The first step in the ergonomic analysis of work (Wisner, 1987; Guérin, 2001; Vidal, 2008), which is the methodology used in this paper is to formulate demand hypothesis as well as the analysis of work situation in order to implement the ergonomic action. The current paper aims to apply the demand instruction step to a team of nurses in a University Hospital in order to minimize their poor work conditions and their effects to the health of the professionals. The study was based on a demand caused to assess pre formulated demand hypothesis and to observe managerial issues in labor activity. From the confrontation of demands, the high level of absenteeism in the admission sector was considered an ergonomic demand. Absenteeism is shown as both a generator and a result of a cycle of precarization in the health of workers.

Palavras-chaves: Demands, Ergonomic Analysis of work, Absenteeism, Nurse
1. Introduction

The work of nurse professionals has had several studies in the ergonomics area. From hospital point of view, the nurse activities comprise division of tasks, following routines, norms and procedures and the relationship between professionals and patients.

The work situation of nurses has repercussions in its high absenteeism and sick leaves, the main consequences of insecure work conditions in hospitals, reflecting the difficulty to organize work in several sectors and in the quality of the service provided.

From the use of Ergonomic Analysis of Work (EAW), it is possible to understand real work and the needs for transforming work conditions for the sake of its own execution, aiming mostly at worker’s health, the optimization of work systems of nurses and the improvement of services provided to patients. In order to do so, “what matters to the ergonomist is not the work activity in itself. Understanding it better is only justified if that will lead to the transformation of work, usually implying the access to a critical perception of the company functioning” (GUERIN et al, 2001).

From the conclusions about the inadequacy of nurse work conditions, based on literature revision, the current article aimed to identify the ergonomic demands of work situation in the admission sector of a University Hospital, as well as the possible causes and consequences in deficit work and then suggest recommendations from the ergonomic analysis of work methodology.

The research is justified by the fact that nurses are the biggest working population in a hospital. They are also one of the groups that suffer the most with precarious work conditions, the environment of suffering and pain and also by the human resource management. Because of that and as a way of replying to those conditions, absenteeism has been observed frequently and is considered a serious problem which worsens days by day. Its occurrence is harmful for work, both in qualitative terms, considering the work conditions and service quality, and in quantitative terms, for the high number of procedures to be performed by one nurse due to the deficit of professionals.

2. Theoretical reference

2.1 Hospital Ergonomy: focusing on nurse sector

Nursing is one of the jobs in charge of preserving life and health of men, but it still has not been able to solve the problems related to its own protection (MAURO, 1990). In order to achieve the quality in assistance, workers must be aware of their own health conditions, for it is necessary to be healthy to provide adequate care for others (BULHÕES, 1998).

The ergonomic analysis of nurse work has been studied by researchers all over the world. The activity of these professionals is characterized by heavy physical, psychological and mental load, as well as long working time in an environment of suffering and pain.

Estryn-Beher e Poinsignon (1989) report that the difficult circulation of information, physical environment, stress, contact with and death of patients, quick development of medical technology, great variety of procedures and exams to be made, constant increase of theoretical and practical knowledge demanded in the area may risk worker’s physical and mental health.

In Brazil, Mauro et al. (1976) were one of the first to use ergonomic principle to analyze the work of nurses and, in the last decade, there has been an even higher use of such approach.
Marziale (1990) used the ergonomic analysis to study mental fatigue in nurses who worked in alternate shifts, thus proving that such inconstant work schedule was responsible for the maladjustment of nurses to work conditions. Benedito & Gontijo (1996) show several concepts to analyze mental processes in task development and their suitability to the analysis of cognitive processes in the art of caring for by nurses.

In a research carried out at a charity hospital in one city in the countryside of São Paulo, Marziale e Carvalho (1998) opted as an ergonomic demand the high level of absenteeism occurring in the nurses job and which might be understood as an indicator of maladjustment to work by the worker.

Marziale e Zanon (2000), stand that physical stress originates in the unsuitable physical space, badly maintained equipment and beds with stuck levers and without wheels. Besides, it was shown that nurse workers have inadequate postures while doing their job, causing short or long-term damages.

Alexandre (1998), states that when workers prepare and move bags for peritoneal dialysis, they assume several inadequate postures which are worsened by the weight they are carrying. He completes by saying that there are procedures who force nurses to stay bent or standing up for a long time, such as: vein puncture, bathe patients in bed, perform a bladder catheterization, among others.

2.2 Absenteism

Absenteism is the absence of worker at work, according to Quick and Lapertosa (1982), it can be divided into: voluntary absenteeism – when the worker is absent for unjustified reasons; disease absenteeism – the worker is absent because of a disease or medical procedure; pathology absenteeism - related to absences caused by work accidents or professional diseases; legal absenteeism – when the absence is supported by the law, for instance because of pregnancy, blood donation and military service; and compulsory absenteeism - related to work impediment.

According to Nascimento (2003), the causes of absenteeism may be divided in three categories: intrinsic - related to work nature and conditions, reflecting in the worker satisfaction; extrinsic – related to personal policies of an organization, such as absence indulgence and sick leave availability; personality - refer to worker behavior, if there is any conflict among the members of a group or if their personality is more prone to being absent.

The studies of Alexandre (1987), Couto (1987), Chiavenato (1994), Alves (1995) elucidate that the causes of absenteeism are not always directly related to the worker, but they may be connected to the company in terms of bad organization and supervision, task repetitiveness, demotivation and lack of stimulus, unfavorable conditions of work and environment, poor rapport between employees and organization and also psychological impacts on an inefficient direction, that does not have a humanist and preventionist policy.

3. Methodology

The research was based on the ergonomic analysis of work (EAW), which aims to solve problems related work situation that arise from the own work features of the company or organization to be studied. Therefore it is notice that EAW deals with a reality resulted from a demand.

According to the methodology used by Vidal(2008), EAW is divided in four steps: Preparation, Demand Instruction, Focalization and Focal Analysis. The itinerary to be
followed is based on interactional and observational methods. However, for the current study it was used only the steps of Preparation, which consists of listening to the problem to be solved and identifying the agents, and also Demand Instruction, when the existing demands are analyzed in the studied situation, from the hypothesis to a more precise ergonomic demand.

As the research starts from an induced demand, many previous studies were carried out. They were theoretical researches aiming to formulate hypothesis of induced demand from other author’s studies. After the hypotheses are formulated, it was done a global analysis to acknowledge the organization through data raising techniques, observations and work activity, using interactional methods (conversational action, verbalizations), observational methods and documental analysis.

A widened hearing has allowed the joint construction of the existing demand in the organization, through the analysis of communication and work. The demands were then hierarchized so that it was possible to select the ergonomic demand.

In order to survey the data it was used methods of intervention divided into interactional and observational. The latter has a great importance for the global analysis and it is useful for the former method, approaching a division in three groups: open mapping, oriented survey and macroergonomic analysis. Interactional methods comprise data collection, analysis and treatment of discussions in the organization through the use of structured interviews, dynamic scripts, collective analysis and action-talk.

4. Construction of demand in the work of nurses in the admission sector of a university hospital

The construction of the demand in the university hospital was an induced hypothesis (CARVALHO e SALDANHA, 2002), a situation in which the ergonomic group contacts the company and offers to develop a study to identify problems that can be transformed into real demands of the managerial type, from the company or authorized by it. In order to do so, the induced demand hypothesis were formulated from theoretical studies and interventions performed by other authors. The hypotheses are reference situations in which characteristic situations were studied so that they can apply to situation of the study.

4.1 Hypothesis of induced ergonomic demand

From studies previously performed on nurses activities, it has been created a group of demand hypothesis: appearance of dorsal problems; physical overload by frequently moving and transporting patients and because of moving long distances to execute activities; high incidence of work accidents; long working hours; keeping the same posture for a long time (standing still), biological risks (contamination by work tools) and by contact with sharp materials and drug manipulation; lack of autonomy by professionals and high absenteeism.

Another demand hypothesis is mental overload in the quick and continuous development of medical technology, in the great variety of procedures and exams to be made, the high number of information to be learned about each patient, the constant increase of theoretical and practical knowledge demanded in the health area, the role of manager as a supervisor to the activity of nurses and assistant nurses, the constant decision-making, the need to control feelings and emotions, the stress, contact with patients, death and pain.

It can be understood that the several demands that exist in the work of nurses and that have been pointed out by authors, may be related to the inadaptability to work by these
professionals, consisting the high absenteeism in the nurse job, as demonstrated by Marziale e Carvalho (1998).

3.2 Social Construction

The social construction consists on the identification and characterization of individuals involved in the ergonomic intervention. According to Vidal (2008), the effective work of an ergonomic action requires an action structure which is participative, technical and managerial in its nature. It is important then to combine with the direction of the company a technical and managerial interaction. Therefore the necessary changes may occur.

The ERGO Group (GAE) has three Production Engineering students who did the survey on the ergonomic demands of nurses. Institutional support and part of the necessary data were provided by the Support Group (GS), formed by the nurse directory of the Hospital.

The accompaniment group (GA) is formed by a professor from the Production Engineering course who is also de advisor of the research; a master student from Production Engineering and co-advisor of the research; and also the hospital’s chief-nurse, who was constantly helping the GAE during the research with the focused group (GF) – formed by administrative employees and nurses from the mixed ward and ground ward (admission sector). The (GF) participated in the data survey and the validation of demand hypothesis.

As part of the social construction, a privileged interlocutor needs to be mentioned and is one of the nurses from the mixed ward, who facilitated the interaction with the analyzed population and had the knowledge about the studied hospital activities.

4.3 Global analysis of nurse activity in the admission sector

4.3.1 Work population analysis

The university hospital has 689 employees, and 264 out of that number are nurses. 26% of these professionals have graduated from University. 1% (3) are technicians and 73% (193 technicians and assistants) have high school. Technicians are mostly scholarship holders who work for two years in hospital. Besides, there are 68 hired nurses who are employed by the Ministry of Education and Culture and three more who were lent to the institution.

There are predominantly female professional in the area, for out of the 68 nurses, only 5 are male, four working in the admission area and one in the ward.

Turnover is low in the hospital. 7 out of the 68 nurses have been working for less than 3 years. 34 have been working there for between 4 to 15 years, 18 have worked for between 16 to 25 years, 7 have worked for nearly 26-30 years and 2 nurses have been working in the hospital for 31 years.

According to the sector distribution of nurses in the hospital, 12 of them are in the ward, 3 in the Image Diagnose Centre (CDI), 7 in unspecified sectors and the vast majority, 46 nurses, are in the admission sector, which has 6 wards on the ground floor with approximately 10 beds in each (90 altogether). Patients going to surgery check in there and also in the other nine wards in the mixed ward (on the first floor), having an average of 10 beds in each ward (90 altogether) for patients from general practice.

Age of nurses in the admission area varies from 26 to 65 years old. 15 are aged between 26 and 35 years old, 17 of them are between 35 and 45 years old, 12 nurses between 46 and 55 and two nurses are aged 56 and 65 respectively. Working time may be during the day, with shifts
from 7 a.m. to 1 p.m. and from 1 p.m. to 7 p.m, or the only night shift, from 7 p.m. to 7 a.m..
There are 22 nurses responsible for the day shift, whereas only 3 for the night shift.

Absenteeism and sick leave rate among nurses is worrying. Admission sector has the highest
number of sick leaves among all the others in the hospital. By consulting the database of the
institution, it was learned that from July 2007 to February 2008 92 sick leaves were released
with prescriptions.

4.3.2.1 Assigned work

The task consists of the assignment made by company setting criteria, norms and rules so that
workers can reach goals through the work process.

The duties of a nurse in the University Hospital are assigned by the internal regiment of the
institution. The nurse must do the following tasks and performances accordingly to what is
expected:

<table>
<thead>
<tr>
<th>Duties</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning, organization, coordination, execution and assessment of nurse assistants</td>
<td>Coordinate nursing team in a qualified way, responsibly aiming at good performance in his actions without any harm to the patient</td>
</tr>
<tr>
<td>Direct care in more technically complex cases and in those which demand adequate scientific knowledge and the ability to make immediate decisions.</td>
<td>Directly execute more technically complex activities identified and provide a systematized nurse assistance accordingly to institutional protocol aiming to continuously protect the patient and enabling decision-making</td>
</tr>
<tr>
<td>Participation in training and enhancement programs for health personnel, mostly in the continuous education programs.</td>
<td>To act permanently in the education and service, through the direct supervision of the team, thus promoting improvements in the quality of assistance and following the developed techniques.</td>
</tr>
<tr>
<td>Execute other tasks of the same nature or complexity level, related to his specialty or the ambient.</td>
<td>Perform and orient all activities related to Nurse Service following deadlines and set quality standard.</td>
</tr>
</tbody>
</table>

Table 1: Duties and their respective performance standards. (Source: Hospital Internal Regiment)

However unlike other hospitals, there is not a systematization of the assistance, there is not a
Standard Operation Procedure (SOP). Therefore there is not a procedure standard, which
causes disorganization in the service. Each nurse does his/her duties in his/her own manner.

4.3.2.2 Nurse Activity Analysis

The singularity of each situation features the activity and its definition was suggested by
Abrahão (2000), who claims that it is the worker action inserted in a real context, aiming to
learn the job that has effectively done, that is, the way a person behaves when he/she has to
perform a certain task imposed to him/her by work organization.

When arriving at the hospital, the professional goes to the nurse’s room to receive directions
from his colleague, who informs what has been performed to every patient and what has to be
executed, showing the task for the nurse to follow. This procedure is usually denominated
“duty transfer” and is recorded by writing on the duty transfer sheet, a transcription tool of the
procedure made in each patient and the procedures yet to be made. That informal document is
kept in the nurse’s room.
The activity of the nurse is constantly guided by handwritten notes related to the transcription of knowledge about the patient made by the doctor or other nurses. It is possible to state that the notes guide operational strategies used by nurses to manage different information simultaneously. The use of these notes helps the work become faster, more trustworthy and effective.

According to Mauro (1990), the communication and relationship established among the nurse and the other members of the nursing and the health team has a direct influence in the development of activities and it may help or complicate the development of services.

Nurses can act supervising assistant’s work, the wards (supervisor nurse), or giving direct care to the patient (assistance nurse). In the morning shift, there are as many nurses in charge of supervision as there are others in charge of assistance. However, at the night shift, nurses are assigned to do both actions.

After this procedure, supervisors nurse checks the presence of nurse technicians who are entitled of the shift. In case someone is absent, it is the supervisor nurse’s job to find a replacement in the admission sector or in any other. The assistance nurse goes straight to his ward. Supervisor nurse then assumes the management of the assistance and service, basically doing activities in the administrative area, that corresponds to most of his working time.

Each nurse has a strategic plan to follow the tasks specified by the doctor or by the colleagues, in order to comply with the execution of procedures. However, this planning might be changed, if emergency situations occur. Once the order of procedures changes, it is the nurse who has to rearrange his priorities and urges.

Some examples of nurse attributions: send patients to surgery and special exams, provide hemocomponents, prepare or check patients for surgery, delegate and supervise technicians tasks.

When the shift is nearly finished, the nurse writes the records on the Book of Occurrences, registering all records from patients (individual report on what happened to the patient during the shift and what is programmed for the following shift) and this information may help members of the institution (doctors, nurse technicians). The nurse also establishes medication times for the next shift so that one patient will not take the several medicines in one time.

In case the nurse can not follow all the procedures in his shift, they will be passed on to the next nurse who will assume all the tasks which were left undone and the new procedures given by the doctor.

4.3.2.3 Variabilities and regulations: adapting to every day life

Variability is the verifiable property in the production systems, according to which the situated conditions to perform certain tasks do not always present in the same way, or with the same features. They sometimes may have diversified identities (VIDAL, 2008).

In the nurse job, the variabilities are intrinsic and related to everyday tasks, once they deal with a very inconstant factor, patient’s health. So it is necessary to adopt regulations frequently in order to adapt duties to work situation. The nurses job is characterized by normal variabilities, facing the patients turnover, each one with his own particularities (inter and intra individual variability), demanding operations and procedures that are also peculiar to their pathology, psychological and health state.
That factor is also connected to the differences between knowledge acquired at university and from real work done every day, which considers the own work conditions in hospital. The report given by a nurse on the influence of such conditions can exemplify that factor:

“You gotta do a lot of adaptations to what would be normal, the ideal in nursing is that you have to spend all the time having to adjust yourself. There is no smooth practice like the one you see at college. You need to improvise all the time, in order to do things the right way.” (hospital nurse).

One variability found in the analyzed sector relates to the reduction of admissions in the surgical clinic in December and January, making the work in the surgical clinic (ground floor) less overloaded. Another variability experienced is the weather outside the hospital, and according to nurses statements it is unbearably hot in the summer, making it difficult for them to remain wearing the compulsory overall. They prefer to wear lighter clothes to work so they do not need to wear the overall or go to the nurse’s room more often to use the air-conditioner.

Patients may have urgency situations during their service or the response to the prescribed treatment, resulting in a highly unpredictable situation. Besides having situations that are extremely rare or never to occur, which is validated by the following statement:

“Sometimes the patient is taking serum in the arm and is not prepared for that amount and then starts feeling bad in a treatment that did not have any risk, or then develops an allergy to some medication, these are unexpected things that happen.” (hospital nurse)

These situations demand immediate answer from the nurse who has to make the decision for the next procedure and then needs to redesign all his strategic planning in order to execute the procedures of the shift.

It is common to hear complaints from nurses about the lack of material to perform procedures. This variability occurs almost everyday and the subsequent strategy to solve the problem also happens with the same frequency. One example of this is the insufficient amount of screens for patients to bathe, get dressed or undressed for certain procedures. Sometimes nurses have to tie sheets in the physiological saline stand in order to give patients some privacy.

Human variabilities happen to most nurses. The heavy workload and stress makes the professional have distinct limitations during his work shift.

Inter-individually, nurses commonly face relationship problems with their colleagues. They are generated by the behavioral differences of each person and by how each individual deals with normal and abnormal situations. There are also differences in the way procedures are made, for there isn’t an operational standard in the hospital.

Intra-individually, tiredness and overload variations are linked to the night shift as chronobiological. On a long-term there are variation related to age impact and ageing, once the turnover in the hospital is low, around 40% (27) of the nurses (68) have been working in the institution for over fifteen years.

Organizational aspect is another factor which has variations. The night shift system itself as well as the constant modifications of procedures and duties, along with absenteeism are factors that interfere in the job and need to be adapted.

Though nurse’s turnover is low, nurse technicians are mostly scholarship holders who stay in the company for only two years. That causes a rework for the nurse who spends two years supporting and couching a team that will be replaced, again, by another team.
4.4 Demand Confrontation

With the demand hypothesis and global analysis of the situation, it was possible to develop an analysis on the general demands existing in the admission sector, observing their presence in the mixed floor wards and the ground floor separately.

<table>
<thead>
<tr>
<th>Demands</th>
<th>Situated Demands</th>
<th>Ground floor ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand Hypothesis found in the sector</td>
<td>Moving and trasporting the patient;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moving to execute an activity;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Long working time;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Variety of procedures;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount of information on the patient;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase in theoretical knowledge;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of management;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent decision-making;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty to exchange information;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work speciality;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High rate of work accident;</td>
<td></td>
</tr>
<tr>
<td>Latent Demands</td>
<td>Lack of material;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of meal for nurses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Close affective connection to patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moving because of ward change;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of direct communication with nurses;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequate work post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty to read the records;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of quality operational standards;</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 – Demand confrontation in ground floor and mixed floor wards.

The highest number of absenteeism in the University Hospital analyzed has concentrated on the nurse department, due to the amount of employees it has. Among the nurse sectors, it is observed that the highest number of absences occur in the mixed floor ward, adding 51 absences in the year 2008 until the month of September. The third place is from the ground floor ward, with 32 absences, total of 83 absences in the admission sector. They were documented during 2008 from January to September.

The sectors which are not present in the table below did not have absences in the period mentioned.
Considering the sick leave absences already mentioned as being the highest number in the admission sector, it is noticed that in that very sector, the number of absent nurses, with or without permission has become even more serious.

The lack of motivation due to the precarious physical and organization structure is a determining factor to cause absenteeism. According to the statements of some nurses, professionals with more than one job are more frequently absent for they prioritize private service to public, either for the freedom of actions, better structure or a more strict control found on other hospitals. And adds: “There are days we wake up and think we’re not gonna work. Here there are two weighs, two measures.”

4.5 Ergonomic Demand

The situated demands, obtained through the social construction which was previously studied, were analyzed so that, from the joint construction with focus, accompaniment and support groups an ergonomic demand would be obtained.

According to the suggestion given by the manager, administration and nurse employees along with what was demonstrated on the paper with the hierarchization of demands present in the admission sector, the fact that interferes the most in the development of activities by nurses is absenteeism, chosen as the ergonomic demand of the current article.

Absenteeism triggers the decrease in the quality of service provided by the nurse to the patient and also in the work conditions. The consequence of this gradually high number of absences is the overload of activities to be done by nurses who are present during the shift with the least professionals.

4.6 Repercussions of Ergonomic Demand

According to Moura (1992), workers who have health problems, no matter whether physical or mental, tend to transfer their problems on to their jobs, causing delays, absences, misuse of material and poor quality of work done. However, according to what Alexandre (1987), Couto (1987), Chiavenato (1994), Alves (1995) pointed out, many times physical, psychological and mental health problems from workers derive from work conditions and organization.

The consequences of absenteeism for nurses in the University Hospital embrace both the overload of those who will replace the absent nurse in his shift and the dissatisfaction of those who have to cover the other colleague tasks, in case work shifts coincide.

In both cases, the nurse will work too much due to the excessive number of hours, which causes mainly fatigue and/or lack of concentration in crucial moments, thus increasing the probability of accidents and reducing the quality of service.
In the second case, the nurse will be responsible for doing activities for the absent colleague plus his own, which will possibly create a conflicting ambient for both and/or between the present nurse and the administration of the institution for one of the points that account for the absences of workers is related to bad checking of absences.

The present nurses will have to be responsible for supervision and doing the procedures of at least one more ward, thus increasing the movement between beds and also for the supporting people, the overload of more patients to be helped, besides the fact that more data will have to be absorbed during the shift and consequently, other record books will have to be analyzed and filled.

The dissatisfaction and demotivation from absenteeism may be transferred to the activity the nurse does, resulting in a decrease in the quality of service and the possibility of jeopardizing the treatment of the patient.

When absenteeism happens, the interests of the institution are affected, the rights and the health of workers as well as the work relations between both, jeopardizing the quality of service to be provided in a sector which works to recover health.

5. Final considerations

The methodology of ergonomic analysis of work can be used as a tool to assess and improve life quality of a professional. From the demand instruction, first step in EAW, it was realized that developing an adequate analysis of demands from the formulations and validity of previously studied hypothesis and to observe them inside work situation enables the ergonomic action with well established focuses and, consequently coherent interventions for the reality which was found. In this study, the induced demand hypothesis was corrected but it was still found latent demands that made the situation of the nurse in the University Hospital worrying.

Absenteeism inside the institution leads to health degradation of the nurse once the unsuitable work conditions offered generate work diseases which in turn lead to absenteeism by sick leave, which increases the workload of the ones supposed to replace absent colleagues, increasing the negative conditions even more. These factors make new professional become ill or aggravate the disease of the ones already ill. All these aspects jeopardize the quality of the service offered to the patient and his recovery as well.

The overload of work and its results in the health of worker affect the professional so that his production and delivery of work fall. Health professional suffer with health problems due to organization inadequacies. Teaching institutions who deal with academic practice many times, such as in the case of the current study, are contradictory in terms of how they make it difficult for graduated employees to work and that generate health problems for those who should help solve them.

It is probable that there is no ideal solution related to how work must be organized. However, there must be a study on the different kinds of nurses our society is producing in their hospitals. The issue is not creating new nurses or to enable old ones, but to modify the work in order to reduce or eliminate the causes of work disease and stress.

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