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Original Article

CARACTERÍSTICAS SOCIOECONÔMICAS, EPIDEMIOLÓGICAS E LABORAIS DE PROFISSIONAIS DE ENFERMAGEM HOSPITALAR

SOCIOECONOMIC, EPIDEMIOLOGICAL AND LABOR CHARACTERISTICS OF HOSPITAL NURSES

CARACTERÍSTICAS SOCIOECONÓMICAS, EPIDEMIOLÓGICAS Y LABORALES DE LAS ENFERMERAS DEL HOSPITAL

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RESUMO

Objetivo: avaliar as características socioeconômicas, epidemiológicas e laborais de profissionais de enfermagem hospitalar. **Método**: trata-se de um estudo descritivo, transversal e quantitativo, desenvolvido com 393 profissionais de enfermagem de três instituições hospitalares. Para levantamento dos dados, utilizou-se um questionário sociodemográfico e para análise descritiva o *software Statistical Package for the Social Science*. **Resultados**: percebeu-se quanto às características socioeconômicas que a maioria dos profissionais estudados é do sexo feminino, entre 30 e 39 anos, é casada ou convive com companheiros e possui renda familiar mensal de 1.500 a 3.000 reais. Quanto às características epidemiológicas, notou-se que a maioria dos profissionais não consome bebida alcoólica, nem cigarros, sendo que grande parte deles não pratica exercícios, não possui doenças crônicas e não faz uso de medicamentos. Com relação às atividades laborais, grande parte da amostra foi composta por técnicos de enfermagem que trabalhavam no período noturno, tinham carga horária de 42 horas semanais e atuavam em outro vínculo empregatício. **Conclusão**: ao conhecer os diferentes aspectos desses trabalhadores, facilita-se a coordenação de enfermagem ao instituir medidas que proporcionem melhor adaptação no trabalho e, consequentemente, a qualidade de vida do trabalhador e da assistência prestada aos usuários.
Descritores: Enfermagem; Equipe de enfermagem; Serviços hospitalares.

ABSTRACT

Objective: evaluate the socioeconomic, epidemiological and labor characteristics of hospital nurses. **Method:** This is a descriptive, transversal and quantitative study, conducted with 393 nursing professionals from three hospitals. For data collection used a sociodemographic questionnaire and the descriptive analysis software Statistical Package for the Social Sciences. **Results:** it was perceived as the socioeconomic characteristics that most of the studied professionals are female, between 30 and 39 years old, married or living with partners and have family income 1500-3000 real. As the epidemiological characteristics were noted that most professionals consume no alcohol and no cigarettes, and most of them do not practice exercises, you do not have chronic diseases and does not use drugs. About labor activities, much of the sample consisted of nursing technicians, working at night, they had a workload of 42 hours per week and worked in other employment. **Conclusion:** to know the different aspects of these workers facilitates the nursing coordination by introducing measures to provide a better fit at work, and hence the worker's quality of life and assistance to users.
Descriptors: Nursing; Nursing, Team; Hospital services.

RESUMEN

Objetivo: Evaluar las características socioeconómicas, epidemiológicas y laborales de las enfermeras del hospital. **Método**: Se trata de un estudio descriptivo, transversal y cuantitativo, realizado con 393 profesionales de enfermería de tres hospitales. Para la recolección de datos se utilizó un cuestionario sociodemográfico y el software de análisis descriptivo paquete estadístico para las Ciencias Sociales. **Resultados:** se percibe como las características socioeconómicas que la mayoría de los profesionales estudiados son mujeres, entre 30 y 39 años de edad, casada o con socios y tienen ingresos familiares 1500-3000 real. Como se señaló las características epidemiológicas de que la mayoría de los profesionales no consuman alcohol y ningún cigarrillo, y la mayoría de ellos no practican ejercicios, usted no tiene enfermedades crónicas y no utiliza drogas. Con respecto a las actividades laborales, gran parte de la muestra está formada por técnicos de enfermería, que trabajan por la noche, tenían una carga de trabajo de 42 horas por semana y trabajaron en otro empleo. **Conclusión:** conocer los diferentes aspectos de estos trabajadores facilita la coordinación de enfermería mediante la introducción de medidas para proporcionar un mejor ajuste en el trabajo, y por lo tanto la calidad del trabajador de la vida y la asistencia a los usuarios.
Descriptores: Enfermería; Grupo de enfermería; Servicios hospitalarios.

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INTRODUCTION

The need for the patient care has been along with the human being since its earliest days. In the beginning, the temples, convents, and monasteries received the sick and provided special care to take care of the body and the soul of the patient. This situation was more particularly present in the Middle Ages, where the idea was shared that in the cases of diseases and other bad spiritual assistance was the most appropriate remedy[1].

It is notorious to mention that nursing is an activity as old as the human being and born of the need for caring for the patient. The history of nursing is present before, during and after the Middle Ages. In Greek society, the practice of care was exercised by slaves, priests and women, who related health and disease to changes in moods and objective causes, and not only to supernatural factors[2].

In the middle of the eighteenth century, the hospitals that were considered institutions of assistance to the poor people emerged and their activities were developed by religious or lay people. Gradually, the hospital disconnected from religious influences and becomes a social institution of state responsibility. However, it was not until the late eighteenth century that doctors start in hospitals, and in the mid-nineteenth century, Florence Nightingale was born who was the most important person in the history of modern nursing, brings new perspectives to the nursing profession and health care of patients[3-5].

In the modern age, nursing has acquired two directions, one that is linked to Christian charity and vocation and one to professionalization. However, these ideas remained empirical until the first half of the nineteenth century. With Florence Nightingale, the nursing profession underwent radical transformations through a work based on a scientific basis, with a professional conformation[1].

Florence constituted the modern nursing and regularized the hierarchy and discipline for nursing work, reflecting its high social class and religious and military training. In this way, he materialized the relationships of domination and subordination, reproducing the relationships of social classes in the practice of nursing[6].

With the increasing complexity of the hospital and with the nursing implanted in this institution, the hospital has become a service provider. As a result, the division of labor was strongly influenced by the main administrative models. Thus, nursing work was divided into administrative and educational actions that were directed to nurses and cared actions that were part of the nursing assistants, and technicians service[1,7].

Regarding nursing in Brazil, it is noticed that the representativeness of the nursing team in the labor market is large and important. A survey of health professionals conducted in 2008 showed that of the 2,846,788 workers, 1,243,804 were from the nursing team, which represents 43.37% of the total number of health professionals[8].

Most nursing professionals work in hospital institutions. Such environments expose these workers to risks because it is an unhealthy environment and because of the complexity of the tasks. Therefore, these workers are always exposed to occupational risk factors and emotional suffering, which can influence the health-disease process and worsen over time, determining the physical and psychosocial inadequacies that reduce the worker´s quality of life[9-10].

Therefore and due to the small number of studies addressing this theme, the importance of evaluating the socioeconomic, epidemiological and occupational characteristics of nursing professionals in hospital settings is justified, with the purpose of subsidizing knowledge to promote the health of these professionals and the adequacy of activities that, consequently, will reflect on the quality of care provided to patients.

In this sense, it is believed that changes can be made in the work environment since managers can adapt the work tasks according to the characteristics of the nursing professionals. Considering these meanings, this study aims to evaluate the socioeconomic, epidemiological and labor characteristics of nursing professionals in hospital settings in a city of Minas Gerais.

MÉTHODS

This is a descriptive, cross-sectional, the quantitative study developed in public and/or private hospitals of the city of Alfenas, Minas Gerais, between November 2014 and February

2015. It is noteworthy that in this municipality there are only three hospital institutions to serve a population of approximately 73,774 inhabitants.

The study population was all the nursing professionals who worked in the hospitals, among assistants, nursing technicians and nurses with a total of 520 professionals. After meeting the inclusion and exclusion criteria, the sample consisted of 393 professionals. The following inclusion criteria were adopted: nursing professionals (assistants, technicians, and nurses) who worked in hospital institutions, with more than three months of work in the institution complying with the contracting period considered by the hospitals. Workers who were on leave due to health, maternity or vacation were excluded from the study.

A semi-structured questionnaire with 31 questions was used, developed by the researcher to evaluate socioeconomic, epidemiological and labor data with the following variables: gender, age, marital status, religious beliefs, number of children, monthly family income, type of home, alcohol consumption, cigarette consumption, physical activity, chronic illness, continuous use of medications, professional category, nursing profession time, nursing time in the institution, workload, work period/shift, sector of activity and if they have another job.

It should be noted that this instrument was submitted to a refinement process with five doctoral judges. Subsequently, a pilot test was carried out with 10 nursing professionals from an institution with similar characteristics to the analyzed institutions. The data collection was performed in the work sector at times in which there was no interference in the work activities. For this, a list was followed by names and shifts of work of the professionals.

Thus, the nursing professional was presented with the research proposal and requested their voluntary collaboration. After his consent, the worker received an enclosed envelope containing the Informed Consent Term and the instrument. Upon completion, the instruments were returned in closed envelopes to the researcher.

The data collected through the instrument were entered in an MS-Excel spreadsheet, version 2010, for the elaboration of the database. After that, a double typing was performed to avoid transcription errors. Subsequently, the Statistical Package for Social Science (SPSS) software version 17.0 was used for descriptive statistical analysis. With the conclusion of the analysis, the data were presented in a descriptive way and through tables.

Based on Resolution 466/2012[11], this study was approved by the Research Ethics Committee of the Federal University of Alfenas (UNIFAL-MG), according to Opinion Nº 773,900 (CAAE: 33361114.1.0000.5142). The hospital institutions were asked to authorize the research and approach of the workers.

RESULTS AND DISCUSSION

Regarding the socioeconomic characterization data, it was observed that the sample was composed mostly of female professionals, with 80.4% (316). The age group that obtained the highest frequency was 30 to 39 years old, with 37.4% (147). As for marital status, most of them are married or live with partners, corresponding to 54.7% (215). The religious belief of the participants was also observed. It was verified that 78.4% (308) of the professionals reported being Catholic, as represented in Table 1.

Table 1 – Distribution of nursing professionals according to variables of socioeconomic characterization - Alfenas, Minas Gerais, 2015, (n=393).

Variables	f	%
Gender		
Male	77	19.6
Female	316	80.4
Total	393	100.0
Age group		
Not informed	26	6.6
20 to 29 years old	86	21.9
30 to 39 years old	147	37.4
40 to 49 years old	90	22.9

50 or more	44	11.2
Total	393	100.0
Marital status		
Single	123	31.3
Married/with a partner	215	54.7
Separate/divorced	48	12.2
Widow	7	1.8
Total	393	100.0
Religious Belief		
Catholic	308	78.4
Evangelic	49	12.5
Spiritist	18	4.6
Atheist (without religion)	13	3.3
Jehovah Witness	4	1.0
Messianic	1	0.3
Total	393	100.0

Source: Author´s elaboration.

When analyzing the number of children among nursing professionals, it was observed that most of them do not have children, corresponding to 32.8% (129) of the answers. The monthly family income with the highest frequency among professionals was 1,500 to 3,000 reais (corresponding to approximately 2 to 4 minimum salaries), with a percentage of 39.2% (154). In the variable type of home, there were more professionals who have a house. These professionals correspond to 57.3% (225) of the total sample. These data can be checked in Table 2.

Table 2 – Distribution of nursing professionals according to variables of socioeconomic characterization - Alfenas, Minas Gerais, 2015, (n=393).

Variables	f	%
Number of children		
Without children	129	32.8
One	121	30.8
Two	88	22.4
Three	47	12.0
Four or more	8	2.0
Total	393	100.0
Monthly family income*		
Not informed	75	19.1
Up to 1.500,00 reais	79	20.1
1.501 to 3.000 reais	154	39.2
3.001 to 4.500 reais	52	13.2
4.501 reais or more	33	8.4
Total	393	100.0
Type of home		
Not informed	6	1.5
Own	225	57.3
Own with financing	63	16.0
Rented	87	22.1
Borrowed	12	3.1
Total	393	100.0

Source: Author´s elaboration

* Considering the value of the national minimum wage724,00 reais.

In this study, it was observed that the sample was composed mostly of female nursing professionals, aged between 30 and 39 years old, married or living with partners, and Catholics. Also, it was noticed that these professionals do not have children (among those who have, most have only one child), receiving monthly family income of approximately 2 to 4 minimum wages and owning a house. These findings are similar to the results of other studies.

In a study carried out in a University Hospital of the State of Rio de Janeiro with 296 nursing workers, it was pointed out that 81.6% of them were female, 20.9% were between 30 and 39 and 50.7% were married[12]. In another study carried out by 25 nursing professionals from a cancer hospital in Rio de Janeiro, it was found that 72% were women, aged between 36 and 40 years old, and most of them were also married[13].

The average age of nursing professionals is in the young adult cycle. Thus, the literature identifies small variations among the mean age, corroborating that nursing in hospital institutions is a profession composed mostly of young people[14].

In the area of health, feminization is a strong characteristic among professionals, which exceeds 90% of the positions occupied by workers. This can be cited as the case of the nursing team, which is composed mostly of women. However, a new scenario has been observed, which shows a growing presence of men in the nursing team[15].

In the research "Profile of Nursing in Brazil," conducted by Oswaldo Cruz Foundation (FIOCRUZ) with the initiative of the Federal Nursing Council (COFEN) in 2015, with 1.6 million nursing professionals, pointed out that the nursing team is composed of 84.6% of women and 15.4% of men. Therefore, it is stated that there is a tendency of masculinization of this category, with a growing male contingent in the composition of the teams[16].

Regarding the religious belief, data from the 2010 Census have shown that 64.6% of the Brazilian population is Catholics, confirming the findings of this study. However, there has been a reduction in the last two decades, resulting in an increase in religious diversity in the country, especially the evangelical religion[17].

The literature has highlighted to a low percentage of the number of children among nursing professionals, according to a survey conducted at the Polyclinic of the Nursing School of the State University of Rio de Janeiro, with 50 nursing professionals, observing that 54% of them had one or two children and 26% had no children. In this same research, it was possible to observe that the family income was 1 to 3 minimum wages[18]. These results do not differ much from those found in this study.

It is noteworthy to emphasize that the number of children is related to the woman´s ability to work outside the home since there is evidence of a growing participation of this population in the labor market. However, a high percentage of young women who work in nursing are is contextualized. Thus, it is useful to consider that these women may not have yet decided to have children[19].

In another investigation, it was observed that most nursing professionals have a monthly income of up to 5 minimum wages[12]. This finding is close to the result found in this study. It is worth remembering that income is a determining economic factor for the nursing professional to maintain healthy habits, physical activity practices, medical supervision, leisure, professional training, among others[19-18].

Regarding the epidemiological characterization of nursing professionals, it was observed that most nursing professionals do not consume alcoholic beverages, representing 56.5% (222). However, a high percentage of professionals use alcoholic beverages, that is, 43.5% (171). When analyzing the population that claimed to consume alcohol, most were classified as light users (using alcoholic beverages in the last month, but consumption was less than once a week), with a percentage of 75.4% (129); 24% (41) were classified as moderate users (alcoholic drink weekly, but not every day, in the last month); and 0.6% (1) was considered a heavy user (used alcoholic beverage daily during the last month).

When investigating the use of tobacco among nursing professionals evaluated, 11.5% (45) of them reported being smokers, and 77.8% of them (35) use up to 10 cigarettes a day, while 22.2% (10) use more than 10 cigarettes per day. Among the professionals who affirmed that they were not smokers, 15.2% (53) reported having smoked, and most of them, 84.9% (45) smoked for up to 15 years, and 15.1% (8) smoked for more than 15 years.

Regarding the distribution of nursing professionals according to the practice of physical activity, it was verified that a great part of them do not practice physical exercises, that is, 38.7% (152). It is noteworthy that there was a relevant percentage, 26.7% (105), of professionals who practice physical activity some days of the week. Also, it was observed that 20.6% (81) of the professionals practiced physical activity rarely, while only 14% (55) practiced physical activity daily.

In the distribution of nursing professionals according to the chronic disease,

it was verified that 23.2% (91) of the population has some disease. Among professionals with chronic disease, it was noted that 73.6% (67) of them have only one disease, while 20.9% (19) have two diseases and 5.5% (5) have three chronic diseases. Regarding the type of disease, the pathologies in the thyroid were the ones with the highest prevalence among professionals, being reported by 30.7% (28) of them. There was a high percentage of professionals who reported having hypertension, corresponding to 26.3% (24). Also, 17.5% (16), 16.4% (15) and 12% (11), respectively, had close percentages of articular, respiratory and diabetes mellitus diseases.

It was noted that 32.6% (128) of the nursing professionals in this study use some medication of continuous use. Of these professionals, 63.3% (81) use only one drug, while 22.7% (29) use two, 7.8% (10) use three and 6.3% (8) use four or more drugs. Regarding the drugs, according to the pharmacological group, antihypertensives had a higher percentage of reports, with 28.9% (37), followed by thyroid hormones, with 25.7% (33), contraceptives with 22.6% (29), antidepressants with 13.2% (17), gastric protectors with 10.9% (14), hypoglycemic agents with 8.5% (11) and analgesics and anti-inflammatories with 7.8% (10) among professionals.

Therefore, it was evidenced that most of the nursing professionals do not consume alcoholic beverages, do not use tobacco, nor do drugs of continuous use, do not have chronic diseases and most of them do not practice physical activity. Among the professionals who use medicine, the most drugs cited were antihypertensive drugs and thyroid hormones, signaling the most commonly reported diseases that are thyroid disorders and hypertension. Some of these findings resemble the results of other studies.

In a study, 12% of nursing professionals had a habit of smoking, 46% consume alcoholic beverages, 62% used medication (antihypertensive drugs and hypoglycemic drugs being the most cited), 18% had chronic diseases (Diabetes mellitus and hypertension were the most reported) and 56% of the professionals were sedentary[18].

It was possible to observe different results in another investigation, also performed with nursing professionals. In the mentioned study, 60% of the professionals had some chronic disease and 72% of them used drugs, with analgesics and anti-inflammatories as the most cited[13].

Thus, it is possible to infer that there is a heterogeneity between some research results that seek to characterize the epidemiological profile of nursing professionals. Thus, it is understood that the greatest divergences between these findings are in the type of chronic diseases and the use of drugs among worker, pointing to the diversity of diseases that can affect nursing workers.

Still in the context of the habits of life, a small percentage of nursing professionals who smoked and/or used alcoholic beverages were perceived. It can be deduced that these workers are aware of the causes of these drugs because they are health professionals.

Since health professionals are viewed as educators, drinking and smoking habits may not match the profession. Often, the professional needs to convince his patients about the interest in promoting health care, but if he has these habits, he will not have a convincing power[18].

It was noted that most of the nursing professionals in this study do not practice physical activities. Physically active professionals have a better tendency to be healthy, with more positive attitudes at work and able to experience stressful situations. Physical activity can benefit both the institution and the worker. This is because it promotes an increase in the satisfaction of professionals, teamwork, increased productivity, reduction of absenteeism and illness, and an increase in the quality of life of these workers[20-21].

When evaluating the labor characterization data of nursing professionals, according to the professional category, it was noticed that most of them belong to the category of the nursing technician, with a percentage of 75.1% (295). It was also observed that the time of profession in the most frequent nursing was up to 10 years of work, with 62.3% (245) of the participants. Also, it was observed that 71.8% (282) of the professionals have up to 10 years of work in the institution, as shown in Table 3.

Table 3 – Distribution of nursing professionals according to variables related to labor characterization - Alfenas, Minas Gerais, 2015, (n=393).

Variables	f	%
Professional category		
Nurse	76	19.3
Nursing Technician	295	75.1
Nursing Assistant	22	5.6
Total	393	100.0
Time in the nursing profession		
Up to 10 years	245	62.3
11 to 20 years	85	21.6
21 or more years	63	16.0
Total	393	100.0
Time acting in the institution		
Up to 10 years	282	71.8
11 to 20 years	82	20.9
21 or more years	29	7.4
Total	393	100.0

Source: Author´s elaboration.

In the distribution of nursing professionals according to the variable "working hours in the institution," it was observed that a large part of them, 72.5% (285) worked 42 hours a week. About the work shift in the institution, 38.4% (151) of the evaluated workers worked at night. It should be noted that some professionals worked in special and non-standard hours (from 6:00 a.m. to 2:00 p.m., from 1:00 p.m. to 9:00 p.m.). Therefore, these schedules were classified as "other" and with the occurrence of 17.3% (68) of the participants. These data are presented in Table 4.

Table 4 – Distribution of nursing professionals according to variables related to labor characterization. Alfenas, Minas Gerais, 2015, (n=393).

Variables	f	%
Working hours in the institution		
Up to 40 hours per week	68	17.3
42 hours per week	285	72.5
44 hours per week or more	40	10.2
Total	393	100.0
Work shift in the institution		
Morning - 7 a.m. to 1 p.m.	93	23.7
Afternoon – 1 a.m. to 7 p.m.	76	19.3
Night – 7 p.m. to 7 a.m.	151	38.4
Day duty - 7 a.m. to 7 p.m.	5	1.3
Other	68	17.3
Total	393	100.0
Other job		
Yes	83	21.1
No	310	78.9
Total	393	100.0
Working hours in the other job*		
Up to 40 hours per week	43	51.8
Over 40 hours per week	40	48.2
Total	83	100.0

Source: Authors´ elaboration.
*Only professionals who have other jobs.

Table 5 – Distribution of nursing professionals according to the variable "acting sector in the institution." Alfenas, Minas Gerais, 2015, (n=393).

Acting sector of the institution*	F	%
Medical and surgical clinics	108	27.4
Intensive Care Center	99	25.1
Sectors of support	90	22.9
Maternity / Pediatrics	61	15.2
Ready Attendance	54	13.7
Dialysis Clinic	33	8.3
Surgery Center	27	6.8
Oncology industry	7	1.7

Source: Authors´ elaboration.
*There was more than one answer per professional.

According to the data in Table 5, when verifying the nursing professionals´ performance in the institution, it was noted that most of them work in the Medical and Surgical Clinics, with a percentage of 27.4% (108). It should be mentioned that the support sector refers to several administrative and auxiliary sectors of the institutions (coordination, administration, Sterilized Materials Center (CME), Hospital Infection Control Service (SCIH), among others). This sector had a percentage of 22.9% (90).

Regarding the variables on the labor activities, it was verified that most of the nursing professionals belong to the category of the nursing technician, with a time of profession and acting in the institution of up to 10 years. Also, it was noted that most of these workers have a workload of 42 hours a week, have no other job, work at night and in the medical and surgical clinic sectors.

A study carried out in a hospital in Rio Grande do Sul with 108 workers of the nursing team, it was pointed out that the majority of the professionals were formed by nursing technicians (38.7%), with a nursing service time of 17.6 years and work in the same unit for 12.8 years. It is added that 14.2% of workers had another job and 53% of professionals worked the night shift[22]. In another study carried out at the General Hospital in the Serra Gaúcha Hospital with 164 nursing professionals, it was shown that 88.4% of the workers were nursing technicians, with 6 years of nursing time and 4 years of work in the hospital. It was observed that 56.1% worked day shift and 17.1% had another job[14].

National data show that nursing in Brazil has a representation of 20% of nurses and 80% of technicians and assistants. This condition is not a favorable situation. This is because technicians and assistants tend to offer less care in more complex situations. Also, it is common to have technicians to do the basic activities under the supervision of the nurses, since they have several functions, leaving no more primary functions. Therefore, it is important to have the same proportion of nursing professionals in the institutions, according to each professional category[16].

As for the duration of the institution, it was verified that the institutions have professionals who can be considered new and others experienced, varying between 6 and 17 years of operation, consolidating an exchange of experiences and knowledge. This variation in the time of performance is explained by the turnover of professionals among the hospitals, considering that they are always seeking better working and financial conditions[14].

Regarding the workload, the hiring modalities of nursing professionals, as well as the different working hours have the complexity of the employment relationships of the profession. Nursing allows a variety of workloads ranging from 12 hours a week to 20, 24, 32, 40 and 44 hours a week[15].

In this study, it was evidenced that most nursing professionals work 42 hours a week. Therefore, it is important to support the entities that fight for the 30 hours of work for the nursing category to promote the health of nursing workers and their quality of life, which reflects significantly in customer service.

Also in the context of the work shift, it was noticed that there is a predominance of nursing professionals who work during the night. This factor can be explained by the type of contract established by the institutions and also by the majority of the population to be composed of

women, who often seek to adjust their work schedules to reconcile with housework, children and even to take on other paid activities.

It should be noted that night work can bring negative factors to the worker´s quality of life. Also, these workers have psychophysiological fatigue, since their organic functions are reduced in this period. Thus, professionals are exposed to gastric and hormonal alterations due to the deprivation of sleep, leisure, social and family life[22-23].

This study pointed out percentages of nursing professionals who have another job. There is a great chance of the studied population have considered their domestic tasks as another labor activity, without remuneration since this category is composed mostly of women. However, the professional who has a double working day may be exposed to suffering at work, due to the increase in work overload[18].

Based on this finding, it is inferred that many professionals have more than one employment relationship, often in different activities and sectors, to reconcile working hours and increase their income. However, double working hours can become an occupational risk factor due to physical and mental fatigue from the various hours of work[24].

Regarding the work sectors, in this research, it was noted that the professionals are more concentrated in the medical and surgical clinics. This factor can be explained by the fact that these clinics are the main hospitalization sectors with the highest number of beds in hospital institutions. This result is confirmed when compared with a survey of 141 nursing professionals in a hospital in the southeast of Mato Grosso, where it was shown that 60.9% of the nursing staff works in the open sectors. These sectors were considered in the study as inpatient clinics[25].

CONCLUSIONS

Through the results of this study, it is possible to conclude that, in terms of socioeconomic characteristics, the majority of nursing professionals are female, aged between 30 and 39 years old, married or living with partners, Catholic, not having children, with a monthly family income of 1,500 to 3,000 reais and with their house. Regarding epidemiological characteristics, it was noted that most professionals do not consume alcoholic beverages, cigarettes, do not exercise, do not have chronic diseases and do not use drugs. Regarding the labor characteristics, most workers belong to the category of the nursing technician, with a time of profession in the nursing and acting in the institution of up to 10 years, working 42 hours weekly, mainly in the night period, with another job and mainly working in the Medical and Surgical Clinic sectors.

Given this, managers are better advised to evaluate the characteristics of nursing professionals. This is necessary to know the different aspects of these workers to facilitate the work of nursing coordination and institute measures that can provide a better adaptation of the work. Thus, it can be affirmed that professionals will have adequate working conditions and a healthier life, which can consequently favor the quality of care provided to the patients of health services.

Also in this context, it is also suggested that measures to promote the quality of life and work of nursing professionals in hospital settings must be adopted. This factor is important since when knowing the profile of the professional these measures become possible, according to the characteristics of the worker.

It would be of great value to carry out other studies on this subject in other hospital institutions and other states, with another type of design, for example, a longitudinal study. This can be done to verify the changes in the characteristics of hospital nursing professionals in other locations and to compare them with the analyzed institutions.

This research presented a limitation in sampling because the collection was not performed with the total population of hospital nursing professionals. However, this factor was already expected because of vacations and leave due to health or maternity that workers are entitled.

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