPST “my tasks are unpleasant”, with average 2.3. As a result, it reveals that in general, multiprofessional residents rarely have the feeling that their duties at the hospital are unpleasant even if they feel worn out.

## Recognition

For Mendes<sup>31</sup> “recognition is the feeling of being accepted and admired at work and having the freedom to express their individuality.” According to Dejours<sup>27</sup> when the dynamics of recognition work, the subject benefits from a symbolic retribution that can be inscribed within the scope of the realization of the ego in the social field.

Starting from the analysis of the result obtained in the recognition factor of the EPST, the prevalence of the recognition feeling among the multiprofessional residents is observed; the total score of the recognition factor was 3.22, and is above the methodologically stipulated mean.

**Table 5:** Distribution of means, medians, variance and standard deviation of the scores for the recognition factor.

Item	Méd.	med.	Var.	D.p.
29 I like to get along with my colleagues at work	4,075	5	1,04	1,02

12 In my work I use my personal style	3,575	5	1,07	1,03
06 I have autonomy in the performance of my tasks	3,55	5	1,07	1,03
24 In my job, I can be myself.	3,525	5	1,64	1,28
15 I feel my colleagues in solidarity with me	3,35	5	1,10	1,05
18 The kind of work I do is admired by others.	3,00	5	0,66	0,81
03 I feel the recognition of my colleagues for the work I do	2,975	5	0,84	0,91
21 I am free to organize my work the way I want	2,975	5	1,46	1,20
26 In my work I participate from the planning to the execution of the tasks	2,875	5	1,65	1,28
09 I am free to say what I think about my work	2,85	5	1,10	1,05
32 I feel the recognition of the preceptory for the work that I do	2,725	5	1,02	1,01
<b>Total</b>	<b>3,22</b>	<b>5</b>	<b>1,15</b>	<b>1,06</b>

The highest score obtained in the recognition factor was 4.07 in item 29 “I like to get along with my colleagues at work”. Reiterating Dejours<sup>38</sup>, to work is to live together is to “live together”. In this sense, it is important to have a pleasant life with colleagues and to have a healthy environment.

The lowest score obtained in the recognition factor was 3.27 in item 32 “I feel the recognition of the preceptory for the work I do”.

For Mendes<sup>39</sup>, for work to be a source of pleasure and to reconcile suffering, transforming it into fulfillment, it is necessary to engage the worker. However, this engagement requires recognition. Without recognition, there is only pathogenic suffering, the sense of work, the pleasure and the capacity for reappropriation in relation to alienation are lost. When the effort of the worker that is characterized by his contribution to the organization of work goes unnoticed, it leads to suffering that is very dangerous to mental health<sup>40</sup>.



## 4 FINAL CONSIDERATIONS

The research aimed to investigate the experiences of pleasure and suffering in the process of training of multi-professional residents of a teaching hospital. In addition to describing their social and professional characterization and identifying what factors residents recognize as sources of pleasure and suffering in their training process.

Considering all of the above, it was observed by the personal characterization of the multi-professional residents, that the same are mostly female, single, without children, with ages ranging from 23 to 26 years old. In relation to the professional characterization, the residence represents the first professional qualification and contact with the world of work. The nursing category was the most found, due to the greater number of vacancies in the program.

The focus of the psychodynamics of work through the application of the EPST scale shows experiences of pleasure and suffering in the process of forming a multi-professional residence in health. The results demonstrate that pleasure-suffering are not excluding, confirming the dialectical aspect of the construct presented in theory.

The EPST wear factor was found even on a smaller scale. The highest scores were in items 20, “my work is tiring” (3,62), and 8, “my work is stressful” (3,5). The experiences of suffering are associated with the characteristics inherent to the work that the resident is subject to throughout this formation. The results indicate an alert to develop measures that reduce the factors that cause fatigue and overload, which consequently, can generate discouragement and discontent with work.

There was a positive experience of the valorization factor in the work developed by the residents. The most evident scores were in item 7, “my work has a purpose” (4,575) and item 33, “my tasks require specific knowledge” (4,575).

The recognition factor was also found in an evaluating way by residents. The highest score obtained in this one was 4.07 in item 29 “I like living together with my colleagues at work”. It is also highlighted the lower score obtained in the recognition factor in item 32 “I feel the recognition of the mentoring for the work I do” (3,27).

The moderate experiences of pleasure, obtained in the recognition and valuation factors, are very positive, since they serve as a neutralizing factor for the experiences of suffering at work.

The application of the scale was justified by the interest in making a description of a large group of residents at their peak in the process of formation. Although the choice of only a quantitative property has been used, considering that this field of scientific investigation of organizations and work needs mixed techniques of data collection in order to work on more subjective concepts, the objectives have been reached.

The results obtained open new perspectives for an investigation of the whys, since the scale allowed a generating point of the feelings, but could not justify them, for not deepening and clarifying the nature and intensity of the relations between the three factors analyzed, through the questions which were marked according to the degree of agreement of the participant.

It is, therefore, the challenge of future empirical investigations under the different methodological perspectives, in order to advance the understanding of both the processes of illness, and the development of health in the context of work in a multi-professional residence.

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## **APÊNDICE 1 - QUESTIONÁRIO DE CARACTERIZAÇÃO PESSOAL E PROFISSIONAL DOS RESIDENTES MULTIPROFISSIONAIS**

1. Sexo:

Feminino  Masculino

2. Idade:

23- 26 anos

27- 30 anos

31- 34 anos

3. Estado civil:

Solteiro (a)

Casado (a)/companheiro (a)

Separado (a)/divorciado (a)  Viúvo (a)

4. Possui filho (a) (s)? Quantos?

nenhum  um a dois filhos  mais de dois filhos

5. Existem pessoas que dependem economicamente de você?

Sim  Não

6. Formação Acadêmica:

A. Curso: \_\_\_\_\_

B. Instituição de Ensino Superior: \_\_\_\_\_

7. Possui Especialização?

Sim       Não

8. Tempo de trabalho anterior à Residência Multiprofissional:

nunca trabalhei

menos de 1 ano

1 a 2 anos

2 anos

mais de 2 anos

### ANEXO 1: ESCALA DE PRAZER- SOFRIMENTO NO TRABALHO (EPST)

Leia as frases abaixo, analisando cada uma de acordo com o que você sente no dia a dia no trabalho como **Residente Multiprofissional em Saúde**. Marque, utilizando a escala abaixo, o número que melhor corresponde a sua avaliação.

	1	2	3	4	5
	Nunca	Raramente	Às vezes	Frequentemente	Sempre
1-Meu trabalho é importante para o hospital					
2-Meu trabalho é cansativo					
3-Sinto o reconhecimento dos meus colegas pelo trabalho que realizo					
4-Quando executo minhas tarefas, realizo-me profissionalmente					
5-Sinto-me injustiçado pelo sistema de promoção do hospital					
6-Tenho autonomia no desempenho das minhas tarefas					
7-Meu trabalho tem finalidade					
8-Meu trabalho é desgastante					
9-Tenho liberdade para dizer o que penso sobre meu trabalho					
10-Utillizo minha criatividade no desempenho das minhas tarefas					
11-Não sinto satisfação no meu trabalho					
12-No meu trabalho uso meu estilo pessoal					
13-Sinto-me útil no meu trabalho					
14-Tenho frustrações com meu trabalho					

15-Sinto meus colegas solidários comigo					
16-Consigo adaptar meu trabalho às minhas necessidades					
17-Permaneço na residência multiprofissional por falta de oportunidade no mercado					
18-O tipo de trabalho que faço é admirado pelos outros					
19-Minhas tarefas são significativas para mim					
20-Minhas tarefas são desagradáveis					
21-Tenho liberdade para organizar meu trabalho da forma que eu quero					
22-Minhas tarefas não são banais					
23-Fico revoltado quando tenho que submeter meus trabalhos a decisões políticas					
24-No meu trabalho posso ser eu mesmo					
25-Sinto-me sobrecarregado no meu trabalho					
26-No meu trabalho participo desde o planejamento até a execução das tarefas					
27-Sinto orgulho do trabalho que realizo					
28-A repetitividade das minhas tarefas me incomoda					
29-Gosto de conviver com os meus colegas no trabalho					
30-Sinto-me produtivo no meu trabalho					
31-Sinto desânimo no meu trabalho					
32-Sinto o reconhecimento da preceptoria pelo trabalho que realizo					
33-Minhas tarefas exigem conhecimentos específicos					
34-Meu trabalho me causa sofrimento					
35-Identifico-me com minhas tarefas					
36-Fico revoltado quando tenho que submeter meu trabalho a decisões políticas					
37-Meu trabalho contribui para o desenvolvimento da sociedade					
38-Tenho disposição para realizar minhas tarefas					
39-Minhas tarefas são significativas para as pessoas em geral					

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