ABSTRACT
Objectives: to understand the working conditions and strategies adopted by nurse-midwives in maternity hospitals.
Methods: a qualitative, descriptive, exploratory study with 20 nurse-midwives from public maternity hospitals in the city of Rio de Janeiro. Data were collected from June to September 2018 through semi-structured interviews, submitted to thematic content analysis and discussed in the light of the psychodynamics of work. Results: working conditions are inadequate due to poor infrastructure and resource deficit. Therefore, they develop defensive strategies to mitigate suffering, avoid destabilization of professional identity and minimize losses on care, through material purchase, lunch hour abdication, task reorganization and break implementation. Final Considerations: the strategies adopted hide work precariousness and suggest alienation of workers, evidencing the need to foster political awareness of this collective to promote concrete transformations in their work reality.
Descriptors: Nurse Midwives; Work; Hospitals, Maternities; Nursing Care; Occupational Stress.

RESUMO
Objetivos: compreender as condições de trabalho e as estratégias adotadas pelas enfermeiras obstétricas nas maternidades. Métodos: estudo qualitativo, descriptivo, exploratório, com 20 enfermeiras obstétricas de maternidades públicas do município do Rio de Janeiro. Os dados foram coletados de junho a setembro de 2018 através de entrevistas semiestruturadas, submetidos à análise temática de conteúdo e discutidos à luz da psicodinâmica do trabalho. Resultados: as condições laborais são inadequadas pela infraestrutura precária e pelo déficit de recursos. Diante disso, elaboram-se estratégias defensivas para mitigar o sofrimento, evitar a desestabilização da identidade profissional e minimizar os prejuízos sobre o cuidado, através da compra de materiais, abdicação do horário de almoço, reorganização das tarefas e implementação de pausas. Considerações Finais: as estratégias adotadas ocultam a precariedade do contexto do trabalho, sugerindo a alienação dessas trabalhadoras, evidenciando a necessidade de fomentar a consciência política deste coletivo, para promover transformações concretas em sua realidade laboral.
Descritores: Enfermeiras Obstétricas; Trabalho; Maternidades; Cuidados de Enfermagem; Estresse Ocupacional.

RESUMEN
Objetivos: conocer las condiciones laborales y las estrategias adoptadas por las enfermeras obstetricas en las maternidades. Métodos: estudio cualitativo, descriptivo, exploratorio con 20 matronas de maternidades públicas de la ciudad de Río de Janeiro. Los datos fueron recolectados de junio a septiembre de 2018 a través de entrevistas semiestruturadas, sometidas a análisis de contenido temático y discutidas a la luz de la psicodinámica del trabajo. Resultados: las condiciones de trabajo son inadecuadas debido a la precaria infraestructura y al déficit de recursos. Ante esto, se desarrollan estrategias defensivas para mitigar el sufrimiento, evitar desestabilizar la identidad profesional y minimizar el daño al cuidado, mediante la compra de materiales, abdicación de horas de almuerzo, reorganización de tareas e implementación de descansos. Consideraciones Finales: las estrategias adoptadas ocultan la precariedad del contexto laboral, sugiriendo la alienación de estos trabajadores, destacando la necesidad de fomentar la conciencia política de este colectivo, para promover transformaciones concretas en su realidad laboral.
Descritores: Enfermeras Obstetricas; Trabajo; Maternidades; Atención de Enfermería; Estrés Laboral.
INTRODUCTION

In recent decades, neoliberalism has transformed the Unified Health System (SUS – Sistema Único de Saúde) by reducing the role State’s role and restrictions in financing that have led to the scrapping of public institutions and emergence of flexible models for management of services and human resources. In this context, there is the care network expansion mainly through social organizations (SO), and the coexistence of different forms of labor relationship(1-5).

This conformation is associated with work precariousness at SUS, expressed in inadequate working conditions, in the multiplicity of employees’ relationships with public administration and in the instability of some labor relations, which removes workers’ autonomy and places them in situations of vulnerability concerning insecurity, intensification and discouragement(1-9).

In the context of delivery and birth care in SUS, this reality can be observed in the labor market of nurse-midwives in the city of Rio de Janeiro, where management through SO has expanded jobs, including new care units by Stork Network (Rede Cegonha) and the Rio de Janeiro Stork Program (Programa Cegonha Caririoco). However, through forms of work organization that make labor relations more flexible, productivity and multifunctionality are required, resulting in labor intensification(5,9).

In this scenario, we add the technical division of nursing work, the specificities of management and care activities, sexual division, hierarchical and conflicting relationships, low salaries and accumulation of work relationships. These characteristics add complexity to nurse-midwives’ work, undress the devaluation of this specialty in maternity hospitals and contribute to discouraging these workers(3-7,10-11).

It is considered that international guidelines and public health policies recognize nurse-midwives’ work who, through a care process focused on relational skills and soft technology use, offer humanized and safe care that has contributed to changing a medicalized obstetric model, reducing interventional behavior adoption and increasing the degree of women’s satisfaction(5,9,12-14).

Concerning these advances in qualification of obstetric care, greater government investments are needed to further improve maternal and neonatal outcomes through promotion and appreciation of nurse-midwives’ work. In this regard, this study raises necessary reflections because, from the perspective of work, nurse-midwives are working under adverse working conditions, which produce suffering, sicken workers and create challenges for humanized care in SUS.

Therefore, this research is anchored in Chrstophe Dejours’ psychodynamics of work, which investigates individuals and their relationship with work organization (context, conditions and labor relations), taking care of the suffering resulting from workload intensification and defensive strategies used by workers to give a new meaning and overcome suffering arising from unstructured labor contexts(15).

From this perspective, work organization, which comprises work division (division and content of tasks, pace and time) and individuals division (power relations, responsibility, hierarchy, command and control), prescribes human activities and relationships for workers. This configuration mobilizes individuals’ subjectivities, producing experiences of pleasure when organization allows transgression of the prescribed work, enabling a psychic structuring and expression of identity. If organization does not allow subversion of the prescribed by an individual, there are experiences of suffering and elaboration of defensive strategies in order to mitigate it(17-19).

OBJECTIVES

To understand the working conditions and strategies adopted by nurse-midwives in maternity hospitals.

METHODS

Ethical aspects

This study was approved by the Research Ethics Committee of Universidade do Estado do Rio de Janeiro. In compliance with the ethical and legal aspects of research with human beings, participants signed the Informed Consent Form (ICF). Their voluntary participation and anonymity maintenance have been explained to them. To this end, the letters NM have been adopted, for nurse-midwives, followed by Arabic numerals, representing the order of the interviews.

Type of study

This is a qualitative, descriptive and exploratory research that allows understanding the relationships and subjectivities of a phenomenon through reporting experiences and perceptions of all actors involved(16). In this perspective, this study adopted the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Methodological procedures

Study setting

This study did not claim to focus on specific maternity hospitals. However, it is noteworthy that participants worked as nurse-midwives in seven of the twelve maternity hospitals in Rio de Janeiro, with different care profiles.

Study participants

The research was conducted with 20 nurse-midwives. Specialists in midwifery who worked in public maternity hospitals in the municipality of Rio de Janeiro for at least one year, who work on call and who have statutory and/or hired labor contracts (in Brazil, CLT) in these maternity hospitals have been included. Nurses who worked concomitantly in public and private maternity hospitals were excluded.

Snowball sample(21) was used to select participants, seeking seed participants through an intentional selection, by telephone contact with three midwifery students at a public higher education institution. This choice is due to the ease of the authors obtaining contacts with the coordination of this course.

Thus, the sampling was constituted from these seed participants, which indicated other potential participants who, in
Data collection and organization

Data collection took place from June to September 2018, with individual interviews, which enabled researchers to establish a dialogue with interviewees, freely addressing in-depth questions. To this end, we used a semi-structured instrument containing open-ended questions about participants’ characteristics and the following open-ended questions: how do you feel about your work? How do you perceive your working conditions? Which elements of your workplace are unfavorable and/or favorable to carrying out your activities? How do you act before these working conditions? What is the influence of these conditions on your health and care practices?

Through telephone contact with participants for clarification and invitation to participate in the research, interview dates were scheduled in common agreement among parties. They were performed by one of the authors of this study, a doctoral student at the time of data collection, in situ, and interviewees occurred at participants’ residence or other locations appropriate for the interviewee. All interviews lasted an average of 60 minutes, being recorded in a digial device, without records of all expressions and feelings manifested. After transcription, this material was sent by email for content validation by participants.

It is noteworthy that three pilot interviews were conducted, which indicated the instrument’s adequacy and, even though there was no need for alterations, these participants have not been included in the study. They also punctuated that there were no refusals or losses of participants during this process, i.e., of the 23 participants selected, only the three who participated in the pilot test have been excluded.

Data analysis

In statement categorization, we used Bardin’s thematic content analysis technique, whose findings were discussed in the light of the psychodynamics of work theoretical framework. Without using any software, this process began with pre-analysis, followed by material exploration, to identify recording units, which were organized into sub-units of meaning and regrouped into thematic units, which were submitted to inference and interpretation among authors, which allowed constructing the study categories entitled: “Inadequate working conditions of nurse-midwives: precarious infrastructure associated with a lack of material and human resources” and “Defense strategies adopted by nurse-midwives in before physical and mental work overloads”.

RESULTS

Participants are female and between 25 and 34 years old. In relation to time passed after graduation, it has been more than three years for eighteen and less than two years for two. Regarding labor relationships, eleven have only one, five of which are statutory and six hired (under CLT regimen, the Consolidation of Labor Laws Decree Law 5452 (Consolidação das Leis do Trabalho, CLT) is the decree which governs labor relations in Brazil), nine of which accumulate two or three. Most of these workers develop their work activities in care and day service, in shifts of 12x60 hours, making a work day equal to or greater than sixty hours per week.

Inadequate working conditions of nurse-midwives: precarious infrastructure associated with a lack of material and human resources

This category showed that nurses’ working conditions are inadequate due to precarious infrastructure, expressed in obsolete physical structure, equipment malfunction and lack of material resources in the workplace. These issues are inadequate working conditions that represent exposures to physical risks and interfere with care production, as recommended by the programmatic guidelines for humanization.

Physical structure is obsolete, it leaves a lot to be desired! For example, the bathroom is really bad! There is no shower, and those who do, the shower keeps breaking! You have to ask for maintenance all the time. (NM5)

One thing that we fight a lot here is for a better physical structure! The boxes, the fact of having a bathroom and a shower for all patients [...] it is impossible, especially with a full house. (NM9)

Here we work with few resources. We are able to apply some technological care resources based on evidence, but we lack birthing stool, Swiss ball [...]. Things that we don’t have at the moment. So, this gets in the way a little. (NM14)

It is an anti-hospital, it was prepared for this new model of humanization! So, for you to provide adequate assistance, based on humanization, it becomes much more complicated. Sometimes, one patient cannot stay in the bathroom for a long time because another wants to enter. (NM15)

The room has been disabled due to the heat! We have been maintenance free for months and the air conditioners are all defective, complicated. (NM20)

In addition to these aspects, which were also pointed out by NM4, NM11 and NM19, physical and psychological loads of work resulting from the reduction in the number of nursing professionals, the increase in the demand for women for care and the demand for productivity by institutions. This work context, in most cases, leads to accumulation of tasks and/or functions and culminates in intensification of nurses’ work in maternity hospitals, identified in the statements of fifteen participants.

The issue of decreasing professionals is also very bad because the number of professionals decreased and demand increased. [...] so, we ended up with all the work and I’m accumulating service. Sometimes, I can’t do my job on you [...] the number of nurse-midwives and nursing technicians has been reduced. (NM6)
They dun a lot for being a social organization! Once coordination is dunned, they dun us because they are afraid of resignation. There is pressure to assist more people. (E07)

We are often dunned because we are having less childbirth than the other institution. Dun is constant. (NM13)

Here there is a lot of pressure for productivity in assistance and stratification! […] Stratification (referring to the risk stratification recommended by the Ministry of Health) has to be done in ten minutes! So, you have to follow this. (NM20)

**Defense strategies adopted by nurse-midwives before physical and mental overloads at work**

This category revealed that, considering inadequate working conditions and physical and mental overloads, nurses develop defense strategies focused on problem-solving, such as buying materials by their own means, giving up, in whole or in part, the official lunch break, reorganizing tasks and implementing unofficial breaks for the nursing staff during work shift.

*We buy materials, necessary equipment […] not everything, of course, but we buy what we get and we divide the costs. So, we need Swiss balls, oils and aromas… then we chip in and buy (NM4).*

*At times, we are unable to have a one-hour meal. You have to take less, otherwise the colleague will not eat or will have lunch much later. So, we always try to adapt, but it ends up overloading anyway. (NM12)*

*People are always supporting. We try to share more. We divide the tasks to reduce their workload. (NM17)*

*Our activity generates a lot of stress. So, we try our best to take it easy, but there are times when we can’t. […] during a shift, we were extremely tired, so even I said, “Sit there and relax and I’ll go see the patients now.” (NM18)*

*My team is very close, everyone is there in the same boat. So, what can help the other helps. When one is sick, the other helps out. (NM19)*

**DISCUSSION**

Infrastructure is an essential element for hospitals, as environments with spaces, furniture and material resources necessary for healthcare practice, with temperature, sound, lighting, synesthesia and color appropriate to the specificities of care, provide privacy, individuality and comfort; these elements translate into well-being for users and experiences of pleasure for workers. As seen in nurse-midwives’ statements about the infrastructure of maternity hospitals, it is noted that obsolete physical structure, equipment malfunction and lack of material resources reveal precariousness at work. These working conditions elements that trigger suffering experiences, as it interferes with the development of a humanized care process and destabilizes workers’ professional identities.

As a guideline of the Brazilian National Humanization Policy (Política Nacional de Humanização), ambience is defined as physical, social, professional and interpersonal relationships organized to provide healthy, welcoming and comfortable spaces that create meeting places between professionals, users and managers to improve conditions and processes of health work with a view to building human and resolving relationships.

From the perspective of obstetric services, the official recommendation for ambience runs through a hospital infrastructure that favors parturition and birth processes by adopting practices based on scientific evidence and implementing places for reception with risk stratification, rooming-in and rooms with pre-delivery, delivery and post-delivery (DDD) beds equipped with bathroom with boxes and shower. It is also recommended that DDDs offer light, thermal and acoustic comfort, as well as providing areas for walking and equipment for relaxation, pain relief and encouraging the physiological evolution of labor, such as swiss ball, ling stairs, stool birthing, bathtub and/or hot water shower, among others.

Considering these official recommendations, ambience inadequacy in maternity hospitals is perceived, as participants consider that the obsolete physical plant does not favor caring with respect to privacy and promoting comfort to women, since it does not include bathrooms with individualized boxes and showers with hot water. Moreover, recurrent malfunctioning of air conditioners exposes professionals and users to physical risks due to high ambient temperatures. Lack of institutional availability of specific instruments used by nurse-midwives hinders providing...
humanized care with a minimum of intervention and prevents the expression of their identity referents in the workplace.

In the humanized care process characteristic of nurse-midwives, Swiss ball, stool birthing and essential oils are some of the material resources necessary to use Non-Invasive Technologies in Midwifery Care (TNICEO); TNICEO are conceptualized as techniques, procedures and knowledge that contribute to the physiological progression of parturition, encourage female autonomy, promote well-being and reduce unnecessary interventions. In addition to these contributions, TNICEO are referential identities that generate belonging, confer distinctions on the care of nurse-midwives and create representations of a humanized care model that allow recognizing these specialists among other health professionals.

Within the scope of international guidelines and Brazilian public policies, these specialists are recognized as strategic agents to promote humanized practices in childbirth and birth care services, through TNICEO. Thus, when work organization does not provide the necessary instruments for using these technologies, devaluation and institutional non-recognition of nurse-midwives' work is evident; recognition is a symbolic retribution resulting from workers' contributions to an institution, resulting from the meanings and values attributed to their activities.

From this perspective, it is possible to infer that the working conditions mentioned by participants encourage experiences of suffering. Lack of important instruments for using TNICEO destabilizes their identity referents and adds psychic burden to work by depriving symbolic material objects that give meaning to their practices, reinforce their professional identity and provide the social valorization of midwifery.

As another element related to working conditions in maternity hospitals and which also produces experiences of suffering, work intensification was evidenced, expressed in participants' statements through a work overload resulting from the reduced number of nursing professionals, the increased demand for women for service and institutional dun for productivity.

In recent decades, the world of work has been reconfiguring itself from the neoliberal determinations of flexibility and rationalization of work organization, associated with requirements of qualification, versatility and multifunctionality. Thus, labor force exploitation and despoothing, often in precarious conditions and with fragile bonds, together with the weakening of collective capacity to mobilize workers, are fundamental to meet the demands of productive processes under the auspices of the capital. This research found that the defensive strategies used by TNICEO is a collective defense strategy designed to prevent inappropriate working conditions from destabilizing nurse-midwives' professional identities, manifested in humanized care, and to minimize the impacts of this context on maternity care. On the other hand, total or partial abstention from the right to lunch, reorganization of tasks and implementation of unofficial breaks for the nursing staff during work shift are collective defense strategies that aim to alleviate the effects of physical and psychological overload of nurses' work, as well as mitigate pathogenic suffering before an adverse work reality.

Although these defensive strategies are collective, they do not produce effective changes in working conditions, nor do they represent an organization of nurse-midwives to fight for their rights at work. Such finding refers to the idea of voluntary servitude, in which workers, despite being aware of submission to the prescribed, submit themselves to the trade's rules, by alienation or due to management using fear, covering up serious organizational and structural problems that affect the dignity and well-being of workers.

It is worth mentioning that the world of work's current configuration is potentially harmful to workers' health, since restrictions on investments in human resources and infrastructure add uncertainties, dissatisfaction, occupational stress and suffering. Such issues promote imbalances that are expressed through anguish, frustration, sadness, stress, tachycardia, tension headache, lack of concentration and creativity, depression, low productivity, musculoskeletal pain, tiredness, progressive exhaustion and exhaustion.

This research found that the defensive strategies used by nurse-midwives are not directed to cope with inadequate work conditions in maternity hospitals. However, they pervade the
Strategies of nurse-midwives in relation to working conditions in maternity hospitals

Vieira MLC, Prata JA, Oliveira EB, Rodrigues FAB, Almeida BCDS, Progianti JM.

A precarious work in SUS can jeopardize the advancement of government initiatives aimed at qualifying health care for women and humanizing care; this study showed, predominantly, experiences of suffering among nurse-midwives who work at maternity hospitals. Such finding can trigger the evasion of these experts to other assistance scenarios, especially when work organization does not provide decent working conditions and demands productivity from workers.

FINAL CONSIDERATIONS

Nurse-midwives’ workplace shows signs of precariousness, as inadequate working conditions mobilize the practical intelligence and cooperation of workers, so that they develop defense strategies to face overloads and minimize suffering. However, the nature of these mechanisms suggests their alienation, since their actions do not promote concrete changes in their work reality and, at the same time, hide their work’s precariousness.

In order to break with a configuration that maintains a continuous cycle of precariousness, this study showed the importance of fostering political awareness for organization of this group of workers, in order to fight for decent working conditions. Furthermore, it also sparked reflections on the effects of this overview on nursing education and public policies for women’s health care. It was emphasized that mismatch problem-solving between prescribed and real work is necessary for building workers aware of their struggles and with dispositions to claim the valorization of their work, to strengthen a humanized model and, at the same time, to face the world of work’s neoliberal logic.

Thus, this study points to the need to conduct further research on the work of nurse-midwives in other care settings and in the context of maternity hospitals in other administrative spheres and in other states. It also aims to deepen discussions about the importance of decent working conditions regarding facilities, human resources, material and technological inputs, which provide experiences of pleasure and promote well-being for carrying out work of inestimable social value, like nursing.

REFERENCES

1. Progianti JM, Moreira NJMP, Prata JA, Vieira MLC, Almeida TA, Vargens OMC. Job insecurity among obstetric nurses. Rev Enferm UERJ. 2018;26:e33846. doi: 10.12957/reuerj.2018.33846

2. Souza NVDO, Gonçalves FGA, Pires AS, David HMSL. Neoliberal influences on nursing hospital work process and organization. Rev Bras Enferm. 2017;70(3):912-9. doi: 10.1590/0034-7167-2016-0092

3. Santos AS, Perrone CM. Production of labor precariousness: preliminary reflections on the creation of new forms of subjectivity. Psicol Soc. 2017;29:e164109. doi: 10.1590/1807-0310/2017v29164109

4. Souza HS, Mendes AN. Outsourcing and “dismantling” of steady jobs at hospitals. Rev Esc Enferm USP. 2016;50(2):284-91. doi: 10.1590/0080-623420160000200015

5. Progianti JM, Prata JA, Barbosa PM. Healthcare and productive restructuring: effects of increased flexibility on maternity hospitals in the Cegonha Caraíba Program. Rev Enferm UERJ. 2015;23(2):164-71. doi: 10.12957/reuerj.2015.12540

6. Carvalho DP, Rocha LP, Pinheiro EC, Tomaszewski-Barlem JG, Barlem EL, Goulart LS. Workloads and burnout of nursing workers. Rev Bras Enferm. 2019;72(6):1435-41. doi: 10.1590/0034-7167-2017-0659

7. Biondi HS, Pinho EC, Kirchhoff ALC, Rocha LP, Barlem EL, Kerber NPC. Psychic workload in the process of work of maternity and obstetric centers nurses. Rev Gaucho Enferm. 2018;39:e64573. doi: 10.1590/1983-1447.2018.64573
8. Vieira LCV, Oliveira EB, Sousa NVDO, Lisboa MTL, Progianti JM, Costa CCP. Nursing presenteeism: repercussions on workers’ health and patient safety. Rev Enferm UERJ. 2018;26:e31107. doi: 10.12957/reuerj.2018.31107

9. Dodou HD, Sousa AAS, Barbosa EMG, Rodrigues DP. Delivery room: working conditions and assistance humanization. Cad Saúde Colet. 2017;25(3):332-38. doi: 10.1590/1414-462X201700030082

10. Moreira NJMP, Souza NVDO, Progianti JM. Work conditions in the hospital: perceptions of obstetric nurses. Rev Enferm UERJ. 2017;25:e26999. doi: 10.12957/reuerj.2017.26999

11. Melo CMM, Carvalho CA, Silva LA, Leal JAL, Santos TA, Santos HS. Nurse workforce in state services with direct management: revealing precarization. Esc Anna Nery. 2016;20(3):e20160067. doi: 10.5935/1414-8145.20160067

12. Declercq ER, Belanoff C, Sakala C. Intrapartum care and experiences of women with midwives versus obstetricians in the listening to mothers in California Survey. J Midwifery Women’s Health. 2020;65(1):45-55. doi: 10.1111/jmwh.13027

13. Prata JA, Ares LPM, Vargens OMC, Reis CSC, Pereira ALF, Progianti JM. Non-invasive care technologies: nurses’ contributions to the demedicalization of health care in a high-risk maternity hospital. Esc Anna Nery. 2019;23(2):e20180259. doi: 10.1590/2177-9465-EAN-2018-0259

14. Vargens OMC, Reis CSC, Nogueira MFH, Prata JA, Silva CM, Progianti JM. Non-invasive technologies in obstetric nursing care: effects on newborn vitality. Rev Enferm UERJ. 2017;25:e21717. doi: 10.12957/reuerj.2017.21717

15. Ministério da Saúde (BR). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes nacionais de assistência ao parto normal: versão resumida [Internet]. Brasília: Ministério da Saúde, 2017 [cited 2019 Nov 13]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_assistencia_parto_normal.pdf

16. World Health Organization (WHO). Midwives voices, midwives realities. Findings from a global consultation on providing quality midwifery care [Internet]. WHO: Geneva; 2016 [cited 2019 Nov 13]. Available from: https://apps.who.int/iris/bitstream/handle/10665/250376/9789241510547-eng.pdf;jsessionid=F3867ED6C23DC9E50BF8A14151A16D?sequence=1

17. Dejours C. Addendum: da psicopatologia à psicodinâmica do trabalho. In: Lancman S, Sznelwar L, organizadores. Christopher Dejours: da psicopatologia à psicodinâmica do trabalho. 2ª ed. Rio de Janeiro: Fiocruz; 2011. 152p.

18. Dejours C, Abdoucheli E, Jayet C. Psicodinâmica do trabalho: contribuições da escola Dejouriana à análise da relação prazer, sofrimento e trabalho. São Paulo: Atlas; 2011. 152p.

19. Bardin L. Análise de conteúdo. 3ª ed. Lisboa: Edições 70; 2016. 280p.

20. Vinuto JA. Amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temáticas [Internet]. 2014 [cited 2017 Apr 8];22(44):203-20. Available from: https://rnps.abes.br/tematicas/article/view/2144/1637

21. Dejours C. Uma nova visão do sofrimento humano nas organizações. In Chanlat J. O indivíduo na organização. São Paulo: Atlas; 1996. 149-73 p.

22. Dejours C. Addendum: da psicopatologia à psicodinâmica do trabalho. In: Lancman S, Sznelwar L, organizadores. Christopher Dejours: da psicopatologia à psicodinâmica do trabalho. 2ª ed. Rio de Janeiro: Fiocruz; 2008. p. 57-123.

23. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Humanização [Internet]. Brasília: MS; 2003 [cited 2019 Nov 13]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_humanizacao_oah.pdf

24. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Orientações para elaboração de projetos arquitetônicos Rede Cegonha: ambientes de atenção ao parto e nascimento [Internet]. Brasília: MS; 2018 [cited 2019 Nov 13]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/orientacoes_projetos_arquitetonicos_rede_cegonha.pdf

25. Silva CN. Applied ergonomics in the qualification of the space of birth space. Rev Sustinere 2018;6(1):150-74. doi: 10.12957/reuerj.2017.33609

26. Silva ALA, Mendes ACG, Miranda GMD, Souza WV. Quality of care for labor and childbirth in a public hospital network in a Brazilian state capital: patient satisfaction. Cad Saúde Pública. 2017;33(12):e00175116. doi: 10.1590/0102-311X00175116

27. Shoji S, Souza NVDO, Farias SNP, Vieira MLC, Progianti JM. Proposals for improving working conditions at an outpatient clinic: the nursing standpoint. Esc Anna Nery. 2016;20(2):303-9. doi: 10.5935/1414-8145.20160041

28. Albuquerque YP, Proença RPC, Heck APF, Luz CM. The ambience in a high-risk unit of a public maternity hospital: an ergonomic approach. Arq Catarin Med [Internet]. 2016 [cited 2019 Mar 28];45(1):65-77. Available from: http://www.acm.org.br/acm/seer/index.php/arquivos/article/view/63/58

29. Adzakpah G, Laar A, Fiadjoe H. Occupational stress among nurses in a hospital setting in Ghana. Clin Case Rep Rev. 2016;2(4):10.18332/ejm/115983

30. Sidhu R, Su B, Shapiro KR, Stoll K. Prevalence of and factors associated with burnout in midwifery: a scoping review. Europ J Midwifery. 2020;4(4):10.18332/ejm/115983

31. Khavayet F, Tahery N, Alizadeh Ahvaz M, Tabnak A. A survey of job satisfaction among midwives in hospitals. J Midwifery Reproduct Health. 2018;6(1):1186-92. doi: 10.22038/jmwh.2017.9943

32. Pinar SE, Ucuk S, Aksoy OD, Yurtsal ZB, Cesur B, Yel HL. Job satisfaction and motivation levels of midwives/nurses working in family health centres: a survey from Turkey. Int J Caring Sci [Internet] 2017 [cited 2020 Aug 11];10(2):802-12. Available from: https://www.internationaljournalofcaringsciences.org/docs/18_pinar_original_10_2.pdf
33. Nedvědová D, Dušová B, Jarošová D. Job satisfaction of midwives: a literature review. Cent Eur J Nurs Midw. 2017;8(2):650-6. doi: 10.15452/CEJNM.2017.08.0014
34. Dejours C. A loucura do trabalho: estudo de psicopatologia do trabalho. 6ª ed. São Paulo: Cortez; 2015. 224p.
35. Vargens OMC, Silva ACV, Progianti JM. Non-invasive nursing technologies for pain relief during childbirth: the Brazilian nurse midwives’ view. Midwifery. 2013;29(11):e99-106. doi: 10.1016/j.midw.2012.11.011
36. Prata JA, Progianti JM. The learning process of students in practical activities of residency in obstetric nursing. Rev Enferm UERJ. 2017;25:e27792. doi: 10.12957/reuerj.2017.27792
37. Pivoto FL, Lunardi Filho WD, Lunardi VV, Silva PA. Organization of work and the production of subjectivity of the nurse related to the nursing process. Esc Anna Nery. 2017;21(1):e20170014. doi: 10.5935/1414-8145.20170014
38. Moghadam SR, Moosazadeh M, Mohammadyan M, Emkani M, Khanjani N, Tizabi MNL. Psychological health and its relation with occupational stress in midwives. Int J Occup Hyg [Internet] 2016 [cited 2020 Aug 1];8(4):217-22. Available from: https://ijoh.tums.ac.ir/index.php/ijoh/article/view/239
39. Dejours C. A banalização da injustiça social. 7ª ed. Rio de Janeiro: FGV; 2011. 160p.
40. Oliveira JN, Mendes AM. Psychic suffering and defensive strategies used by unemployed: contributions of the psychodynamics of work. Temas Psicol. 2014;22(2):389-99. doi: 10.9788/TP2014.2-10
41. Karimyar Jahromi M, Minaei S, Abdollahifard S, Maddahfar M. The effect of stress management on occupational stress and satisfaction among midwives in obstetrics and gynecology hospital wards in Iran. Glob J Health Sci. 2016;8(9):54170. doi: 10.5539/gjhs.v8n9p91