

Revealing risk situations in the context of nursing work At urgency and emergency services

Desvelando situações de risco no contexto de trabalho da Enfermagem em serviços de urgência e emergência

Develando situaciones de riesgo en el contexto de trabajo de Enfermería de emergencia y servicios de urgencia

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ABSTRACT

Objective: To learn the perception of a nursing staff about occupational risks in the nursing work context in urgency and emergency services, and identify the health protection measures used. **Methods:** Descriptive and exploratory study conducted with 24 nursing professionals who worked in the emergency and urgency unit of a hospital located in the northeast region of the state of Rio Grande do Sul. A semi-structured interview and thematic analysis were used. **Results:** Two categories emerged, namely: the perception of occupational risks: a gaze upon reality, and; personal protective equipment: from perception to use by nursing professionals. **Conclusion:** It is necessary to develop educational actions permanently and involve the nursing staff, because the inclusion of social actors in the reflexive process enables their sensitization, qualification and learning in a collective form regarding health protection measures, in the perspective of occupational risks.

Keywords: Occupational Risks; Nursing; Occupational Health.

RESUMO

Objetivo: Conhecer a percepção de uma equipe de enfermagem acerca dos riscos ocupacionais, no contexto do trabalho de enfermagem, em serviços de urgência e emergência e identificar as medidas de proteção à saúde utilizadas. **Métodos:** Estudo descritivo exploratório realizado com 24 profissionais da equipe de enfermagem que atuavam na unidade de urgência e emergência de um hospital da região Noroeste do estado do Rio Grande do Sul. Utilizou-se a entrevista semiestruturada e análise de conteúdo temática. **Resultados:** Emergiram duas categorias: percepção dos riscos ocupacionais: um olhar sobre a realidade; e equipamentos de proteção individual: da percepção à utilização pelo trabalhador de enfermagem. **Conclusão:** Faz-se necessário que ações educativas sejam desenvolvidas de forma permanente e que envolvam a equipe de enfermagem, pois a inclusão dos atores sociais no processo reflexivo possibilita sua sensibilização, instrumentalização e aprendizado de forma coletiva sobre as medidas de proteção à saúde na perspectiva dos riscos ocupacionais.

Palavras-chave: Riscos Ocupacionais; Enfermagem; Saúde do Trabalhador.

RESUMEN

Objetivo: Aprender la percepción de un equipo de enfermería sobre el riesgo ocupacional en el contexto de trabajo de enfermería y discutir las medidas de protección sanitaria utilizadas. **Métodos:** Estudio descriptivo realizado con 24 miembros de un equipo de enfermería que trabajaba en una unidad de emergencia y sala de urgencias en la región noroeste del estado de Rio Grande do Sul. Se utilizó la entrevista semi-estructurada y análisis de contenido temático. **Resultados:** Mostraron dos categorías: la percepción de riesgos laborales: una mirada a la realidad, y; equipo de protección personal: de la percepción al uso por los trabajadores de enfermería. **Conclusión:** Es necesario que las actividades educativas sean desarrollan de manera permanente y con la participación del personal de enfermería, porque la inclusión de los actores sociales en el proceso de reflexión permite su conciencia, la instrumentación y el aprendizaje colectivo sobre las medidas de protección sanitaria en el contexto de los riesgos laborales.

Palabras clave: Riesgos Laborales; Enfermería; Salud Ocupacional.

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INTRODUCTION

Nursing professionals' routines are immersed in situations that can compromise their health and/or physical integrity as they are daily exposed to risks in their working practice. This demands from professionals wide knowledge of health situations, mastery of their work process, and awareness of the risks posed by it¹.

Therefore, their performance in specific sectors such as urgency and emergency can increase their exposure to occupational risks, as these are characterized by immediate and temporary care for trauma victims or patients with unpredicted illnesses.

The work process in such environments is dynamic, stimulating, and heterogeneous. However, it may also expose professionals to risks that are inherent to this kind of work. Moreover, the nursing team is responsible for direct care to patients, which demands physical closeness and constant handling of equipment and materials.

Occupational risk is identified whenever there is the possibility that some element or situation in the environment or in the work process may harm one's health, either because of illnesses, accidents, suffering to workers, or even environmental pollution².

The health and illness process among nursing professionals results from the dynamic interaction of their life conditions, relationships, and labor process, additionally to their effort to interfere in their own life and working conditions. It is essential, to that purpose, that professionals own this kind of knowledge concerning risks to minimize their exposure. Once they are present in their work environment, this attitude may determine the increase in work accidents and workers' illness estimates¹.

Regardless of the type of healthcare service, numerous actions are recommended to minimize the occupational exposure to risks that are inherent to the professional practice. The main one is adopting protection measures when attending to all patients, no matter what their serological status is³. To adopt a safe attitude toward themselves, workers need to stimulate protection measures and awareness of the risks they are exposed to, and this can only be reached through educational actions.

It is worth highlighting that the problems that arise from occupational risks affect the nursing team at higher percentages, especially biological risks. Evidence points to the fact that they are frequent, even though the constant risks in the nursing work process are well-known, which makes the use of protection measures mandatory to shorten the knowledge and/or educational gaps through ongoing educational strategies².

Thus, this study is justified by the challenge that is still present for nursing teams in terms of occupational risks, that is, the failure that is seen in articulating health promotion and protection actions and educational actions targeted at caring for nursing professionals and their prevention practice. The relevance in this study lies in the possibility of learning how nursing professionals perceive occupational risks and the actions established to interfere in potentially harmful situations that can hurt their own health and physical integrity.

It is worth mentioning that published studies discuss occupational risks focusing on biological risks at emergency services. However, the importance of this study lies in the fact that it enabled educational actions that were created based on its results. It was possible to change reality in the context of nursing work through changing workers' clothing, increasing their access to safety devices, and stimulating their critical awareness of their work process. It is important to stress that the studies found in the literature that aimed to discuss the risks were limited to suggesting the implementation of educational activities². Some others merely identified gaps in knowledge on the part of the nursing team or were constrained to presenting the studied reality⁴. Additionally, discussing occupational risks and prevention measures is still a relevant issue once they are contemplated in the Brazilian research in nursing agenda.

Therefore, this study sought to grasp the perception by a nursing team concerning occupational risks in the context of nursing work at urgency and emergency services, and to identify the health protection measures used by these professionals in their routines.

METHODS

This was descriptive, exploratory research conducted with the nursing team that worked at the Urgency and Emergency Unit of a hospital size IV, in the Northwestern region of the state of Rio Grande do Sul. The established inclusion criteria were: to have been part of the nursing team for at least six months and work in the urgency and emergency sector. The exclusion criteria were being on sick leave and/or vacation during the data collection period. Because it was a qualitative type of study, the exhaustion method was used. This resulted in 24 workers: six nurses and 18 nursing assistants.

For data collection, a semi-structured interview was made based on the guiding questions: What are the occupational risks of your work sector? Which occupational risks do you identify? How do you behave in relation to these risks?

Conducted in the first semester of 2013 with place, date, and time scheduled according to participants' preference, the average length of each interview was one hour. All of them were recorded on an audio recorder, transcribed in full, and later analyzed. In keeping with ethical regulations, an Informed Consent Agreement was read and signed by participants in agreement with the conduction of the research.

The project was approved by the Human Research Ethics Committee of the São Paulo Federal University (UNIFESP), Opinion nº 10879/2012. Participants' anonymity was guaranteed; consequently, in this study they were referred to by letters "NP" ("Nursing Professional") followed by the sequential order of interviews, that is, from NP-1 to NP-24. To analyze the interviews' content, a final ordering, classification, and analysis was made in accordance with the thematic analysis guidelines for content⁵. In the search of record units, empirical categories were used which were organized in terms of occupational risks and safety measures.

RESULTS AND DISCUSSION

When this study was conducted, the unit had 33 nursing assistants and six nurses. Of these, 24 participated in the study, consisting of six nurses and 18 nursing assistants, mainly female and in the age range between 20 and 39 years. As far as marital status was concerned, 50% stated they were single. Regarding schooling, two nurses had graduate degrees and four assistants were pursuing a university degree. The average time working in nursing was between one and four years, which characterized this as a young group. In terms of safety training at work, nurses were unanimous in stating that they had received it, whereas two nursing assistants said they had not received it. In the professional category of nurses, two of them had another job in the opposite shift, whereas in the professional category of assistants, 33% of the group worked in another hospital institution in the opposite shift.

The perception of occupational risks: a gaze upon reality

Working in an urgency and emergency sector has the potential of exposing nursing professionals to numerous occupational risks. Consequently, showing concern about contact with risk situations is frequent, especially with seropositive patients-at times disregarding other pathologies whose source of exposure is biological risk. This fact was revealed by interviewees when asked to reflect upon the risks of their work process.

The risk we run is to have contact with seropositive patients; everybody gets uneasy. (NP-6)

My bigger concern is the risk to be contaminated with blood through sharps. (NP-3)

I believe the biggest risk comes from the pierce. (NP-7)

Risk when patients are bleeding; we run the risk of being contaminated. (NP-21)

This concern can be connected to the fact that studies demonstrate that the highest rate of occupational accidents that affect nursing teams occurs with sharp materials⁶.

The possibility of contact and contamination from biological materials is constant among nursing workers because of the invasive procedures conducted. In that sense, nursing is particularly exposed to biological risks, and contact with sharp materials and blood⁴ is constant.

Risk of being pierced with exposure to blood and secretions. (NP-2)

I consider it more serious to pierce myself and to be contaminated with blood because here we get a lot of stabbed, wounded people and these are our daily risks. (NP-14)

Nursing workers are subject to accidents with sharp material and a high risk of contamination by biological material, being exposed to developing illnesses such as hepatitis B (HBV), hepatitis C (HCV), and AIDS.^{6,3} The consequences of this exposure may affect workers both physically and emotionally.

Another aspect of the exposure to biological risk is related to the fear of contact with the HIV virus. However, the risk of infection through a contaminated needle is one in three for hepatitis B, one in 30 for hepatitis C, and one in 300 for HIV⁶. This shows that the probability of developing hepatitis B is higher than the risk of getting HIV. Nonetheless, as a consequence of the stigma around this illness, whenever exposure occurs there is fear of seroconversion for HIV.

What scares me the most is blood, to be contaminated [...] HIV [...] though it is known that for this to happen a very deep pierce is necessary but I've always feared it and I've been here for a long time. (NP-23)

At emergencies, where there's blood everywhere, even though you're using the complete PPE sometimes it goes through, it goes through the coat, but we try to take care of ourselves. When the emergency door opens, everything comes in and sometimes we step on blood. (NP-15)

The use of safety devices to perform healthcare work is of utmost importance because working at urgency and emergency units means workers perform activities in an unpredictable environment, full of uncertainties, where most of the patients do not have a defined diagnosis. This demands knowledge, the ability to reason quickly, readiness to make decisions in urgency and emergency situations, and using Personal Protective Equipment (PPE) regardless of patients' serological condition.

Sometimes we get patients and we wear gloves, actually, and eyeglasses when we puncture. When we are about to receive a patient and we don't know what this patient has, we do it with no equipment. (NP-6)

I think we are daily exposed to risks; thus the hospital is making materials available to protect us. (NP-18)

Urgency and emergency sectors are full of critical situations that have to do with the nature of these units. The patients who access this service or are taken to it often find themselves in serious states or under the imminent risk of losing their lives, which causes these units to be considered wearying sectors both because of the workload and because of the singularities of the tasks performed³. The strain may have negative consequences on workers' health; consequently, it may result in professionals' lack of attention when handling biological agents and being exposed to pathogenic agents.

Risks in nursing work context

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It's a job that exposes us to some situations that are risky or dangerous to our health as workers. (NP-5)

Work related stress, fear of not meeting demands [...] our blood pressure goes up a little. (NP-11)

The nursing team is the most ubiquitous in providing care to people at emergency units and is the one that performs direct care. The team is responsible for the first contact both with patients and their family members. Studies that relate stress to health professionals point out that the nursing team is the professional group most affected by stressful situations^{7,8}. According to interviewees, to work at urgency and emergency sectors it is necessary to be agile and confident to perform the activities that are being carried out, as well as being emotionally balanced.

It's necessary to be more careful, to have a better view of things to work at emergency [...] knowing what you're doing. (NP-7)

To work at emergency you have to be prepared and psychologically well [...] if you let your emotions speak, you get disturbed. (NP-2)

Situations that lead to stress in the workplace have been increasingly more evident and common. Nursing professionals are routinely exposed to physical and mental overload in the demands of their work, especially in emergency situations, which impose tasks that burden professionals⁴.

Another important stress factor is the constant sector changes. This happens as the professionals who work at urgency and emergency need to master their work process, additionally to having the right profile to work in a place where unpredictability is a constant feature.

Stress is part of it; we get used to it. There have been a lot of changes in the team. (NP-19)

Stress, much stress [...] too many demands, running around, but we have to manage. (NP-8)

Nursing work is characterized by a set of factors that may represent risks to workers' health. This study evidenced that some of the problems seen are related to working conditions that pertain to this professional category and to the studied environment as a result of the risk factors found, psychosocial risk being among them⁹. Thus, whenever there is some imbalance between workers and their work process, there is the possibility for illnesses, including stress.

Stress, mental fatigue [...] I think we have to manage so that they won't harm us. (NP-16)

Working here has emotional, psychological impacts and we have to seek balance. (NP-18)

Healthcare workers, including nursing professionals, will have their productivity and precision hurt whenever they are stressed out. In addition they are likely to get ill more often, feel more tense and tired at work, and be prone to developing anxiety and depression. This occupation is a source of satisfaction because it includes actions that help maintain life; however, it also exposes workers to stress factors³.

Hospital services are seen as a place that favors the development of illnesses, as workers are in constant contact with the risk of accidents, physical diseases, and psychological suffering as a result of the social and psychological pressures they are subject to, both in the workplace and outside¹⁰. A study conducted in the United States has found that the work environment may affect safety¹¹. The activities performed by the nursing team are intensely tiring because of long working hours, the limited number of professionals, and the psycho-emotional weariness induced by the tasks performed in the hospital environment.

Among numerous hospital environments, the urgency and emergency units are distinguished by singular features such as patients at risk of dying and family members who are insecure and nervous about the situation their loved ones are found in. These people usually seek immediate answers and whenever these are not provided, they may pour out their anxiety and anguish on the nursing staff through physical, psychological, and verbal aggression.

Patients who get terrified with their situation and family members who want answers and information about what will be done [...] physical attacks have already happened. (NP-22)

This is a different clientele, laypeople who can't assess reality as it's really like, what an emergency is really like, get here in a very stressed out state. (NP-3)

The healthcare staff that works at these units need to give clear answers to their clients. Whenever that does not happen, there is a chance that violence will occur at the workplace. This violence consists of incidents, abuse, and aggressions the workers suffer in work-related circumstances that endanger, either implicitly or explicitly, their safety, well-being, and physical and mental health¹².

Nursing workers are exposed to various types of violence. The difficult access to and efficiency of healthcare services may be weighed recklessly by clients; consequently, this may engender violence¹².

Aggressive people [...] risk of being punched and pushed and that has already happened; aggression is pretty frequent. (NP-2)

Aggression from family members; there's a lot of that. (NP-25)

Psychological risk because we receive patients in various situations [...] shouting; everybody shouts and we have to be patient to talk to everyone. (NP-15)

This study evidenced that all the researched professionals claimed to have suffered some type of violence at the workplace within the past year. The most common type was psychological violence expressed in verbal aggression, which occurred in 92.9% of the stories¹³. The occurrence of psychological violence is mentioned, both nationally and internationally, in ratios of 70% to 95% of the team, and verbal violence is the most common type¹².

Even in this sometimes hostile environment, nursing professionals need to perform their work with high quality, have fast reflexes, make decisions quickly, perform their activities skillfully, and be decisive.

I really like to work here, it's a different place, there's no routine. (NP-2)

Every day there's something new, it's a place where you must have a view of things; it's necessary to think and act at the same time. (NP-6)

In urgency and emergency sectors, time for care is limited, activities are numerous, and most of the time the patients' clinical situation demands that professionals do all that is possible to remove the imminent risk of death⁷. Moreover, nursing professionals experience a burden that is connected to their direct contact with patients' suffering, pain, death, an intense work pace, and multiple tasks. These factors may influence professionals' mental fatigue.

Despite these hardships, nursing care must be uninterrupted, which leads these professionals to remain in the work environment rotating between the day and night shifts and sometimes working extra hours. This disturbs their biological rhythms and exposes them to situations of suffering and death on a daily basis. It also submits them to various occupational risks that may cause illness⁹.

Night shift work may result in damage to workers' health, as it creates the need to change their routine to adjust it to the requirements of night labor. It is necessary to adjust once professionals experience an inversion of the sleep-wake cycle. That implies not following the circadian rhythm because workers are active at the time when the body is preparing to rest¹⁴. However, even knowing about the risks associated with night work, workers have the right to choose their shift at particular institutions.

Working at night is a risk factor for stress because one can't make up for the night sleep and that's proven scientifically, but those who work nights do so by their own choice. (NP-24)

Sometimes I can't sleep well for eight hours. I go to bed around 3:00 or 4:00 a.m. Since I'm used to working at night, my little biological clock works like that. And then a kind of chronic fatigue accumulates, but I hope this suffering won't last much longer. (NP-16)

The lost sleep very often goes uncompensated and whenever its persistent, cumulative effect remains, that may unchain a reduction in the mental capacity and the physical fatigue becomes inevitable¹⁴. On the other hand, sleep deprivation alters the circadian rhythm and results in a change in melatonin levels, which may determine physiological changes.

Another risk identified by the subjects of this study refers to the constant need for physical effort, called physiological burden, which is ubiquitous in nursing work. This physical effort is made in the course of long working days, when workers are standing and need to move around frequently. Additionally, their body moves are often inadequate and they handle excess weight, not respecting their bodies' biomechanics.

The position we are in to lift patients leads to risks of back problems [...] (NP-2)

Ergonomic, a lot, the environment is small and there's great demand from obese patients in bed. (NP-22)

We lift the patients who pass out [...] we have to lift them up from the floor. Over time there will be a negative consequence to our lumbar region. NP-16

The need to lift weight when caring for patients, together with the long hours of work, has the potential of triggering damage to workers' physical and mental health and of negatively interfering in the quality of the care provided¹⁰. Nursing work happens 24 hours a day in hospital institutions and throughout the entire time. This intensifies the impact of working conditions.

The posture because of the effort. Sometimes it's necessary to make more effort so that we can move patients around. (NP-3)

We are always making physical effort and it's very common to see one of us with a back problem. (NP-14)

It is necessary to remember that the risks mentioned by the participants in this study were circumscribed to biological, ergonomic, physiological, psychological risks, and the risk of accident. Physical and chemical risks were not identified by them and this reveals a reductionist view of work-related risks. These results confirm the need for institutions to plan educational actions with the nursing team to broaden their understanding in terms of occupational risks. Educational actions with a preventive approach have the potential to improve the quality of life and health of workers exposed to occupational risks.

Personal Protective Equipment: from perception to use by nursing professionals

As far as devices are concerned, authors observed that workers knew them, owned them, and understood the need for them. Nonetheless, this was not enough to ensure that they used them. Professionals argued that they were used when they had the equipment around and said gloves were the most commonly used device by the nursing team as they considered them part of their routine.

Gloves are routine. We put them on as the emergency door is open. (NP-15)

I always wear gloves, even though sometimes I see some colleagues don't do that. Anyway, they know what they're doing. (NP-7)

I always wear gloves; it's routine and we have them in all the rooms. (NP-2)

Protective equipment must be used by workers to prevent them from occupational exposure. The NR¹⁵ guidelines established that workers are obliged to use all the necessary PPE to perform their activities safely and institutions must make it available in addition to make its use mandatory. However, based on the stories told by interviewees, some workers resist using it.

Stimulating a safe behavior on the part of workers is a priority in the hospital environment, especially in sectors such as urgency and emergency, which are characterized as being patients' entrance to the hospital. It is necessary that all devices are used daily. Workers must develop a safe behavior when facing the numerous risk situations that are part of their work process.

We all have eyeglasses but we leave them in the corner, you know, to be honest. (NP-1)

We all have our eyeglasses, masks, and these are labeled. We get them when we start working here [...] I leave them in a little bag at the station [...] not everyone uses them. (NP-2)

I don't really like to wear gloves but there are these patients with HIV and we know we have to care for them in gloves, but I don't like that very much [...]. I wear them when it's necessary. (NP-13)

Each one of us has our own and we put it all away. (NP-23)

Eyeglasses and mask when the patient has TB or when we perform a suction to prevent secretion, at the arrest, and when there's active bleeding. In other situations it's not common to wear them. (NP-21)

The fast work pace is considered a factor of hindrance to the use of PPE, along with forgetting to use it when applying techniques¹⁶. Additionally, the participants in this study saw the use of protective devices as a matter of habit and this could only be established from use.

It is also imperative to understand that some workers must wear prescription glasses even though they do not replace safety glasses. The institution must provide the latter to workers to cater for their needs.

We all must wear eyeglasses; it's just a matter of getting used to it. NP-24.

If I wear safety glasses over my prescription glasses I won't be able to see. It bothers me because I have myopia and [the safety glasses] don't fit well. (NP-7)

Because it's not a habit, when I put on the mask it gives me malaise but it's just psychological. These days I said we should wear eyeglasses and my colleagues made fun of me. (NP-23)

It must be taken into account that the purpose of protective devices is to prevent workers from being exposed to pathogenic agents that are potentially harmful to their health¹⁵. The presence of risk factors in the work environment represents the probability that a complication may occur whose seriousness cannot be measured. Moreover, one does not know where or when it may occur¹⁷. Therefore, not adhering to the use of PPE may cause damage to their psychosocial, family, and work relations, contributing to occupational accidents. Consequently, the use of safety devices cannot and must not be based on knowledge about patients' health status.

We just wear the mask when its need is proven. When we know that the patient has a contagious disease. (NP-4)

During the H1N1 epidemics we wore it all the time. (NP-6)

We use the mask when we know there's suspicion or when the patient coughs a lot. (NP-15)

In winter we wear the mask because of the flu but it's not routine and we should wear it [...] but we don't. (NP-14)

Although numerous workers accept biosafety standards, these are not yet a strong part of their daily practice and routine. This fact may be related to workers' sense of invulnerability¹⁸. NR 32 (Standard Guidelines 32) stresses the need to use PPE, makes its use mandatory, and establishes the guidelines for facilities to implement measures that protect and safeguard these professionals' health and safety¹⁵. The stories told by participants in this study reveal factors that hamper the use of safety measures.

We use PPE when it's in our reach [...] We often have to leave it aside to save a life and it's not always within our reach. (NP-1)

In a rush we don't carry it with us [...] For lack of responsibility but always looking after ourselves. (NP-16)

With the intention to reduce their exposure to risks, nursing professionals must incorporate the need to apply universal precaution measures once their use is closely related to professionals' perception about the dangers they are exposed to and about their own vulnerability. The adoption and implementation of biosafety measures are extremely necessary. Thus, when workers do not have the PPE close by at sectors with the features of urgency and emergency units, it is often not possible to leave patients unattended to get them, according to their stories.

If we can't go get them, we care for patients with no glasses on, anyway. (NP-19)

I worked in other hospitals [...] at that time I was by myself so I couldn't, I had no time to put the gloves on before I cared for the patient. Each situation is unique and we and try to manage it on the spot. (NP-16)

NR-6 (Standard Guidelines) defines as PPE the gloves, eyeglasses, coat, masks, footwear, and cap. The mandatory nature of its use is based on the risks created by the work process¹⁶. Also according to the NR-32 (Standard Guidelines) standards, biosafety precautions must be taken and followed with all patients, regardless of knowledge about their serological status.

In this scenario, the stories told by the participants in this study reveal trivialization of risks, improvisation, and a sense of invulnerability by nursing professionals, which shows a naïve lack of awareness on their part regarding the risks of their work process. Therefore, it is essential to facilitate access to safety devices and increase the offer of educational actions, which must be heavily worked on as early as in the training of nursing professionals once they argue they know about the need to use PPE and claim to own it. This, however, has not proven enough to ensure its use.

In view of the reality found, there is evidence of the need for actions of ongoing education to be implemented in order to change the current scenario. Thus, it is necessary to develop actions that will motivate workers to remain alert to all of the safety measures.

FINAL CONSIDERATIONS

The risks derived from occupational activity are a reality and their consequences on workers' health are varied. The researchers realized that the participants in this study were aware of and perceived risks in their daily lives and realized the consequences of not applying safety measures. However, this knowledge was not enough to ensure that biosafety measures were observed. These measures are fundamental for a safe practice.

Participants accumulated experiences that influenced their attitudes toward risks in their work process, which increased their exposure. The long hours of work, together with the fact

that they performed tasks without protective equipment but did not suffer any accidents made them assume a risk behavior at times. As a result, the protection measures they claimed to take were wearing gloves, masks, and eyeglasses. The latter were occasionally forgotten.

In this sense, results pointed to the need for permanently developing educational actions that must involve the nursing team. The inclusion of the social actors in a reflection process enables raising awareness, providing nursing workers with tools, and learning collectively about the measures to protect one's health from the perspective of occupational risks.

It is also necessary to present proposals that integrate workers' practice so that they will see themselves as responsible for the process. In this sense, it is important to highlight the relevance and importance of this study. It has enabled the team to perceive occupational risks and use protection measures. This has in turn enabled the proposal of an educational activity to reflect on health professionals' practice.

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