

The nursing work at an burn center: psychosocial risks

Oliveira, Elias Barbosa de; Guerra, Olivia Andrade; Almeida, Fernanda Priscila Ferreira Mello; Silva, Alexandre Vicente; Fabri, Janaina Mengal Gomes; Vieira, Manoel Luis Cardoso

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Oliveira, E. B. d., Guerra, O. A., Almeida, F. P. F. M., Silva, A. V., Fabri, J. M. G., & Vieira, M. L. C. (2015). The nursing work at an burn center: psychosocial risks. *Revista de Pesquisa: Cuidado é Fundamental Online*, 7(4), 3317-3326. <https://doi.org/10.9789/2175-5361.2015.v7i4.3317-3326>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

O trabalho de enfermagem em centro de tratamento de queimados: riscos psicossociais

The nursing work at an burn center: psychosocial risks

El trabajo del enfermería en centro del tratamiento del quemados: riesgos psicossociales

Elias Barbosa de Oliveira ¹, Olivia Andrade Guerra ², Fernanda Priscila Ferreira Mello Almeida ³, Alexandre Vicente Silva ⁴, Janaina Mengal Gomes Fabri ⁵, Manoel Luis Cardoso Vieira ⁶

ABSTRACT

Objective: aimed both at identifying psychosocial risks and rewards in the nursing work at a burn center and checking its possible association with occupational stress. **Method:** An exploratory quantitative and descriptive research piece of research. Data were collected through closed questionnaires on effort and reward in the work. Thirty seven nursing workers from a public hospital in Rio de Janeiro district in 2013 took part in it. **Results:** The psychosocial risks pointed by the group cause occupational stress according to some of them: time pressure, interruptions, a lot of responsibility in the work and physically demanding. The rewards were the respect of superiors and colleagues, adequate support in difficult situations and fairly treated. **Conclusions:** Conclusions show that it is necessary to diagnose and monitor the risks in the work as well as strengthen the rewards to minimize occupational stress and promote the physical and mental health of the group. **Descriptors:** Nursing, burn units, Risk control, Occupational health, Stress.

RESUMO

Objetivo: identificar os riscos psicossociais e as recompensas no trabalho de enfermagem em centro de tratamento de queimados, verificando a possível associação com o estresse ocupacional. **Método:** Pesquisa quantitativa, exploratória, descritiva, cujos dados foram coletados mediante um questionário autoaplicado contendo questões sobre os riscos psicossociais e a recompensas no trabalho. Participaram do estudo 37 trabalhadores de enfermagem de um hospital público situado no município do Rio de Janeiro, em 2013. **Resultados:** Os riscos apontados pelo grupo acarretam estresse ocupacional, sendo alguns deles: pressão do tempo, interrupções, muita responsabilidade no trabalho e esforço físico. As principais recompensas foram o respeito da chefia e colegas, apoio em momentos difíceis, e o tratamento justo. **Conclusão:** Concluiu-se pela necessidade de diagnosticar e monitorar os riscos presentes no trabalho e fortalecer as recompensas de modo a minimizar o estresse ocupacional e promover a saúde física e mental do grupo. **Descritores:** Enfermagem, Unidades de queimados, Controle de risco, Saúde ocupacional, Estresse.

RESUMEN

Objetivo: identificar los riesgos psicosociales y las recompensas en el trabajo del enfermería en el centro de quemado verificando la posible asociación con el estrés ocupacional. **Método:** Investigación cuantitativa, exploratoria, descriptiva cuyos datos fueron recolectados mediante un cuestionario cerrado conteniendo cuestiones sobre los riesgos y recompensas en lo trabajo. Participaron del estudio 37 trabajadores de enfermería de un hospital público localizado en el municipio de Rio de Janeiro - Brasil, en 2013. **Resultados:** Los riesgos apuntados por el grupo provocan estrés laboral siendo algunos de ellos: presión del tiempo, interrupciones, mucha responsabilidad en el trabajo y esfuerzos físico. Las principias recompensas fueron la admiración del patrón y pares, el soporte en tiempos embarazosos y atención recto. **Conclusión:** Se concluyó por la necesidad de diagnosticar y monitora los riesgos y fortalecer las recompensas de modo a minimizar el estrés ocupacional y promover la salud física y mental del grupo. **Descriptor:** Enfermería, Unidades de quemado, Controle del risco, Salud del trabajador, Estrés .

1 Nurse, Post Doctorate in Alcohol and Drugs. PhD in Nursing, Associate Professor Graduate (master's degree) and Undergraduate programs. State University of Rio de Janeiro. Rio de Janeiro, Brazil. 2 Nurse, Specialist in Occupational Nursing. Rio de Janeiro, Brazil. 3 Nurse, Miguel Couto Municipal Hospital. Rio de Janeiro. Brazil. 4 Nurse, Master's in Nursing, Specialist in Psychiatric Nursing, Gestalt Therapist. Assistant Professor. State University of Rio de Janeiro. Rio de Janeiro, Brazil. 5 Master's in Nursing, Specialist in Occupational Nursing. Assistant Professor. State University of Rio de Janeiro. Brazil. 6 Nurse, Master's in Nursing, Specialist in Occupational Nursing. Rio de Janeiro, Brazil.

INTRODUCTION

Nursing work in a burn treatment center is similar with that developed in intensive care units it is considered a pleasurable activity given the possibility of professional helping the recovery, health and well-being of the patient. On the other hand, it is a work composed of physical, mental and emotional stress, because caring for the badly burned patient means facing their suffering and their own feelings such as sadness, annoyance, irritability, tension, feelings of stress and craziness.¹

In addition to the aspects related with the history of the accident, the coexistence with patients remain hospitalized for an extended period and that are subject to numerous painful procedures is quite complex for the team. On the daily basis the burn patient is subjected to personal hygiene, debridement of the affected area by burning and encouraged to perform physical therapy. Procedures that generate pain and result in emotional wear team, being essential to the psychological support of workers, through a support system provided by the hospital.²

Burns are among the main external causes of deaths recorded in the country and related to the physical and mental suffering of the patient due to the pain, annoyance, the organic aesthetic and psychological changes. It is considered a tragedy in the lives of individuals and families, being one of the biggest challenges. Big burn patients are classified as within the intensive care Patient Classification System (PCS)-instrument that aims to evaluate and adjust the amount of work required with the nursing staff available and the time to be invested in the daily needs of the patient.³

Therefore, the nursing workers by providing care to patients in critical condition, are exposed to psychosocial risks, which as a whole involve damage to the physical and mental health of the group by the peculiarities of the process of work and by the demands of technology, training and information. The losses posed to the health of workers maintaining a relationship with incompatible demands and little worker control over the work process, particularly when considering the resources for solving them.⁴ Such resources refer to the interaction between the worker and the work environment, work content, organizational conditions and worker skills that can through perceptions and experiences, health influence, job performance and satisfaction.⁵

From this perspective, it is important to signal that the organization of work is relevant in the social process instance health-mental illness, and may in some circumstances cause psychophysics damage to the worker's health. When work organization is rigidly structured, valuing only the economic aspect, the result is a disagreement, in incompatibility between

the worker and the work process, impoverishing the psychic versatility of professional and opening up the possibility for decompensation of mental health.⁶

One of theoretical frameworks used to understand the occupational stress is the effort-reward imbalance model at work prepared by Siegrist. This model postulates that occupational stress is a response to a resulting imbalance of certain characteristics of the working environment that require high effort (demands at work and individual motivation of workers in demand situation) and low reward (monetary reward, self-esteem and social control). Thus when a high degree of effort is not matched with a high degree of reward, there are emotional tensions and increases the risk of illness.⁷

Considering the relevance of the knowledge produced and the development of intervention strategies in managing occupational stress beneficial in nursing workers, this study aimed to identify the psychosocial risks and rewards in the nursing work in burn treatment center, checking the possible association with occupational stress.

METHOD

We opted for the quantitative method because it is a problem in the area of the healthcare worker who, by their nature, require a descriptive exploratory study for the initial diagnosis of the situation, in the light of subsequent studies.⁸ Data were collected in a large public hospital, located in the municipality of Rio de Janeiro, considered a reference service in the service area for major burn patients, having in its structure a center for specialized treatment and qualified personnel.

The sample consisted of 37 nursing workers, and 11 nurses and 26 technicians who provided direct assistance to patients. In the sample selection were included recruiting workers with statutory employment and Hired Under Employment Laws who worked at the service for at least six months. Workers were excluded who were on vacation, sick leave and who worked there less than six months.

Data collection, held in the second half of 2013, we used a structured instrument, translated and adapted into Portuguese, comprising 23 items and consists of three dimensions: effort (6 items - 1-6), reward (11 items - 7-17) and excess commitment to work (6 items - 18-23). In this study, only the dimensions effort and reward were worked. The answer options are dichotomous, with questions Likert (depending on the response) and assesses the perception of the subject and the situation in the job, whose expressions are "agree" and "disagree" and - if the answer indicate stress - there is a gradation of four options ranging from "very stressed" to "not at all stressed."⁷

Conducted scheduling and explanations about the survey, data were collected individually in unit and reserved place allowing participants to answer the instrument without interruption. In compliance with resolution No. 466/12, of the National Council of health/Brazil, the respondent made sure of the authorization of the study by the Research

Ethics Committee of the Hospital Universitário Pedro Ernesto (CAAE 231,050 05976412.3.0000.5259) and signed an informed consent.

IT guaranteed the anonymity and confirmed that the participants could withdraw from the study at any stage. It clarified that the results would be presented at events and published in magazines of scientific nature. At the end of the collection, the data were processed through the technique of simple statistics (absolute and relative frequency) of the sum of the scores obtained on Likert scale composed of items that made it possible to measure the attitudes of the Group on the issues raised.

RESULTS AND DISCUSSION

The work at Burn Treatment Centers and psychosocial risks

Several studies demonstrate that the conditions in which plays work, the opportunity to control the adequacy between the demands of the job and the skills of the person who plays, interpersonal relations, remuneration and security, among others, are psychosocial factors relevant to the psychological well-being of workers and for mental health. Therefore, an evaluation of the efforts made by the employee in an interactional perspective that considers a dynamic fit between the person is required, the job and the organization. When this setting is inappropriate and the person realizes that resources are insufficient to meet the demands of the organization or neutralizes them, come the stressful experiences.⁹

Of the 37 workers who participated in the study, 23 (62.16%) claimed to feel constantly pressed for time because of the heavy load of work; fact that left very stressed, and the remaining 14 (37.84%) agreed in part. In the analysis of the professional levels of agreement compared to the same stressor must be considered that the assessment process is influenced by accumulated knowledge, ie, the previous learning process, as well as the emotional state. In the primary assessment, the individual will examine whether the stressor presents a potential threat to their well being. In the secondary assessment should consider the options that the individual has to cope and among them, social, personal, economic and organizational resources as well as the level of control the individual has over the situation.¹⁰

Time pressure contributes to the increase of psychic loads at risk of becoming ill, being a major problem for nursing, for bringing personal and social effects of significant amounts and consequent damage to workers' health and quality of service.¹¹ Thus, the urgent need for greater productivity associated with the continuous reduction of the quota of workers, the time pressure and the increasing complexity of tasks, can generate tension, fatigue and exhaustion, being professional in psychosocial risk factors.⁵

The interruptions referred to by 14 (37.84%) employees during the performance of work is a psychosocial risk factor, when it considers that the patient great burned at

dependency level, requires the professional attention on performing numerous procedures and observation. The more complex the larger task the requirement, and the quite bothersome interruptions. Every interruption time is lost, the attention is very forgetfulness, risks generating faults and errors. It should be noted that, the interruptions at work may compromise the professional performance, as the nurse, in the exercise of their activities, are faced with multiple situations of surveillance demand, requiring increased mental effort or ability to direct attention in processing information for decision making.¹²

This is a job that in the vision of 26 (70.27%) workers is characterized by repetitive activities. Patients in burn treatment centers, by the own characteristics of the clinical picture, have dependence on nursing, due to limitation of movements, the need for hygiene, for dressings, food and drug administration.¹ Therefore, an activity that requires a lot of physical effort 35 (94.59%) and 37 (100%) a lot of responsibility, factors that leave the group as a whole quite stressed.

To analyze the occupational stress resulting from the responsibilities inherent in the workplace and the repercussions on the physical and mental health of the employee, it is important to consider that each individual responds to particular stressor from the personal and professional characteristics. They contribute to this relationship and their coping, attributes or personality characteristics but also the experiences, knowledge, skills, and organizational support in terms of human resources, materials and training in service.¹³

As for the requirement of physical efforts referred to by employees, reiterates that the care of the great burned involves conducting movements with diverse intensity during the baths and other actions that involve great suffering to the patient and the team, because the procedures are accompanied by pain, discomfort and with possibilities of complications, infections and death.²

In view of the physical, cognitive and emotional efforts spent in carrying out the great burned, 29 (59.46%) professionals reported that the job required more and more of the group, which may be related to the dynamics of the service in terms of turnover of patients and provision of human resources. After all the BTC is a specialized sector, having the nurse and the team great responsibility in terms of comprehensive care in the face of pain and suffering imposed on the patient and family. The work in the health sector and in particular in the hospital area is characterized by the development of several activities management and assistance measures that require constant nursing worker's need for adaptation. Such a reality is mainly due to structural problems, such as insufficient number of human resources arising from various causes absenteeism and insufficiency of material resources in quantity and quality.⁴

The rewards coming from work at a Burn Treatment Center

The work at a BTC by its own dynamics and type of clientele, can contribute to the wear of teams, especially nursing, whose relationship maintained with patients and families requires excessive dedication and contributes to the exhaustive workload. The sense of helplessness in the face of psychoaffective issues of clientel who, for various reasons, try to give up on life, is dialectically opposed to the actions of the team that makes every effort to

save them. Therefore, there is the possibility of potential conflicts with clients, supervisors and co-workers, being the group most likely to show signs and symptoms of physical and mental strain.¹

In this sense it is very important to know the psychosocial risk and protective factors present in the occupational environment in the pursuit of balance and well being of the teams. To evaluate the rewards coming from work, and among them the quality of interpersonal relationships, identified that 34 (91.89%) workers were respected by leadership, 31 (83.7%) by co-workers, 32 (86.5%) received the support of peers in difficult moments and 34 (91.9%) were treated fairly. Such rewards of symbolic nature are valuable factors in the working environment, contributing to the dialog, minimization of conflicts and the sense of belonging to the group.

In the working world, the superior (boss or director) is an important reference point for most people and can be one of the sources of rewards or sanctions. Thus, the harmonious relations with the immediate superior may contribute to job satisfaction and psychological well-being. Similarly, relations between colleagues based for understanding, tolerance and spirit of self-help, can be very rewarding and contributing significantly to a positive work environment.¹⁰

Although it was explained by most professionals who felt respected and could count on the support of the leadership and other colleagues in difficult moments, 23 (62.16%) employees reported not receiving the respect and deserved consideration. It is inferred that such positioning can be anchored in the fact that nurses maintain a very close relationship of the other teams as well as with patients and families, which does not eliminate the possibility of conflicts and feelings of not having their work recognized by society and their own assisted clientel.

Some healthcare professions, including nursing, being made up of people mainly women, have added to the strictly professional wear, the double workday and the trend unfortunately still exists, despite the breakthrough of women's movements, not valuing the female workforce. Add to these factors the question of speech doctor with relation to other health professionals and, consequently, the difficult relations established in interdisciplinary teams.¹⁴

Regarding the type of employment contract, 31 (83.7%) professionals reported being statutory and 6 (16.22) Hired Under Employment Laws. Although most workers be they have statutory job stability and other labor rights guaranteed by law, a dissatisfaction in relation to financial rewards, because 20 (54.05%) professionals have stated that the salary received is not suitable. A study conducted on nursing workers about the motivational factors and present dissatisfaction at work showed the influence of income on their mental health. It pointed out that, the lower the income, the higher the dissatisfaction, demotivation and the prevalence of psychiatric disorders in the group, ratifying the fundamental character of the remuneration, including as a form of professional valuation.¹⁵

Taking into consideration the place the work occupies in the life of individuals in terms of psychic and social organization, the job satisfaction is the sum of different elements that make up the personal and professional world, as the result of the evaluation that the work has about their work. To the extent that the worker has not completed or met their needs or

expectations of the work, the dissatisfaction component arises. Other important aspects to consider are appropriate remuneration for the function exercised, the autonomy to make decisions, the possibility of personal growth and personal recognition.¹⁶

The salary dissatisfaction can, in principle, justify the need for more than one employment referred to by 28 (78.3%) workers and the excessive workload above 40 weekly hours of work accomplished by 26 (70.3%) subjects. Research that sought to assess the ability to direct attention in the work environment of nurses showed that those who worked above 40 hours had their impaired attention, which may be associated with long journeys to work, to work in shifts and to double employment, causing overload and psychological problems.¹²

The need for the 24 hour operation of the hospital implies shifts and shifts regimes, which enables the dual employment and, on the other hand, long working hours, exposing workers even more to psychosocial risks for the short time devoted to leisure, family, self-care and other social activities. Reality experienced by workers in the health sector, especially when wages are insufficient to maintain a dignified life.¹⁶

With regard to the position occupied in the organizational structure 26 (70.27%) workers claimed comply with training, and 11 (29.7%) disagreed. In the analysis of this variable, should consider the professional growth opportunities offered by the institution itself through jobs and salaries and plans the training incentive. It was identified that 15 (40.54%) workers are specialists and 13 (35.1%) are graduates, despite occupying the post of nursing technician. Such problems reflect the dissatisfaction in relation to professional growth and future promotions referred to by 24 (64.86%) workers. The absence of perspective of professional growth and wages below the function exercised lead, beyond dissatisfaction at work, increased absenteeism, turnover of professionals and to the physical and professional team.

Considering the workers' investments in their own training, 18 (48.65%) said they would still undergo changes not expected at work, passing insecurity on the function and / or position, especially in relation to 6 (16.2%) workers who were Hired Under Employment Laws. It should be noted that other changes for which workers could spend, imply time and sector rotation, which can lead to a considerable degree of stress. Occupational stress is the result of several situations in which a person perceives the social environment as threatening to their personal and professional fulfillment needs, hindering their interaction with their duties and in the work environment. More often when there is a lot of responsibility, but few opportunities for decision-making and control with consequent impairment of health and work performance.¹⁸

In the face of this reality is crucial to understand that in addition to the advantages and/or disadvantages of outsourcing health services in Brazil, it is important to highlight two trends: first, deregulation required (by employers primarily) job protection; Second, the precariousness of labor relations, with consequences on the (re)production of segmentation processes on employment and wages, as well as the trend towards fragmentation of professional relations and social cohesion. Factors that contribute to the feeling of insecurity and uncertainty about the future of the worker in the company that has led to dissatisfaction, raging disputes and divided the group, due to differences in employment, wages and workloads.¹⁹

CONCLUSION

It was evident that the burn treatment center nursing workers face numerous psychosocial risks, which are associated with stress at work and among them: time pressure, interruptions at work, double and triple employment, the regime working in shifts, the long hours, the high degree of responsibility at work, the demand increased labor and the lack of recognition for the work done, probably by dissatisfaction with perceived wages and relationships with professionals from other categories and users.

Despite the psychosocial risks faced in the work environment and psychophysical efforts that lead to occupational stress, workers feel rewarded for the work done by maintaining a cordial relationship with the leadership and colleagues, knowing they can count on the support group in difficult times, receiving fair treatment. Factors as a whole serve as protectors and contribute to facing adversity at work.

Considering the complexity of the object of study and of the limitations in terms of the sample, continuity, given the scarcity of research to discuss the psychosocial risks present in burn treatment center and its relationship with occupational stress. It is up to the Organization to intervene with the psychosocial risks and strengthen the rewards coming from the work, which can contribute to minimizing stressors that, by their nature, entail wear and damage to the health of workers.

REFERENCES

- 1.Coelho JAB, Araujo STC. Desgaste da equipe de enfermagem no centro de tratamento de queimados. Acta paul enferm [periódico na internet] 2010 [citado nov 2013] 23 (1): 60-4. Disponível em: <http://www.scielo.br/pdf/apv/v23n1/10.pdf>
- 2.Costa ECB, Rossi LA. As dimensões envolvidas do cuidado em uma unidade de queimados: um estudo etnográfico. Rev esc enferm USP. [periódico na internet] 2003 [citado ago 2013] 37(3): 72-1 Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342003000300009&lng=pt&nrm=iso&tlng=pt
- 3.Fugulin FMT, Gaidzinski RR, Kurcgant P. Sistema de classificação de pacientes: identificação do perfil assistencial dos pacientes das unidades de internação do HU-USP. Rev Latino-Am Enferm. [periódico na internet] 2005 [citado out 2013] 13(1): 72-8. Disponível em: www.scielo.br/pdf/rlae/v13n1/v13n1a12.pdf

- 4.Oliveira EB, Ferreira JMFG, Souza NVM, Costa HF, Nascimento LP. Produção do conhecimento da enfermagem sobre os riscos psicossociais no trabalho: revisão sistematizada da literatura. *Enfermagem Atual*; Rio de Janeiro. v.60, p.31 - 34, 2010.
- 5.Guimarães LAM. Estresse ocupacional: riscos psicossociais no trabalho. Disponível em <http://www.prt18.mpt.gov.br/eventos/2006/saudemental/anais/artigos/Liliana A.M.Guimaraes.pdf>.
- 6.Fernandes JD, Melo CMM, Gusmão MCCM, Fernandes J, Guimarães A. Saúde mental e trabalho: significados e limites de modelos teóricos. *Rev Latino-Am Enferm*. [periódico na internet] 2006 [citado dez 2012], 14 (5): 803-1. Disponível em: http://www.scielo.br/pdf/rlae/v14n5/pt_v14n5a24.pdf
- 7.Guimarães LAM, Siegrist J, Martins DA. Modelo de estresse ocupacional ERI (effort-reward-imbalance). In: Guimarães LAM, Grubits S. *Série saúde mental e trabalho*. São Paulo: Casa do Psicólogo; 2004. p. 69-94.
- 8.Cabral IE, Tyrrell MAR. O objeto de estudo e a abordagem de pesquisa qualitativa na enfermagem. In: Gauthier JHM, Cabral IE, Santos I, Tavares CMM. *Pesquisa em Enfermagem: novas metodologias aplicadas*. Rio de Janeiro: Guanabara Koogan; 2006. p. 18-29.
- 9.Martins MCA. Fatores de risco psicossociais para a saúde mental. *Millenium - Revista do ISPV*. 2004 [citado 26 jan 2013]. Disponível em: <http://www.ipv.pt/millenium/Millenium29/default.htm>
- 10.Bicho LMD, Pereira SR. Stress Ocupacional. *Stress Ocupacional*. Instituto Politécnico de Coimbra, Departamento de Engenharia Civil, Portugal [periódico na internet] 2007 [citado 08 mar 2013]. Disponível em: http://prof.santana-e-silva.pt/gestao_de_empresas/trabalhos_06_07/word/Stress%20Ocupacional.pdf
- 11.Secco IAO, Robazzi Souza FEA MLCC, Shimizu DS. Cargas psíquicas de trabalho e desgaste dos trabalhadores de enfermagem de hospital de ensino do Paraná, Brasil. *Smad Revista Eletrônica Saúde Mental Álcool e Drogas* [periódico na internet] 2010 [citado 14 mar 2013] 6(15):1-17 Disponível em: <http://www.revistas.usp.br/smad/article/view/38713>
- 12.Nunes CM, Tronchini MR, Melleiro MM, Kurgant P. Satisfação e insatisfação no trabalho na percepção de enfermeiros de um hospital universitário. *Rev Eletr Enf*. [periodic na internet] 2010 [citado mai 2014] 12(2):252-7. Disponível em: <http://www.fen.ufg.br/revista/v12/n2/v12n2a04.htm>.
- 13.Martins MCA. Fatores de risco psicossociais para a saúde mental. *Millenium - Revista do ISPV*. 2004 [citado em 26 jan 2013]. Disponível em: <http://www.ipv.pt/millenium/Millenium29/default.htm>
- 14.Martins LAN. Saúde mental dos profissionais de saúde. *Rev Bras Med Trab*. [periódico na internet] 2003 vol. 1, n. 1 [citado dez 2013] pp. 56-68. Disponível em: <http://www.bvsde.ops-oms.org/bvsacd/cd49/rbmt08.pdf>
- 15.Batista AAV, Vieira MJ, Cardoso NCS, Carvalho GRP. Fatores de motivação e insatisfação no trabalho do enfermeiro. *Rev Esc Enferm USP*. [periódico na internet] 2005 [citado 4 jun 2014] 39(1):85-1. Disponível em: <http://www.scielo.br/pdf/reeusp/v39n1/a11v39n1.pdf>
- 16.Elias MA, Navarro VL. A relação entre o trabalho, a saúde e as condições de vida: negatividade e positividade no trabalho das profissionais de enfermagem de um hospital escola. *Rev Latino-Am Enfermagem* [periódico na internet]. 2006 [citado ago 2013] 14(4):517-25. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-

17. Kirchhof ALC, Magnago TSBS, Camponogara S, Griep RH, Tavares JP, Prestes FC et al. Condições de trabalho e características sócio demográficas relacionadas à presença de distúrbios psíquicos menores em trabalhadores de enfermagem. Rev Texto Contexto Enferm [periódico na internet] 2009 [citado ago 2012] 18(2): 215-23. Disponível em: <http://www.scielo.br/pdf/tce/v18n2/03.pdf>
18. Camelo SHH, Angerami ELS. Riscos psicossociais no trabalho que podem levar ao estresse: uma análise da literatura. Cienc Cuid Saude. [periódico na internet] 2008 [citado out 2011] 7:232-40. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude>
19. Marques AP. Sacralização do mercado de trabalho. Jovens diplomados sob o signo da precariedade: trabalho e não trabalho: valor e (in) visibilidade. Revista Configurações. [periódico na internet] 2010 [citado abr 2014] 7: 65-89. Disponível em: configuracoes.revues.org/183



Received on: 10/08/2014
Required for review: No
Approved on: 15/09/2015
Published on: 01/10/2015

Contact of the corresponding author:
ELIAS BARBOSA DE OLIVEIRA
R. Alexandre de Gusmão nº 28 ap. 104. Tijuca (RJ) - CEP: 20520-120
E-mail: eliasbo@oi.com.br
Tel: 998872223