ORIGINAL ARTICLE

SOCIODEMOGRAPHIC PROFILE OF NURSES OF THE HOSPITAL NETWORK

Perfil sociodemográfico dos enfermeiros da rede hospitalar

Marcos Antonio Nunes de Araujo1, Wilson Danilo Lunardi Filho2, Márcia Regina Martins Alvarenga3, Roberto Dias de Oliveira4, José Carlos Souza5, Simone Vidmantas6

ABSTRACT

Objective: to outline the profile and sociodemographic characteristics of nurses. Method: a descriptive, cross-sectional study using a sociodemographic questionnaire to nurses working in public, private and philanthropic hospitals in a city of Mato Grosso do Sul, Brazil. Sampling was by convenience and in a non-random manner, totaling 163 participants (52.58% of the population). Results: the profile of nurses is that they are mostly female, with a mean age of 32.7 years; graduated in Lato sensu (specialization) courses; predominately married and fulfilling a workload of more than 40 hours per week, usually, in the only employment relationship they have; prevailing hiring by public hospitals under the CLT regime and remunerations of one to five minimum wages. Conclusion: the proposed objective was reached and the profile traced contributes to the reflection on public policies and processes of permanent education directed to the nurses of Dourado/MS. Descriptors: Population Characteristics; Nursing Service; Hospital; Cross-Sectional Studies.

RESUMO

Objetivo: delinear o perfil e as características sociodemográficas dos enfermeiros. Método: estudo quantitativo, descritivo, de corte transversal, por meio de aplicação de questionário sociodemográfico a enfermeiros que atuam nos hospitais públicos, privados e filantrópicos de um município de Mato Grosso do Sul (MS), Brasil. A amostragem deu-se por conveniência e de maneira não aleatória, totalizando 163 participantes (52,58% da população). Resultados: o perfil de enfermeiros compõe-se por maioria feminina, com média de idade de 32,7 anos; diplomadas em cursos Lato sensu (especialização); predominantemente casadas e cumprindo carga horária acima de 40h/semana, geralmente, no único vínculo empregatício que possuem; prevalecendo contratações por hospitais públicos sob o regime da CLT e remunerações de um a cinco salários mínimos. Conclusão: alcançou-se o objetivo proposto e o perfil traçado contribui para a reflexão sobre políticas públicas e processos de educação permanente voltados aos enfermeiros de Dourados/MS. Descriptores: Composição Populacional; Serviço Hospitalar de Enfermagem; Estudos Transversais.

SOCIODEMOGRÁFICO DOS ENFERMEIROS DA REDE HOSPITALAR

PERFIL SOCIODEMOGRÁFICO DE LOS ENFERMEROS DE LA RED HOSPITALAR

Marcos Antonio Nunes de Araujo, Wilson Danilo Lunardi Filho, Márcia Regina Martins Alvarenga, Roberto Dias de Oliveira, José Carlos Souza, Simone Vidmantas

RESUMEN

Objetivo: delinear el perfil y las características sociodemográficas de los enfermeros. Método: estudio cuantitativo, descriptivo, de corte transversal, por medio de aplicación de cuestionario sociodemográfico a enfermeros que atuam nos hospitais públicos, privados e filantrópicos de un municipio de Mato Grosso do Sul (MS), Brasil. A amostragem se dio por conveniencia y de manera no aleatoria, totalizando 163 participantes (52,58% de la población). Resultados: el perfil de enfermeros se compone por mayoría femenina con media de edad de 32,7 años, graduadas en cursos lato sensu (especialización), predominantemente casadas y cumpliendo carga horaria superior a las 40h/semana, generalmente, en el único vínculo empregatício que poseen; prevaleciendo contrataciones por hospitales públicos bajo el régimen de la CLT y remuneraciones de uno a cinco salarios mínimos. Conclusión: se alcanzó el objetivo propuesto y el perfil traçado contribuye a la reflexión sobre políticas públicas y procesos de educación permanente dirigidos a los enfermeros de Dourados/MS. Descriptores: Características de la Población; Servicio de Enfermería en Hospital; Estudios Transversales.

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In a survey titled “Building the Nursing Profile,” scholars revealed that the health sector accounts for more than 10 percent of the formal sector wage bill in the country, totaling approximately 3.9 million jobs. The research attributes the mark of 3.5 million people being health workers, and among these, 1.7 million professionals work in the Nursing area, with only 20% being nurses.\(^1\)

The limits of the activities of Nursing professionals, including those of the nurse, are defined in Decree n. 94.406 / 87, which regulates Law no. 7,498 / 86 on the professional practice of Nursing.\(^2,3\) It is possible to identify the activities divided by levels of complexity and cumulative, being the nurse responsible for their private activities, others more complex and also, can perform all other tasks related to other professional categories of Nursing.

According to the legislation, nurses are responsible for planning activities in the care of the seriously ill patient, in the prevention and execution of comprehensive health care programs, in addition to participating in health and safety programs at work and, of course, the assistance of Nursing.

It is well known that the profile of the nurses’ profile contributes to a better performance both in the execution of their tasks and in the interpersonal relationships and in the development of new goals and health policies. Competitiveness in the labor market, the need to acquire knowledge and multiple skills, as well as all mercantilist requirements where "more is produced in too short a time" must be taken into account. Finally, like all workers, nurses also fit the logic of the search for the ideal professional, differentiated and that corresponds to the expectations of the employer, a search considered as the great challenge of the 21st century.

It considers that the group of nurses corresponds to 287,119 professionals in the national territory, of which 20,433 are located in the Central West region and, of these, 3,649 nurses working in the State of Mato Grosso do Sul, according to data from a more recent study, dated 2011.\(^4\)

It is hoped that the survey and systematization of such sociodemographic information will help in the perception of the characteristics of the Dourados / MS nurses’ group, so that managers of hospitals and public authorities can improve their decision-making about the work routine, improving the implementation of public policies and actions for the permanent education of professionals.

**OBJECTIVE**

- To outline the profile and sociodemographic characteristics of nurses.

**METHOD**

A quantitative, descriptive, cross-sectional study that sought to characterize the sociodemographic profile of the nurses of the hospitals of the municipality of Dourados / MS as population and components of the doctoral thesis sample << Clinical reasoning of the nurse: repercussions on the quality of care and on the patient safety. "5

The research was carried out in the hospitals of the municipality of Dourados / MS, a reference in the health system for 36 municipalities in the southern region of the State. The last population survey indicates that Dourados / MS has 215,846 inhabitants, making up the largest population of the interior of the State in its southern region.\(^6\)

The original research project was submitted to the Research Ethics Committee of the Health Area (RCHA) of the Rio Grande University Foundation (FURG), obtaining a favorable opinion of no. 184.2015 and CAAE 50643215.7.0000.5324. According to the guidelines received, mechanisms were used to preserve the anonymity related to the health institutions where the data were collected and to the nurses who composed the sample who, after clarification, signed the Informed Consent Term (ICT).

In 2016, the municipality of Dourados / MS had seven hospitals that totaled 683 beds. Among them, were two public institutions, which numbered 253 beds and 182 nurses; three private hospitals, totaling 208 beds and 61 nurses, and two philanthropic hospitals, that together, had 234 beds and 67 nurses. To preserve the anonymity of the institutions, the seven hospitals were referred to by means of colors, namely: Red, Black, Blue, Yellow, Purple, Orange and Green.

Regarding data collection, the sample comprised those professionals who met the inclusion criteria: (i) they had been working for at least three months in one of the hospitals and (ii) they had not been discharged, for any reason, during the period of the data collection performed in January and February of 2016. The professionals who were absent from the institutions were excluded from the sample even after the data collection was started.
Sampling was done by convenience and in a non-random way, so that it was possible to interview 163 participants who composed the sample, corresponding to 52.58% of the nurses from Dourados / MS.

A sociodemographic questionnaire, containing the following variables, was used as data collection tool: gender, age, marital status, working day, contract form, monthly income, time of exercise as a nurse, monthly workload, labor bond with the worker hospital, a higher degree of training and another economic activity was being renumbered.

Finally, the data obtained were tabulated, systematized and debated among the authors, making the publication of this article possible.

**RESULTS**

The data presented here were systematically compared to other studies with the same population, resulting in a synthesis that allows to question how much variation can have each index considered.

It was found that the mean age of the participants was 32.7 years, with the youngest nurse being 21 years of age, while the oldest, 54 years, with standard deviation of 6.3 years. The predominance of female professionals is notorius and the other characteristics about the sociodemographic profile of these nurses can be observed in table 1.

Nurses’ income ranged from three to 19 minimum wages, that is, from R $ 2,100.00 to R $ 15,000.00. This variable was categorized into four groups: up to five minimum wages (57.74%); between six and ten minimum wages (39.44%); between 11 and 15 minimum wages (1.41%) and 16 or more minimum wages (1.41%).

Table 1. Summary of the characterization categories of the sociodemographic profile of nurses working in hospitals. Dourados (MS), Brazil, 2016.

<table>
<thead>
<tr>
<th>Category</th>
<th>Alternatives</th>
<th>Quantity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Female</td>
<td>130</td>
<td>79.8%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>33</td>
<td>20.2%</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>86</td>
<td>52.8%</td>
</tr>
<tr>
<td></td>
<td>Not married</td>
<td>66</td>
<td>40.5%</td>
</tr>
<tr>
<td></td>
<td>Separate</td>
<td>9</td>
<td>5.5%</td>
</tr>
<tr>
<td></td>
<td>Widower</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Work hours</td>
<td>Up to 40 h</td>
<td>78</td>
<td>47.9%</td>
</tr>
<tr>
<td></td>
<td>More than 40 h</td>
<td>85</td>
<td>52.1%</td>
</tr>
<tr>
<td>Link Type</td>
<td>CLT</td>
<td>140</td>
<td>85.9%</td>
</tr>
<tr>
<td></td>
<td>Effective</td>
<td>23</td>
<td>14.1%</td>
</tr>
<tr>
<td>Title</td>
<td>Graduate</td>
<td>50</td>
<td>30.9%</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>107</td>
<td>65.4%</td>
</tr>
<tr>
<td></td>
<td>Master</td>
<td>6</td>
<td>3.7%</td>
</tr>
<tr>
<td>Other employment</td>
<td>Yes</td>
<td>33</td>
<td>20.2%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>130</td>
<td>79.8%</td>
</tr>
<tr>
<td>Monthly income</td>
<td>Up to 5 SM *</td>
<td>94</td>
<td>57.7%</td>
</tr>
<tr>
<td></td>
<td>Between 6 and 10 SM *</td>
<td>65</td>
<td>39.9%</td>
</tr>
<tr>
<td></td>
<td>Between 11 and 15 SM *</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Hospital where they work</td>
<td>16 or more SM *</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>Particular</td>
<td>43</td>
<td>26.5%</td>
</tr>
<tr>
<td></td>
<td>Philanthropic</td>
<td>40</td>
<td>24.5%</td>
</tr>
<tr>
<td></td>
<td>Public</td>
<td>80</td>
<td>49.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>163</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

* SM corresponds to minimum wage. The amount of R $ 880.00 (eight hundred and eighty reais) in force in 2016, was used, as the calculation basis. Brasilia: Decree nº 8.618, of December 29, 2015.

Regarding the Age variable, studies performed with other nurses populations presented data similar to those of this enterprise: variation from 35 to 57 years, mean age of 38.5 years, with standard deviation of 8.99; mean age of 35.6 years.7,9 There are, however, other less common data for the same variable, such as the age range of nurses between 24 and 26 years old, and the mean age of 23.05 years; between 41 and 57 years; the average age of 46 years, varying between 27 and 60 years, which reiterates the diversity of contexts in which health professionals work.9-12

Given the predominance of females among the professionals in this sample, this was a very common scenario in studies conducted elsewhere: among graduates in Nursing, 90% are female; in Intensive Care Unit (ICU), 82.5% of nurses were identified; among nurses teaching hospital managers, 93.3% belong to the female sex, among other studies that corroborate findings in this study.9,10,12-18
According to data from the Federal Nursing Council, 88.02% of nurses in Brazil are female. A study found that the prevalence of only one employment relationship, which was 69.1% and 75% in other studies. 8, 10, 22

Nurses’ income ranged from three to 19 minimum wages, that is, from R $ 2,100.00 to R $ 15,000.00. This variable was categorized into four groups: up to five minimum wages (57.74%); between six and ten minimum wages (39.44%); between 11 and 15 minimum wages (1.41%) and 16 or more minimum wages (1.41%).

When contrasting the salary ranges two to two, there was a group that differed from the others because it was characterized by the work in a federal public institution, whose remuneration is 16 or more minimum wages. Study indicates an average income of R $ 2,341.17 among the nurses surveyed. 16

Regarding the participants of the research, it was verified that 47.85% have up to one year of work. Another study shows that 30.67% of the participants are in the same institution for five years; 16.56% of the nurses have between five and ten years of service and 4.91% have been in the same hospital for more than ten years. Another study shows that, there is an average working time in the institution of 12 years, among the participants. 22

When concluding, the sociodemographic characterization of the nurses who composed the sample of this study, it was found that the time of profession predominates between one and five years of work (37.43%). The other professionals work in Nursing from five to ten years (36.81%). There are those with up to one year of profession (15.95%), and 9.81% have more than ten years of profession.

The characterization of hospitals as the place of development of this study is also relevant, since some contrasts between the institutions are related to their nature and their internal organization, reflecting the quality of nurses’ working conditions.

In general, in the hospitals of the municipality of Dourados, there were 683 beds in the seven institutions suitable for health care. Of the population of 310 nurses in the city, 163 participated in the study composing the sample. In this scenario, the overall average obtained is 2.2 beds for each nurse.
Sociodemographic profile of nurses of the...

However, in the Black Hospital, the average obtained is of one nurse for each 1.24 beds, and in Yellow Hospital, one nurse for every 12 beds. A study carried out in 2015 indicated an average of 19.51 patients under the responsibility of a single nurse.22

It stands out the Yellow Hospital, that differs in several aspects from the others. While, in the large group of hospitals, 79.8% of the participants are female, in the Yellow Hospital this index is 50%. Regarding the average salary of the respondents, the large group presented an average of R $ 4,319.93, and, in the Yellow Hospital, the compensation was R $ 2,930.33. In percentages, the Yellow Hospital nurses earn 30.9% less than the average of other hospitals, not forgetting that 43.8% of the participating nurses earn more than R $ 5,000.00, reaching remunerations of up to R $ 15,000.00 monthly payments.

The difference is also present in relation to the degree, since, in the large group (the average of all surveyed), 3.7% are masters; 30.9% are graduates and 65.4%, specialists, while 100% of nurses participants, working at the Yellow Hospital, have only undergraduate degree.

Such characteristics of the Yellow Hospital may be due to the young profile of this group, which has an average age of 26.5 years in contrast to the average of 32.7 years in the large group. The time of performance within the same institution, which ranged from three to 19 years in the large group, at Hospital Amarelo, varied from three to 30 months. Another result found among the nurses of the large group, that was 20.2% who had another work activity, an index that was 75% for the participants of the Yellow Hospitalarelo.

**DISCUSSION**

Interpreting the results obtained for the establishment of a professional profile is always an arduous exercise of approximation and distancing of its constituent elements not always able to be fully, apprehended in a short period of time, for the application of the questionnaire in the data collection.

This study proposed to problematize, albeit superficially, the values found for the variables analyzed in an attempt to relate them and shed light on aspects of our society that influence the practice of nurses in Dourados / MS and Brazil.

The variable age is an important factor for nurses' activities, since the performance of their daily functions requires a lot of vigor and physical conditioning, which are not infrequently associated with their physical fitness, that is, the capacity to perform activities of the nurse profession. It is possible, therefore, that some behaviors are related to this variable, especially when it comes to resisting and / or overcoming challenges and stress situations.

Older nurses, for example, are considered to be more likely to perform their activities in hospitals because of the experience they have gained over the years. Regarding the role of nurse manager, a study found professionals with 12 to 25 years of attachment to the institution.13

All the experience accumulated over the years contributes to the development of its attributions with greater security and agility. Thus, with the advancement of the age, nurses pass, in a way, to give emphasis to a technology of the profession, because the observation in them is not more naive and finds support in the knowledge that was accumulated and allows to surpass the empiricism.

This accumulated human capital contributes to the maintenance of “doing better” in their craft. On the other hand, it is known that youth is socially seen as evidence of life, strength and space for creativity, so that the young nurse is accepted as a flexible professional in the sense that some health institutions believe in the possibility of adjusting more to their respective institutional philosophies. Concerning female predominance in the profession, social conventions and pressures in relation to education for one gender or another (the dispute and the differences between “being a woman” and “being a man”) are most likely to influence the subjects, for example, of childhood toy choices, which, in some way, affects reasoning in adult life.

Thus, these choices, motivated by “cultural” factors, lead to girls playing house, mother, dolls and other games that stimulate the development of affective bonds and relationships more lasting, while the boys are stimulated to the competition by means of ball, the video game, the fights etc. This scenario has undergone changes that may influence such cultural data in the next generations.

This information is important because it can help to explain the high rate of specialists in a country where women have the profile of longer-lived studies. On the other hand, the fact that it is a majority of women can imply the commitment of the quality of care provided due to the hegemony of a certain social organization, that overloads the feminine gender of domestic and family
assignments leading them, as professionals, to make decisions, often, extreme in the face of the workload and the accumulation of functions in the universe of Nursing, as a result of the family's distancing, for example, and the high rates of disturbance and stress among these workers.

Similarly, the marital status of the study participants, that is, a person's situation in relation to marriage or the marital society, can generate factors that influence the lifestyle and, consequently, the way of thinking of each individual.

Faced with the verification of the majority of married Nursing professionals being composed by married people, it is deduced that the financial stability for the constitution of a family nucleus is sought. As this majority is also female, the social pressure of women in a patriarchal and sexist society is reiterated. This is because if, on the one hand, the family can have the effect of emotional base for the nurse, on the other, the absence of time to enjoy with the family can be reason for the discontent in the work place.

From this comes another hypothesis which, to a certain extent, would explain the large number of single professionals: the difficulty in reconciling family and private life with the sometimes exhausting routine, of Nursing work, which could lead most women to postponement of marriages, for example.

Recall that such statements are made on the basis of common sense, which determines the "success" of the female figure in society as a professionally successful woman, married and in a heteronormative relationship that allows her to have biological children. So far, one is following the design of a profile of the Nursing professional who is the woman about 30 years of age and who is married or single. In Brazilian Nursing, the weekly workload ranges from 30 to 44 hours, with 36 hours a week being the most common. The daily working hours can be of six hours daily, of Monday to Friday, with a duty of 12 hours in one of the days of the weekend; eight hours a day, from Monday to Friday or 12 hours of work for 36 hours of rest.

In this research, the majority of participants performed more than 40 hours per week. Considering that it is a large majority of women, in a society with the gender discriminations already pointed out in this study, it is common, for these professionals, to have a double or triple working day and, consequently, the least time for family, leisure, physical activity, dedication spiritual, as well as physical and mental rest.

The type of employment relationship can also contribute to psychological security due to the possibility of employment stability or not. In this way, the nurse, who is effective in the institution will possibly be more dedicated to the studies and the philosophy of his place of work. This mental "zone" can also contribute to the improved development, of its activities, since its stable employment status stimulates investments in its constant qualification due to the certainty of the permanence in his place of work and the aspirations of improvements in his career. Thus, is possible that, among the majority of participating professionals, there is concern about the maintenance of employment, given the possibility of having their labor replaced, at any time, because of their "productivity."

In an attempt to be the best in everything, the thought of insecurity can interfere with daily work, especially in private institutions where profit is the main objective and constant results are collected. From these situations arise in which entire sectors have patients above the recommended level or, as a nurse, the professional can be assigned to have to attend in more than one sector / unit, overloading and increasing their exposure to stress situations and risks to the patient, to ensure the maintenance of his / her job.

When it comes to training and titling, it turns out that the Nursing professional, who has only the first university degree (undergraduate), is more exposed to difficulties in professional activity, since it seems that he was not required to deepen technical- with experienced university teachers within the specific area in which they are working. Thus, it is a generalist professional who has not yet deepened knowledge in a particular professional field, a profile not desired by the market and which, perhaps, justifies the high rates of specialization courses, which has been evidenced in several studies and also in this research (65.4% of the nurses had specialization).

The modality of post-graduation Lato sensu, regulated in Brazil for 37 years, determines as a minimum course time the sum of 360 hours of teaching activities. Professionals who want to make a difference, with the field of technical-scientific knowledge, give preference, then, to the areas that caught your attention during graduation, and hold these courses for certification as specialists.

Sociodemographic profile of nurses of the...
The title of specialist is offered to candidates graduated in technical or higher education and has a technical-professional focus, which enables the interested parties to deepen their knowledge and skills in a particular area of knowledge, providing continuation to their basic training.

It is notorious that the professional titled as master has differential in the technical-scientific knowledge before the other colleagues who have specialization or only graduation. Not infrequently, the master nurse also has specialization. During the research, it was possible to identify two nurses who have a master’s degree and who, in less than a year, would complete their doctorate course. Research conducted in 2016 found 60% of the participating nurses already graduated in post-graduation courses Lato sensu.

Current working conditions involve models of production and service delivery with accelerated and intensified labor characteristics. The models determine the increase in productivity by combining the work pace, the burden of responsibility and the reduction of rest intervals in the work day, conditions that continually contribute to occupational hazards, and may have a chronic effect on workers’ health.

Among the participants in the study, those who have other paid activity, most often, decrease rest time, which contributes to increased stress, excessive sleepiness, insomnia and rest irregularity, as well as weight gain, enlargement the possibility of diseases such as type 2 diabetes and cardiovascular diseases, increased difficulty concentrating, among others. These factors stand out negatively in the attempt of the professionals to dedicate themselves to the studies in search of qualification going, however, against the possibility of improving the performance of their clinical reasoning in the daily work.

It is likely that nurses, with other paid activities, will have less time to devote to study or, when on duty, may carry out their activities in an overburdened manner and without the necessary and sufficient interest and / or willingness to investigate further patients under their care, that is, when immersed in these conditions tends to perform only the professional activities considered urgent and the most trivial.

**CONCLUSION**

From the set of results exposed and discussed one could deduce a sociodemographic profile of the nurse at the local level, without losing sight of other studies on different scenarios. These are women of about 30 years of age, married, fulfilling hours that extrapolate the total of 40 hours a week and exercising their professional activities, mainly, in public hospitals. Most of these professionals hold Lato sensu specialization courses and enter into employment contracts in accordance with the terms of the CLT.

It is believed that through the proposed discussions, one can contribute to the development of health policies that instill this valuable professional in programs agreed to the Unified Health System, in the philanthropic and private sectors, as well as in educational institutions not only in the municipality in but, also, in the region of Greater Dourados, and may even subsidize proposals at the national level.

Such evidences, however, need to be better identified and systematized, over the years, by studies committed to the quality of nurses’ action and to the maintenance of good working environments, where personal maturity and experience in the profession are the driving force to the learning and the permanent formation of these professionals in the contexts in which they are inserted, thus minimizing prejudices that may discredit their actions, the experiences and the knowledge of both young professionals, and nurses with greater empirical experience.

From the analysis of the data collected, using the sociodemographic questionnaire, the specific objective of knowing the sociodemographic profile of the nurses of the Dourados / MS hospitals was reached, which allowed to establish a characterization of the participants of this study, resulting in the following majoritarian profile: women with a mean age of 32.7 years, graduated in Lato sensu (specialization) courses; predominantly married and fulfilling a work schedule that extrapolates 40 weekly hours, usually, in the only employment relationship they have; prevailing hiring by public hospitals, where they work their professional activities under the CLT regime and remunerations of one to five minimum wages, for the most part.

As a limitation of this study, the short time for data collection (January and February of 2016) with the professionals of the municipality is highlighted, which made it unfeasible for other questions to be included in the questionnaire as a collection instrument, according to the deadlines for the systematization and statistical analysis of information.
It is hoped to contribute, to the research, not only in the municipality of Dourados, but also, in the State of Mato Grosso do Sul and throughout the country, since the data provide us with subsidies for future planning, public policies, restructuring, choice and training the professionals concerned. It is extremely important that there is safety and quality in the execution of the services provided by the nurse, so that the need for a broader perspective for this professional is urgent.

Other studies must be carried out in order to identify strategies for the qualification of these professionals both in the professional, in relation to personal area, since it is an indispensable occupation for the Health System in the country.

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Sociodemographic profile of nurses of the...


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