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Angelim, Rebeca Coelho de Moura; Rocha, Grizelle Sandrine de Araujo

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INTEGRATIVE REVIEW OF THE LITERATURE

Produção científica acerca das condições de trabalho da enfermagem em serviços de urgência e emergência

Scientific production about the working conditions of nursing in emergency and urgent services

Producción científica acerca de las condiciones de trabajo de enfermería en servicios de urgencia y emergencia

Rebeca Coelho de Moura Angelim ¹, Grizelle Sandrine de Araujo Rocha ²

ABSTRACT

Objective: to investigate the scientific productions on the working conditions of nursing staff in the emergency and urgent care sector. **Method:** integrative literature review including scientific articles indexed in the Virtual Health Library databases over the past five years (2010-2014). **Results:** Among the 87 articles identified, 13 were selected productions, whose approach has raised two categories: capacity and working conditions; Risks and accidents. **Conclusion:** the analyzed articles revealed inadequate working conditions to which nursing professionals are exposed daily in urgent and emergency services, which put them at risk of acquiring infectious diseases, exposure to physical and verbal violence, occupational stress, among others. In addition, it was found that the exhaustive hours and low pay are factors responsible for wear in the workplace. **Descriptors:** Emergency nursing, Occupational health, Occupational risks, Working conditions.

RESUMO

Objetivo: investigar as produções científicas sobre as condições de trabalho do pessoal de enfermagem no setor de urgência e emergência. **Método:** revisão integrativa da literatura que incluiu artigos científicos, indexados nas bases de dados da Biblioteca Virtual de Saúde nos últimos cinco anos (2010-2014). **Resultados:** dentre os 87 artigos identificados, foram selecionadas 13 produções, cuja abordagem suscitou duas categorias: Capacidade e condições de trabalho; e Riscos e acidentes de trabalho. **Conclusão:** os artigos analisados revelaram inadequadas condições de trabalho a que os profissionais de enfermagem estão expostos cotidianamente nos serviços de urgência e emergência, as quais os colocam em risco de adquirir doenças infecciosas, exposição à violência física e verbal, estresse ocupacional, dentre outros. Além disso, identificou-se que a carga horária exaustiva e a baixa remuneração são fatores responsáveis pelo desgaste no ambiente de trabalho. **Descritores:** Enfermagem em emergência, Saúde do trabalhador, Riscos ocupacionais, Condições de trabalho.

RESUMEN

Objetivo: Investigar las producciones científicas sobre las condiciones de trabajo del personal de enfermería en el sector de urgencia y emergencia. **Métodos:** Revisión integradora de la literatura que incluye artículos científicos, indexados en las bases de datos de la Biblioteca Virtual de Salud en los últimos cinco años (2010-2014). **Resultados:** Entre los 87 artículos identificados, fueron seleccionadas 13 producciones, cuyo enfoque tuvo dos categorías: Capacidad y condiciones de trabajo; Riesgos y accidentes de trabajo. **Conclusión:** los artículos analizados revelaron inadecuadas condiciones de trabajo que los profesionales de enfermería están expuestos cotidianamente en los servicios de urgencia y emergencia, las cuales los colocan en riesgo de adquirir enfermedades infecciosas, exposición a la violencia física y verbal, estrés ocupacional, entre otros. Además de eso, se identificó que la carga horaria exhaustiva y la baja remuneración, son factores responsables por el desgaste en el ambiente de trabajo. **Descriptorios:** Enfermería en emergencia, Salud del trabajador, Riesgos ocupacionales, Condiciones de trabajo.

1 Nurse. Master degree student in Nursing by the Graduate Associated Program in Nursing of the University of Pernambuco and State University of Paraíba (UPE/UEPB), Recife, PE, Brazil. E-mail: rebeccangelim@hotmail.com 2 Nurse. Master degree student in Nursing by the Graduate Associated Program in Nursing of the University of Pernambuco and State University of Paraíba (UPE/UEPB), Recife, PE, Brazil. E-mail: grizrocha@hotmail.com

INTRODUCTION

The Emergency Care Network in the Unified Health System (SUS) was established to promote a responsive and effective care of urgent and emergency care in order to provide qualified health care for all the Brazilian population, prioritizing cardiovascular, cerebrovascular and trauma care.¹

In the case of emergency services, it is worth noting that they are health facilities with a prompt service, with quick responses, for which they need a skilled and qualified staff to exercise decision-making actions consistent with cases that may appear in this environment, whether small, medium or high complexity.²

Thus, the urgent and emergency unit is an environment that health professionals are constantly exposed to risks, both physical and psychic, because it is a service in which the care is permeated by pressure, and local workers deal routinely with patients at imminent risk of death.

It is noteworthy that the conception of occupational risks that permeates the work of nursing is crucial to understand the relationship of the worker's health-disease process and, from there, to develop measures that seek to improve working conditions, aiming to promote health and prevent diseases, as well as control and reduction/elimination of risks and health problems of nurses.³

From this perspective, it is important that the nurse, member responsible for the nursing staff, encourage critical and reflective thinking, favoring the development and applicability of models and theories that fit better to the conditions in which his team will work. Especially when it comes to urgent and emergency services, which nurses must act with agility, competence and effectiveness, aiming at a holistic care and permeated by good inter-relationships.⁴

In this way, it is noteworthy that for such articulation of nursing, it is necessary the service providing appropriate working conditions, providing the alternative professionals who motivate them to work, resulting in greater dedication to work and therefore better population to service, also necessary to maintain good relationships with co-workers, as well as demonstrating how important their work to society, and provide appropriate pay.⁵

In this sense, the question is: what brings the current literature on the working conditions of nursing professionals working in urgent and emergency services? What are the risks to which these professionals are exposed?

Based on these, this study was aimed to investigate the scientific productions on the working conditions of nursing staff in the urgent and emergency sector, evaluating the results

of these studies in order to identify the extent to which these factors have generated wear and risks to workers.

METHOD

This is an integrative review of the literature through available articles in nursing journals. It is noteworthy that “one of the purposes of Practice Based on Evidence (PBE) is to encourage the use of research results by the health care provided at several levels of attention, reinforcing the importance of research to clinical practice”.⁶

Data collection occurred in November 2014, by searching the database of the Latin American and Caribbean Health Sciences (LILACS) and the Nursing Database (BDENF). For this, the following combination of descriptors were used: “Emergency Nursing AND Occupational Health”, from the Descriptors of Health Science (MeSH), totaling 87 articles.

For sample selection, the following inclusion criteria were used: full articles and available in Portuguese, published in the last five years (2010-2014) and addressing themes such as the health of the nursing professionals who work in urgent or emergency services. Theses and dissertations, publications with duplicity in data bases, as well as duplicate articles, incomplete and unavailable for free were excluded. After refinement, 23 articles were found.

The selection of articles was carried out by reading the titles and abstracts. Thus, the sample consisted of 13 publications that met the criteria established for the review. Thus, studies were organized by a validated instrument⁷ which includes the identification of the original article, the methodological characteristics of the study and evaluation of the results, which contained the following items: references (author, journal, year), article central objective, methodology (type of study, location, subjects) and study results. Then, there was the reading of selected works in full, and the systematized and categorized information to meet the proposed objective.

It is noteworthy that ideas of the authors were fully respected, as required by Law 12,853 of August 14, 2013 which provides for the collective management of copyright.

RESULTS AND DISCUSSION

The study sample consisted of 13 articles about the Health Professional Nursing Worker working in urgent and emergency services, disseminated in online journals in the period of 2010-2014.

From the first data analysis, it was observed that in the period of publication, 2011 was the one that obtained the highest number of publications on the topic, with four articles, followed by 2010 with three articles, and 2012, 2013 and 2014 had two articles each year.

Another important aspect is the area of expertise of the authors, by showing that all the authors are trained and work in nursing, being in first place according to the citation order, considering that this is a study that addresses aspects related to factors involving the performance of nursing professionals.

Regarding the journals, the Research Journal: Cuidado é Fundamental Online and Revista Gaúcha de Enfermagem were those having a greater number of articles, totaling two in each one. Other journals were Revista Mineira de Enfermagem (REME), Revista Eletrônica de Enfermagem, Online Brazilian Journal of Nursing (OBJN), Revista Brasileira de Epidemiologia, Revista da Escola de Enfermagem da USP, Enfermagem em Foco, Revista de Enfermagem da UERJ, Ciencia y Enfermería and Revista de Enfermagem UFPE On Line (REUOL).

Based on the studies were performed all in Brazil, the highlighted region where the investigations were carried out is the Southeast Region, with seven articles, followed by the South, Northeast and North regions, with three, two and one articles, respectively.

Regarding the methodological design, eight studies followed a quantitative approach, four followed a qualitative approach, and only one article had quantitative and qualitative approach. On data analysis, eight studies conducted descriptive statistical analysis and five studies used the technique of thematic content analysis.

As for the population studied in the publications selected by this study, nine articles conducted the research with the nursing staff, two articles with two nurses, one article with the multidisciplinary team and one article with the nursing technicians' staff.

Regarding the contents exposed and extracted from the studies investigated, two categories were presented: Capacity and working conditions; Risks and accidents at work, as detailed in table 1 below.

Table 1. Summary table of the topic categories identified in the study - Recife, Pernambuco, Brazil - 2014.

1 - CAPACITY AND WORKING CONDITIONS			
FIRST AUTHOR/YEAR	TITLE	DATABASE	MAIN RESULTS
Andrade MCM (2014) ⁸	Occupational stress in the emergency mobile care service	LILACS/BDENF-nursing	It was noticed that the subjects showed at the same time, high levels of demand, control and social support, having a state in which the professional experiences his work actively, with little likelihood of manifestation of occupational stress.
Souza AAM (2014) ⁹	Aspects related to the occurrence of occupational violence in emergency areas of the hospital	LILACS/BDENF-nursing	The occurrence of violence was considered normal for 82.9% of subjects and 91.8% of subjects reported never having participated in some training on how to act when occurring violence.
Magnago TSBS (2013) ¹⁰	Ability evaluation to the work of the emergency room nursing staff	LILACS	It is noteworthy that 42.9% of workers were classified with reduced capacity to work. Diseases diagnosed more frequently in the last 12 months were repeated respiratory tract infections, back injury; varicose veins; mild emotional disturbance; vision problems and disease of the upper back or neck region, with frequent pain.
Garcia AB (2012) ¹¹	Pleasure in nursing technicians working in the emergency room of a public teaching hospital	LILACS/BDENF-enfermagem	The important aspects of the work process were the unpredictability of the emergency room, teamwork and model of comprehensive care as a precursor of humanization to the patient. The feelings of pleasure arise from the recognition of the work by the subjects working, the patient or society, and teamwork, realized by cooperation among professionals.
Vasconcellos IRR (2012) ¹²	Aspects related to the occurrence of occupational	LILACS/BDENF-enfermagem	The analysis showed that most respondents were occupational violence victims (76.7%). The main

	violence in emergency areas of the hospital		aggressors were their partners (87.0%), followed by patients (52.2%). The verbal aggression was the main form of violence (100.0%)
Farias SMC (2011) ¹³	Characterization of the physical symptoms of stress in emergency room staff	LILACS/BDENF-enfermagem	Physical symptoms listed by the researchers were: headache, feeling of fatigue, leg pain and tachycardia. The pain were always the result of emotional stress or after emergency care, which suggests that there is great difficulty in separate physical stress of the psychic stress.
Vasconcelos SP (2011) ¹⁴	Factors associated with work ability and perception of fatigue in nursing workers of the western Amazon	LILACS	Factors associated with inadequate capacity for work: female; other employment; insufficient number of employees; repetitive and monotonous tasks; three or more morbidities without medical diagnosis; high fatigue. The high prevalence of fatigue was 25.7% and the associated factors were repetitive and monotonous tasks and morbidities with medical diagnosis.
Martins CC (2010) ¹⁵	The interference of stress on nurses' occupational health who work in the emergency room of the hospital	BDENF-enfermagem	Factors related to the working environment structure, deficiency in the number of nursing staff employees and accumulation functions are reported as stressors by emergency room nurses.
2 - RISKS AND ACCIDENTS AT WORK			
FIRST AUTHOR/YEAR	OBJECTIVE	DATABASE	MAIN RESULTS
Oliveira EB (2013) ¹⁶	Nursing work in emergency - psychosocial risks hospital: descriptive research	LILACS/BDENF-nursing	The psychosocial risks identified cause occupational stress, some of which are: insufficient human and material resources, ambiguity of roles and violence.

Dal Pai D (2011) ¹⁷	Psychodynamic and mental health of nursing workers: fast pace and intensified of what to do	BDEFN-nursing	The results indicate the presence of an intensified work pace and characterized by unpredictability, generating consequences in everyday life and mental health of the workers.
Santos AS (2011) ¹⁸	Cutting objects accidents in urgent and emergency services nursing professionals in a Brazilian capital	BDEFN-enfermagem	Among the 317 respondents, on the occurrence of cutting objects accidents, 47.9% of the respondents answered yes, 84.9% of these did not undergo prophylaxis and 68% did not report the accident.
Dalri RCMB (2010) ¹⁹	Occupational risks and health changes among Brazilian nursing workers of urgent and emergency units	LILACS	Among the Occupational Risks identified, psychosocial risks were the most frequent and the most frequent health changes were pains, mental fatigue and stress, sleep disorders, cardiovascular disorders and infectious processes that mostly could have been caused by the identified risks.
Simão SAF (2010) ²⁰	Cutting objects accidents in nursing professionals urgent and emergency services in a Brazilian capital	LILACS/BDEFN-enfermagem	There were 44 (43.6%) professionals involved in this type of accident, and the hollow needle was the most often object (68.2%) and the needle recapping responsible for 38.6% of accidents.

Category 1: Capacity and Working Conditions

In this category, there will be the working conditions and capacity of nursing professionals who work in urgent or emergency services. Thus, it is noteworthy that the health of workers is part of a field of knowledge that seeks to identify aspects related to work and health-disease process, comprising the transformation of production, organization and management processes, forms of contract, conferences, rhythms, wages, and other aspects that are directly articulated to the ability to work.²¹

Study of nurses working in an emergency hospital points out that “the precarious working conditions, added to the difficulty of living with co-workers, lead to problems in the private everyday life of the worker, due to staying at the hospital for extra scale shifts,

workers find themselves forced to give up their leisure in favor of better pay, but for this, sacrifice of the time devoted to family life, which creates a feeling of emptiness, weakening of emotional ties and an occupational stress".¹⁵

Regarding the evaluation of the nursing staff working at a university hospital, it was possible to identify that a considerable portion of nursing staff (42.9%) had low or moderate capacity index for the job. Diseases diagnosed more frequently in the last 12 months were repeated respiratory tract infections, back injuries; varicose veins; mild emotional disturbance; vision problems and disease of the upper back or neck region, with frequent pain. Such findings indicate the importance of the institution to adopt support measures directed to these individuals because they may become unable to perform the work activities over time.¹⁰

From this perspective, another study among nursing workers (nurses, technicians and assistants) who work on an urgent and emergency hospital, composing a sample of 272 workers, identified a high prevalence of inadequate capacity to work (40.8%), and among the variables related to work conditions associated with this ability of inadequate work, there were, other employment, insufficient number of professionals at the hospital to perform the prescribed tasks, and performing repetitive and monotonous tasks.¹⁴

In a study of 60 participants, being four nurses, 16 nursing technicians, 13 doctors, 17 drivers and 10 receptionists, showed that the prevalence of married people on the team suggests low levels of occupational stress. In addition, it was found that the working time factor may indicate that individuals working for a long time in particular service, compared to those who joined the team recently, had more knowledge and familiarity with the routines of service, better understanding and assimilation of their roles and responsibilities and more consolidated relationship with colleagues. Starting from this assumption, it can be supposed that those "veterans" are less likely to express work-related stress than the "newbies".⁸

Also in stress, a study¹³ reveals that the physical symptoms listed by nursing staff as stress characterizing were headache, feeling of fatigue, leg pain and tachycardia, which entail wear professional.

Another relevant aspect found in this review was about violence at work, which shows that in 30 nursing workers, 23 (77%) reported being victims of violence during the acting time in Emergency Service Care, and 4.3% of these victims had physical aggression, 100.0% victims of verbal aggression, 30.4% of bullying, sexual harassment 4.3% and 13.0% of social discrimination.¹² Such evidence shows major concerns with respect to mental health worker, considering that besides being a profession governed many stresses, it still carries a wide working hours and in many cases it still suffers from professional devaluation, either financial or social.

Based on that iatrogenic complications being risk factors for the onset of violence in the workplace, there is also the lack of a training against violence in the probationary period, before the professional admission to the service, or even the practice of dealing daily with such attitudes. This is because the newly trained professionals are generally younger, they do not know how to react in an aggression and will eventually suffer it more frequently and more intensely.⁹

It is worth noting that the emergency room sector for adults could be cited as one of the main places of occurrence of violence, which is justified by the fact that it is the “gateway” in the hospital, with patients and professionals with the highest level of activity and stress. This fact contributes to an increased sensitivity in developing routine actions in the workplace that when combined with the lack of material and human resources, usually observed in public hospitals tend to incite violence.⁹

Moreover, it was identified in a study¹² that among the sources of the act of violence, 87.0% said to be the patient’s family, the own patient 52.2%, 34.8% colleagues from other professional job category, 21.7% their immediate superior and 17.4% a colleague from the same professional category. Thus, it is extremely important that the health service provides to professionals it serves good working conditions and a permeate harmony working environment and good relationships.

Faced with such situation of violence that workers live with depreciation and/or humiliation, the humanized care provided by these professionals tend to be conducted in a precarious and tense way, facilitating the dehumanization in their practices. Thus, it is believed that the reorganization of the practices of health services, with improved access and resolution, will influence the response to patient’s needs and will minimize aggression against the workers.²²

It is also noted that contradictory to what many believe, a study of nursing technicians found that their practices are a positive phenomenon, which is perceived that there is a worker’s approach to their patients, featuring a non-mechanistic approach to the patient, since the care offered by technicians is conducted using cognitive and affective abilities, disproving thus the idea that the practice of this job category has mechanical characteristics.¹¹ However, to perform these actions, these professionals need good working conditions.

In view of the negative working conditions, with the lack of material and human resources, technical conditions and lack of update, the work environment becomes inhuman and consequently an inhibitory factor in the effectiveness of a qualified and humanized care, which seeks to offer a comprehensive health care.²³

From this perspective, it is worth noting that the implementation of the National Worker’s Health (PNST) is mandatory for all public and private companies, and aims to define the principles, guidelines and strategies to be followed in three spheres management of SUS - federal, state and municipal levels, for the development of actions for comprehensive care for Occupational Health, focusing on surveillance, aimed at promoting and protecting the health of workers and the reduction of morbidity and mortality resulting from development models and of production processes.²⁴

Aimed at improving basic working conditions, it is worth highlighting the need to increase the number of workers, improving the physical structures of hospitals, promoting appropriate training to all professionals, having the required material resources, among others.¹⁵

From this perspective, knowing that it is not possible to change the nature of nursing work object and health institutions, as they are typically unhealthy, and limited to institute new forms of organization of this work, it is important to highlight some satisfactory measures

favoring conditions of nursing and minimizing health problems work, such as control of unsanitary, dangerous and heavy work in that workplace and therefore containing the wear and exhaustion of workers.²⁵

Category 2: Risks and Accidents at Work

In this category, consequences of occupational exposure to several risks to nursing professionals in urgent and emergency services are approached, such as biological, physical and ergonomic risks, which depict the everyday work experience permeated by injuries resulting from structural inadequacies, equipment, physical space and insufficient quantity of workers of the nursing staff.³

It is common to see in urgent and emergency rooms, an intensification of work associated with the lack of hospital support and the municipal health system to absorb the demand that remains in the emergency room for longer than expected, causing a change in organization of nursing work in this sector. In addition, it was observed that the perception of nursing professionals, the study shows that the lack of protocols for emergency care has meant that there is unnecessary interventions, overloading workers. Thus, it is observed the occurrence of demand in the intensification of nursing work, reflecting negatively on worker's emotional, physical and psychological.¹⁷

The effects of exposure to such risks on workers' health are manifested by stress, fatigue, musculoskeletal disorders, among others, pointing the need of planning and implementing actions for health promotion of this patients and, therefore, improving care to workers and members of the unit.³

Regarding health changes of nursing professionals acting in urgent and emergency units, pains were the most mentioned (39.64%), followed by mental stress and fatigue (14.79%) and to a lesser percentage, by other disorders such as cardiovascular disease (11.24%), infectious (7.69%), sleep disorders (5.92%) and other complaints (5.33%). Furthermore, the most prevalent complaints are pains in the lower limbs (LL). Such incidence can be directly associated with excessive workload, lack of favorable conditions of work and consequently the long periods of standing.¹⁹

A study of 18 nurses showed that those psychosocial risks are organizational and due to factors external to the service, such as work overload, intensification of work pace, precarious working conditions, ambiguous roles, improvisation and workplace violence. Also in this study, it was found that the physical and mental overload evidenced in the worker's complaint is related to inadequate demand, which patients require continuous care, requiring great team effort to meet all the needs required. In addition to the specific activities of the nurse as they relate to the management and care of critically ill patients, the professional faces problems of precarious work, due to the staff shortage, material and inadequate physical structure.¹⁶

In this line of thought, it is clear realize how damaging and destabilizing are the pressures that nurses face in their day-to-day, which are due to the organization of work. Thus, based on the psychodynamics of work, it is worth noting the following definition:

The organization of work was so highly regarded by the contrast with the conditions of work, about which most doctors and ergonomic researchers focused their studies. Working conditions must be understood as the physical pressures, mechanical, chemical and biological characteristics of the job. The pressures of working conditions are mainly targets the body of workers, where they can cause wear, aging and somatic diseases.^{26: p.125}

On the use of personal protective equipment (PPE), a study of nursing professionals shows that most of them use gloves (96.5%), masks (90.8%) and coat (75.4%), but less than half of the professionals reported using caps (42.3%), shoe covers (27.1%) and glasses (17.0%).¹⁸

On this point, it is a mistake to think that the use of PPE eliminates the exposure of workers to occupational risks, with the need to hold a permanent education of workers, covering training on the purposes and correct use of these devices, seeking awareness professional the risks and benefits.³

Regarding the occurrence of occupational cutting objects accidents, from 317 professionals interviewed, 152 (47.9%) answered yes to this question, and of them, 76.9% had accidents with needles, 12.5% with scalp, 5.3% with a scalpel and 5.3% with Jelco, highlighting the risk of acquiring and developing AIDS, hepatitis B and C.¹⁸

At the same time, another study found that a significant proportion of the nursing picture of an emergency room of a hospital have been the victim of workplace accidents involving sharp objects, 44 (43.6%) with the hollow needle (68.2 %) most often associated object, followed by the scalp/Jelco (22.7%) and the scalpel blade (4.5%). In addition, among the accidents, it was found that use needles predominated (38.6%), followed by patient motion (29.5%), accidents caused by third parties (22.7%), improper disposal (4 7%) and no or inadequate use of PPE (4.5%).²⁰

Considering the risk of contamination that nursing professionals are constantly exposed, considering a daily threat to health of such workers, it is necessary to conduct training, especially the nursing staff about the risks of occupational accidents with sharps objects, as well as seek alternatives that can provide greater security for carrying out the procedures for these workers.¹⁸

Thus, from the conducted survey, it is worth highlighting some important alternatives to improve working conditions, such as structural reforms in the unit's physical space, equipment modernization, quantitative increase of human resources, improvement in work organization, including improving the mode of communication between the different hierarchical levels of nursing and implementation of a health policy worker in the institution.³

CONCLUSION

The research results show that, by the two categories presented by this study, there were inadequate working conditions to which nursing professionals are exposed daily in urgent and emergency services, which endanger these professionals to acquire infectious diseases, exposure to physical and verbal violence, occupational stress, among others. It is noteworthy that such health problems, undertake directly in carrying out a qualified and humanized care.

It also identified that the exhaustive hours and low pay are factors responsible for work wear, since that professional looks for multiple links in order to obtain a satisfactory monthly income.

Finally, it was possible to identify the paucity of studies addressing working conditions and occupational risks of nurses who work in urgent and emergency units, being very important to encourage these studies and studies that seek to minimize the risks and injuries caused to the health of nursing professionals and to develop alternatives aimed at improving working conditions.

REFERENCES

1. Ministério da Saúde. Portaria nº 1.600, de 7 de julho de 2011. Brasília (Brasil): Ministério da Saúde; 2011.
2. Silva DS, Bernardes A, Gabriel CS, Rocha FLR, Caldana G. A liderança do enfermeiro no contexto dos serviços de urgência e emergência. *Rev eletrônica enferm [periódico na Internet]*. 2014 [acesso em 2014 Dez 10];16(1):211-9. Disponível em: <http://dx.doi.org/10.5216/ree.v16i1.19615>
3. Souza NVDO, Pires AS, Gonçalves FGA, Cunha LS, Shoji S, Ribeiro LV, Tavares KFA. Riscos ocupacionais relacionados ao trabalho de enfermagem em uma unidade ambulatorial especializada. *Rev enferm UERJ [periódico na Internet]*. 2012 [acesso em 2014 Dez 12];20(1,n.esp):609-14. Disponível em: <http://www.facenf.uerj.br/v20nesp1/v20e1a10.pdf>
4. Maria MA, Quadros FAA, Grassi MDFO. Sistematização da assistência de enfermagem em serviços de urgência e emergência: viabilidade de implantação. *Rev bras enferm [periódico na Internet]*. 2012 [acesso em 2014 Dez 22];65(2):297-303. Disponível em: <http://www.scielo.br/pdf/reben/v65n2/v65n2a15.pdf>
5. Mendes ADCG, Furtado BMASM, Duarte PO, Silva ALA, Miranda GMD. Condições e motivações para o trabalho de enfermeiros e médicos em serviços de emergência de alta complexidade. *Rev bras enferm [periódico na Internet]*. 2013 [acesso em 2015 Jan 02];66(2):161-6. Disponível em: <http://www.scielo.br/pdf/reben/v66n2/02.pdf>
6. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm [periódico na Internet]*. 2008 [acesso em 2014 Nov 27];17(4):758. Disponível em: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>
7. Ursi ES. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura [dissertação]. Ribeirão Preto: Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto; 2005.
8. Andrade MCM, Júnior ACS. Estresse ocupacional no serviço de atendimento móvel de urgência. *REME rev min enferm [periódico na Internet]*. 2014 [acesso em 2015 Jan 27];18(2):376-91. Disponível em: <http://www.reme.org.br/artigo/detalhes/934>
9. Souza AAMD, Costa WA, Gurgel AKC. Aspectos relacionados à ocorrência de violência ocupacional nos setores de urgência de um hospital. *Rev Pesqui Cuid Fundam (Online) [periódico na Internet]*. 2014 [acesso em 2015 Fev 03];6(2):637-50. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3158/pdf_1257
10. Magnago TSBS, Beck CLC, Greco PBT, Tavares JP, Prochnow A, Silva RM. Avaliação da capacidade para o trabalho dos trabalhadores de enfermagem de pronto-socorro. *Rev eletrônica enferm [periódico na Internet]*. 2013 [acesso em 2015 Jan 16];15(2):523-32. Disponível em: http://www.fen.ufg.br/fen_revista/v15/n2/pdf/v15n2a27.pdf
11. Garcia AB, Dellarozza MSG, Haddad MDCL, Pachemshy LR. Prazer no trabalho de técnicos de enfermagem do pronto-socorro de um hospital universitário público. *Rev gaúcha enferm*

- [periódico na Internet]. 2012 [acesso em 2015 Jan 16];33(2):153-9. Disponível em: <http://www.scielo.br/pdf/rgenf/v33n2/22.pdf>
12. Vasconcellos IRR, Abreu AMM, Maia EL. Violência ocupacional sofrida pelos profissionais de enfermagem do serviço de pronto atendimento hospitalar. Rev gaúcha enferm [periódico na Internet]. 2012 [acesso em 2015 Jan 17];33(2):167-75. Disponível em: <http://www.scielo.br/pdf/rgenf/v33n2/24.pdf>
13. Farias SMC, Teixeira OLC, Moreira W, Oliveira MAF, Pereira MO. Caracterização dos sintomas físicos de estresse na equipe de pronto atendimento. Rev esc enferm USP [periódico na Internet]. 2011 [acesso em 2015 Jan 20];45(3):722-9. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n3/v45n3a25.pdf>
14. Vasconcelos SP, Fischer FM, Reis AOA, Moreno CRDC. Fatores associados à capacidade para o trabalho e percepção de fadiga em trabalhadores de enfermagem da Amazônia ocidental. Rev bras epidemiol [periódico na Internet]. 2011 [acesso em 2015 Jan 20];14(4):688-97. Disponível em: <http://www.scielo.br/pdf/rbepid/v14n4/15.pdf>
15. Martins CC, Valente GSC. A interferência do estresse na saúde ocupacional do enfermeiro que atua em emergência hospitalar. Rev enferm UFPE on line [periódico na Internet]. 2010 [acesso em 2015 Jan 25];4(2):533-8. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/697/pdf_31
16. Oliveira EB, Pinel JS, Gonçalves JBDA, Diniz DB. Trabalho de Enfermagem em emergência hospitalar-riscos psicossociais: pesquisa descritiva. Online braz j nurs (Online) [periódico na Internet]. 2013 [acesso em 2015 Jan 25];12(1):73-88. Disponível em: http://www.objnursing.uff.br/index.php/nursing/article/view/4046/pdf_2
17. Dal Pai D, Lautert L, Krug JS. Psicodinâmica e saúde mental do trabalhador de enfermagem: ritmo acelerado e intensificação do fazer. Enferm foco [periódico na Internet]. 2011 [acesso em 2015 Jan 26];2(1):38-43. Disponível em: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/72/59>
18. Santos AS, Araújo TMED, Viana MRP, Santos MS, Araújo RRMD, Campelo TPT. Acidentes perfurocortantes em profissionais de enfermagem de serviços de urgência e emergência em uma capital brasileira. Rev Pesqui Cuid Fundam (Online) [periódico na Internet]. 2011 [acesso em 2015 Fev 03];3(5, n. esp):229-41. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1986/pdf_539
19. Dalri RCMB, Robazzi MLCC, Silva LA. Riscos ocupacionais e alterações de saúde entre trabalhadores de enfermagem brasileiros de unidades de urgência e emergência. Cienc enferm [periódico na Internet]. 2010 [acesso em 2015 Jan 13];16(2):69-81. Disponível em: http://www.scielo.cl/pdf/cienf/v16n2/art_08.pdf
20. Simão SDAF, Soares CRG, Souza VD, Borges RAA, Cortez EA. Acidentes de trabalho com material perfurocortante envolvendo profissionais de enfermagem de unidade de emergência hospitalar. Rev Enferm UERJ [periódico na Internet]. 2010 [acesso em 2015 Fev 06];16(3):400-4. Disponível em: <http://www.facenf.uerj.br/v18n3/v18n3a11.pdf>
21. Araújo CL, Soares MDMS, Silva ACO, Azevedo PR, Carvalho LDP, Gonçalves ACR. Capacidade para o trabalho dos profissionais de enfermagem de uma unidade de terapia intensiva. Rev Pesq Saúde [periódico na Internet]. 2012 [acesso em 2015 Fev 09];13(3):22-6. Disponível em: <http://www.periodicoseletronicos.ufma.br/index.php/revistahuufma/article/view/1457/1144>

22. Oliveira CM, Fontana RT. Violência psicológica: um fator de risco e de desumanização ao trabalho da enfermagem. *Ciênc cuid Saúde* [periódico na Internet]. 2012 [acesso em 2015 Jan 26];11(2):243-9. Disponível em: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/11951/pdf>
23. Fontana RT. Humanização no processo de trabalho em enfermagem: uma reflexão. *Rev RENE* [periódico na Internet]. 2010 [acesso em 2015 Jan 12];11(1):200-7. Disponível em: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/364/pdf>
24. Ministério da Saúde. Secretaria de Vigilância em Saúde. Política Nacional de Saúde do Trabalhador e da Trabalhadora. Portaria nº 1.823, de 23 de agosto de 2012. Brasil: Ministério da Saúde; 2012.
25. Felli VEA. Condições de trabalho de enfermagem e adoecimento: motivos para a redução da jornada de trabalho para 30 horas. *Enferm foco* [periódico na Internet]. 2012 [acesso em 2015 Fev 12];3(4):178-81. Disponível em: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/viewFile/379/170>
26. Dejours C, Abdoucheli E, Jayet C. *Psicodinâmica do trabalho: contribuição da Escola Dejouriana à análise da relação prazer, sofrimento e trabalho*. São Paulo: Atlas, 1994.

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Contact of the corresponding author:
Rebeca Coelho de Moura Angelim
Rua Padre Landim, 292, apto 504. Bairro Madalena. CEP: 50710-470.
Recife, Pernambuco, Brasil.
E-mail: rebecaangelim@hotmail.com