

Research Article

Open Access

The Uses of Himself In A Human Milk Bank: An Analysis From An Activity Point of View

Stephania Mendes Demarchi* Monica de Fatima Bianco and Maria da Penha Gomes Gouveia

Avenue Fernando Ferrari Goiabeiras, Vitória Espírito Santo, 29075-910, Brazil

ABSTRACT

Objective: To analyze the uses of itself in work situations of nursing professionals inserted in a human milk bank (HMB) located in a capital of southeastern Brazil.

Method: In order to produce research data, we followed some procedures: documentary survey; participant observation in HMB for a period of 3 months with generation of field diary; fourteen individual and semi-structured interviews with the participating professionals, besides the accomplishment of a discussion group with the participants who made themselves available.

Result: Based on the analytical categories, we became able to understand the dramatic uses of itself in the actions, the values involved and the experiences lived by these employees and what guided their actions, in addition to highlighting the re-normalizations held to execute the activities proposed to them. Remembering that all the names cited are fictitious. The research revealed the importance of the uses made by HMB nursing workers aiming at providing a quality and humanized health service.

Conclusion: Professionals re-normalize their activities in an environment of many technical prescriptions, justifying it as a necessary means to achieve the expected results. Such re-normalizations are the result of the use of themselves by the professionals who are engaged in the activity, doing what they think is the best for the other, either it is a nursing professional or patient of the organization. For this purpose, they use their perceptions, preferences and values, as envisaged by the Analytical Ergology

*Corresponding author

Stephania Mendes Demarchi, Avenue Fernando Ferrari Goiabeiras, Vitória Espírito Santo, 29075-910, Brazil. E-mail: stephaniamentes2008@hotmail.com

Received: March 23, 2020; **Accepted:** March 30, 2020; **Published:** April 06, 2020

Keywords: Work, Activity, Ergology, Uses of itself, Human milk bank, Nursing

Introduction

Organizational studies conducted in hospital environments seek support in several areas of knowledge, and this happens because such institutions are places of social action, relatively open to formal subjects, as well as to debates that cover a variety of matters derived from the social fabric, thereby becoming interesting places for the accomplishment of organizational studies [1,2].

Similarly, in organizational studies that have “human work” as their theme, there is an intense search to establish conversations with other trends and authors, among which Ergology scholars are present [3]. Ergology is an approach that encompasses several subjects with the objective of studying work mainly in its micro-dimension, but establishing a relationship with the macro, seeking to understand the concrete activity from the point of view of those who work, taking as a starting point the difference between the prescribed work and the real work. Under this perspective, work is the activity of human beings located in time and space, which demands activities that are always complex and enigmatic [4].

When studying ergology, the following terms are minimally present: activity, uses of itself, previous norms, re-normalizations, value and body-itself [5]. In summary, for Ergology, these concepts are present not only in working life, but in every act of living, since

the individual always tries to exist according to his/her values in an environment that is partly placed, in a certain way imposed, but of another changeable, in such a way that this process will be permanently re-normalized by the use of itself [6].

The activity at work involves the mobilization of the whole individual, develops knowledge and experiences that help in the execution of tasks and constraints faced. Accordingly, recognizing the body-itself, this other concept, becomes an important element for the understanding of the behavior of workers in activity [7]. The body-itself imposes a biological, psychological, cultural and historical body that articulates itself through thought, intelligence and cognition, it is intelligible, which exempts it from any objectification [[7,8]. Accordingly, the body-itself is the mediator and manager between the diversity of choices, i.e., between working for itself and for the other [9].

For the purpose of clarification, there is a use of itself made by the individual himself/herself, which cannot be totally defined a priori—use of itself by itself. These uses of itself that workers make are also defined by their own norms and values [10]. Moreover, the use of itself by the other refers to a use that one wants to make of this individual when entering a work environment that has already been offered. Seen in these terms, previous norms prevail and the individual is in this environment intervening in the norms, or re-normalizing them [11].

When managing the use of it self, the worker always reorganizes the activity that has been assigned to him/her, making choices and ending up carrying out such activity in another way. This reorganization is related to the way in which the individual perceives and sees his/her environment. This is because people are unique and sui generis and their stories and experiences reflect and interfere with the execution of their work. Accordingly, every activity performed in the workplace is a use of itself by itself and by others, because it is singular and collective at the same time [3].

It is due to the use of itself that the individual who works proceeds to re-normalizations in order to adapt his/her “reality” (reality apprehended by the worker) to the previous norms, which are everything that directs an action to a direction conceived a priori (that is why previous) [3]. Accordingly, re-normalization is everything that the worker does as he/she enters the work environment, making use of himself/herself [12].

Studies have shown ergology as an analytical tool that enables us to study the activities involved in the health service, since they are service activities aimed at caring for others; and, in this sense, such activities required continuous use of professionals and re-normalization of the prescribed work [13,14]. Among the services offered in the health area, we can cite HMB, which is a specialized sector whose responsibility is to promote, protect and support breastfeeding and the execution of human milk collection activities, involving its processing, quality control and distribution [15].

Therefore, we should reflect on the work of the nursing team in HMB based on ergology, being attentive to the dialectics of the dramatic uses of itself and the debate between the prescribed work and the real work, because it is also in these instances that the work of nursing is operationalized [16]. The work of nursing in milk banks has hardly been investigated yet, and even less from the point of view of the activity. Accordingly, from the perspective of Ergology, the general objective of this research is to analyze the uses of itself in work situations of nursing professionals inserted in a human milk bank located in a capital of southeastern Brazil.

Method

This is a research with qualitative and descriptive approach, aligned with the research objectives. This type of approach has been used by several researchers in social studies, medical investigations, organizational issues, etc.; over time, it has The HMB where the research was conducted is located in a large public and university hospital. Such hospital operates from the 1940's and this HMB was inaugurated over 20 years ago. There are 15 professionals in the hospital, 3 of whom work as nurses, 12 as nursing technicians and nursing assistants, working in 6 shifts (3 morning and 3 night shifts). All the workers are females, approved in public examinations. The age range varies between 37 and 54 years. From the total of 15, 14 professionals accepted to participate in the survey. Of those, two did not have children. Only one employee does not have a college degree, being that all of them have a technical nursing degree and 10 of them have a college nursing degree. As for the time of professional exercise, there are 4 workers with more than 10 years in the sector, 9 workers in the range of 1 to 9 years of exercise and one worker with 3 months of work. All of them signed the free and informed consent form (FICF) as required by the Ethics Committee. The inclusion criteria for the participants were: being nursing professionals, working in HMB, and being permanent employees of the institution.

In order to produce data, we chose 4 methods: documentary survey; participant observation with generation of a field diary; individual and semi-structured interviews; and accomplishment of a discussion group at the end of the process.

In the documentary survey, we examined the documents containing the norms and the history of the focus institution, which are available either on printed form or on the Internet. The semi-structured interviews were recorded and, subsequently, numbered and transcribed in their entirety. This type of interview was selected because it enables us to collect information through the speech of those surveyed, as well as the inclusion of open and closed questions [18]. The script used contained general questions to characterize the individuals and questions inspired by the theory and based on observations made in the field. The Discussion Group performed the analysis of the uses of itself and the re-normalizations based on the field notes and results of the interviews conducted during the research.

The observation stage took place over a period of 3 consecutive months, lasting approximately 6 hours each time, from August to October 2016, completing approximately 260 hours of observation. During this period, we made field notes, and then produced more detailed writings of impressions. As for the interviews, in total, there were 11 hours and 48 minutes of recorded interviews, which were later transcribed for better evaluation. Finally, there were 2 hours and 36 minutes of group discussion at the end of the research, besides one meeting that was also recorded and transcribed for the treatment of data.

During the analysis, we chose to work with content analysis [19]. Firstly, there was a thematic analysis, where the most frequent themes were observed on several occasions. After more intense readings on the material and with the revision of the theory, we prepared 4 analytical categories, of which 3 are the basis for discussion in this paper: a) “It was necessary”: re-normalizations in face of the unpredictability of work; b) Life history and work activity; and c) The values present in work. Finally, we performed the treatment/interpretation of the results based on the chosen theory.

Results

Based on the analytical categories, we became able to understand the dramatic uses of themselves in the actions, the values involved and the experiences lived by these employees and what guided them in their actions. Moreover, we found the re-normalizations held to execute the activities proposed to them. Remembering that all the names cited are fictitious.

“It was necessary”: re-normalizations in face of the unpredictability of work

The category “It was necessary”: re-normalizations in face of the unpredictability of work (the event and the choices) deals with the re-normalizations held by workers when carrying out their work activities. The main challenges of the sector are: the high demand for services in the 24-hour period and the lack of human resources, according to the participants. In view of this, it is common for workers to make choices in face of the challenges caused by their norms or by the absence of these norms, which require re-normalizations.

In the routine of the sector, we observed that the coupler, a working container of HMB used in most clinical care, was washed and placed to dry on the top of the existing benches, and then immersed

in a hypochlorite solution (chemical solution to disinfect it). Subsequently, it was placed again to dry on the top of the benches and, after that, packed in plastic and used in the collection room. During the research, the professional Betty thought of another way to hold this drying process.

She thought of using a dryer that was recently purchased in the sector and used to dry only the garrotes or tourniquets (rubbers that connect the suction machine to the coupler). She talked to the head nurses and accepted the proposal of change, i.e. that the couplers should be washed, placed in the dryer, passed in the hypochlorite solution and, subsequently, left to dry on the benches. This re-normalization reduced the drying operation from 12 to 6 hours, besides relieving the difficulty of access to the couplers and also reduced the fatigue of these workers, since the milking has to be manual in their absence, which makes the care more prolonged, besides provoking pain in the wrists. When asked what they found most tiring in their tasks, the workers responded that it was manual milking. The professional Ida highlights: "When has to do a lot of manual milking, it is so tiring for me." Conclusion, after this re-normalization, the complaints of the night shift decreased, because there were complaints about the fact that the day shift was leaving the night shift professionals without any couplers available. With such results, we can perceive that the re-normalization at work brought several benefits to HMB and professionals involved.

In the pasteurization process, we noted that the workers also needed to make choices. There is a technical sheet and it is fixed in the pasteurizer, where it shows the time that each bottle must remain in this equipment before the bottle reaches the expected temperature of 62.5 degrees Celsius, as envisaged in the technical norm. However, during the research, the professionals reported that there was a difference between the time determined by the data sheet and the real time that the bottle took to reach the predicted temperature. For example, the chart shows that the 150 ml Nescafé® bottle takes 15 minutes to reach a temperature of 62.5°C, but, in practice, it takes a varied amount of time. Accordingly, the professional needs to choose what to obey: the time foreseen in the chart or respect the time being shown on the thermometer. In all the surveyed pasteurizations, the professionals chose to obey the temperature shown by the thermometer and only start counting the 30 minutes after the bottle reached 62.5°C on the thermometer. The professional Imogenes reports: "The standardization of the temperature curve does not work due to the load, since, for each pasteurization, a different number of bottles is inserted."

The chart prescribes the time that the bottle takes to reach 62.5°C and how long it should take its pasteurization, prepared for a standard amount of 30 bottles, all with the same volume. Nevertheless, pasteurization is rarely performed with this exact number of bottles. There was concern on the part of the professionals when the bottles did not follow the established standard. Imogenes and Betty, respectively, commented: "My bottles never reach the right time, what should I do?!" and "I wanted it to arrive with 15 minutes, due to having 150 ml."

For this activity, there is a form sheet where temperatures must be recorded, and the non-compliance with the temperature can be questioned by the coordination or a possible technical visit of the Supervisory Body, which has the power even to prohibit HMB from pasteurizing. After a meeting with the coordination about the existing non-compliances and about the concern of the bottles not reaching the temperature according to the table (the prescription),

they talked again about these re-normalizations, making something more common, in such a way as to allow them to perceive how the work activity is a dramatic use of itself.

Life history and work activity

The category Life history and work activity shows the use of itself by itself and the use of itself by others that these employees make during their activity. In this group, we noted that being a mother and having breastfed brings to the professional activity an appreciation of the act of caring for, besides a certain interest on the part of the patients in hearing reports about its management, being common, during the research process, we hear the patients asking the professionals who served them, when they gave their opinions, if they were mothers. In the interview, the professional Ida comments on what personal experience contributes to her activity: "The experience of having been a mother, for having had two babies at home and for having breastfed."

Such experience is also used to chill out at certain moments of the service. There are occasions when professionals use comments, in order to try to relieve the moments of pain of patients, telling funny stories, and usually everyone laughs. The professional Virginia, for example, tells the adventures of her two-year-old baby: "Yesterday, my husband called me and told me that my daughter climbed on the glass table.". However, we also noted that they use these experiences in more complicated and stressful moments, where the mother arrives weakened with a premature baby for example, and that, in most cases, pregnancy or childbirth were difficult.

In an observed service, where the mother of NB was in this situation, weakened, the professional Florence reports the difficulties that she had in her pregnancy, when she also had to stay hospitalized to ensure more time for the pregnancy, who dreamed of a humanized delivery, but which was a cesarean section: "I know it is tiring, since I was also a premature mother". We noted that this use of themselves that professionals make, reporting cases, distracting the patient and establishing identification and attention to what they talk about, is very based on the experience of being mothers, which influences the choices that they make of words and the way in which they will conduct the patient care.

Other professionals report having had a bad experience related to maternity, such as not having breastfed or having had difficulties as well, which influence the care provided by them. The professional Faye says: "I think that, mainly because I didn't breastfeed, because I was frustrated with it, it makes me work harder", and Wanda comments: "As for my first daughter, I had a lot of difficulty, I was cracked; I suffered mastitis, I sought to make specialization in breastfeeding because of the difficulty faced [...], because we are women, but we weren't born ready to be mothers, much less to breastfeed". Accordingly, we could understand that good or bad experiences about maternity influence daily the behaviors of these professionals when performing their activities.

The values present in work

In the category, the values present in work are highlighted in the day-to-day work of this team. At various times, these values were cited by professionals, and in others they were respected in an apparently unconscious way. Moreover, after being questioned and had the opportunity to reflect on their activities, they verbalized the reason, i.e., the justification to act in a certain way.

During the survey, patients came to report that they were referred by friends and relatives who indicated how good the service provided was, in such a way that they recognized and valued the services provided. There was a satisfaction on the part of the team when the recognition happened; in addition, there was a notebook in the reception of HMB, where patients put their testimonials about the care, as well as when they received a favorable e-mail, and then the head nurses printed it and put it on the mural for the whole team to contemplate. The professionals also took pictures with happy patients or mothers of NICU being discharged.

In this sense, we noted that customer satisfaction was a value among these workers. Betty says: "Look, my goal here is to see the satisfaction of the customer". The professionals directed their actions based on value: patient and baby satisfaction. In the research, we noted that a technique called finger was happening, which consists of feeding the baby by placing a probe on the finger, such practice had been forbidden by the coordination, becoming a previous rule that the nursing technicians and nursing assistants could not perform by their own decision, but only with the permission and supervision of the head nurse. We should highlight that, during one period of the research, two nurses were on leave (away on medical leave or for training), there was only one nurse on the 6-hour shift in the sector, so that the participants were unsupervised much of the time. In this period, we noticed a certain fear of performing the procedure, but the great majority continued performing the technique, at times when there were no nurses in the sector. The following statement exemplifies it: "Some children come here and it is very difficult, sometimes you will offer a glass, but the child does not accept, and then you have to make a 'finger' on your own. But if you don't do it, the child will not eat, so we know that you were very clear in the meeting that we shouldn't, but there's something you can't deny, as you have to do. I know we shouldn't and so on, but I do it for the sake of the child and the mother." (Myra).

Among the collective values, one of the most highlighted was the perception of the team when declared itself as the extension of a family. In this sense, when asked in the discussion group why they commonly talk about their personal life at work, professionals emphasized that they considered themselves as a family. Josephine says: "One way or another, you spend 12 hours inside the workplace. It's another family". Imogenes adds: "It's another family (laughing), so I arrive there in the morning scolding everybody", and Madeleine says smiling: "She only gets rough because she has a certain intimacy". By describing the situations observed at work and experienced by the HMB professionals, we can discuss the findings of the research in the light of ergology.

Discussion

The concepts of ergology are present in the categories shown, making it possible to understand that the HMB nursing professionals make use of themselves seeking to provide a quality and humanized health service. This dramatic use of itself was highlighted by: the description of the analyzed work situations; the different aspects manifested in the activities, through the re-normalizations held and the behaviors taken; the understanding of the values involved in the choices; and the use of the lived experiences guiding the actions in the daily work situations. All these findings are in line with the scientific production in ergology.

In other words, the worker makes use of itself, using in his/her activity its body-itself, which is constituted of his/her values, beliefs and subjectivities [10]. Equal activities performed by

different professionals entail different results, because each worker involves itself in a unique way in his/her work activity, that is, makes use of itself [20]. When using itself (by itself and by others), the worker designs singular strategies for the execution of his/her activity, thereby modifying norms and prescriptions with the aim at overcoming the challenges present in his/her work [8,10].

In the activity, the re-normalizations take place, which are held in the debate involving norms—previous norms—since the prescribed work is insufficient to deal with the activity, especially when in situation, the demand should be met with the available resources [8]. It is known that the prescription is made for a projected demand, which does not foresee the real oscillation of the work periods.

Accordingly, life is not defined as a product of the environment, making it necessary to make choices, since the existing rules in the work environment are not efficient to solve all demands, and it is essential that the worker makes use of itself to fill the gap of the norms. As norms do not anticipate all possible situations, it becomes necessary to normalize when there is no norm [8]. When making choices, we have a dramatic use of ourselves, because there is a confrontation between the previous norms and the need for re-normalization permeated by the limit of autonomy. In other words, any labor activity raises new questions and a way of experiencing itself in the workplace [21].

Seen in these terms, it was shown that professionals make use of their history, i.e., their experience to deal with the service of their work. According to Schwartz (2003), every human life is crossed by history, because it is in part an experience, but when we talk about work, this reality is also present, but it is not only a history marked by chance in the lives of each and every worker. No human condition is loaded with so many sediments, condensations and marks of history debates as work [22]. When it comes to HMB, it is no different, professionals use their personal and family history and their experience in other work in the daily activities of the milk bank. Most of these workers have children, and this experience is the most present in the exercise of the activity in HMB. They tell the patients about their own experiences of maternity, thereby describing the behaviors and care taken. Accordingly, this is recognized by the patients, because there is also a social appreciation of the woman that have children [23].

In the study conducted in HMB, both individual and collective values put forth were noted, which are used by professionals in their work environment. That is, there are immeasurable values that guide decisions [24]. Productivity is considered a market value, but there are values present in the organization that have nothing to do with market perception, they are the so-called "immeasurable values", generally related to issues of health, justice, welfare, i.e., the common good [24]. It is also important to point out that, in work situations, there are also re-singularizations of values present in the collective work manifested in each activity [25]. For Durrie and Schwartz (2008), values can be defined as subjective characteristics that are assigned to things, in a proper categorization, where there is a factor that is estimated or preferred. In one sense, it is an onslaught of the person to try to control the environment in which he/she is located. Moreover, it is important to emphasize that the individual does not establish his/her values separately, but this is constantly reinvented by the environment [5].

In this sector, the re-normalizations and the non-compliance with norms were often based on the value of doing the best for

the patient, thereby seeking the satisfaction of the patient. Re-normalizations involve choices, which are immersed in the values of the workers who debate norms during the act (here and now) [26]. About the finger, a practice discussed before, after some time, the coordination allowed such practice, thereby releasing the nursing technicians to perform this activity when they found it extremely necessary. In other words, they delegated the decision, allowing this management of the use of itself. Importantly, we should emphasize that caring for is in the essence of the nursing profession, and it is a training that most participants have, manifested in the interaction between the individual who cares for and the individual who is cared for, in a service relationship, where both participate by interacting [27].

Accordingly, the values of the environment guide decisions and entail negotiations at work, according to the different ways of seeing the world. Making use of itself, your personal background, experience and situations that will influence your work, when performing your activities and dealing with your colleagues [28].

Final Considerations

The research sought the analysis of re-normalization and uses of the work in HMB, thereby highlighting how ergology can contribute to the understanding of work from the point of view of the activity in organizational environments, besides the understanding of the practices of these nursing professionals. Making use of the ergological perspective is to see this work through the panorama of the worker itself, which required the permanence in the field, with hours of observation and questioning about its routines, tasks and activities. The practices and situations of the real work were analyzed and the impressions about the work of the professionals were discussed with the group of participants, so that they could reflect about their own work and activities.

The use of itself by itself and by the other happens in different ways. Maternity was the most emphasized and highlighted aspect by these female workers, either about the experiences of breastfeeding or any other aspects related to the childbirth or early childhood of their children. In this sense, these women conducted clinical care, seeking to establish empathy with patients, their relatives and caregivers, because they understood their anguishes and anxieties, either because they had already gone through a similar difficulty or because they used their experiences to “break the ice”, thereby creating favorable situations and gaining confidence to facilitate the accomplishment of their own activities and obtaining the desired result.

The study shows that there is not a simple execution of the work, accomplishment of a task, but a use, an engagement of the individual, which goes beyond what his/her obligation requires and his/her technical professional training prepares him/her. In other words, when working, we make use of ourselves for ourselves and for the others, which became even clearer in the investigated health service. Re-normalizations were highlighted in face of real work situations, where professionals held such re-normalizations based on their own values or on the values of the environment, because the collective permeates the ways of acting.

The value of customer satisfaction (whether the baby, the mother or the mother-baby binomial) was the basis for several re-normalizations and even for breaking norms, such as, for example, in the case of the finger, provoking anguish and fear in the workers. The collective value of “being a family” was also present, causing the women workers to try to take care of each other, thereby

allowing a friendly conversation among them.

We have understood that this ergological analysis – when enabling the understanding of the aspects regarding the engagement of the surveyed professionals, which contribute to the effectiveness of their work, beyond the very reflection on their own practice – can contribute to the transformation of these organizational spaces aiming at the maintenance and improvement of such health services, which are very important for the Brazilian society. Concerning the perspectives for future works, we point out the need to understand how the various international norms of maternal-infant health policies influence the work and uses of human milk banks by professionals in their day-to-day work.

References

1. Matos E, Pires D (2006) Administrative theories and work organization: from Taylor to the present day, influences in the health and nursing sectors. *Text and Enf Cont* 15:508-514.
2. Clegg SR, Hard C, Nord, WR (1999) *Organizational Studies Handbook*. 1. Ed. São Paulo: Atlas.
3. Holz, Bianco MF (2014) Ergology: a possible approach to organizational studies of work. *EBAPE notebooks*. 12: 494-512.
4. 4. Borges MES (2004) Labor and management itself - beyond the “human resources”. *Notebooks of Social Work Psychology* 7: 41-49.
5. Durrive L, Schwartz Y (2008) Glossary of ergology. *Laboreal* 4: 23-28.
6. Holz EB (2013) Ergological research: scientificity, coherence, paradigm and conceptual articulation. *Management and connections* 2: 210-229.
7. Moraes TD, Pinto FM (2011) The body in activities in transit: professional drivers and mobilization of the body-self. *Social Work Psychology Notebook* 14: 279-294.
8. Schwartz Y, Durrive L (2010) Work and ergology: conversations about human activity 2.
9. Schwartz Y, Duc M, Durrive L (2010) Work and ergology. In: *Work and ergology: conversations about human activity* 2: 25-36.
10. Schwartz Y (2000) *The ergological paradigm or a profession of philosopher*. Toulouse: Octarès Éditions.
11. Araujo Emg, Alevato Hmr (2011) Ergological approach to the organization and working conditions in a food and nutrition unit. *Ingepro* 3.
12. Schwartz Y, Mencacci N (2008) Trajectoire ergologique et genèse du concept d’usage de soi. *Informatics in education: theory & practice* 11: 9-13.
13. Santos T, Camponogara AS (2014) A look at the work of nursing and ergology. *Trab. educ. Saúde* 12: 149-163.
14. Almeida Hcad (2007) *Family Health Strategy: A Contribution of Ergological Analysis to Management*. Belo Horizonte-Graduate Program in Administration, Federal University of Espírito Santo, Vitória.
15. Brazil National Health Surveillance Agency. RDC 171: Technical regulation for the operation of human milk banks. Brasília: Anvisa, 2006.
16. Campos LF, Melo MRA, Filho PCPT (2014) Ergology as a theoretical framework: Possibilities for nursing care and research. *Rev Enf Cen Oes Min* 4: 1222-1228.
17. Barbour R (2009) Methodological challenges in the use of focus groups with people with severe mental illness Focus groups. *Porto Alegre: Artmed* 33-6.
18. Minayo MCS (1993) *The knowledge challenge: qualitative health research*. 2nd ed. São Paulo: Hucitec.

19. Bardin L (2011) Content analysis. 1st ed. São Paulo: Ed. 70.
20. Vinagre RF, Castro AC (2017) Analysis of the blowtorch workers in the shipyard in Brazil: Considerations about the health of workers in the ergological perspective. *Work and society* 28: 181-193.
21. Lima ELN, Bianco MF (2009) Analysis of work situations: management and self-use of workers in an oil company. *EBAPE notebooks* 7: 630-648.
22. Schwartz Y (2003) Work and knowledge. In: Opening conference of the seminar on work and knowledge, Seminar on Work and Knowledge, Belo Horizonte.
23. Moura S, Araujo MF (2011) The maternity in history and the history of the maternal. *Care. Psicol. cienc. Prof* 24: 44-55.
24. Schwartz Y, Durrieu L (2015) *Work and ergology II: Dialogues on human activity*. Belo Horizonte: Fabrefactum.
25. Birth Bmf, Muniz Hp (2016) Work and subjectivity: contributions from ergology. *Poiésis* 30: 8-11.
26. Echternacht E (2008) Human activity and health management at work: Elements for reflection from the ergological approach. *Laboreal* 4: 46-55.
27. Ferreira MA (2006) Communication in care: the fundamental task in nursing. *Rev. bras. Nursing* 59: 327-330.
28. Schwartz Y (2004) Work and Management: Levels, Criteria and Instances. In: Figueiredo M, Atayde M, Brito J, Alvarez D. *Labyrinths of work: questions and views on living work*.