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SOCIODEMOGRAPHIC PROFILE OF THE NURSING TEAM AT THE OUTPATIENT CLINIC OF A UNIVERSITY HOSPITAL

PERFIL SOCIODEMOGRÁFICO DA EQUIPE DE ENFERMAGEM DO AMBULATÓRIO DE UM HOSPITAL UNIVERSITÁRIO

PERFIL SOCIODEMOGRÁFICO DEL EQUIPO DE ENFERMERÍA DEL CENTRO AMBULATORIO DE UN HOSPITAL UNIVERSITARIO

Ângela Maria Nunes de Souza[1], Enéas Rangel Teixeira[2]

ABSTRACT

Objective: to describe the sociodemographic characteristics of the nursing team of an outpatient clinic of a university hospital. ***Method:*** descriptive exploratory study with a qualitative approach using discourse analysis. The data were collected from August to September 2013 with the participation of 30 professionals of the nursing team. The research was approved by the Research Ethics Committee, CAAE 13646813.5.0000.5243. ***Results:*** the transfers to the outpatient clinic took place due to physical problems and psychological exhaustion of the respondents, who had come from other sectors of the hospital. Of the total participants, 76.67% claimed to be satisfied with the work at the outpatient clinic in contrast to other sectors of the hospital; 93.34% stated they participated in decision-making in the service; and 67% affirmed they did not use any support service offered by the institution. ***Conclusion:*** this study made it possible to know the demographic profile of the nursing team. ***Descriptors:*** Nursing Team; Work; Outpatient Clinic.

RESUMO

Objetivo*:** descrever as características sociodemográficas da equipe de enfermagem do ambulatório de um hospital universitário. ***Método: estudo descritivo-exploratório com abordagem qualitativa, com emprego da análise do discurso. A produção de dados foi realizada no período de agosto a setembro de 2013, com a participação de 30 funcionários da equipe de enfermagem. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa, CAAE 13646813.5.0000.5243. ***Resultados*:** a entrada para o ambulatório se deu em razão da limitação física e desgaste psíquico dos depoentes, que vieram de outros setores do hospital. Do total de participantes, 76,67% afirmaram estar satisfeitos com o trabalho no ambulatório em relação a outros setores do hospital; 93,34% disseram participar de decisões no serviço; e 67% expressaram não utilizar de nenhum serviço de apoio oferecido pela instituição. ***Conclusão*:** este estudo possibilitou conhecer o perfil sociodemográfico da equipe de enfermagem. ***Descritores*:** Equipe de Enfermagem; Trabalho; Ambulatório Hospitalar.

RESUMEN

Objetivo: describir las características sociodemográficas del equipo de enfermería de un centro ambulatorio de un hospital universitario. ***Método:*** estudio descriptivo exploratorio con un enfoque cualitativo usando análisis del discurso. Los datos fueron recolectados de agosto a septiembre de 2013 con la participación de 30 empleados del equipo de enfermería. La investigación fue aprobada por el Comité de Ética en Investigación, CAAE 13646813.5.0000.5243. ***Resultados:*** el ingreso al centro tuvo lugar por motivos de limitación física y desgaste psicológico de los encuestados venidos de otros sectores del hospital. De total de participantes, el 76,67% afirmó estar satisfecho con el trabajo en el centro ambulatorio en relación con otros sectores del hospital; el 93,34% reportó que participaban en las decisiones del servicio; y el 67% expresó que no usaba algún servicio de apoyo ofrecido por la institución. ***Conclusión:*** este estudio permitió conocer el perfil demográfico del equipo de enfermería. ***Descriptores:*** Equipo de Enfermería; Trabajo; Centro Ambulatorio.

[1]Nurse, Specialist in Public Health Nursing, Master's degree in Nursing, Antonio Pedro University Hospital, Fluminense Federal University (UFF). Niterói, RJ, Brazil. E-mail: angelamnsouza@yahoo.com.br; [2]PhD, Nurse and Psychologist, Professor of Nursing, Postdoctoral scholar in Clinical Psychology, Aurora de Afonso Costa Nursing School, Fluminense Federal Univarsity (UFF). Niterói, RJ, Brazil. E-mail: eneaspsi@hotmail.com

INTRODUCTION

The interest in this subject of research arises from experiences of working in the outpatient nursing service of a university hospital. The outpatient clinic is one of the entrance doors for patients to this hospital. Most patients are scheduled and referred by the Unified Health System through the basic health network.

The outpatient service is characterized by multiple clinical and surgical specialties performing wound dressings, minor surgeries, some tests, and multiprofessional care, including nursing management and assistance activities with nurses, nursing technicians, and nursing assistants in the morning and afternoon shifts. The procedures include: nursing consultations for groups of high-risk babies; consultations and groups for caring patients with diabetes and those with acquired immunodeficiency syndrome (HIV/AIDS); and prenatal care and gynecology; among the other nursing consultations and medical specialties.

Historically, the nursing practice has a genealogy characterized by care practices geared toward life preservation, carried out in the private space by women and in situations of war, and later in the middle ages. Organized by influence of Christian charity, the institutions started providing care to the general population. It is from the emergence of the religious orders and due to the strong Christian manifestation that moved women toward charity, protection and assistance provided to sick individuals that nursing begins to be a non-expert practice and detached from what is called modern scientific knowledge.[1]

As a result from social, historical, and scientific-technical changes, together with political interests, the advancement in the medical field has been contributing to the reorganization of hospitals that began to play an important role, not only as responsible for the maintenance of the work force, but also as institutions that provide health services. This new organization reflects on nursing as work disciplinization. That is how the classical administrative theory postulated by Taylor and Fayol adjusts itself to the reorganization process of the new hospital.[1]

From this perspective, nursing is characterized by the division of labor throughout its history, in which there is the establishment of socially differentiated schooling levels and a division between intellectual and manual work. Furthermore, since this is a university hospital, there are still characteristics that differentiate care from teaching.

The nursing team of the outpatient clinic at the Antonio Pedro University Hospital is mostly composed of professionals who have been hired at that service coming from other sectors of the hospital because they had health problems and/or limitations performing their work activities. The work carried out in other sectors that had overburdened these professionals would be direct care and technical procedures, which involve physical efforts, such as picking up weight and standing for long hours, as well as greatest stress involving, for example, situations associated with risk of death.

It is possible to understand that, for some members of the nursing team, coming to the outpatient clinic meant an improvement in their working condition, because the activities are best suited to their current profile. On the other hand, for others, working at the outpatient clinic can have the meaning of becoming visible regarding their limitations, thus leading them to be underrated due to illnesses or ageing.

Therefore, the goal of this study is:

- To describe the demographic characteristics of the nursing team at an outpatient clinic of a university hospital.

METHOD

This study was extracted from a thesis elaborated for the Professional Master's Degree in Nursing Assistance. It is a descriptive and exploratory research with qualitative approach aimed at describing and assessing sociodemographic data obtained through interviews held with these workers. This outpatient team consisted of a more advanced age group with longer work time at this institution.

The scenario of this study was the outpatient clinic of a university hospital and the participants of the research were the nursing team professionals (nurses, nursing technicians, and nursing assistants). This hospital is dedicated to the teaching, assistance, and research field. Today, it is regarded as a tertiary and quaternary level institution according to the hierarchy of the Unified Health System, i.e., a highly complex healthcare unit.

The participants were 30 employees of the nursing team of the outpatient clinic: nurses; nursing technicians; and nursing assistants. Data collection was carried out from August to September 2013. Nine nurses, 12 nursing technicians, and nine nursing assistants

participated in the research. These participants met the criteria for inclusion and exclusion, and accepted to participate.

The research was conducted during the work schedule of the professionals (before or after the service) after they accepted to participate. It was clarified to the employees that the goal of the study was assessing the conditions of workers at the outpatient clinic, and that the answers would be anonymous and confidential. The meetings were scheduled in advance and the goals of the study clarified during the interviews.

The research used the technique of semistructured interviews, which were recorded and had an average duration of about 30 minutes. The script of the interviews was composed of two parts. The first part regarding sociodemographic data followed the model of the Brazilian Institute of Geography and Statistics (IBGE) and was answered in written by the interviewees. The second part was recorded and guided by the script with conceptual clarifications of some topics to the respondents.

The research was approved by the Research Ethics Committee under Opinion No. 311.649 on 21st June 2013, CAAE: 13646813.5.0000.5243, and submitted to the Plataforma Brasil *(Online system created by the Federal Government to systematize the receipt of research projects involving humans at the ethics committees all over the country)*.[2]

RESULTS

The data in Figure 1 show the information pertaining to the sociodemographic characteristics of the 30 participants: 40% were nursing technicians; 30% nursing assistants; and 30% nurses. Women were predominant (86.67%), aged between 50 and 59 years (53.33%), and 63.33% did not have another job.

Age	No.	%
30 to 39 years	1	3.34
40 to 49 years	6	20
50 to 59 years	16	53.33
60 to 69 years	7	23.33
Sex		
Female	26	86.67
Male	4	13.33
Professional training		
Nurse	9	30
Nursing technician	12	40
Nursing assistant	9	30
Other job		
Yes	11	36.67
No	19	63.33
Self-reported ethnicity		
Black	11	36.67
White	9	30
Mixed	10	33.33
Religion		
Yes	27	90
No	3	10

Figure 1. Sociodemographic profile of employees at an outpatient clinic of a university hospital. Rio de Janeiro, Brazil, 2013.

Figure 2 shows that 36.67% of the respondents stated that their family income was from five to 10 minimum wages, and 20% reported an income exciding 10 minimum wages. The work time of 33.33% of the respondents at the institution was over 25 years and 33.33% had worked over 30 years.

Family income/minimum wage	No.	%
1 to 3	1	3.33
> 3 to 5	12	40
> 5 to 10	11	36.67
> 10	6	20
Marital status		
Single	10	33.33
Married	14	46.67
Widowed	1	3.33
Divorced	3	10
Common-law marriage	2	6.67
Working time at the hospital		
> 5 to 10 years	1	3.34
> 15 to 20 years	4	13.33
> 20 to 25 years	5	16.67
> 25 to 30 years	10	33.33
> 30 years	10	33.33
Level of education		
Complete elementary education	1	3.33
Incomplete secondary education	1	3.33
Complete secondary education	8	26.67
Incomplete higher education	3	10
Complete higher education	7	23.33
Latu sensu curses	8	26.67
Strictu sensu curses	2	6.67

Figure 2. Sociodemographic profile of employees at an outpatient clinic of a university hospital. Rio de Janeiro, Brazil, 2013 (Continued).

Figure 3 draws attention to some characteristics of this nursing team working at this hospital. Of the total participants, 76.67% claimed to be satisfied with the work at the outpatient clinic in contrast to other sectors of the hospital; 93.34% stated that they participated in decision-making; and 67% stated that they did not use any support service offered by the institution. They had started working at the outpatient clinic due to physical problems and psychological exhaustion (70%). These workers had come from other sectors of the hospital.

Job satisfaction with respect to other sectors of the hospital	No.	%
Yes	23	76.67
No	7	23.33
Participates in decision-making at the hospital		
Yes	28	93.34
No	12	6.66
Uses support services of the institution		
Yes	10	66.67
No	20	33.33
Working at the outpatient clinic		
Public tendering	0	0
Working limitation	21	70
Other reason	9	30

Figure 3. Other characteristics revealed by the interviews of the study. Rio de Janeiro, Brazil, 2013.

DISCUSSION

The ambulatory clinic is a unit considered a "prize" for workers, especially for the older adults. It is considered more "lightweight" by the fact that the patients are not seen as seriously sick individuals and are not hospitalized. However, studies have shown that workers in an outpatient clinic are not free from the same health problems of workers of other units, which compromises the current and future quality of life.[3] Nurses working in outpatient clinics suffer stress due to the great demand and turnover of patients, and human resources are often limited with respect to the workload.

The study sought to understand not only the sociodemographic data, but also the

meanings that were expressed through these data by the subject, socially legitimized by social ties referring to historical and ideological factors in the production of meanings.[4] The reports of the nursing professionals expressed dreams, needs, desires, and conflicts facing working reality. Furthermore, they conveyed content relating to life/overcoming and death/suffering/pain, common in the hospital environment.

In this way, nursing is regarded as holder of more than 50% percent of the contingent of healthcare human resources, being responsible for the greatest provision of health services to society. It is important to note that women represent more than 85% of the workforce within nursing.[1]

A study conducted in a general hospital of São Paulo reinforces the finding of female predominance in the workforce at the hospital. That study found that the workforce was predominantly composed of workers between thirty and forty years of age.[5]

The results of the present study demonstrate that, to a large extent, the workforce was composed of women (86.67%) aged between 50 and 59 years (53.33%), followed by individuals over 60 years (23.33&), with work time between 25 and 30 years (33.33%) and over 30 years (33.33%). These employees had been transferred from other sectors of the hospital, and 70% had been relocated due to work limitations caused by physical problems and psychological exhaustion over the years. From this perspective, the reality and sex predominance deserve to be discussed within the nursing working reality, considering the representations and actions over the female factor, without excluding the male minority in the profession.

A study conducted in a health unit of Ribeirão Preto, State of São Paulo, found a distribution according to sex, in which 91.6% of the participants were women. The average age was 35 years, ranging from 28 to 56 years. With regard to education, 62.5% had complete secondary education, 12.5% incomplete higher education, 25% complete higher education, and 12% had complete specialization in the field of nursing.[6]

The study abovementioned was carried out with 24 professionals of the nursing team, 20.83% were nurses, 37.5% nursing assistants—three of them with the title of nursing technicians—and 41.66% worked as nursing technicians. With respect to work time at the outpatient specialties, 20.83% had worked from one to three years in the service, 12.5% from four to 10 years, and 66.6% had been working for more than 10 years at that health unit.[6]

With respect to this research and that study conducted in another institution in São Paulo, there is a similarity regarding the female sex; however, regarding the age group, the participants of the research were older, and with respect to the time of career, most of them were at the end of their careers. The study conducted in Ribeirão Preto also found that 66.6% had been working for more than 10 years at the institution, without a more detailed limitation of this work time.

In another study conducted in a specialized outpatient clinic of Rio de Janeiro, the analysis of the data showed that of 30 nursing workers, including nurses, nursing technicians, and nursing assistants, 12 of them had been working at the institution for less than a year; whereas other 12 had been working for 20 years or more, and the majority were female workers. Regarding employment, it was found that only 10 nursing professionals had another job.[7]

A study conducted at the university hospital of Juiz de Fora, State of Minas Gerais, showed that among the workers who responded to the questionnaire, 63% were in the age group between 30 and 49 years, 78% were women, 53.5% had graduated more than six years before, 54.6% had been working for more than six years at the institution, 68.3% had only one job, and 54.9% were under a single legal framework with employment relationship.[8]

These data is in agreement with those of the present study since, according to the statements of the respondents, 11 (36.67%) had other jobs. These results are not in accordance with data from the literature regarding the double workload being common among nursing workers. In this sense, the literature points out that these professionals are underrated as a result of low wages in the market. This fact makes these workers to take double or even triple shifts, endangering their health and causing the removal of social causes in their professional practice. The literature cited points out that the low wages of nursing professionals result from the value system of patriarchy that assigns a secondary role to women in the structure and division of goods in society.[1]

Other work conducted with 39 employees (nursing technicians and assistants) at a general hospital of Sao Paulo showed female predominance (62%). Regarding the marital status, 49% were married or were under common-law marriage. Family income ranged

from four to eight minimum wages in 38% of the participants, and above eight minimum wages in 26%. With respect to education, 51% had secondary/technical education, 39% incomplete higher education, and 10% complete higher education.[9]

The field research draws attention to other data regarding the profile of the nursing team of this hospital. The professionals were transferred to the outpatient clinic due to physical limitations and psychological exhaustion (70%). These workers had come from other sectors of the hospital. The limitations were evidenced in the interviews and technical reports were not used because they had not been included in the proposal of the study.

Some jobs also call attention due to the precariousness of work relationships, the disunity of the team, and the disorganization at the working environment, in addition to psychological violence in hospitals and academic environments.[10,11,12,13]

Considering the particularities of health work, it is possible to understand that nursing workers are exposed to certain risks and occupational diseases, compromising not only the quality of care provided by these professionals, but also their own quality of life. It should be taken into account that the health of nursing workers is not a significant problem only related to nursing, but also to individuals who use services in hospital units.[14]

In fact, user embracement is inherent to work relationships and, at the same time, there is a government humanization policy. The proposal of the National Policy for Health Humanization is essential to the achievement of better quality healthcare provided to users and better working conditions for professionals.[15]

Humanization becomes a challenge in the health context. In addition to the healthcare provided to users, care provided to health professionals is of fundamental importance, since most of them coexist with work overload, which leads to physical and psychological exhaustion.[16]

According to the concept of "public health", the government regulates the institutions and the health of the population through the market economy. An efficient production system depends on the health of its workers. Capitalism is still controlling the individuals. In contrast, the sectors of the organized civil society continue the struggle for democratization and improvement of health services that are essential to the population.[17]

Of the total number of participants, 76.67% reported being satisfied with the work at the outpatient clinic if compared with other situations experienced at the hospital, such as exhaustion caused by the workload in other sectors of the hospital. However, there are also stress situations that occur in outpatient clinics and cause dissatisfaction.

When the stress is generated by the dissatisfaction that results from frustrations of the job, as well as by deficient environment conditions and poor quality of human relationships, psychosomatic disorders emerge in the individuals, leading to psychological and degenerative diseases over time. Obviously, stress varies from person to person, depending on the circumstances and the time in their lives.[18]

When workers are in conflict with their jobs, the relationships between the organizations and the workers are blocked; suffering begins. Stress can manifest itself through fear, anguish, as well as frustration and aggression affecting work relationships. If this phenomenon is not overcome, it can manifest itself through psychological, cardiovascular, muscular, and digestive symptoms, among others.[19]

The interviews showed that 93.34% of the nursing professionals participated in decision-making at the service. Participation took place differently for nurses, nursing technicians, and nursing assistants. For nurses, it related to the participation in management functions, but also in the organization, planning, and supervision of the outpatient clinic as a dynamic work process. For the nursing technicians and assistants, such participation occurred through meetings, requests to the management of the sector, and the daily routine at work. According to some statements, participation took place through the union labor of their category, mainly for nursing technicians and assistants.

A study conducted in a large private hospital of Belo Horizonte, State of Minas Gerais, found that nurses stood out as professional articulators, with great participation in organizational decision-making, fundamental to the institution in order to achieve its internal goals. However, interdisciplinarity is essential to achieve quality healthcare favoring the performance of teamwork aiming at healthcare completeness.[20]

It was found that the nurses were seeking professional qualification for the exercise of management functions at graduate level, in addition to their learning process being originated from the insertion of the

professionals in the organization. That is, the organization is also responsible for nurses' learning aimed at the development of their management function.[20]

The participation of nursing has always stood out as the largest workforce in healthcare institutions, as already mentioned in previous topics. However, this phenomenon is not observed in the political field and social achievements. Much has been said about the status enjoyed by nurses within society; however, the perception is not optimistic. This leads to consider that nurses do not enjoy significant social recognition as a category providing important services to society. Nursing does not seem to be a prominent reference in public reports and assessments concerning health services provided to the population.[1]

At the conclusion of a study of integrative literature review, it was observed and assessed that Brazilian nurses were aware of policies and management technologies in health services and nursing care. It was found that these nurses had strong potential to manage health services, especially those related to nursing. They had technical competence in professional practice; however, they were still politically fragile, which impairs their professional autonomy and makes them often still subordinated to other professions in the health field.[21]

Other data highlighted in the present study is that 67% stated that they did not use any support service offered by the institution. A current concern of the organizations is related to the investment in workers' quality of life. Whether it is real or not, at least it is what has been discussed and proposed as a measure to achieve well-being and job satisfaction.

Workers' diseases are of fundamental importance as an specific area for the prevention and intervention in the health field, but it has been little emphasized by both medicine and psychology. Starting from a conception of psychosocial man in its historical context, the importance of work in the construction of identity and the relationship with the material and human resources should be recognized. Worker's health is seen as a different model, in which factors relating to objective and subjective relationships of the individuals with the jobs are important and may be the cause of diseases.[22]

In addition, there should be a struggle so that jobs mean human development and not only something that allows the payment of bills at the end of the month; even though, receiving an appropriate remuneration is also important. In this way, work should bring pleasure, satisfaction to the workers, taking into account all levels of human needs. But, since work is usually organized in a fragmented and strenuous manner—especially nursing work—it could be affirmed that a significant number of individuals have no pleasure at work, which contributes to the understanding that happiness would be restricted to times of leisure.[23]

According to the findings and reflections of the present study—regarding the strategies to promote nurses, nursing technicians, and nursing assistants' health—well-being resources are fundamental at work and outside it, as a measure for quality of life and satisfaction at work. Approximately 33% of the employees could perform the strategies offered by the institution; however, everyone recognized the importance of investment in quality of life, although some respondents had not yet achieved satisfactory spaces in their lives.

CONCLUSION

The main data collected in the present study show that: 66.66% of the respondents were within an age group that had worked for more than 25 years at the institution; 70% had come from other sectors of the hospital suffering physical or psychological limitations; 93.34% stated that they participated in decision-making at the hospital through meetings and the nursing board; 66.67% did not use any support service of the institution; and 86.67% were female. It was also found that 10% had incomplete higher education; 23.33% complete higher education; 26.67% had attended *latu sensu* courses; and 6.67% had attended *strictu sensu* courses.

In this sense, it is important that the institution and the workers invest in strategic resources for prevention and well-being promotion. Therefore, the present study does not exhaust the subject discussed. The fact that the well-being and quality of life of the workers may influence the quality of nursing care is a topic that should be further discussed and taken into consideration.

With respect to nursing care, the present study provided a closer approximation of the nursing work reality with scientific studies. Thereby, it favors the continuation of studies and research in practice, which can contribute to the quality of care, user embracement of workers, and care management. This way, it contributes to build knowledge within an interpersonal reality essential to personal, professional, and social development.

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Corresponding Address

Ângela Maria Nunes de Souza
Universidade Federal Fluminense
Hospital Universitário Antônio Pedro
Rua Marquês do Paraná, 303
Centro
CEP 24033-900 – Niterói (RJ), Brazil