

# The role of the pediatrician in the emergency service: the fear of failure and the need to be well

## *A atividade do pediatra na urgência: o medo de errar e a necessidade de estar bem*

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### ABSTRACT

**Introduction:** medical work has undergone profound changes. The wage system, employment conditions, low wages, and loss of status have brought, among other problems, loss of autonomy, creativity, and increased workload. Given the intense contact with pain, suffering, and death it is possible to understand why these professionals are frequent sufferers of burnout and psychological distress. **Objective:** To understand the complaints of tiredness and exhaustion among doctors working in public hospital pediatric emergencies. **Methods:** Qualitative research using different techniques. 44 participants from 62 pediatricians were selected at a public emergency service. They were observed during work and answered group interviews that highlighted recurring themes considered relevant and that were further explored in group techniques. **Results:** The study showed that physicians experience negative feelings about their performance in pediatric emergency shifts. The highlights were the fear of failure and fear of not doing the best in the care to critically ill children and to those who died. The perception that they must be well in order to properly do their tasks became apparent. **Conclusions:** The research gave better insight into the work of the emergency pediatrician, showing that the nature of the service can lead to their feeling tired and experiencing negative feelings.

**Key words:** Professional Practice; Pediatric Assistants; Emergency Medical Services; Health Personnel.

### RESUMO

**Introdução:** o trabalho médico passou por profundas modificações. O assalariamento, os vínculos precários, os baixos salários, a perda do status quo trouxeram, entre outros prejuízos, a perda da autonomia, da criatividade e a intensificação da jornada de trabalho. Levando em conta o contato intenso com a dor, o sofrimento e a morte, é possível compreender por que esses profissionais vivenciam com frequência situações de desgaste profissional e sofrimento psíquico. **Objetivo:** compreender as queixas de cansaço e exaustão de médicos que trabalham em hospital público de urgências pediátricas. **Métodos:** pesquisa qualitativa com a integração de diferentes técnicas. Foram selecionados 44 participantes de 62 pediatras em serviço público de urgência. As observações do trabalho e as entrevistas coletivas colocaram em evidência temas recorrentes e relevantes que foram aprofundados na técnica de grupo. **Resultados:** o trabalho mostrou que os médicos experimentam sentimentos negativos no desempenho da atividade em plantões de urgência pediátrica. Destacaram-se o medo de errar e o medo de não ter feito o melhor no atendimento às crianças graves e às crianças que foram a óbito. A percepção de que precisam estar bem para darem conta das exigências da tarefa ficou evidente. **Conclusões:** a pesquisa permitiu melhor conhecimento do trabalho do médico-pediatra na urgência, mostrando que a natureza dos atendimentos favorece o cansaço e as vivências de sentimentos negativos.

**Palavras-chave:** Prática Profissional; Assistentes de Pediatria; Serviços Médicos de Emergência; Pessoal de Saúde.

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## INTRODUCTION

For many years, doctors have been seen as the control keepers of their work and as performing an occupation with great power. Changes in the work world have also reached the medical work. The salaries, poor connections, low wages, and the loss of *status quo* are the result of changes that consequently brought harm to these professionals such as workday intensification, and loss of autonomy and creativity among others. These characteristics added to the peculiarities of the medical work (such as intense contact with pain, suffering, and death) make this activity a potential morbidity generator, professional wear, and psychic distress.<sup>1-3</sup>

Pediatrics lack evidences about events that are occurring in the professional work. Menegaz<sup>4</sup> studied doctors working in University Hospitals in Brazil, and found evidences that many pediatricians would be likely to develop burnout. Pistelli et al.<sup>3</sup>, in Argentina, and Al-Youbi and Jan<sup>5</sup>, in Saudi Arabia, confirmed the possibility of finding this syndrome among doctors in those countries. For Silva et al.<sup>6</sup>, the persistence and intensity of stress make the individual vulnerable to the burnout syndrome, “a reaction to the chronic emotional stress, generated from the direct and excessive contact with other people, characterized by the high emotional exhaustion, dehumanization, and reduced personal achievement”.<sup>6</sup>

Between 1970 and 2011, an increase in 530% of doctors was observed in Brazil, among these, 27,232 (13.31%) are pediatricians within 204,563 specialists.<sup>7</sup> However, many pediatric emergency services have closed in the recent years because of the difficulty to cover schedules with emergency professionals, even with the significant amount of pediatricians in the country.

The activity of pediatricians in the emergency room can bring emotional stress and the involved factors must be known because they are often linked to the professionals' feelings experienced in their work.

This article seeks to collect elements of the analysis of pediatric emergency services to understand the intense tiredness reported by professionals on duty, especially about feelings experienced when on duty in the emergency room. The objective is to examine whether the intrinsic and extrinsic factors in the Pediatric activity could be associated to the complaints presented by these professionals.

## METHODOLOGY

This was a qualitative research, seeking to identify the elements of the pediatrician's work in the emergency room in a public hospital in Belo Horizonte. The study sought to understand the tiredness and breakdown perceived in these professionals. Forty-four pediatricians out of 62 doctors working in the emergency room were studied, of which, 28 worked 24 hour's shifts, and 16 worked two 12 hours shifts per week. The inclusion criteria were: willingness to talk about the team's work, availability to talk, working in the team for some time, on staff or temporarily working in the institution, availability to be observed, belonging to different teams, committing to attend to four weekly sessions of 50 minutes each, on Thursdays. The study was executed through work observation, collective interviews, and focal groups.

The saturation criterion was based on the repetition and differences in the reports. The sample was considered sufficient when the data began to show repeated information.

Embarrassment was considered, which according to the translator of Guérin et al.<sup>8</sup>, it comes from the Latin word *constringere*, meaning tight, tightness, compression, duress, obligation, constraint, curtailment, injunctions, in order to understand the feelings experienced by the studied professionals. The challenge was to take the specific dimensions of the work situation and clarify some of the effects on the individual, as well as to allow the doctors talk about their work.<sup>9</sup>

Based on the direct observation of the subjects at work, data about rhythms, formal and informal task distribution, shifts, schedules, ways of conception, and work performance (or prescribed and real work), operative procedures, and required skills were collected.<sup>8</sup>

In the first phase, the work observation and self-confrontation through interviews were used, seeking to identify relevant topics to explain the tiredness reported by the pediatricians. Seven work observation sessions were held (one professional on duty at the emergency room for each day of the week), highlighting the descriptions of difficulties faced by the doctors in carrying their tasks. The researcher followed up each professional on duty for five hours in previously scheduled days.

The contribution of these seven collective interviews (one interview per professional on duty in different days of the week) provided a better overview of the study, which was deepened in the focus groups.

According to Vasconcelos<sup>10</sup>, interviews are particularly suitable to get information about what the person or the group knows, believes, expects, feels and wishes to do, does or have done, as well as their justifications or representations on the topics discussed. The interviews last 30 minutes each and occurred during work breaks. The number of doctors in each interview varied from six (in five meetings) to seven (in two meetings), totaling 44 interviewed pediatricians.

The guiding questions were: What are the factors that cause you to be tired after work? What do you think it is the most tiring activity when on duty? What is it good at work? What is it bad? How do you feel before being on duty? How do you feel after being on duty? Could you report any special case that demanded a lot from you? Which are the solutions for the detected problems? How is the division of work?

The interviews were not recorded. The researcher wrote down all the doctors' speeches and compared the results afterwards.

The focal groups followed the guidance of Gomes<sup>11</sup>, who presented this technic with the main objective of encouraging participants to discuss the topic of common interest. The discussions generally had the presence of a moderator, who intervened whenever necessary, trying to focus and deepen the discussion.

The objectives of the research and the way the group would operate were presented in the first meeting. The results from the first phases related to work constraints and their effects were presented as the focus groups discussions. Two researchers and one student, who help with the notes, participated in the focus groups. After each meeting, the researchers organized the recorded material, executed a floating analysis of contents, and planned the next meeting.

## DATA TREATMENT AND PRESENTATION

The recommendation of Turato<sup>12</sup> was used, which is a refinement of content analysis<sup>13</sup> aiming to the analysis proposed for the clinical-qualitative method. The author suggests different steps. In the first step was the floating reading for speech impregnation. In the second step, the emerging topics were characterized according to their relevance and repetition criteria.

The categories identified after analysis of the extracted material were: temporal pressure, since what is at stake is a human life; problem solving; collec-

tive dimension of work; the decision to hospitalize; dissatisfaction; the doctor's lack of control; and the caregiver's lack of control.

The elements extracted from the collective interviews were classified by differentiation. The topics highlighted were: health system organization, hospital work organization, and the triad pediatrician-patient-caregiver. The topics of fear of making mistakes, fear of lawsuits, doubts about decisions for hospitalization or not, guilt, anger, and non-recognition for their work were recurrent.

The project was approved by the Ethics Committee from the Federal University of Minas Gerais (ETIC 386/04) and the interviewees signed the FICF (Free and Informed Consent Form) after clarifications about the study.

## RESULTS

The speech analysis of the subjects, combined to the analysis of their activities, showed characteristics of the pediatricians' activities on duty in emergency rooms and allowed to partly understand the intense tiredness reported after being on duty.

### Feelings and embarrassment experienced by pediatricians in an emergency room service

#### Fear of making mistakes

*The worst thing for me is the fear of making mistakes. The biggest stress is the fear of making mistakes. What bothers me the most is the fear of making mistakes (Pediatrician 12, 13, 16 in interview).*

#### The relief after realizing that they did it right

*When the resident told me that the girl was in shock in the infirmary, I thought: Was this girl in shock when she arrived and I did not see it?...I talked to the infirmary doctor's assistant... the child went in to shock some hours after being hospitalized in that unit (Pediatrician 16, in interview).*

### The fear of not noticing important changes in children

*When I am very tired, I stop a little, I go for a walk, I'm afraid of missing something that I didn't see. I've already seen a boy being hospitalized, the staff examined him and didn't notice the pneumonia at that time, then another doctor examined him and gave the diagnosis (Pediatrician 7, in interview).*

### The perception of the need to be well to not make mistakes

Doctors report that tiredness interferes in the state of alert, and if they are not well, they do not perceive important signals such as for example, pneumonia in children, especially in newborns and infants because this exam in children requires improved skills. They also inform that if they are not well, they have difficulties dealing with the guilt and anxiety from those responsible for the children.

### Indignation, impotence, tiredness, and anger feelings before the aggressiveness of patients

*Today a mother who wants to be assisted fast, created a scandal. She started yelling that she had the constitutional right (Pediatrician 12, in group).*

*I am tired of being mistreated by these people. They do not have respect for us anymore. They come here very nervous, throwing all their anger against the health system on us (Pediatrician 5, in interview).*

*Do you know that I have even cried when a mother called the police on me because the child was not discharged? The exam was not ready. I was surprised thinking: Is it at me that she is talking so bad? (Pediatrician 13, in interview).*

The doctors reported a colleague's scene, which entered the comfort room with the hands on his head yelling: "What am I doing with my life? What am I doing here? (Collective interview with team X). The pediatrician had urged the father to hospitalize his daughter be-

cause she had severe pneumonia and he was refusing even with a doctor's justifications for hospitalization.

### The concern and state of alert before the possibility of a lawsuit

*I evaluated the boy and said: he does not have anything urgent, he can wait, and you will be assisted respecting the order of arrival. But, she called the police. We even ask the case number because, after this, she may start a lawsuit. (Pediatrician 13, in interview).*

### The apprehension before being on duty

*On Sunday night, I don't go out, I try to sleep early because I will be on duty on Monday... We arrive at the service and say: It is in God's hands (Pediatrician 1, group).*

### The impossibility of outlining feelings and tiredness before the psychic cost during their assistance

Facing the question about what is the most difficult thing in this occupation, a pediatrician states:

*For me, it is the pre-definition that the doctor must always be in a good mood (Pediatrician 9, group).*

### The anguish when they are facing cases for which they do not have a solution, for example, surgical or oncological cases, which are not part of the mission of the hospital in the study

*It is easy to talk, but it was me who was assisting the girl who was white as a sheet of paper, with tachypnea and I could not tell the mother to leave because she had already gone to several places, even to a oncology specialty hospital and they said that there was no beds for her daughter (Pediatrician 1, in group).*

In one of the observed situations, the doctor was assisting a child with an obstructed ventriculoperito-

neal shunt valve who needed an urgent surgery and was able to find hospitalization for her 8 hours later after several attempts to transfer the girl.

*I didn't sleep during my resting time because I was worried about the boy on the semi-hospitalization bed. The boy had appendicitis, and I couldn't transfer him to have surgery. They informed that the doctor from another hospital had to release the bed, but he said to not send the boy because they were full (Pediatrician 8, in interview).*

### **The state of alert emerges with the uncertainty about the severity of the next patients' conditions**

*The problem of being on duty is that you don't know about the next cases, you don't know if an emergency case will come to you, so there is always that uncertainty and it is as if you are on alert all the time (Pediatrician 17, work observation).*

### **Guilt, especially after death**

They, usually, say that they feel as if they could have done more:

*Do you know that boy who died while on duty at observation last night? I cannot get him out of my mind, I just keep thinking of him bubbling, full of secretions. I keep thinking that if he had not been breastfed, he probably wouldn't die because he wouldn't have aspirated the milk (Pediatrician 15, in interview).*

The doctor told the mother to not give a bottle of milk, but she did not write it on the chart.

### **The impotence feeling when facing cases of children who were victims of sexual abuse or another maltreatment**

The pediatricians report embarrassing, sensitive, and dangerous situations because, in many cases, family members are the authors of the abuse. They say that many times, the responsible person drops the complaint for several reasons. They say that they keep thinking about the future of that child.

### **Feelings of omnipotence, such as sustaining a constant vigil without needing to rest**

*I cannot stop thinking about my job even when I go home. It has happened that I was on my day off, and I went home worried about some child, I stay home thinking: will they remember to look at that child? Sometimes I call the hospital as soon as I get home to remind my colleagues to reevaluate the child (Pediatrician 16, in interview).*

In some other moments, there were omnipotence feelings when problems linked to the health system structure were remembered.

*We feel guilty about things that are not our fault. When I cannot send a boy to the ICU because there are no beds left, I keep thinking that it is my fault, that I cannot let this boy dye, when actually, is not our fault (Pediatrician 12, in group).*

### **Feelings of lack of recognition for the work done**

*When everything is fine, nobody remembers the doctor. Doctors and police, only when something is wrong (Pediatrician 2, in group).*

Another pediatrician added:

*In a course that I took, I elaborated a report about ethics and I showed that the government only goes to the television to advertise, and at any point they say who was the server doing the job. They say that the government does this and that. Did they do it? (Pediatrician 14, in group).*

### **Frustration when not seeing results at work**

The 12 or 24 hours shifts on duty not always allow the professional to see the results of their work. They report that the internist doctor may monitor the child in the infirmary, goes every day to the hospital, and can see the positive results about his intervention, whereas the professional on duty who does not establish lasting links with his patient and is not recognized by the "other" for his performed work.

### The stress caused by the need of changing attitudes in short periods of time

They report that they assist severe cases that require quick decision-making, prompting the doctor to be on alert, and soon after, they assist simple cases when they should diagnose, inform, and guide with patience and calm.

*You know, mother, this is a virus infection; fever will take three to four days. You should avoid giving him too much medicine. Maybe he will have diarrhea, then you have to give him saline solution. If the child is well, you only give him fever medicine and a lot of liquids, it could be tea (Pediatrician 10, work observation).*

A simple case causes indignation in the doctors because they are assisting cases that should be assisted in the basic care and they are in the emergency service.

### Anxiety before high demands

*The worst thing is the line in front of the gate. You see the line through the window and the medical charts on the table (Pediatrician 12, in group).*

### Positive feelings

The positive and rewarding organizational aspects of the unwanted psychological effects were noticed. For example, the participants noticed the apparent absence of hierarchy as something positive in the organization. Pediatricians compare the hospital with other institutions where they work in which hierarchy watches their behaviors.

*Not here, there is nobody watching my assistance, my prescription. Here is a place where you can even relax (Pediatrician 2, in group).*

The effects of the academic environment are also added as positives:

*Here you learn even unintentionally (Pediatrician 14, in group).*

### The fluctuating nature of consultations and the requirements perceived by the pediatrician in staying under an emotional balance

*I ask something and the mother answers me something very different, I don't know whether I didn't hear it or she didn't understand me, a lot of patience is required (Pediatrician 25, in work observation).*

### Insecurity in the decision-making process

*When I suspect that the mother will not take good care of the child, I don't send a child home under any circumstances (Pediatrician 19, in work observation).*

*I am insecure to discharge a patient when I imagine how the child's home is, the boy is still wheezing, I think, he will go home and come back in a few hours (Pediatrician 23, in interview).*

## DISCUSSION

This study focused on the pediatricians' work in emergency public services, in which the professionals complaint of extreme tiredness after being on duty. The embarrassing situations observed and feelings reported could cause individual responses with negative effects on the subjects' health. Studies in Brazil have shown that pediatricians experience negative feelings at work that can lead to emotional distress. The fear of making mistakes is something worrisome that follows pediatricians working in the emergency room.<sup>4,14</sup>

The doctors state that when being on duty requires preparation and that is very important to be rested and totally available to listen and assist children and their caregivers. They report that children's care has specific characteristics that can hamper the diagnosis because they do not provide historical data, they fear strangers, and cry hampering the physical examination as well. Respiratory and cardiac auscultation are very difficult when they cry, requiring strategies to distract the child, who is "extremely sensitive to the emotional state of the professional; the child notices it on their face, voice, gestures, and muscular tension".<sup>15</sup>

They show fear of not recognizing important signs in the children, especially after many hours on duty, when they are tired. They explain that if they delay the diagnosis they will delay the beginning of treatment needed, harming the child, for example, in the case of shock, in which the earlier the beginning of the treatment, the better the prognosis. The perception of not being well happens even at the end of 12 hours shift on duty, which could indicate that being on duty for long hours or being on duty for more than one shift are not good for doctors and may harm the children's care. Exhausted, due to the demands of being on duty, pediatricians are less alert and kind to approach the case and intervene in an efficient way.<sup>14</sup>

The fact that pediatricians lead with a third person when assisting a child patient – many times anxious, feeling guilty, violent, and unhappy caregivers – makes the relationship difficult. Sometimes the caregiver is not able to provide good and accurate information, for example, which medicines had been given to the child. Thus, the required skills of pediatricians in emergency rooms are acquired in medical school. The doctors think they are constantly charged and cannot expose their feelings and tiredness due to the psychic cost during their assistance. Family expectations towards pediatricians do not take into account the limitations in these professionals since they are human beings.

One difficulty faced by the doctors is the discharge for children requiring special care at home. They feel uneasy to trust the caregiver and wonder if the home environment could worsen the child's condition, as in asthma cases.

Feelings of guilt, insecurity, and impotence, thinking that they have not done their best, especially in severe cases or those that ended in death, are frequent and become clear in another study.<sup>14</sup> When a child dies, the entire team feels sad and the pediatrician responsible of the assistance carries this burden for many days. The nature of the pediatrician's work is to obtain pleasure and fulfillment in performing it, aiming at something totally human, but it is also bound to live with the conflicts that are part of the struggles in life and fear of death. Health professionals feel children's deaths as something that happens against the natural evolution of life. The need to prepare emergency workers to deal with children's deaths is cited in a study about this topic.<sup>16</sup>

The excessive number of appointments is a stress factor and is registered in another study as the cause of stress and suffering at work.<sup>17</sup> The diversity in as-

sistance, complex and simple cases, expose the professionals to a dynamic shift in their operative mode, requiring sometimes sophisticated knowledge, ability to act as a team, and quick intervention in extreme situations in severe cases, and sometimes, within the same day, they are required to communicate and act with patience when assisting easier cases. While looking for the first data about the child in shock, he has to establish the treatment, prescribe or authorize, even orally, the infusion of the expanding solution. At the same time, he checks the respiratory tract, saturation, and level of consciousness. There are many data he has to collect in a short time, elaborate a synthesis, establish a diagnosis, and make decisions that sometimes will affect the patient's life.

Pediatricians anguish when after assisting, indicating, and performing the first procedures in a child with a severe condition, they have to move on to assist another child who is arriving at the service, not closely following up the previous patient, which is a situation presented in Almeida's study.<sup>17</sup> This embarrassment could be mitigated with the organization of observation units with specific teams as suggested by Melo.<sup>18</sup>

The findings also show that there is a state of stress when on duty with the doubt about the severity of the next cases. The stress could start the day before being on duty as reported by a doctor.

Violence at work has worried managers and class associations and it is increasing every day. Because these professionals have a highlighted role in the services, they could be the target of aggressions from those who many times have been going to other services without getting assistance.

Other times, the arguing occurs because the user does not agree with the prioritization of care assigned to some children. The stand of a caregiver against hospitalization (for example, for a child with extensive pneumonia) makes the doctor feel impotent, sometimes even angry.

To understanding a mother's anguish and her feelings of guilty for her son's disease, requires a calm listening, but many times this does not happen in the emergency room. The assistance to cases that the service is not prepared for, upsets the doctor because he feels vulnerable with insufficient agreement among the different sectors of the health system.<sup>18</sup> Dialogue problems among the different services in the hospital emerge when professionals complaint about the difficulties to transfer a child from the emergency room to the infirmary or the ICU. Sending patients to other

sectors in the hospital or other services of the Unified Health System is a stress factor for pediatricians,<sup>14</sup> demonstrating the need of communication between the different services.

Professionals resent the lack of recognition for their effort to ensure quality assistance. The unexpected and inevitable is characteristic in the emergency work, where the professional has to take care of extreme severe cases, dealing with difficult situations that require technical-scientific and relational decisions not always recognized by their managers.<sup>17</sup>

Regarding the doctors' feelings of frequent lawsuits, the "law suited doctor syndrome" described by Caldeira<sup>19</sup> comes together with the presented results.

The loss of continual monitoring of patients came up in the interview analysis when the pediatricians showed frustration about not seeing the evolution of a child they cared for. Because they go to the hospital once a week, they lose the possibility of monitoring the child.

The positive and rewarding organizational aspects of the negative psychological effects such as absence of apparent hierarchy were identified by the pediatricians in this study and have also been reported in another study.<sup>14</sup> The academic environment effects were considered rewarding.

The pediatrician's work has special characteristics. They deal with the child, mother, and family members with emotional loads that are often unbearable. In the specific case of emergency services in Pediatrics, this professional is required to deal with complex situations. Thus, they use resources that are not well-defined because of nuances that need to be identified in future investigations to allow suggesting alternatives that decrease the suffering and illnesses described in the literature.<sup>20</sup>

The encouragement to express these problems lived by doctors and their occupational characteristics, probably due to recognized factors associated with emotional feelings, are recommendations suggested to decrease stress in pediatricians working in the emergency room. Management would benefit from a process dedicated to understanding the dynamics required for this work and the solutions found by the subjects directly involved in the health care of children and adolescents.

In other words, the results of this study are linked to the debates within medical categories influencing the elaboration of recommendations for changes in the work environment and specific training to deal with stress and health promotion in order to protect doctors.<sup>20</sup>

The direct analysis in this study allowed the subjects' approximation, giving them the opportunity to speak about their work, difficulties, and the pleasure of performing their tasks. The permanence of the researcher in the area for an extended period and the fact of being working in the service stopped the embarrassment that could be seen during the first interviews and observations. In the emergency units, where the trauma is assisted, other embarrassments could occur that have not been reported in this study because the studied service does not assist that type of trauma.

## CONCLUSION

The methodology used allowed approximation among the subjects and the analysis of the work organization identifying some topics that can be improved in the future, evidencing difficulties experienced by the professionals in dealing with feelings coming from situations at work in Pediatrics and especially in the emergency room.

This study highlighted that the doctors experience negative feelings when performing activities on duty at the pediatric emergency room, such as anguish before high demands, upsets toward the patient's anger, and resentment about inefficient agreements among other services. These pediatricians resent not being able to follow up the evolution of their children patients, the lack of recognition for their efforts to ensure quality assistance from managers, and the frequent lawsuits against colleagues, most of them unjustified.

Fear in making mistakes, and of not having done their best assisting children in severe conditions that died, are among the generating feelings that lead to emotional stress and weariness. The need to be well to deal with the demands at the pediatric emergency service was highlighted.

Learning the characteristics of the work of emergency pediatricians is necessary to indicate changes that could promote the emotional well-being of doctors, whom could provide enhanced assistance to children and their caregivers if they are well.

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