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RESEARCH

Qualidade de vida no trabalho: repercussões para a saúde do trabalhador de enfermagem de terapia intensiva

Quality of work life: repercussions for the health of nursing worker in intensive care

La calidad de vida en el trabajo: repercusiones para la salud del trabajador de enfermería de cuidados intensivos

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ABSTRACT

Objective: To characterize the situations those favor or interfere with the Quality of Work Life of intensive care nursing and analyze the impact of the Quality of Work Life in occupational health nursing in intensive care. **Method:** Descriptive, qualitative research, developed in a private hospital of the city of Rio de Janeiro. Subject 15 nursing professionals, the period of data collection was July 2008. The instrument used was the semi-structured interview. Data analysis was made by the thematic content analysis. **Results:** The results showed that, within the institution, there are workloads that cause physical and mental. We conclude that this situation ends up causing conflicts and feelings impact on worker health in the form of stress and body aches. **Descriptors:** Occupational health nursing, Quality of life, Occupational health.

RESUMO

Objetivo: caracterizar as situações que favorecem ou interferem na Qualidade de Vida no Trabalho de enfermagem em terapia intensiva e analisar as repercussões da Qualidade de Vida no Trabalho na saúde do trabalhador de enfermagem da terapia intensiva. **Método:** Pesquisa qualitativa, descritiva, desenvolvida em um hospital da rede privada do Município do Rio de Janeiro. Sujeitos 15 profissionais de enfermagem, o período de coleta de dados foi julho de 2008. O instrumento utilizado foi à entrevista semiestruturada. A análise dos dados deu-se através da análise temática de conteúdo. **Resultados:** Os resultados demonstraram que, dentro da instituição, existem cargas de trabalho que provocam o desgaste físico e mental. Conclui-se que esta situação acaba gerando conflitos de sentimentos e repercussões na saúde do trabalhador sob forma de estresse e dores no corpo. **Descritores:** Enfermagem do trabalho, Qualidade de vida, Saúde do trabalhador.

RESUMEN

Objetivo: Caracterizar las situaciones que favorecen o interfieren con la calidad de vida en lo trabajo de enfermería de cuidados intensivos y analizar el impacto de la calidad de vida en trabajo en la salud del trabajador de enfermería de cuidados intensivos. **Método:** Investigación cualitativo, descriptivo, desarrollado en un hospital privado de la ciudad de Rio de Janeiro. Sujetos 15 profesionales de enfermería, el período de recolección de datos fue de julio de 2008. El instrumento utilizado fue la entrevista semiestructurada. El análisis de datos se realizó mediante el análisis de contenido temático. **Resultados:** Los resultados mostraron que, dentro de la institución, hay cargas de trabajo que causan tensión física y mental. Se concluyó que esta situación acaba causando conflictos y sentimientos de impacto en la salud de los trabajadores en la forma de estrés y dolores en el cuerpo. **Descritores:** Enfermería del trabajo, Calidad de vida, Salud laboral.

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INTRODUCTION

The study had as its object the Quality of Work Life and its impact on worker health nursing in intensive care. This object is configured in a cutout of a dissertation defended at the University of the State of Rio de Janeiro, in the year 2009.¹

Quality of life is an individual's perception of their position in society, in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.² Therefore, it is inferred that the Quality of Working Life is the major determinant of Total Quality of Life, as we in the workplace more than eight hours per day, for at least thirty-five years of our lives.

It is understood by Quality of Work Life (QWL) "means all shares of a company that involves implementing improvements and managerial and technological innovations in the workplace. The build quality of work life occurs from the moment you look at the company and the people as a whole, which is the distinguishing factor for performing diagnosis, campaigns, service creation and implementation of projects aimed at preservation and development of people, during the company's work".^{3:80}

Improving the Quality of Life has become one of the expected results, so care practices and the public policies in the fields of health promotion and disease prevention. Thus, focusing on the interests of nursing staff and the quality of life of this professional, it is important to draw up a brief background of the configuration of this professional practice in working spaces, focusing a little more on the work of nurses in the care environment intensive.

In their daily lives, the worker nursing difficulties of all kinds, both inside and outside of work, being obliged to give an account of a series of activities, accumulating several functions, turning into real machines in providing assistance to clients. In this perspective, this work, mostly working in unhealthy environments and painful, they do not offer suitable conditions for their health, which provides job insecurity, or by excessive mental and physical labor, the accumulation of hours worked by by poor remuneration or employment with that comes instability. This reality of poor working conditions just bringing low quality of work life, which has negative repercussions on health, leading to physical and mental illnesses.⁴

Specifically in relation to nurses' work in intensive care units , there are other factors that can determine psychophysical suffering even greater . Asserts itself on the massive use of technology in this harsh environment , the worker needs to take ownership of their operation , often without proper training and education , which creates anxiety and insecurity; care is severely ill patients who the experience of pain and death is near and everyday ; intensive environments are usually closed with little or no natural light , there is the existence of the noise coming from monitoring equipment that annoy and irritate

workers . Anyway , there is one peculiar and unhealthy environment that make collective Nursing at risk , which justifies the importance of the implementation of QVT .¹

Note that it is unlikely that an organization can provide quality products or services , if your employees do not have a good level of Quality of Life . It is important that the employer pay attention to the working conditions offered to workers , since these disease eventually leads to absenteeism and, consequently , the loss of the institution , because it results in lower production and overhead workers to remain at work.⁵

In this perspective and seeking to expand a little more context on the relationship of nursing work and quality of life , it is important to raise issues involving the capitalist economy and the neoliberal ideal of free competition . This production model induces the health market to expand horizons in search of the client, because it is synonymous with profit ratio for the system . Accordingly , companies seek to " win it " with speech quality , this being understood as synonymous with modern facilities , especially with the use of technologies bold .⁶

Therefore , the reality of working in health reveals that workers are forced to deal with the shortage of human resources and , in many institutions , with the lack of materials . This reality has led the nursing staff to accelerate their paces working for realizing the task .⁷ In addition , it is observed that professional demands and rising unemployment , coupled with the competitive system , make workers increasingly anxious and sick , and many of them seek treatment for psychosomatic problems developed as a result of this competitive situation.⁸

Thus, it appears that the professional has undergone a great physical and psychological. It is noteworthy that the worker, most often presents difficulties to identify what is happening in your life and your health. It is found that the reaction can be absenteeism, aggression customers and/or colleagues and superiors, non-compliance with rules and routines of the company and the abandonment of profession.⁹

From this brief background about the object were selected as the research objectives: to characterize the situations that favor or interfere with the Quality of Work Life of nursing intensive care and to analyze the impact of QWL health of these workers.

It is hoped that this research will not only contribute to the awareness of reality, often adverse, life of nursing, but also on matters involving labor reality in health, in its scale and social impact on the quality "live in the human. " Furthermore, it is envisaged to contribute to the development of science, theory and practice of nursing and citizenship, as the nursing professional's promoter, maintainer and hearth health and well-being of clients and himself.

The relevance of the study is to enable the recognition of a reality that, while not expressed in its entirety, provides paths pointing to a confrontation in charge of experienced reality. Scientific knowledge of the factors that favor poor working conditions and illness are significant elements for workers substantiate their demands for better working conditions and health.

METHOD

A descriptive qualitative approach, developed in an Intensive Care Unit of a private hospital in the city of Rio de Janeiro.

This hospital is characterized as medium-sized, with 156 beds. The beds are distributed among units Emergency and Semi-Intensive Care, Coronary Care Unit, Wards Medical Clinic, Day hospital where patients are admitted who perform surgeries small and medium-sized and do not require long periods of hospitalization; Unit Post-Surgery and Intensive Care Units (ICU), which is divided into CTI CTI 1 and 2.

The criterion for the choice of scenario (CTI CTI 1 and 2) was based on the fact that it is a unity in which customers are highly complex and require the performance of skilled professionals and use of major technological contribution. Moreover, it requires specialized professionals in constant training.

As evidenced above, the work in the Intensive Care Units should focus not only the competence to handle the technology used for the treatment, but the qualification of professionals to deal with seriously ill people, rapidly psychophysical suffering and at risk of death.¹⁰ As so, this sector is characterized as stressful and therefore have the potential to negatively impact the quality of life of workers. In this regard, it was considered an ideal setting to collaborate with nursing knowledge involving Occupational Health.

The study subjects were 15 (fifteen) nurses, with 04 (four) nurses and 11 (eleven) nursing technicians. The inclusion criteria of the subjects were performing their work activities in these Intensive Care Units (ICU 1 and ICU 2) for at least six months, sufficient time for workers to appropriate the labor process in the chosen scenarios and present knowledge further on the organization of work of the institution; having time availability and desire to contribute to the study.

The quantitative study subjects was based on the criterion of repeated information, ie, when the content of the information began to repeat it was time to finish the collection. Moreover, being a qualitative research approach, the concern is not focused on the amount of subjects, but more on the quality of the same, ie, wealth and depth of information obtained about the object of study.¹¹

The data collection instruments were: observing a non-participant and semi-structured interview. In the interview script were listed issues relating to Quality of Work Life Nursing, subdivided into: Profile of the interviewee, meaning the quality of work life for nursing staff; comments about their working conditions, factors that lead to and interfere achieve quality of life at work and implications for the nursing staff. The interviews took place in July 2008 at the time of 8 to 17 hours.

There were 30 hours of non-participant observation, divided equally between day and night shifts. Therefore, one of the researchers, through a field journal, wrote down the situations that were closely linked to the object of study. This diary was space to write down the observed situation, the professionals involved with the situation, day and time of

observed fact and a space for perceptions of the researcher. The observation took place in August 2008.

Observation is a way to supplement the capture of empirical reality. In turn, the non-participant observation reveals to the observer and the group / research subjects that the relationship is purely field.¹¹

Before the collection phase, the project was submitted to and subsequent approval by the Ethics Committee in Research of the institution, as required by Resolution 196/96 of the National Research Council, under protocol number 176/08.

Data analysis was made by the thematic content analysis, which is defined as a set of techniques for analysis of communications in order to obtain, for systematic and objective procedures to describe the content of the messages, indicators that allow the inference of knowledge on the conditions of production receiving these messages.¹²

After applying the above method, two categories emerged, which were called: a) perception of nursing on Quality of Work Life: alienation and awareness b) effects of low Quality of Working Life in health.

RESULTS AND DISCUSSION

Category: Perception of Nursing Workers About Quality of Life at Work: Alienation and Awareness.

The central idea of the concept Quality of Working Life is to achieve the satisfaction of individuals in the work situation and where possible, make the activity enjoyable labor perception of workers. With this, productivity, motivation and commitment of employees, thereby increases the performance of the organization.¹³

Quality of Working Life is characterized as a dynamic management and contingency of physical, technological and socio-psychological factors that affect culture and renew the organizational climate, reflecting the well-being of workers and the productivity of firms. QWL is also grounded in corporate social responsibility and in the context of humanization of work, as recommended by the National Humanization Policy of the Ministry of Health, including the commitment to the environment and the improvement of working conditions and care.¹⁴

However, it was apprehended that many subjects presented to others as to the meaning of Quality of Working Life. Professionals, mostly could not characterize Quality of Work Life, or say whether they had had no quality of life at work. This denoted that the subjects were blunted on this issue. Moreover, when they could characterize QWL, did partially impoverished. This analysis can be evidenced by the lines outlined below:

[...] Nowadays a good salary, it's no use talking not. You also have stuff to work, I think this is basically [...] (E03).

[...] Are you getting along with colleagues. The environment is not very tiring nor too dull [...] (E06).

[...] Quality of work life is to have a good relationship with the team and be good about yourself [...] (08).

Reflecting on the difficulty of the subject to characterize the QWL, it can be inferred that if the quality of work is poor, lead to the alienation of the employee, verifying also the emergence of feeling of dissatisfaction, the behavior of ill will, declining productivity and counterproductive behaviors. If the quality of work is good, it will lead to a climate of trust and mutual respect, in which the individual will tend to increase their contributions and raise your chances of psychological success; moreover, the administration will tend to reduce rigid mechanisms of social control.¹⁵

Besides the difficulty of characterizing quality of life, study subjects mostly state that proper working conditions are mainly linked to the existence of material in sufficient quantity to provide good care, a situation that link QVT.

[...] The quality of work life is having working condition, it is necessary to have materials to be used in all patients, for us to use in protection level. You have proper equipment, clean and organized [...] (E05).

[...] Are you not only have material for your work and be able to develop their work [...] (E7).

Starting from their comments, it was found that one of the concerns of the workers are working conditions, especially the availability of material resources, so that tasks can be fulfilled, it follows, therefore, that a work that results in quality of Life must offer material conditions for the development of the tasks, so it will have a safe, healthy, both for them and for patients.

The existence of material for the execution of the work was cited by most participants as a factor to obtain the Quality of Working Life, showing concern about the conditions of the worker adequate patient care. If this occurs the nursing staff does not wear, physical and / or mentally, searching improvisations of materials and equipment to provide a quality care.

In this sense, the presence of material is of paramount importance to achieve the Quality of Working Life. However, there are contradictions in the statements of these guys, because in interviews and during the work of field observation, it became clear that the institution offers high-tech material, and other medical supplies in adequate quantity for the provision of care, but they consider who have no Quality of Work Life, even before saying Quality of Working Life is to have stuff. This finding leads again the analysis that there is a process uncritical among workers on Quality of Working Life. According to the speech presented below can be seen from this analysis.

[...] Are you be able to work you have material, in the case of people here have a CTI support because you treat patients with very serious and must be a minimum of material to work with, have security to work [...] (E13).

Besides the working conditions and of a appropriate quantitative of material resources as one of factors to achieve the Quality of Life at Work, other subjects also pointed the salary issue with factor linked to QVT.

[...] Quality of Working Life is the salary issue, think happy working for you have to have a salary that compensates for that workload that satisfies you in a way [...] (E04).

The subjects considered the salary issue as an influential factor for the Quality of Working Life, but some have a unique view of the salary issue as necessary to achieve it, which ends up reducing or clouding the vision of workers on this issue. Thus, it can be mentioned again a little critical awareness or ignorance of the subject on the subject.

It was found that, due to low salaries offered by the institution, the subjects had other jobs so that their needs were met materials. The practice of more than one job is frequent, causing them to perform double or triple shift. As the study subjects were predominantly women, they still assumed the responsibility of household chores, featuring another workday, further reducing the possibility of free time and leisure and rest.

These data are similar to the findings of other researches. It was evident that nursing professionals have more than one job due to the low salary of the workforce. As it was found that the overwhelming majority of the workforce was women of Nursing, which still results in the accumulation of domestic work after the workday paid.¹⁶

It was observed that the double or triple shift system is connected to the shift and night shifts, typical of Nursing. The prohibition of night rest in the institution was reported by subjects as inhumane as it is impossible to stay on alert 12 hours nonstop, changing your entire circadian cycle. This fact was confirmed by observation, even when there is a finding by the use of cameras to monitor labor organization's existence nightly rest, without permission from management.

It is to assert that the changes resulting from neoliberalism provided many losses to workers, especially the absence of wage increase, the salary being defined as the market price determined by the market and dependent on the relative supply and demand. The increasing number of nursing professionals in the workplace can lead to a decrease in compensation. Low pay forces workers to choose multiple employments, often in continuous shifts and in different institutions, due to the pronounced gap between low wages and aspirations to a certain standard of living.^{4:21}

Another factor alluded to by some subjects and related to the Quality of Working Life is the interpersonal relationship.

[...] When you do not get along with your coworkers, you have no pleasure to come to work and care for the patient even less. I've had a situation like this, and it was terrible. Of, I think this is a very important factor to have quality of life at work [...] (E04).

In this perspective, it is noted that the interpersonal relationship may be compromised due to the relations of power and submission involving nursing job. The nurse plans and evaluates, develops activities imprint intellectual, technical and execute them, or do what the nurses determine, showing an activity eminently manual. This technical division of labor nursing creates complex situations, conflicting, delicate, in which many power struggles are fought covertly and/or a clear and aggressive. This situation undermines the perception of QWL.⁴

The interpersonal relationship respectful and courteous is one of the determinants of Quality of Work Life, as it makes the work environment more healthy, helping workers to perform their work activities in a pleasant way. However, some chief nurses use their superior hierarchical position and their power to reprimand their subordinates rudely, sometimes in a collective situation, exposing nursing workers to embarrassing situations, which causes dissatisfaction and psychological distress in the subjects. Thus, the interpersonal relationship is an intervening factor in the quality of life of nursing because corroborates the degree of satisfaction of employees in relation to their psychological well-being, emotional and social work situation.⁴

This category allowed the analysis and discussion of what the subjects think about Quality of Work Life, and how to conceptualize that value in this context. Moreover, it was possible to verify certain ignorance or alienation made by many individuals on the subject, pointing out that perhaps this alienation can be a kind of defense mechanism or collective strategy of defense against a backdrop of great psychological distress.¹⁷ Thus, it may be a point of further research involving this new theme.

Category: Impact of Low Quality of Working Life in Health

Most nurses face in their daily lives, difficulties to assist the customer who is under his care. Difficulties such as workload, work pace intense organizational configuration just consider the subjective aspects of the worker, power relations and hierarchical extremely demarcated failure quantitative and qualitative material, deficit in staff, lack of time for family, shifts prolonged labor, physical and mental fatigue, among other issues that often unfeasible the proper fulfillment of the tasks. These factors ultimately lead to the suffering of the worker, and therefore, the low Quality of Working Life.

It is considered that the suffering of the worker is closely related to the contradiction that exists between prescribed work and real work. Often, laws, rules and regulations of the organization form a complex tangle and incoherent, which makes it impossible to execute the prescribed work and it generates a (dis) organization, leading the worker suffering because this feels powerless to accomplish the assigned to it.¹⁷

[...] I think the number of staff reduced to the requirement that they want to give greater attention to the patient. I think it is a bit small, and ends up hurting not only the patient as we also feel discouraged that you cannot give the care the patient deserves [...] (E07).

[...] I feel frustrated that I could not accomplish all that I have to make due to work overload here [...] (E13).

Nursing professionals have immense concern to fulfill what is prescribed, often disregarding their individual needs, ie, if it is expected that work without fatigue and it is all done for the task to be performed.¹⁸ This concern was noted in fieldwork, when there was some nurses gathered questioning routines sector, because they did not fit with the needs of patients and they could do because the lack of professional occasioned overload of subjects, and Consequently, the deficit of patient care.

It is noteworthy that due to the complexity involved in the world of work and labor reality in health, numerous reflections and questions on the topic of quality of life are generated in workers. It is a fact that more and more workers complain of routine exhausting work, under-utilization of their potential and talent, an organization working inflexible, complex and fragmented, with low wages, the uncertainty of remaining employees and working conditions inadequate. Thus, such a situation is characterized by the absence or low quality of life of workers and the loss or deterioration of health insidious.

The workload that the subjects were submitted not allows them to mitigate fatigue in favor of the patient. Thus, the study subjects, in their speech, reported that working conditions entailed one physical and mental fatigue, making the environment prone to psychological distress, which is configured in occupational stress.

[...] What I feel about the lack of Quality of Working Life is stress, too much stress, too much physical fatigue, mental then very, very, very [...] (E8).

[...] I am very stressed with my work in the ICU [...] (E10).

The work-related stress may result in violence in the workplace, absenteeism, poor performance, low morale, high turnover, which endangers the health of the organization.¹⁹ A high level of everyday stress can generate a framework of emotional exhaustion, characterized by negative feelings such as pessimism, unfavorable attitudes toward work, behavior change, ignorance of new information, which makes the professional insubordinate, which now seek to solve the problems of an increasingly superficial. Situation that can be characterized in Burnout Syndrome.²⁰

In this sense, it is emphasized that the study subjects reported that the conditions on the job entailed physical and mental fatigue and that the environment was extremely stressful, potentially a risk for the development of burnout.

[...] I'm tired by the activities that I do here, I cannot wait to go home, and never come back, even more stress by the industry concerned [...] (E07).

[...] I feel a tiredness that you already work out in a closed sector, a sector that people require much by the situation, the position they are, the conditions that patients lie, I find it rather stressful, is very stressful [...] (E03).

I am very stressed with my work in the ICU [...] (E10).

The critical patient care needs that lead to the physical and mental nursing workers. These factors lead to fatigue, since professionals do not have the time to replenish your energy. Currently, the right to pause for rest invigorating disappeared from the lives of people because they are steeped in commitments and problems, and often do not realize how much the body belongs to this permanent aggression.⁴

The poor working conditions with which nursing workers lived in the ICU, as evidenced by the testimony, together with some external factors may have contributed to the emergence of some diseases psychophysical subjects that developed in this study. This situation is possibly due to the psychological distress that has become pathological because they had worn all the coping mechanisms of the same.¹⁷

The most common changes psychophysical seized during the collection and analysis of data were fatigue, headaches, insomnia, body aches, palpitations, intestinal disorders, nausea, tremors, cold extremities, cardiovascular diseases and constant colds. Among psychiatric disorders, mental and emotional, are decreased concentration and memory, indecisiveness, confusion, loss of sense of humor, anxiety, nervousness, depression, anger, frustration, worry, fear, irritability and impatience.

We selected two lines to characterize the effects on the body of workers arising from living labor under the conditions described above:

[...] I've had psoriasis because of stress at work, when I was with a very large load of work [...] (E14).

[...] The lack of Quality of Life at CTI makes me a lot of headaches, I think is linked to stress that I have to work here [...] (E10).

The adverse working conditions under which nursing workers develop their activities do they have to adapt continuously to the precariousness of the middle on a exhausting process of organization and internal reorganization which may lead the professional to provide work-related psychological disorders. The worker in an attempt to alleviate the suffering deriving from work, just creating defense mechanisms that are characterized by the trivialization of the situations experienced by submission and present in everyday nursing.^{17:4}

As we could show in the discussion of this category, the worker who suffers mentally and physically, has its Quality of Work Life, and probably elsewhere, seriously compromised. This set-up due to a multitude of factors that are set in the contemporary world, in which the demands of neoliberal capitalism and globalization have changed so profoundly life in society, undermining not only the conditions of life and work, but also the interpersonal relationships.

There was a cast of psychophysical effects that clearly points to the gravity of the situation is that the quality of life of workers: hypertension, back pain, leg fatigue, headache, anxiety, irritability, nervousness, finally a multitude of repercussions is urgent

and necessary to study the employment status of nursing in order to prevent it or at least minimize negative impacts on the health-disease process them.

CONCLUSION

The results showed that the subject is difficult to conceptualize Quality of Work Life, it did consider whether it was associated with lack of knowledge or if they were alienated from their work context, dulling his capacity for reflection and critique of the working conditions. An important consideration for this was that, as they went on an interview and had the opportunity to discuss the topic, the concept became broader and more complete.

The subjects did not relate fully all the determinants involved in Quality of Working Life, but alluded to one or some of these determinants, denoting that knew its possible aspects involving job satisfaction. The term Quality of Working Life is associated with working hours, pay, and night shift work, professional recognition, interpersonal relationships, appropriate physical environment, material to work with, among others. Thus, all these determinants have been reminded, but integrally by any individual.

In this perspective, it is reiterated that the study subjects did not have a Quality of Work Life desired, although some consider that they have, which is justified by the process of alienation to which they may be subjected. This low QWL causes damage to workers' health, leading to mental and physical exhaustion, identified by stress and body aches. With this, the subjects feel discouraged or unable to provide quality care, which generates psychological distress for not performing their duties properly.

It is believed that this study allows a broader reflection on the conditions of work to which they undergo the nursing staff and the importance of Quality of Life at Work to achieve a high standard of care for the patient. It is considered that this study will facilitate the development of new research on worker health/Quality of Work Life, suggesting a research on the process of alienation suffered by the employee due to work organization.

When achieve the proposed objectives, the study shows scientifically relevance, because it constitutes an addition to the existing knowledge, as well as socially, contribute to the understanding of the relationship problems that involve organization of work, health and life of nursing workers.

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