Saúde e Pesquisa, Maringá (PR)
DOI: 10.17765/2176-9206.2020v13n4p889-898

NURSES´ WORK IN AN INPATIENT SURGICAL CLINIC: BETWEEN THE PRESCRIBED AND THE TRUE TASKS

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Received in: 21/04/2020
Accepted on: 29/06/2020

ABSTRACT: To identify how prescribed and true tasks of nurses in a surgical clinic inpatient unit occur. Qualitative study case research carried out with 12 nurses in a surgical clinic inpatient unit. Data were collected through documentary research, systematic observation and semi-structured interview. Content analysis was carried out from the perspective of the ergology framework. Analysis of data revealed the emergence of a category: 'Nurse's work in a surgical clinic inpatient unit: between prescribed and true tasks'. The nurse's work is characterized by pre-established routines and governed by rules and legislation. However, the true task is made evident as the worker is faced with crucial self-giving while micromanaging activities and effecting renormalizations. Nurses' work is actually borne during true tasks within their frequent endeavor to adhere to the prescribed work.

KEY WORDS: Nurses; Work; Hospital units; Clinical medicine; Hospitals, University.

TRABALHO DO ENFERMEIRO EM UNIDADE HOSPITALAR: ENTRE O PRESCRITO E O REAL

RESUMO: Este estudo teve o objetivo de identificar como ocorre o trabalho prescrito e o trabalho real do enfermeiro em unidade de internação clínica cirúrgica. Uma pesquisa qualitativa, tipo estudo de caso, foi realizada com 12 enfermeiros em unidade de internação clínica cirúrgica. Os dados foram coletados por meio de pesquisa documental, observação sistemática e entrevista semiestruturada. Realizou-se análise de conteúdo, sob a perspectiva do referencial da ergologia. Após a análise dos dados, emergiu a categoria "Trabalho do enfermeiro em unidade hospitalar: entre o prescrito e o real". O trabalho do enfermeiro caracteriza-se por rotinas preestabelecidas e regido por normas e legislações. No entanto, evidencia-se o trabalho real, na medida em que profissional se confronta com dramáticas do uso de si, microgestionando as atividades e efetivando renormalizações. Concluiu-se que o trabalho do enfermeiro é efetivado durante o trabalho real, mas, por vezes, os enfermeiros remetem-se mais a adesão ao trabalho prescrito.

PALAVRAS-CHAVE: Enfermeiras e Enfermeiros; Trabalho; Unidades Hospitalares; Medicina Clínica; Hospitais Universitários.

INTRODUCTION

Living means being in permanent personal and professional transformations and denotes a continuous movement of changes in

society. Throughout time, human labor is modified according to the different stages of evolution in society, culminating with the prerogatives of the capitalist model. Work is a condition of social life and basic to human life [1]. Humans constitute their social history by producing and reproducing life through labor, which, in its turn, becomes a method for the analysis of intellectual, social, political and economic life[2].

Nurses´ work has different characteristics due to its specific activities since it aims at care-giving. Within the hospital milieu, nursing develops within assistance, administration, education and research planes and it is the nurses´ business to coordinate labor and develop the management of hospitalization units. They are responsible for the organization and maintenance of materials, personnel and infrastructure for the assistance of nursing and other health professionals[3].

Consequently, nurses´ labor in a surgical hospitalization unit, which is the focus of current analysis, constantly involves the above-mentioned items to guarantee quality care and safety to the patient. It should be underscored that patients have a specific profile according to their care needs during the peri-operatory period which frequently involves different complexities and specialties. The activities that have to be developed require knowledge, safety and quality of assistance to develop precise evaluation and efficacious care to each patient.

Consequently, in the exercise of their work, nursing professionals use their accumulated subjective knowledge which affects the manner they develop their activities. The French philosopher Yves Schwartz[4] proposes an ergologic approach for the production of knowledge on labor. Ergology produces knowledge through workers´ experience, debating labor in itself, the general and specific aspects involved in the activity, which includes a constant questioning on knowledge, norms and variables[4].

The concept of "use of oneself" is one of the main axes in the ergologic approach, according to which the "use of oneself" by workers is characterized by the "use of oneself by oneself". This occurs when the worker creates conditions and specific strategies, using his subjectivity and autonomy for acting and overcoming challenges, modifying prescriptions and norms. However, the "use of oneself" may be also done "by others", when the worker is called to execute a set of norms, prescriptions and historical values [4].

According to ergology, prescribed work complies with norms and routine of a scientifically studied and elaborated labor to organize and optimize time. However, there is a gap between prescribed and true work since labor frequently requires the renormatization of this same work. True work depends on the complexity, singularity, decision-taking of each worker within the activity, or rather, the activity that the worker develops at the right moment[6].

Although nursing has a technical feature, foregrounded on the prescriptive model of care, marked by standards, it presupposes that the development of care involves also the "dramatic use of the body-self" which requires that nurses make use of "use of oneself" and micro-choices. True work, marked by standards, is the result which contains the worker´s own features. The relationship health professional-patient requires new forms, based on "use of oneself"[9], that involves needs and demands of agents-users. However, it is actually a challenge in any scenario, including the nurses´ work context, due to the re-signification of work.

The ergologic approach, therefore, is a strategy for the appreciation of nurses´ labor so that subsidies for analysis on activities developed and the several aspects related to the same, may be pinpointed, especially with regard to prescribed and true work of nurses in inpatient surgical unit.

METHOD

Current qualitative research, case study type, has been developed in an inpatient surgical unit with 52 hospital beds. However, four were blocked and, therefore, only 48 were in use for hospitalization in the following clinical conditions: general surgery, urology, traumatology (head and neck), digestion, thorax, vascular and proctology. The sector averages 403 hospitalizations/year, with 14 nurses. Research was undertaken by 12 nurses of the inpatient surgical unit. Inclusion criteria comprised all nurses who have worked in the sector for the last six months, including administrators; exclusion criteria comprised nurses on leave. Two participants were

excluded due to their work contract was under six months. Privacy of participants was guaranteed by identification of the code "E" plus the number. All nurses signed the Free Term of Consent (TCLE) and research was undertaken at the inpatient surgical unit of a university hospital in the state of Rio Grande do Sul, Brazil.

Data were collected between March and September 2015 by document research, or rather, access to documents on the object of current study, such as, development of nursing, undertaken by nurses or nursing technicians; nursing reports by nurses, with number of hospital beds, names of patients, surgery and other relevant remarks. The institution´s Standard Surgical Procedures (SSP), which describe the way nursing procedures were performed, were also analyzed. Systematic observation was undertaken in 35 h by specific schedule, with data registered in a field diary. Semi-structured interview contained a list of pre-scheduled issues and undertaken in a room within the same unit; they were digitally recorded, averaging 50 min, and then transcribed. Exhaustion criterion closed the interviews.

Data underwent content analysis, a thematic mode of contents, based on Minayo (2014)[10], following pre-established steps which included pre-analysis, exploration of material and data treatment. Analysis was performed on the theoretical contribution of ergology. Data analysis established the following thematic category: Nurses´ work in a hospital unit: prescribed and true tasks.

Current study complied with Resolution 466/12 of the Brazilian Health Council and approved by the Committee for Ethics with Human Beings, CAAE: 41040815.9.0000.5346.

RESULTS

Twelve health professional participated, aged between 26 and 58 years old, three males and nine females, a group predominantly made up of females. Service time in the surgical clinic unit varied between six months and 27 years. Four were public servants with a CLT contract by the Brazilian Enterprise for Hospital Services and eight were federal public servants contracted by juridical regime (RJU). Most participants had postgraduate studies, namely, specialization, master´s and incomplete doctoral course.

Data analysis made possible the second thematic category: "Nurses´ work in hospital: between prescribed and true tasks". Data will be provided to include information from different sources and establish converging sites among the results.

The first activity undertaken at the start is the shift pass in the clinical unit. Exchange of information is undertaken between nurses and nurse technicians (NTs), based on the nursing report. The latter comprised number of hospital beds, names of patients, surgeries undertaken and other relevant remarks. NTs usually exchange information on each patient, supplemented by nurses, when required.

Shift pass is prescribed by Minute 09/2011: nurses must be present at shift pass. It must be underscored that, at this stage, some nurses not only complemented and related basic information on each patient, but also had better knowledge on the features of hospitalized patients and on events during their duty, especially those with more experience and knowledge.

Nurses characterize their work in the sector as routine, providing specific activities during the different duty periods, as the following statement shows:

> *[...] when we [nurses] receive the shift pass, we start reading the printed report to know the patient. […]. Later, we close the hydric balance; I make a daily visit to all [patients] and a physical exam. If I do not do that daily, I do so on the first day with the schedule or when I perceive changes in a patient and then I do the other routine activities. In the morning, dressings, certain procedures, venous puncture or probes. In the afternoon, more bureaucratic activities, arrangement of folders, solve issues that emerge during duty, whether a medical probe remained closed, whether it has been prescribed to remove or not. In the afternoon, there is more bureaucratic work* (E12).

One may perceive that these activities are discussed in nursing team meetings, as described in the following minutes:

> *Greater attention and collaboration have been asked of the nurses in charge with regard to follow-up and evaluation of the patient, systematization of care, such as hygiene of the skin on the head; facial trichotomy, replication of schedule for the patient´s assistance* (Minute n. 03/2015).

Several different themes were debated during the 73 meetings of the nursing team held between October 2009 and March 2015. However, several themes should be highlighted, such as health education for patients, permanent education with workers, nursing routine, systematization of nursing assistance (SNA), nurses´ competence.

Nurses´ duty in an inpatient surgery unit is characterized by pre-established routine. However, daily visits to hospitalized patients are the main activity, as may be observed in the following remarks:

> *Routine work is more or less pre-established [...] however, it usually consists in nursing clinical handover and visits to patients (E2).*
> *One receives the shift pass [...] and afterwards we visit the patients. When any event occurs, one solves the issue; even if it is 10 o´clock, one has to make a visit to all patients* (E5).

Observation has revealed that visits to patients under their responsibility are the primary activities done by most nurses during duty. The activity is corroborated by determinations established in team meetings as specified in the minutes. Minutes insist on the importance of nurses following a routine pattern for the development of their work. In other words, to accomplish prescribed work:

> *Visit all patients (Minutes n. 09/2011). Highlighting the nurses´ primary visit to severely ill patients and report on nursing procedures* (Minutes n. 02/2014).

Visits to and the evaluation of patients is a priority in nursing within the unit´s methodology. Observation within the investigation field reveals that it is one of the primary activities that nurses accomplish during their duty. Their assessment triggers behavior and care for each patient.

> *Routine consists of clinical handover, see the personnel on roster, visit to patients you do not know, revisit those you have already seen and detect any severity; first, the severely ill patients, then, those less* (E9).

Although nurses should visit their patients (prescribed duty), participant E7 is different from the others since he accomplishes the real work. Participant E7 enters the ward where the patient lies in bed, pats him on the back and introduces himself: "Good afternoon [name of patient]. My name is [gives his name], I will be the nurse who will take care of you during the afternoon. If you need anything, please, just call".

Since participant E7 gives his name and says he is the nurse in charge, this visit is different from the visits of the other nurses. Most do not do such an activity in the same manner, focusing on the patient´s clinical care. Participant E7 accomplishes the prescribed work (he visits the patient), renormalizes, employs his emotions, his subjectivity, his use of self and, consequently, the true work.

Prescribed work, which nurses have to execute, is reinstated and discussed in team meetings:

> *[...] one may not permit that the functions of each and every one are not foregrounded on the rules of professional exercise [...] everyone should know their functions (Ata n. 18/2012). [The head nurse] insisted on the role of nurses within the responsibility of their duty* (Ata n. 02/2013).

Since nurses´ work is ruled by prescribed work, the later is characterized as follows:

> *We [the nursing team] have the Standard Surgery Procedures on which all assistance is based. SSP has all the routine nursing guidelines, on how we must proceed; based on these protocols, we also guide the nurses who arrive, based on these routines. In our section [the*

> *inpatient surgical unit] we have a handbook on pre- and post-surgery guidelines (E8).*
> *We have our handbook on norms and routines; we follow the SSP* (E1).

SSPs are standardized in all sectors of the institution under analysis. However, each sector has its own SSP, with its specificities, as participants E3 and E12 have underlined when they mentioned that SSP of pre- and post-surgery guidelines is being revised. The theme has been discussed in meetings of the nursing team. In fact, Minute 05/2011 says: "the importance of applying SSPs has been debated [...]. [The head nurse] asked for the collaboration of the team". Due to their contents, SSPs may be characterized as a manner by which the nurses´ prescribed work is established. Analysis of the document reveals the form in which technique and procedures should be executed by nurses and nursing technicians.

The following depositions will show that participants refer to the importance of having protocols, legislation and normatization that would help them for the establishment of routine work:

> *I perceive this sort of thing, all we learn is valid and all that is added is also valid. Then, why not systematize? Why not follow a protocol? (E6).*
> *Another thing that nurses do not know is the legislation concerned. RN 32 (regulating norm) should be known; one should be aware of the legislation* (E4).

In the case of legislation and protocols, the institution complies with rules given by the professional class organization and government organs to normatize work and guarantee quality. Further, participants mention informatization as a means of ensuring the normatization of work.

> *When work is digitalized, the folders will be better organized [...] benefitting all. The charts of the nursing technicians will be obsolete, everything that the technicians do will be digitalized, signs, evolution, the work of the nursing technician too, everything will be digitalized, evolution and the work of the Systematization of Nursing Assistance* (SNA) (E11).

During the period in which data were collected, the prescribed SNA was not being executed since informatized SNA was being introduced in the unit. Researchers observed that nurses were guiding the nursing technicians orally because the prescribed cares were still not written down. Consequently, every nurse accomplished the main cares with each patient as best as possible.

Although the participants were aware of the prescribed work and anticipated norms to organize and establish the nurses´ work in the hospital, they also acknowledged something more than the mere pre-established tasks:

> *We cannot merely follow common sense. Normatization exists; there are protocols; they are allies; protocols exist to make easy our task; however, behind each protocol, there is a patient. So, you have to be aware of that person. It´s the same thing as evaluating a skin lesion without looking at the patient´s chart or the lab test. I just cannot evaluate. It says that I have to mobilize the patient every two hours; if I move the patient now, in 20 minutes, all the skin will be stained and I will have to mobilize again. Therefore, protocol says every two hours; it´s not like that, there is a person behind* (E1).
> *[...] I am inclined to follow my experience. Of course, SSPs exist; these handbooks tell you that you have to do this and that; however, in practice, you perceive that in practice an alternative manner is possible and better. Placing gauze with oil is better that leaving the lesion dry. You know that results are better that those in the handbook. Therefore, more frequently, I follow empirical knowledge, my professional knowledge, experience; actually I prefer it to the other, the formal [theoretical knowledge]* (E3).

The above depositions are examples of the fact that, beyond the prescribed and normatized tasks, care involves a sort of 'drama' and nurses are provoked to use their subjectivity, their knowledge, experience and values, elaborating a micro-administration that involve decision-taking . Consequently, the 'use of oneself' and re-normatizing the task, the true task, if accomplished.

When the specificities and singularities of each activity is acknowledged, one perceives that variability is also an intrinsic issue in the nurses´ work. Mere standardization and norms are not sufficient to accomplish what has been planned and what is demanded during the true task. This fact may be perceived in the following statement:

> *At the same time, you are responsible for yourself, you are responsible for your nursing team, and you are accountable for everything that happens to your team. Some people I do not trust; I always say that you must have ten eyes and ten ears. There are people whom you should not trust. [...] So I highly demand this of myself: you have to supervise people and be accountable for them too. It´s a difficult task* (E11).

These depositions reveal that nurses should clearly know their responsibility with regard to tasks and the supervision of all nursing technicians so that work may be achieved within a corporate form. The situation has been corroborated during the observation period when it was verified that, when nurses and technician were combined, the real work became more organized during the duty period.

However, one should understand that beyond supervising nursing technicians, there are factors/emotions that emerge and they involve nurses during their work. This may be seen in the deposition of E11. Consequently, it should be acknowledged that the uniqueness of each nurse pervades the several activities done. This boils down to the fact that it is an intrinsic issue of hospital work which configures the real task.

The inpatient clinic unit studied revealed the work of several distinct categories comprising physicians (resident and preceptor), nutritionist, physiotherapist, pharmacist, social assistant and occupational therapist. With regard to the work developed as a team with the nurses, the participants stated the following:

> *[...] I speak to the technician nurse; I speak to the physician; I speak to the resident physician; I speak to the nutritionist. Therefore, a multidisciplinary task is going on (E11).*
> *I think that we are working as a team; we work as a team with the nutritionist, with the physiotherapist* (E10).

As referred to in the depositions on team work with other health professionals, the researchers observed that during the week (Monday – Friday), team work was more intense due to the greater number of professionals when compared to weekends (Saturday and Sunday). Further, the morning shift had more workers, students and multi-professional resident physicians. Difficulties may eventually occur as the following depositions describe:

> *You have to look for a physician; you have to phone to see whether there is one on the fourth floor; sometimes it´s difficult to find one; one has to see if there is one at the Emergency Room; you have to see where they are, if they are at the Surgical Block, Clinic (Medical Clinic I and II); you have to look for them to see if they are at the clinic; they do not have a fixed place. This is extremely bad; I have complained a lot on the issue. [...] Looking for a doctor is a great problem since there is no fixed physician in the inpatient surgical sector* [E5].
> *There is a dialogue between patient and the physician. Frequently patients need something and when the physician visits them, they do not say anything. Then they ask the nurse. Consequently, I have to look for the doctor and ask him what may be done. They ask for a certificate, to prescribe another type of medicine, if they may use the medicine they were taking. Therefore, I have to make this type of interlocution* (E3).

Depositions by E5, E2 and E3 show that several times they need the physician´s help and they mention difficulties to obtain it. The true situation consists in the fact that frequently there are several physicians in the inpatient surgery unit, but the specific professional responsible for the particular patient, attended by the nurse, is not present. Frequently, this is a problem for the nurses´ real task since, at this very moment, important decisions should be taken in favor of the patient and they are not the responsibility of the nurse in charge.

Further, the nurses´ work in the Inpatient Surgical Unit is characterized by the development of several activities/procedures that are the nurses´ specific responsibility. Different professionals, such as, the nursing technicians and others from the multiprofessional team, are involved. The above is a team work for the assistance quality provided to the patient.

Consequently, in spite of the fact that nurses have a work activity based on a great variety of norms for prescribed work, the participants have to cope with dramatic situations with re-normatizations. When re-normatizations occur, the nurses make "use of themselves" and face choices that should be done. Consequently, the true task is accomplished. In fact, the true task is a highly subjective work, characterized by the nurse, comprising a variability of elements/emotions in doing and organizing each activity with the team or with patients.

DISCUSSION

Results give evidence that nurses develop different activities in the inpatient surgical unit, comprising pass shift, visits to patients, technical procedures, team administration and supervision, and educational activities. As a rule, routine is based on norms and prescribed work.

However, nurses´ work in the surgical clinic does not merely boil down to the accomplishing of prescribed work, described in the minutes and documents analyzed, but also involves the 'use' of their subjectivity, professional experience and, particularly, re-normatizations due to activities that should be undertaken in nursing care. Consequently, nurses experience 'dramatic uses of oneself' and, thus, the true task, featuring a bond between the prescribed work and the true task.

The continuity of care mainly occurs at the moment of the pass shift between one duty and another [11]. Precisely at this moment, there is an exchange of information between the nursing teams, with great investments in the exchange of data [12]. Nurses who finish their duty period transmit to their colleagues an updating of information and activities. Communication at this point is crucial, favoring sharing of information so that each one may know the main activities to be developed during the next duty period[12].

Nurses´ task is the care of the human being and involves technical processes and research, administrative, and educational activities, characterized as prescribed work [13]. These aspects are underlined in several team meetings, such as the role of each health professional and the specific responsibilities of each shift. The coordination and organization of this work is mainly characterized by routine and norms (prescribed work) that aim at the efficaciousness of the assistance given.

Consequently, it may be said that work is a mentally anticipated activity to attend to needs perceived by humans who choose tools that capacitate their activity on the object of their work for a given aim. Consequently, prescribed work is a multitude of requirements and conditions under which it has to be executed. It comprises prescriptions, orders, norms, results to be achieved, procedures and conditions determined by work situations, such as characteristics of technical activity, social and economic conditions, physical milieu and prime matter to be used[14].

In current analysis, most activities discussed in meetings and put into practice were characterized as essentially technical. Frequently nursing has to cope with technical and reproduction practices[15]. Consequently, the nurse's intersection 'use of oneself' supersedes such practices and makes possible new forms of development and action during the work process for the qualification of care given.

Nursing´s activities and specific work object are not characterized as a mere application of already known

knowledge. Other types of knowledge are produced on the spot. They are strictly bonded to the nurses who are part of a set of values. Only norms, standard forms, routines and hierarchies are not enough to cope with what has been planned.

From the point of view of ergology, the approach to different work activities and situations is characterized by agreements and disagreements, or rather, a debate between norms and values woven through renormatization [16]. In other words, it is through the visit to the patient that nurses comply with the prescribed norm, involving values and knowledge so that, afterwards, renormatization occurs and organized to better the assistance provided.

A relevant result observed is related to the activity of visiting the patient. It provides interaction and is renormatized to allow possible improvement within the work milieu. The above is based on flexibility, dialogue and listening for the qualification and humanization of the assistance given, renormatizating prescribed work and concretizing true work which is proper to the worker.

Based on these considerations and giving the benefit to the worker, as a human being, ergology proposes a 'situated' appreciation to comprehend and transform work. Re-invention, the creation of a milieu to a situation which is pertinent to oneself and to the other workers, is set forth[6]. The starting point is that no work, especially nurses´ tasks, is a mere repetition of gestures, movements, mere execution of activities previously foreseen.

The Systematization of Nursing Assistance (SNA) was undertaken orally since the surgical unit was undergoing digitalization. SNA is established by COFEN´s Resolution 358/2009 which deals with the systematization of nursing assistance and the establishment of the Nursing Process in public and private sites in which nursing takes place. It comprises five steps: nursing data retrieval (past reports on nursing), diagnosis of Nursing, Planning of Nursing; Implementation of Nursing and Evaluation of Nursing[17].

Besides SNA, nurses have to supervise the work of nursing technicians, foregrounded on present nursing legislation through Decree 94.406/87 which makes mandatory the programing, planning, guidance and supervision of assistance executed by nursing technicians. However, beyond supervising technicians, other factors/emotions emerge and involve nurses during their task.

The construction of the perception or concept of true work is influenced by human psyche, affection and emotion, interacting with one´s subjectivity. Consequently, subjectivity becomes the controlling essence of the individual/collective agent in work attitudes and in the subjects´ social network [18].

True work differs from prescribed work since workers, as part of the process, are characterized by singular subjects that always anticipate activities, unforeseen things and variables. Consequently, they make possible that executed situations are never framed within the antecedent norms and prescribed work[18].

Finally, nursing tasks, inserted within the health process, are characterized by the development of different activities/procedures proper to nurses. Activities may be renormatized at the moment the nurse employs subjectivity, experience, knowledge, use of oneself, or rather, true work is executed.

LIMITATIONS OF THE STUDY

Current analysis is limited by the impossibility of generalization of results since it was executed in a university hospital in south Brazil, representing characteristics and relationships of the local milieu. The 5-year data collection is also a limiting factor.

CONTRIBUTION FOR NURSING

Current study show the manner one may conduct a research work through participants´ practice and experience. Result favors improvements and transformations within the work environment from the identification of the manner nurses characterize their task, the importance of prescribed work, difficulties in doing the true task and the possibility of involving the subjectivity of nurses.

FINAL CONSIDERATIONS

Results of current research identified the manner nurses´ prescribed and true work occurs in an inpatient surgical clinic. Based on the theory foregrounding current investigation, one may conclude that prescribed tasks in an inpatient surgical clinic is ruled by several types of legislation, Systematization of Nursing Assistance, Health resolutions, Decrees, policies of the Ministry of Health and other specific local laws, such as Standard Surgical Procedures and other activities agreed upon in the Minutes which all nurses must comply with during their shift.

Even though nursing activities are ruled by protocols and technical norms, there is always a particular means to practice them, or rather, different ways to execute the prescribed activity. The nurses´ true task in the surgery clinic occurs when they make 'use of themselves'. Nurses follow the prescribed rules (techniques, protocols, nursing care) and, in the wake of these activities undertaken in nursing care, other choices may be taken, or rather, renormatizations. Nurses execute care but, frequently, it may be different from that prescribed, mainly due to their subjectivity. Consequently, nurses´ task in surgery clinics pervade prescribed and true work where nurses make 'use of themselves' and execute their subjectivity.

Further discussion on the prescribed and true tasks within the nurses´ work may be recommended. Similarly, the development of research work within the several fields by the professional nurses based on ergologic approach should be also enhanced.

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