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Health symptoms and impacts of work on nursing professionals in a public hospital

Sintomas de saúde e impactos do trabalho em profissionais de enfermagem de um hospital público

Síntomas de salud e impactos del trabajo en profesionales de enfermería de un hospital público

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ABSTRACT

Objective: To relate self-reported health symptoms and the impacts of work in terms of physical, social, and psychological illness in nursing professionals. **Method:** Cross-sectional, correlational study carried out in a public hospital in the southern region of Brazil. A sample of nursing professionals who worked in direct care participated in the study. A social-occupational questionnaire of self-reported health symptoms and the Work-Related Damage Assessment Scale were used. The analysis was descriptive and analytical. Chi-square test and Spearman's correlation coefficient were used, with a significance level of 5%. **Results:** A total of 308 professionals participated, with a prevalence of physical illness and higher means for pain in the body, legs and back. Significant relations were identified among the social-occupational variables, health symptoms, and physical, social or psychological illness. High and moderate correlations among the factors investigated were evidenced. **Conclusion:** The impact of work on nursing professionals' health is evidenced by the association between self-reported health symptoms and illness, especially the physical or social one, and reinforces the need for professional awareness over situations that are harmful to health.

DESCRIPTORS

Occupational Health; Nursing, Team; Health Status; Risk Factors; Working Conditions; Hospitals, Public.

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INTRODUCTION

The nursing profession requires commitment to work, to the patient's care and well-being, demanding knowledge and skills from professionals to deal with situations inherent to the work process, such as physical overload[1] and exposure to psychological and psychosocial risks[2]. Physical overload is related to working conditions, tasks requiring physical effort and repetitive movements, which can result in musculoskeletal diseases, considered critical occupational health problems[3]. As for the psychosocial risk factors, these comprise emotional demands, demand for the quality of care provided, intensification of the work rhythm, and situations related to the permanent confrontation with suffering, pain, and death[4].

Aggravating factors present in public hospitals, such as the precariousness of physical, material, and human resources[5], low pay, the number of jobs, and long working hours, enhance the damage related to the occupational activity. These damages can be physical and/or psychosocial and are linked to the demands of the world of work. Physical damage includes body pain and biological disorders, psychological damage involves negative feelings about oneself and life in general, and social damage includes isolation and difficulty in family and social relationships[6].

Studies assessing the health of nursing professionals working in hospitals identified changes in body weight[7–8], presence of musculoskeletal disorders[9–11], and other health changes resulting from work experiences[12–13]. Thus, this study's proposal of relating health symptoms and the impacts of work in terms of illness on nursing professionals allows the improvement of comprehension on this theme and the construction of knowledge in the field of nursing and health.

Nursing is a challenging profession, which requires physical and emotional resilience, a condition that can determine the efficiency at work and the quality of care provided to the patient[14]. Thus, being in constant exposure to risk situations, it is important to (re)cognize symptoms and signs presented by the nursing worker that may be related to their illness. On this basis, the question is: is there an association between health symptoms and physical, social, and psychological illness of nursing professionals working in a public hospital? The objective of this study is to relate self-reported health symptoms and the impacts of work in terms of physical, social, and psychological illness in nursing professionals.

METHOD

Design of Study

This is a cross-sectional and correlational study.

Population

The population, in the period when data collection was carried out, consisted of 960 nursing professionals (333 nurses, 500 nursing technicians, and 127 nursing assistants).

Scenario

The study took place in a public hospital dedicated to the development of education, research, and health care, which attends 100% of the Brazilian Public Health System and has 403 inpatient beds. The collection sites included the adult and children's Emergency Room; medical and surgical inpatient units; adult and child intensive care units; and an operating room unit (operation room and post-anesthetic recovery).

In the institution aforementioned, the labor agreement, previously governed by the *Regime Jurídico Único* (legal framework governing the public officer-Government relation which grants stability at work and full-salary pension) became, as of 2013, regulated by the Brazilian Labor Code (protective set of laws, but no stability). In addition to this contracting model, it should be noted that the nursing work at the site is organized in shifts (morning – 7 am to 1 pm; afternoon – 1 pm to 7 pm, and night – 7 pm to 7 am).

Selection Criteria

The study inclusion criteria were: being a nursing professional at the university hospital and working in direct assistance to users in the selected units, regardless of the period of activity. Those on leave of any kind during the period of data collection were excluded.

Sample Definition

A sample calculation was performed for a finite population to estimate the minimum number of participants needed for the study and to reduce the occurrence of possible biases in the sample size. A confidence level of 95% and a sampling error of 5% were considered, and the application of these parameters produced a minimum sample size of 277 nursing workers (http://felipelopes.com/CalculoAmostra.php). For the selection of participants, the sample stratified by professional category (nurse, nursing technician, and nursing assistant) was chosen. Thus, after calculating the minimum sample, the proportion of each category in the total population was checked (35% nurses, 52% nursing technicians, and 13% nursing assistants), and the minimum representative sample of 97 nurses, 144 nursing technicians, and 36 nursing assistants was established.

Data Collection

Data collection took place from September 2017 to April 2018 and had the collaboration of volunteers (two), undergraduate (three) and graduate students (one), and undergraduate scientific research scholarship students (one), who were trained in in-person meetings with the research coordinator and received the collector's manual with project data and questionnaires.

A total of 350 nursing workers were invited individually and in the places of work to participate in the study; the objectives of the study and the ethical issues involved in research with human beings, such as anonymity and the voluntary nature of participation, were presented to them. With their consent, the Free Informed Consent Form was delivered, with reading and subsequent signature being requested, and one copy remaining with the researchers and the other with the participant. Afterwards, a date for return was agreed. After the 5th attempt to collect the instruments,

the participation was considered declined. There were 10 refusals and 32 questionnaires were not returned.

The data collection instruments used were the questionnaire for socio-occupational characterization, the questionnaire on self-reported health symptoms in the past week and the Work-Related Injury Assessment Scale (EADRT)[6], all of which were self-administered. The first one consisted of the variables: age, sex, children, professional category, work shift, length of time working in the unit, graduate studies, involvement with a work accident, job satisfaction, health treatment, use of medication, leave from work due to illness, and physical activity.

The questionnaire to identify health symptoms included the variables: appetite disorder, sensation of poor digestion, heartburn or burning, weight gain, irritability, insomnia, headaches, difficulty concentrating, feeling of depression or unhappiness, feeling of decreased self-esteem and mood lability (involuntary emotional swings).

The EADRT scale is interdependent and composes the Inventory on Work and Risks of Illness. The version validated in 2006 was published in 2007[6], and the psychometric validation of the inventory was performed based on the factor analysis technique. The scale provides diagnostic information about the health of the population investigated. It has 29 items, distributed on a Likert-type scale in which: 0 = not once, 1 = once, 2 = twice, 3 = three times, 4 = four times, 5 = five times, 6 = six times or more. The items are grouped into three factors: physical damage (12 items – body pain, arm pain, headache, breathing disorders, digestive disorders, back pain, hearing disorders, appetite changes, sight disorders, sleep disorders, leg pain, circulatory disorders); psychological damage (10 items – bitterness, feeling of emptiness, feeling of helplessness, bad mood, desire to quit everything, sadness, irritation, feeling of abandonment, doubt about the ability to perform tasks , loneliness); and social harm (seven items – insensitivity towards colleagues, difficulty in relationships outside work, desire to be alone, family conflicts, aggressiveness, difficulty with friends, impatience).

Data Analysis and Treatment

Categorical variables were analyzed using absolute (n) and relative (%) frequency, and quantitative variables, as they follow the normal distribution, are presented with measures of position (mean) and dispersion (standard deviation).

In the EADRT analysis, the average result of each factor was classified into four levels: above 4.0 (presence of occupational diseases); between 4.0 and 3.1 (severe assessment); between 3.0 and 2.0 (critical assessment); below 1.99 (bearable assessment)[6]. We chose to dichotomize the assessment of the items in illness (critical/severe/presence of diseases) and non-illness (bearable assessment), according to a previous study[5].

Data were double-entered into Excel for Windows/7 (Microsoft Office 2007) and statistically analyzed with the help of PSS (Predictive Analytics Software, by SPSS INc., Chicago, USA), version 18.0 for Windows. Data normality was assessed using the Kolmogorov-Smirnov test (n > 50).

The reliability of the EADRT was assessed through the internal consistency analysis using Cronbach's alpha coefficient. Associations among socio-occupational variables, EADRT factors and illness were analyzed using the Chi-Square Test. The correlation between EADRT factors (physical, social, and psychological damage) was analyzed using Spearman's Correlation Coefficient. The significance level of 5% ($p < 0.05$) was adopted in all analyses, and the adjusted residuals were calculated in case of global association.

Ethical Aspects

This research was carried out with human beings, and was approved by the Research Ethics Committee in August 2017, under Opinion No. 2.237.779, complying with Resolution 466/12.

RESULTS

A total of 308 nursing professionals participated, mostly women, with a mean age of 40.84 years (±9.12), minimum 23 and maximum 69 years; and with an average working time of 8.07 years (±8.10). Table 1 shows the predominance of satisfaction with work and the practice of physical activity.

Work-related injury was assessed using the Work-Related Injury Assessment Scale, which had a Cronbach's alpha value in its entirety equal to 0.93, with the factor physical damage being 0.85, psychological damage 0.92, and social damage 0.85.

The physical damage factor had an average of 2.26 (±1.76), with a critical assessment, indicating illness. The factor social damage had a mean of 1.41 (±1.19) and psychological damage, mean of 1.24 (±1.25), both classified as bearable. The items with the highest means in the factor physical damage, in descending order, were body aches, back and legs pain (severe assessment); in the factor social damage, in descending order, there were conflicts in family relationships (critical assessment), impatience with people in general, and desire to be alone (bearable assessment); and in the factor psychological damage, the items irritation with everything, sadness, and bad mood (bearable assessment).

By dichotomizing the classification of damage into illness and non-illness, the predominance of physical illness was identified among nursing professionals, as shown in Table 2.

There was a significant difference between physical illness and female sex ($p < 0.001$), occurrence of work accident ($p = 0.004$), absence from work due to illness ($p = 0.003$), opting for the work shift ($p = 0.033$), job dissatisfaction ($p = 0.043$), use of medication ($p = 0.015$), and physical activity ($p = 0.002$).

Significant differences were identified between psychological illness and the variables female sex ($p = 0.025$), presence of children ($p = 0.011$), job dissatisfaction ($p = 0.043$), health treatment ($p = 0.044$), use of medication ($p = 0.036$), and practice of physical activity ($p = 0.027$). Moreover, social illness

Table 1 – Social-occupational data of nursing professionals at a public hospital in southern Brazil – Santa Maria, RS, Brazil, 2017/2018.

	n	%
Sex		
Female	266	86.4
Male	42	13.6
Children		
Yes	224	72.7
No	84	27.3
Graduate degree		
Yes	161	52.3
No	147	47.7
Health treatment		
Yes	104	33.8
No	204	66.2
Medication use		
Yes	140	45.5
No	168	54.5
Physical activity		
Yes	157	51.0
No	151	49.0
Professional category		
Nurse	100	32.5
Nursing technician	171	55.5
Nursing assistant	37	12.0
Work shift		
Morning	84	27.3
Afternoon	85	27.6
Night	139	45.1
Work accident		
Yes	113	36.7
No	195	63.3
Job satisfaction		
Yes	295	95.8
No	13	4.2
Shift option		
Yes	254	82.5
No	54	17.5
Leave of absence from work		
Yes	73	23.7
No	235	76.3
Total	308	100.0

Table 2 – Distribution of classification of illness and non-illness of nursing professionals at a public hospital in southern Brazil – Santa Maria, RS, Brazil, 2017/2018.

Classification	Physical n(%)	Psychological n(%)	Social n(%)
Non-illness	131 (42.5)	237 (76.9)	214 (69.5)
Illness	177 (57.5)	71 (23.1)	94 (30.5)
Total	308 (100.0)	308 (100.0)	308 (100.0)

was associated with having a graduate degree (p = 0.028), nursing professional category (p = 0.043), and having suffered an accident at work (p = 0.029). In Table 3, an association between all self-reported health symptoms and physical and social illness was identified.

The correlation analysis showed: a direct and high correlation between age and years of service (r = 0.622), and between social and psychological damage (r = 0.745); direct and moderate correlation between physical and social damage (r = 0.526); physical damage and psychological damage (r = 0.527); and direct and very low correlation between years of work and psychological damage (r = 0.167) (Spearman correlation; significant correlation p < 0.01).

DISCUSSION

The results showed that there was an association between all self-reported symptoms and physical or social illness; however, not all health symptoms were associated with psychological illness. In addition, statistically significant differences were identified in social-occupational variables and physical, psychological, and social illness. The study contributes to the increase of knowledge about the relationship between health symptoms and the impacts of work on nursing professionals.

Perceived health status is influenced by physical demands related to work. Data showed that there was physical illness among nursing professionals, a factor with the highest overall average, with an association with all self-reported health symptoms.

In the nursing profession, physical problems result from inadequate body positions, which are maintained for long periods, repetitive movements, unsafe working conditions, insufficient staff to lift or transfer patients, which configure situations that favor the development of diseases or musculoskeletal disorders. These work-related disorders cause loss of working time, affect quality of life, increase financial burden[3], and can interfere with the worker's perception of their health. Regarding risk factors for musculoskeletal problems, intense physical effort, stress at work[15], physical inactivity and being male[10] are mentioned, constituting challenges for managers and the occupational health service.

In Libya, musculoskeletal disease was the most prevalent outcome in nurses, followed by emotional exhaustion and mental health problems[9]. A study carried out in Malaysia revealed that stress and anxiety significantly increased the risk of musculoskeletal disease approximately twice in nurses working in hospitals, particularly in the neck and shoulders region, information that is similar to the findings of the present study[16].

The data analyzed showed that back pain had the second highest mean in physical damage, with severe assessment indicative of illness. This data is consistent with previous studies that showed a prevalence of low back pain[3,10,15,17]. Low back pain resulting from work activities can be alleviated, and this depends on individual interest and organization, in addition to institutional measures that invest in minimizing ergonomic risks. Results of a randomized controlled clinical

Table 3 – Association between self-reported health symptoms and illness/non-illness of nursing professionals at a public hospital in southern Brazil – Santa Maria, RS, Brazil, 2017/2018.

	PI*	p†	PsI‡	p†	SI§	p†
Appetite disorder						
Once	102(57.6)	**<0.001**	44(62.0)	**<0.001**	55(58.5)	**<0.010**
None	75(42.4)		27(38.0)		39(41.5)	
Feeling of poor digestion						
Once	118(66.7)	**<0.001**	46(64.8)	**0.008**	59(62.8)	**0.010**
None	59(33.3)		25(35.2)		35(37.2)	
Heartburn or burning						
Once	91(51.4)	**<0.001**	37(52.1)	**>0.05**	45(47.9)	**0.024**
None	86(48.6)		34(47.9)		49(52.1)	
Flatulence or abdominal distension						
Once	122(68.9)	**<0.001**	50(70.4)	**>0.05**	57(60.6)	**0.020**
None	55(31.1)		21(296)		37(39.4)	
Weight gain						
Once	128(72.3)	**0.001**	62(87.3)	**0.008**	71(75.5)	**<0.001**
None	49(27.7)		9(12.7)		49(27.7)	
Irritability						
Once	147(83.1)	**<0.001**	68(95.8)	**<0.001**	89(94.7)	**<0.001**
None	30(16.9)		3(4.2)		5(5.3)	
Insomnia						
Once	106(59.9)	**<0.001**	44(62.0)	**>0.05**	53(56.4)	**0.035**
None	71(40.1)		27(38.0)		41(43.6)	
Headaches						
Once	134(75.7)	**<0.001**	58(81.7)	**0.002**	73(77.7)	**0.001**
None	43(24.3)		13(18.3)		21(22.3)	
Difficulty concentrating						
Once	129(72.9)	**<0.001**	63(88.7)	**<0.001**	77(81.9)	**<0.001**
None	48(27.1)		8(11.3)		17(18.1)	
Feeling of depression						
Once	103(58.2)	**<0.001**	57(80.3)	**<0.001**	62(66.0)	**<0.001**
None	74(41.8)		14(19.7)		32(34.0)	
Feeling of decreased self-esteem						
Once	112(63.3)	**<0.001**	59(83.1)	**0.001**	60(63.8)	**<0.001**
None	65(36.7)		12(16.9)		34(36.2)	
Mood lability						
Once	132(74.6)	**<0.001**	64(90.1)	**<0.001**	80(85.1)	**<0.001**
None	45(25.4)		7(9.9)		14(14.9)	
Total	177(100.0)		71(100.0)		94(100.0)	

*Physical illness; †Pearson's chi-square test; ‡Psychological illness; §Social illness.

trial conducted with nursing teams working in hospital units in Spain, and which used participatory ergonomics, health promotion activities, and case management as intervention strategies showed that, after 12 months, the intervention group had a statistically significant decrease in the risk of pain in the neck, shoulders, and upper back, compared to the control group[18].

Pharmacological interventions for pain relief can be an alternative for nursing professionals. The results showed that 45.5% of the workers investigated used medication, and this variable was statistically related to physical and psychological illness. However, the fact that the type and frequency of medication use were not investigated does not allow us to make further inferences about this data. In opposition to this limitation, a study showed that most nursing professionals who used medication daily had a health problem, especially musculoskeletal ones, and a high number of absences from work due to health problems, which suggests illness,

although they had healthy lifestyle habits, such as physical activity, no smoking, nor alcohol consumption[13].

The use of medications suggests changes in health that can compromise quality of life. A Brazilian study concluded that the use of medication caused/enhanced by work increased by 2.31 times the chance of nurses having low quality of life at work[12].

The perception of health can indicate to the worker the elements to be improved and transformed, thus contributing to their health, and others that can be maintained. In this study, nursing professionals self-assessed health through the selection of symptoms present in the past week, which offered data to relate them to illness. Health self-assessment refers to the individual's perception of their general health status[14]. In this regard, Iranian[14] and Brazilian[13] research identified good health assessment in nursing professionals.

Health self-assessment includes job satisfaction. In this respect, despite the fact that a greater number of respondents was satisfied, an association between not being satisfied and physical and psychological illness was evidenced. A research carried out with Polish nurses identified that those in management positions better assessed working conditions, as opposed to other nurses, and that the greater the general satisfaction at work, the greater the sense of control over the activities performed, the greater the social support and the feeling of well-being[1]. Well-being, which is a subjective experience to describe life satisfaction[19], is one of the most important factors in nurses' decision to remain in the nursing profession[20], and is closely related to satisfaction at work. When nurses' well-being increases, satisfaction with the work environment also increases[19].

Job satisfaction is considered a global problem due to the potential impact on patient safety and on the nursing team professional life quality and, in the hospital, it is closely related to the work environment, structural training, organizational and professional commitment, stress at work, patient satisfaction, and patient-nurse ratio[21]. A Slovenian study, carried out in eight hospitals, identified that nurses were personally and occupationally moderately satisfied, and showed moderate levels of psychological and subjective well-being. The study suggests that hospitals can be successful and achieve the organization's goals if their employees are satisfied with their work and enjoy good levels of well-being[22].

Another datum deserving mention is the similar proportions in terms of physical activity. It was found that 51% practiced physical activities, datum associated with physical and psychological illness. This suggests that workers with physical and psychological illnesses practiced a physical activity. On the other hand, a high percentage of non-practitioners was identified, and it is known that inactivity can influence appetite disorders, with consequent weight gain[8].

In the present research, weight gain and appetite disorder showed a significant relation with physical, psychological, and social illness. This data is supported by a Polish study[23], which identified the prevalence of overweight and obesity in nurses, and a Spanish study[24], which identified higher levels of weight and body mass index in nursing assistants compared to nurses, which are conditions of risk for chronic diseases[23], work accidents, loss of productivity and sick leave[25]. Thus, it is suggested that an unhealthy lifestyle shall be considered in the context of nurses' health and in the context of their professional role[23].

It should be noted that overweight and obesity, identified in nursing professionals, may be related to the organization of work in shifts, which increases the psychosocial risks of insomnia, anxiety, and eating disorders[24]. Results of a study carried out with nursing workers showed an average weight gain of 20 kg from admission to the night shift, with the greatest influence being the lack of sleep[7].

Besides physical damage, psychological and social problems were identified in nursing professionals, such as impatience with people in general, conflicts in family relationships, and irritation with everything, items with the highest averages. This datum is added to the results of the correlation analysis, which showed that difficulties in family and social relationships (characteristics of social damage) had a strong impact on negative feelings about oneself and life in general (characteristics of psychological damage). In this regard, there was the contribution of data from a study identifying that the 8-hour night shift or the 12-hour day shift were associated with work-family conflict and increased risk of comorbidity[11]. Likewise, an Australian research showed that better relationships at work were positively associated with physical health, considered together with mental health as a high priority in the workplace and in society in general[26].

An association between social illness and having a graduate degree was identified. Regarding this data, a study identified that nurses with a high degree of specialization experienced higher levels of demand at work and greater intellectual demands when compared to categories with lower levels of education[1], which may contribute to illness.

Nursing professionals need to know the risk factors present in the work environment that can contribute to illness, and this includes the efforts of researchers to access research results, mobilization of management for continuing education actions to make workers aware of self-care, and the strong commitment of services that monitor the workers' health. These efforts will contribute to the maintenance of a healthier nursing workforce and to the quality of care.

The implementation of interventional health measures, such as health promotion and disease prevention programs aimed at nursing professionals, as well as planned actions in the training of future nurses, can contribute to promoting healthier work environments. Future research is required to explore symptoms and signs, and risk factors that interact in the work environment, which may affect the workers' health.

Although this study was carried out with a number of nursing professionals working in several hospital units (that is, working in medical and surgical inpatient units), data

are limited to a single Brazilian public hospital, restricting generalizations. This cross-sectional study measured prevalence, which limits the ability to establish causality. However, the results found are supported by the existing literature. Furthermore, it is necessary to investigate other elements of the variable medication use, such as type and frequency, as they would enable other analyses.

CONCLUSION

The impacts of work on nursing professionals' health, in terms of physical, social, and psychological illness, were evidenced by the association between all self-reported health symptoms and physical or social illness, and the relationship between some health symptoms and psychological illness.

This research presents as implications for nursing to foster the discussion about the relationship of perceived symptoms and consequences of work on nursing professionals' health, which can contribute to improve the performance and health of this population. It also reinforces the need for investment in the worker's personal awareness of situations that can lead to illness.

RESUMO

Objetivo: Relacionar sintomas de saúde autorreferidos e os impactos do trabalho em termos de adoecimento físico, social e psicológico em profissionais de enfermagem. **Método:** Estudo transversal, correlacional, realizado em um hospital público da Região Sul do Brasil. Participou uma amostra de profissionais de enfermagem que atuavam na assistência direta. Foram utilizados questionário sociolaboral, de sintomas de saúde autorreferidos e a Escala de Avaliação dos Danos Relacionados ao Trabalho. A análise ocorreu de forma descritiva e analítica. Utilizaram-se teste Qui-quadrado e coeficiente de correlação de Spearman, com nível de significância de 5%. **Resultados:** Participaram 308 profissionais, com prevalência de adoecimento físico e maiores médias para dores no corpo, pernas e costas. Identificaram-se relações significativas entre variáveis sociolaborais, sintomas de saúde e adoecimento físico, social ou psicológico. Evidenciaram-se correlações altas e moderadas entre os fatores investigados. **Conclusão:** O impacto do trabalho na saúde de profissionais de enfermagem é evidenciado pela associação entre sintomas de saúde autorrelatados e o adoecimento, principalmente físico ou social, e reforça a necessidade de conscientização do profissional sobre as situações danosas à saúde.

DESCRITORES

Saúde do trabalhador; Equipe de enfermagem; Nível de saúde; Fatores de risco; Condições de trabalho; Hospitais públicos.

RESUMEN

Objetivo: Relacionar síntomas de salud autorreferidos y los impactos del trabajo en lo que se refiere al padecimiento físico, social y psicológico en profesionales de enfermería. **Método:** Estudio transversal, correlacional, realizado en un hospital público de la Región Sur de Brasil. Participó una muestra de profesionales de enfermería que actuaban en la asistencia directa. Fueron utilizados cuestionario socio laboral, cuestionario de síntomas de salud autorreferidos y la Escala de Evaluación de Daños Relacionados al Trabajo. El análisis ocurrió de forma descriptiva y analítica. Se utilizaron test Chi cuadrado y coeficiente de correlación de Spearman, con nivel de significancia de 5%. **Resultados:** Participaron 308 profesionales, con prevalencia de enfermedad física y promedios superiores para dolores en el cuerpo, piernas y espaldas. Se identificaron relaciones significativas entre variables socio laborales, síntomas de salud y padecimiento físico, social o psicológico. Se evidenciaron correlaciones altas y moderadas entre los factores investigados. **Conclusión:** El impacto del trabajo en la salud de profesionales de enfermería se evidencia por la asociación entre síntomas de salud autorrelatados y la enfermedad, principalmente física o social, y refuerza la necesidad de concientización del profesional sobre las situaciones dañinas a la salud.

DESCRIPTORES

Salud Laboral; Grupo de Enfermería; Estado de Salud; Factores de Riesgo; Condiciones de Trabajo; Hospitales Públicos.

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