



Alcohol use and health behavior among nursing professionals

Uso de álcool e comportamento de saúde entre profissionais da enfermagem

Uso de alcohol y comportamiento de salud entre profesionales de enfermería

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ABSTRACT

Objective: To evaluate the problematic use of alcohol and health behavior among the nursing staff of a general hospital. **Method:** Cross-sectional study conducted at a general hospital. A questionnaire with socio-demographic information, the alcohol and substance use screening test, and a questionnaire on health behavior were applied. **Results:** A total of 416 professionals participated in the study. In the final model of logistical regression, male professionals (OR 4.3), singles (OR 3.7), those that professed to having other religions (OR 3.8), worked as nursing technician (OR 2.3), did not consume low doses of alcoholic beverages per day (OR 2.0), used tobacco (OR 8.9), avoided consuming beverages with caffeine (OR 1.9) and avoided noisy environments (OR 2.0) showed higher chances of consuming alcohol at a problematic level. **Conclusion:** Among nursing professionals, the use of alcohol and not engaging in health behavior are strongly associated. These findings have implications for the implementation of strategies for the promotion of health and the prevention of alcohol use in work relationships.

DESCRIPTORS

Substance-Related Disorders; Occupational Health Promotion; Nursing Team.

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INTRODUCTION

Abusive use of alcohol and/or other drugs has become one of the principal problems in global public health in recent decades, given the seriousness of their effects, which surpass the biological limit. Harmful consumption may result in high rates of morbimortality, generating high social and economic costs⁽¹⁾.

The impact generated by the abusive use of alcoholic beverages is well known from both the point of view of health and social effects. This pattern of consumption has significant repercussions in working relationships, reducing productivity and compromising work safety, besides increasing absenteeism and presenteeism phenomena⁽¹⁻²⁾. Therefore, there are enough ethical, legal, economic and safety reasons to intensify investment in early prevention, given the potential damage and problems caused by the abusive use of alcohol⁽²⁾.

Evidence shows that various psychological, behavioral and environmental manifestations are associated with abuse of psychoactive substances (alcohol, tobacco, tranquilizers and other abused drugs), the majority of which are often related to work⁽³⁾. An increasing number of studies evaluating the phenomenon of drugs can also be observed in the literature, especially in the area of nursing. However, few studies have discussed the issues related to substance use or alcohol consumption by nursing professionals (nurses, auxiliary nurses and nursing technicians), which are among the most important worker health problems, considering the predisposing aspects of the working reality of these professionals. The use of alcohol and/or other drugs, can be considered a problem on an even greater spectrum, known as health behavior. This can be most broadly defined as a set of actions carried out by individuals with the aim of maintaining health, using or not healthcare services, such as the practice of physical activity, the sleep-wake cycle, adequate nutrition, minimization of the consumption of psychoactive substances and the damage caused by their use and abuse⁽⁴⁾.

Health behavior can be influenced by various factors that involve social determinants of health, such as socioeconomic, family, environmental and cultural conditions, besides personal characteristics involving genetics and emotional aspects. Nursing professionals often dedicate much more attention to the care of others than to self care, which may be due to lack of time for leisure activities and for taking care of appearance, or lack of attention to diet. Such behavior may be a reflection of the working environment, in which actions aimed at the health of the nursing professional rarely happen⁽⁵⁾.

Studies evaluating health behavior among nursing professionals are incipient in the scientific literature. Few articles were found in a search performed on database indexes^(2,6-7), whereby one assessed stress and the others assessed its association with alcohol use, although they were not simultaneously examined with health behavior. One study that approximated to this context was on Burnout Syndrome among healthcare professionals and its association with risky health behavior such as inactivity, poor diet, abusive use of alcoholic beverages and psychoactive substances⁽⁸⁾.

Little is known about the health behavior and lifestyles that contribute to the abusive use of alcohol and other drugs among healthcare professionals, especially those in nursing. Therefore, it is fundamental to know more about health behavior, since the personal attitudes of these professionals to self care and health practices have important implications for day to day practices in the provision of care and the interaction with diverse groups of the population. The hypothesis of this investigation is that nursing professionals that use alcohol at problematic levels present the most risky health behavior. Thus, this study aimed to evaluate problematic use of alcohol and health behavior among nursing professionals at a general hospital.

METHOD

This is a cross-sectional study with a quantitative approach. The study was conducted at a large general public hospital, located in the municipality of Uberlândia, Minas Gerais, Brazil.

During the data collection period the nursing staff of the hospital was composed of 1,214 professionals, including 189 nurses and 963 auxiliary nurses and nursing technicians.

The sample, estimated through sample calculation, was 402 professionals (127 nurses and 275 auxiliary nurses and nursing technicians), considering 95% confidence and 5% precision. However, all 1,214 professionals were invited to participate in the present study. A total of 416 professionals agreed to participate after presentation of the objectives, thereby composing the sample of the present study.

The criteria for eligibility to participate in the research were age greater than or equal to 18 and being an employee (auxiliary nurse, nursing technician or nurse) of the hospital. The exclusion criterion was being off work for any reason.

Data collection took place between June and August 2016. Meetings intended to make clarifications and invite staff members to participate in the present study were conducted at all the units of the hospital. Three times were arranged for data collection and application of the instrument.

A self-administered questionnaire was used, composed of: (a) socio-demographic and work information; (b) Alcohol Use Disorder Identification Test - Consumption (AUDIT-C), composed of three items which evaluate quantity, frequency and intoxication patterns of alcohol consumption. The final score enables classification of consumption levels, including abusive or hazardous use, which will also be referred to as problematic use in the present study⁽⁹⁾; and (c) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), a questionnaire composed of eight items for the screening of use of alcohol, tobacco and other substances⁽¹⁰⁾. Each response corresponds to a score, which varies from 0 to 4, whereby total scores of four points or above classify the individual at a level of abusive use; (d) Health Behavior Questionnaire (HBQ), which assesses behavioral aspects related to health (nutrition, transport, practice of physical activity, psychoactive substance use). It is composed of 28 items, divided into five domains with responses varying from 1 to 5 points. For interpretation of the scores, the

higher the values presented in the sum total, the worse the health behavior was⁽¹¹⁾. All the instruments have been validated and applied in various population groups, presenting good levels of reliability, which recommend their use.

A database was developed on the Statistical Program of Social Science for Windows (SPSS), version 20, in order to analyze the data. Descriptive analyses of the categorical variables were carried out, with absolute (n) and relative (%) distributions of the frequencies. Bivariate analysis of the data was performed using the Chi-squared test (χ^2) to compare the categorical variables – AUDIT-C, sex, religion, marital status, education, position held, period of work, number of jobs, use of other drugs (ASSIST) and health behavior (HBQ). The t-test for independent samples was used to evaluate the differences between the mean ages. Multivariate logistical regression analysis was used to evaluate the association between the variables. The results were presented through Odds Ratio (OR), which refers to the possibility of the occurrence of an event. Initially, the independent variable was the level of consumption; abstemious/low risk use of alcohol or problematic/high risk use, controlled by the covariates: sex, age group, religion, marital

status, education, profession, occupational function, period of work (Table 1) and the items from the Health Behavior Questionnaire (Table 3). Subsequently, the independent variable was defined as the professional category (auxiliary nurse, nursing technician or nurse), controlled by the covariates: behavior related to the practice of physical activity, care of the environment and health (HBQ) (Table 2). The significance level (p value) was established at 0.05 for all the tests.

The study was approved by the Research Ethics Committee of the Federal University of Uberlândia (Decision Number: 1.585.311). All the participants signed a Free and Informed Consent Form. The study followed the ethical prerequisites defined by Resolution 466/2012.

RESULTS

The sample was composed of 416 (100%) nursing professionals (28.5% auxiliary nurses, 49.3% nursing technicians and 22.3% nurses), who were predominantly female (84.1%), adults, with average age of 41.2 ± 10.2 , ranging from 20 to 67, married (69.5%), Catholic (44.1%), occupying a post of nursing technician (49.3%) and working in the morning (40.6%).

Table 1 – Socio-demographic information and use of alcohol (AUDIT-C), according to nursing professionals at a general hospital – Uberlândia, MG, Brazil, 2016.

		AUDIT C				Total		p Value
		Abstemious		Low risk/risk		N	%	
		N	%	N	%			
Sex	Female	187	53.4	163	46.6	350	100.0	$\chi^2(1)=10.315$ $p < 0.001^*$
	Male	19	31.1	42	68.9	61	100.0	
Marital Status	Married	154	54.6	128	45.4	282	100.0	$\chi^2(2)=7.440$ $p = 0.024^*$
	Single	45	39.5	69	60.5	114	100.0	
	Window	5	50.0	5	50.0	10	100.0	
Religion	Catholic	76	42.9	101	57.1	177	100.0	$\chi^2(3)=46.219$ $p < 0.001^*$
	Evangelical	90	75.0	30	25.0	120	100.0	
	Spiritist	27	40.9	39	59.1	66	100.0	
	Others	9	23.7	29	76.3	38	100.0	
Education	Primary	5	71.4	2	28.6	7	100.0	$\chi^2(2)=8.956$ $p = 0.011^*$
	Secondary	73	60.3	48	39.7	121	100.0	
	Higher	101	44.7	125	55.3	226	100.0	
Position held	Auxiliary nurse	47	40.9	68	59.1	115	100.0	$\chi^2(2)=12.113$ $p = 0.002^*$
	Nursing Technician	116	58.3	83	41.7	199	100.0	
	Nurse	37	41.1	53	58.9	90	100.0	
Period of work	Morning	88	52.1	81	169	47,9	100.0	$\chi^2(2) = 0.755$ $p = 0.686$
	Afternoon	58	65	47.2	52.8	123	100.0	
	Night	52	49	51.5	48.5	101	100.0	

Note: Chi-squared test χ^2 (degree of freedom). N = 416. (*p value ≤ 0.05).

Table 1 shows that the consumption of alcohol in the sample at levels of risk was associated with sex (male) ($p < 0.001$), other religions ($p < 0.001$), marital status (single) ($p = 0.024$), education (higher education) ($p = 0.011$) and the job of auxiliary nurse ($p = 0.002$). In the group of participants with alcohol use at levels of risk there was a predominance of men (68.9%), singles (60.9%), those professing to have other religions (76.3%), higher education

(55.3%) and working as auxiliary nurses (59.1%) with statistically significant differences ($p < 0.05$). Among the abstemious group there was a predominance of women (53.4%), married (54.6%), and Evangelicals (75%), who had completed primary education (71.4%) and worked as nursing technician (58.3%). It can be noted that there was no difference in regard to period of work. In the t test for independent samples, there were statistically significant

differences in relation to mean age, among the low risk/risk group (40.0 ± 9.7 versus 42.4 ± 9.7 , $t = 2.168$ [95% CI 0.224–4.616], $p = 0.031$), when compared to the abstemious group

(data not presented in the table). In relation to alcohol use, 50.2% of the sample was abstemious and 49.8% consumed alcohol at a problematic level.

Table 2 – Use of alcohol, tobacco and similar substances, according to nursing professionals at a general hospital – Uberlândia, MG, Brazil, 2016.

		Profession						Total		p Value
		Auxiliary Nurse		Technician		Nurse		n	%	
		n	%	n	%	n	%			
Consumption of alcohol in the last 12 months	No	36	19.3	105	56.1	46	24.6	187	100.0	$\chi^2(2)=3.255$ $p = 0.196$
	Yes	37	16.8	111	50.5	72	32.7	220	100.0	
Do not consume more than two units of alcohol per day	No	15	9.5	81	51.3	62	39.2	158	100.0	$\chi^2(2)=16.727$ $p < 0.001^*$
	Yes	44	23.8	97	52.4	44	23.8	185	100.0	
Avoid taking tranquilizers	No	47	16.9	132	47.5	99	35.6	278	100.0	$\chi^2(2)=10.019$ $p = 0.007^*$
	Yes	15	19.5	49	63.6	13	16.9	77	100.0	
Avoid taking stimulants, like amphetamines	No	51	16.6	151	49.2	105	34.2	307	100.0	$\chi^2(2)=10.222$ $p = 0.006^*$
	Yes	10	17.2	40	69.0	8	13.8	58	100.0	
Avoid taking medication without medical prescription	No	39	15.4	134	53.0	80	31.6	253	100.0	$\chi^2(2)=2.335$ $p = 0.311$
	Yes	25	20.5	66	54.1	31	25.4	122	100.0	
Tobacco	Yes	52	16.8	160	51.8	97	31.4	309	100.0	$\chi^2(2)=5.397$ $p = 0.067$
	No	8	36.4	8	36.4	6	27.3	22	100.0	
Avoid smoking	No	48	15.7	156	51.0	102	33.3	306	100.0	$\chi^2(2)=7.836$ $p = 0.020^*$
	Yes	11	24.4	28	62.2	6	13.3	45	100.0	

Note: Chi-squared test χ^2 (degree of freedom). N = 416. (*p value ≤ 0.05).

In Table 2, when comparing the use of substances and health behavior among nursing professionals, differences can be observed in relation to controlled consumption of beverages ($p < 0.001$), avoiding use of tranquilizers ($p = 0.007$) or amphetamines ($p = 0.006$) and smoking. The use of alcoholic beverages and tobacco in the last year were not different among the sample participants ($p > 0.05$). It should be

noted that the group of nursing technicians presented higher percentages for consumption of alcoholic beverages (above two units) (52.4%), and avoiding the use of tranquilizers (63.6%), stimulants such as amphetamines (69.0%), medication without prescription (54.1%) and tobacco (51.8%), when compared to the other professionals (data presented in Table 2).

Table 3 – Alcohol use (AUDIT-C) and health behavior (HBQ), according to nursing professionals at a general hospital – Uberlândia, MG, Brazil, 2016.

		AUDIT-C				p Value
		Abstemious		Low risk/risk		
		N	%	N	%	
Practice intense physical exercise for at least 20 minutes per day, twice or more times per week	No	64	41.8	89	58.2	$\chi^2(1)=4.046$ $p = 0.044^*$
	Yes	176	51.6	165	48.4	
Practices a sport that makes you sweat, at least twice a week (running, swimming, basketball or football)	No	40	36.0	71	64.0	$\chi^2(1)=9.600$ $p = 0.002^*$
	Yes	204	52.7	183	47.3	
Maintain up-to-date immunization records	No	209	49.5	213	50.5	$\chi^2(1)=4.592$ $p = 0.032^*$
	Yes	25	35.7	45	64.3	
Avoid eating fatty foods	No	142	55.0	116	45.0	$\chi^2(1)=8.810$ $p = 0.003^*$
	Yes	97	41.6	136	58.4	
Avoid consuming beverages like tea, coffee or coca-cola due to the potential effects of caffeine	No	85	56.7	65	43.3	$\chi^2(1)=6.378$ $p = 0.012^*$
	Yes	152	44.3	191	55.7	
Avoid very noisy environments	No	177	53.5	154	46.5	$\chi^2(1)=11.270$ $p < 0.001^*$
	Yes	61	37.4	102	62.6	
Do not drink more than two units of alcohol per day	No	79	36.9	135	63.1	$\chi^2(1)=11.120$ $p < 0.001^*$
	Yes	128	52.5	116	47.5	

Note: Chi-squared test χ^2 (degree of freedom). N = 416. (*p value ≤ 0.05).

The prevalence of use of other substances was 16.8% for tobacco, 2.2% for amphetamines and 4.4% for sedatives. In Table 3, statistically significant associations can be observed between the use of alcohol and all the evaluated health behavior (Table 3). Health behavior, such as the practice of physical exercise ($p = 0.044$) and of sport ($p = 0.002$), maintaining up-to-date immunization records ($p = 0.032$), healthy diet (avoiding fatty foods) ($p = 0.003$), consumption of caffeine ($p = 0.012$) and exposure to noisy environments ($p < 0.001$) were associated with alcohol use. Participants that used alcohol at a problematic level presented higher percentages of unhealthy behavior, such as not practicing physical exercise (58.2%) and sports (64.0%) and drinking above the limit of two units (63.1%). However, they did adopt other health behaviors, such as maintaining up-to-date immunization records (64.3%), avoiding fatty foods (58.4%), avoiding the consumption of beverages with caffeine (55.7%) and avoiding noisy environments (62.6%).

In the logistical regression analysis, male participants (OR = 4.3 [CI95% 1.992–9.276]; $p < 0.001$), singles (OR 3.7 [CI95% 1.928–14.840]; $p = 0.044$), those professing to have other religions (OR 3.8 [CI95% 1.715–8.356]; $p < 0.001$), working as nursing technician (OR 2.3 [CI95% 1.402–6.886]; $p < 0.001$), did not consume less than two units of alcohol per day (OR 2.0 [CI95% 1.111–3.742]; $p = 0.021$), used tobacco (OR 8.9 [CI95% 3.126–25.728]; $p < 0.001$), avoided the consumption of beverages with caffeine (OR 1.9 [CI95% 1.962–6.797]; $p = 0.041$) and avoided noisy environments (OR 2.0 [CI95% 1.017–3.950]; $p = 0.045$) presented ratios with increased chances for the consumption of alcohol at problematic levels.

DISCUSSION

This is one of the few Brazilian studies to evaluate the consumption of alcohol and health behavior among nursing professionals. Important associations were observed between socio-demographic characteristics, problematic alcohol use and health behavior. The results suggest a necessity to consider the specificities of nursing professionals and self care, so as to identify the critical nodes in this field in more detail. This, in turn, will allow implementing changes to promote the physical and mental well-being of these healthcare workers, aiming at quality of life beyond work relationships.

On considering the socio-demographic characteristics of the participants in the present study, it was observed that there was a predominance of females, adults (mean 41.2), Catholic, married, nursing technicians, that worked in the morning (Table 1). These findings corroborate the prevalence of a national scenario where professionals are predominantly female (84.6%), nursing technicians and auxiliary nurses (80%)⁽¹²⁾.

The prevalence for low risk and risk consumption of alcohol was 49.8% in the present sample. This rate is of concern for being a sample of healthcare professionals predominantly consisting of women. However, similar results were presented in a national survey on alcohol consumption patterns in the Brazilian population (50%)⁽¹³⁾. Furthermore, the *American Nurses Association* (ANA) estimated that

approximately 10% of nurses are dependent on alcohol and/or other drugs, which may compromise their health and their professional performance, putting the safety of the patient at risk⁽¹⁴⁾. Other authors also show that the use of alcohol and/or other drugs among nursing professionals is no different to the general population⁽¹⁵⁻¹⁶⁾.

It is worth highlighting that these results seem to be contradictory, bearing in mind that the sample is composed of qualified healthcare professionals. This reinforces the necessity for greater attention to the theme of psychoactive substance use and abuse in nursing professionals, since the domain of knowledge has contributed little to guaranteeing changes in health behavior, given that the information has not been followed up with a transformation in emotional perception or motivation to behave differently.

However, it is recognized that there is a lack of specific professional training or continued education on the subject, which may constitute a risk factor for the use of these substances among such professionals. Moreover, factors such as fear of punishment and demands to maintain discipline in professional conduct make the search for support difficult, which may result in compromising professional performance⁽¹⁵⁻¹⁶⁾. The data in Table 1 and the final logistical regression analysis show that male professionals (OR 4.3), singles (OR 3.7), those that professed to having other religions (OR 3.8) and that worked as nursing technician (OR 2.3), presented higher probabilities of consuming alcoholic beverages at a problematic level.

These characteristics are commonly found in studies evaluating risk factors in diverse populations, especially among the young, representing potential vulnerability to alcohol use^(13,17). Evidence also shows that alcohol use by women has been lower than use by men, although among nursing professionals it is significantly lower when compared to samples with a predominance of men, like, for example, in medicine^(7-8,17).

Another question of concern refers to the alcohol use of a professional category⁽¹²⁾ of great numerical amplitude, like nursing technicians, who make up around 80% of the nursing professionals in Brazil. These professionals are responsible for lower complexity more routine healthcare, and are often involved in assisting direct nursing with the patient. Studies show that these professionals complete a considerable working day and often have little time to take pleasure in leisure activities, which can lead to physical or psychological suffering⁽⁶⁻⁷⁾. In this sense, the resulting emotional strain of such situations may significantly contribute to developing diagnoses related to stress and mental disorders, such as depression, anxiety, panic, phobias or psychosomatic illnesses. The use of psychoactive substances may be increasing in order to deal with and find relief to these problems⁽⁶⁻⁷⁾.

A predominance of better health behavior can be perceived in relation to the consumption of alcohol and similar substances among nursing technicians (Table 2). Such behavior includes avoiding the consumption of alcoholic beverages (more than two units) (52.4%), avoiding the use of tranquilizers (63.6%), stimulants like amphetamines (69%)

and medication without prescription (54.1%) and avoiding tobacco (62.2%), when compared to the other professionals. A certain preoccupation on the part of these professionals in relation to the use of these substances can be perceived in the results, whereby they are kept under control. However, amphetamines and sedatives were exceptions, with high percentages of use among the women.

Work related factors may contribute to the type and quantity of substances used by nursing professionals⁽¹⁸⁾. In the present investigation, a prevalence of amphetamine use (2.2%) and sedative use (4.4%) was observed. These values are higher than those of the general population of 1.3%, considering sedatives, the use of morphine and anesthetics⁽¹³⁾. Among a team of nursing professionals working in an Intensive Care Unit (ICU), 28.5% used some type of substance, especially analgesics (4%). The main reasons for substance use were associated with work issues and family problems⁽¹⁸⁾.

The use of prescription medication, such as sedatives, in the daily routine of nursing professionals, especially nurses, is of great concern, as it involves ethical and legal issues. Easy access, management and security of controlled medicines at healthcare services are part of the daily practice of a nurse. The abusive use of these substances, is frequently linked to bad or unsafe use of these controlled drugs at healthcare services⁽¹⁸⁾.

A study conducted with 300 nurses enrolled in treatment programs showed that a sixth of these professionals had changed workplace (generally, through internal transfer at the same hospital) in order to have easier access to drugs in the workplace⁽¹⁹⁾. On the other hand, there remains a very strong stigma in relation to the abuse of psychoactive substances by healthcare professionals, especially given the ethical and employment issues, which constitute a potential threat of job loss. Furthermore, the social pressure on female professionals causes this segment to remain as an invisible population among users of alcohol and/or other drugs⁽¹⁹⁾.

Another relevant result refers to smoking, since tobacco use was a predictor (OR 8.9) for the problematic consumption of alcohol in the sample (Table 3). This combination of use has been described in the literature, in virtue of the depressant and stimulant effects generated by these substances⁽¹⁾. A piece of data to be considered in the present study is that the rate of tobacco use was 16.8% among nursing professionals, which is very similar to the national average for the general population (16.9%)⁽¹³⁾. Previous studies have shown that the use of tobacco is a very common behavior among healthcare professionals and that these rates were once much higher though, having declined substantially in this population in recent years⁽²⁰⁾. A systematic review⁽²¹⁾ showed that smoking rates vary from 42.3 to 68.6% among nurses. Evidence shows that the association between alcohol and tobacco exacerbates various health problems, and is, therefore, considered a potential risk factor among nursing professionals^(9-13,22).

In regard to the consumption of alcoholic beverages above the daily limit of two units proposed by the World Health Organization (WHO), participants that did not

consume less than two units of alcohol per day presented double the chances (OR 2.0 [CI95%1.111–3.742] of consuming alcohol at a problematic level (Table 3). Although there is no safe limit of consumption, the WHO has recommended using less than two units of alcohol per day in their directives, so as not to cause damage to oneself or to others⁽¹⁾. Consumption above this quantity may contribute to increasing the incidence of problems related to exposure to situations of accidents, violence or risk behavior, such as unprotected sex^(1,13).

In relation to the organization of work, the fact that shifts of nursing professionals are heavy and exhausting⁽²³⁾, including holidays and weekends, with little availability to enjoy moments of leisure, are factors that may lead these professionals to adopt the consumption of alcohol⁽⁷⁾, seeking to relieve the mental suffering resulting from various stressful situations.

The association between problematic use of alcohol and avoiding noisy environments is also of note (Table 3). A possible explanation is that the study sample is composed of adults, which, differently to the population of adolescents and young people, choose to consume alcohol in quieter environments, avoiding noisier places, like night-clubs, as found in a study carried out with young people⁽¹⁷⁾. Additionally, these professionals may also choose to consume alcoholic beverages in more discrete places, for fear of some form of social reprimand due to their professional position, even if the recrimination may be indirectly related to the act of drinking.

An association was also observed between alcohol and low involvement in the practice of physical activities or sports (Table 3). A study carried out with nurses⁽²⁴⁾ showed that the practice of physical activities (moderate/high or low intensity) reduces the risk of developing problems related to the use of alcohol by almost half (OR 1.64; CI95% 1.29-2.10 men and OR 1.45; IC95% 1.01-2.09 women) in comparison to inactivity. Another study, carried out with professionals that worked in a hospital institution, identified high rates (78.6%) of inactivity⁽²⁵⁾.

The adoption of healthy behavior, such as maintaining immunization records up-to-date, avoiding the consumption of fatty foods and avoiding the use of beverages with caffeine was observed in the present sample (Table 3). These results suggest self care aimed at promoting health and preventing diseases, regardless of the consumption of alcohol. The adoption of such behavior and lifestyles by healthcare professional is crucially important, bearing in mind the increase in chronic Non-communicable diseases (NCDs) in the general population, especially as a result of poor diet and inactivity, due to processes of industrialization and globalization^(20,26).

This study has implications for clinical practice. Understanding the specificities related to psychoactive substance use and the state of health of nursing professionals may contribute to identifying and preventing vulnerability to problematic alcohol use through the habits, lifestyle and health behavior of these professionals, both inside and outside of working relationships. It is worth highlighting the

originality of the present study and its realization with a representative sample of nursing professionals at a general hospital.

Among the limitations of the study, the fact that it was restricted to a sample of nursing professionals from only one general hospital can be highlighted. Also, it should be considered that the units to which the professionals were allocated, like the ICU for example, were not investigated. Future studies involving professionals from other health services are necessary, especially in regard to those involved in primary care, in order to evaluate the relationship between health behavior and drug use among these workers.

CONCLUSION

The study showed that nursing professionals that consume alcohol and/or other drugs (like tobacco) at a problematic

level presented higher rates of unhealthy behavior, such as not practicing physical or sporting activity and drinking above the recommended limit of two units of alcohol per day, which corroborates the hypothesis of the present study. Furthermore, in relation to socio-demographic and professional characteristics, it was shown that being male, single, professing to have other religions or working as a nursing technician are factors associated with increased chances of a pattern of problematic consumption, with potential impact on the health of the professional.

The strengthening of the promotion and education of health, aimed at self care of nursing professionals, considering the specificities and health habits of this group, may contribute to fostering a more harmonious and balanced working life, reflecting in the development of higher quality nursing care, committed to the desired standards of excellence.

RESUMO

Objetivo: Avaliar o uso problemático de álcool e comportamentos de saúde entre profissionais de enfermagem de um hospital geral. **Método:** Estudo transversal realizado em um hospital geral. Foi aplicado um questionário com informações sociodemográficas, o teste de triagem do uso álcool e de outras drogas e o questionário de comportamentos de saúde. **Resultado:** Participaram da pesquisa 416 profissionais. No modelo final da regressão logística, os profissionais do sexo masculino (OR 4,3), solteiros (OR 3,7), que professam outras religiões (OR 3,8), exercem função de técnico de enfermagem (OR 2,3), não consomem baixas doses de bebidas alcoólicas por dia (OR 2,0), fazem uso de tabaco (OR 8,9), evitam o consumo de bebidas com cafeína (OR 1,9) e ambientes barulhentos (OR 2,0) apresentaram chances aumentadas para o consumo de álcool em nível problemático. **Conclusão:** O uso de álcool e comportamentos de saúde não saudáveis entre profissionais de enfermagem estão fortemente associados. Esses achados têm implicações para a implementação de trabalhos com estratégias de promoção de saúde e prevenção do uso de álcool nas relações de trabalho.

DESCRITORES

Transtornos Relacionados ao Uso de Substâncias; Saúde do Trabalhador; Promoção de Saúde; Equipe de Enfermagem.

RESUMEN

Objetivo: Evaluar el uso problemático de alcohol y comportamientos de salud entre profesionales de enfermería de un hospital general. **Método:** Estudio transversal llevado a cabo en un hospital general. Se aplicó un cuestionario con informaciones sociodemográficas, la prueba de cribado del uso de alcohol y de otras drogas y el cuestionario de comportamientos de salud. **Resultado:** Participaron en la investigación 416 profesionales. En el modelo final de la regresión logística, los profesionales del sexo masculino (OR 4,3), solteros (OR 3,7), que profesan otras religiones (OR 3,8), ejercen función de técnico de enfermería (OR 2,3), no consumen bajas dosis de bebidas alcohólicas por día (OR 2,0), son tabaquistas (OR 8,9), evitan el consumo de bebidas con cafeína (OR 1,9) y ambientes ruidosos (OR 2,0) presentaron probabilidades aumentadas para el consumo de alcohol a nivel problemático. **Conclusión:** Uso de alcohol y comportamientos de salud no sanos entre profesionales de enfermería están fuertemente asociados. Dichos hallazgos tienen implicaciones para la implantación de trabajos con estrategias de promoción de salud y prevención del uso de alcohol en las relaciones laborales.

DESCRIPTORES

Transtornos Relacionados con Sustancias; Salud Laboral; Promoción de la Salud; Grupo de Enfermería.

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