

Working world's configurations and the health-disease process of nursing teachers

Configurações do mundo do trabalho e o processo saúde-doença dos trabalhadores docentes de enfermagem

Configuraciones del mundo laboral y el proceso de salud-enfermedad de los trabajadores docentes de enfermería

Camila Arantes Ferreira Brecht D'Oliveira^I; Norma Valeria Dantas de Oliveira Souza^{II};
Thereza Christina Mó y Mó Loureiro Varella^{III}; Priscila Francisca Almeida^{IV}

ABSTRACT

Objective: to analyze the repercussions of teaching work on the health of nursing professors. **Method:** qualitative and descriptive study with 27 teachers from two federal public universities in Rio de Janeiro. The data collection took place through a semi-structured interview and the technique used for the data treatment was the thematic content analysis. **Results:** due to the new configurations of the teaching work, which presses for high labor demand and, in turn, offers inadequate working conditions, this profession favors the teaching sickness, which, on the other hand, relegate health care to the background. **Conclusion:** commitments required on a daily basis and lack of quality in the work make the life of the teacher increasingly removed from their self-care and with high potential for illness.

Descriptors: Faculty; occupational health; education, nursing; working conditions.

RESUMO

Objetivo: analisar as repercussões do trabalho docente na saúde nos professores de enfermagem. **Método:** estudo qualitativo e descritivo realizado com 27 docentes de duas universidades públicas federais do Rio de Janeiro. A coleta de dados ocorreu por meio de entrevista semiestruturada e a técnica utilizada para o tratamento dos dados foi a análise temática de conteúdo. **Resultados:** devido às novas configurações do trabalho docente, que pressiona por alta demanda laboral e, por sua vez, oferece inadequadas condições de trabalho, esta atividade favorece ao adoecimento desses profissionais, que em contrapartida, relegam a segundo plano o cuidado com a própria saúde. **Conclusão:** compromissos exigidos no dia a dia e a falta de qualidade no trabalho tornam a vida do docente cada vez mais afastada do seu autocuidado e com elevado potencial para o adoecimento.

Descritores: Docentes; saúde do trabalhador; educação em enfermagem; condições de trabalho.

RESUMEN

Objetivo: analizar las repercusiones del trabajo docente en la salud de los profesores de enfermería. **Método:** estudio cualitativo y descriptivo realizado con 27 maestros de dos universidades públicas federales de Río de Janeiro. La recolección de datos ocurrió por medio de entrevista semiestructurada y la técnica utilizada para el tratamiento de los datos fue el análisis temático de contenido. **Resultados:** debido a las nuevas configuraciones del trabajo docente, que presiona por alta demanda laboral y, a su vez, ofrece inadecuadas condiciones de trabajo, esta profesión favorece al enfermo docente, que en contrapartida, relegan a segundo plano el cuidado con la propia salud. **Conclusión:** compromisos exigidos en el día a día y la falta de calidad en el trabajo hacen la vida del docente cada vez más alejada de su autocuidado y con elevado potencial para la enfermedad.

Descriptores: Docentes; salud laboral; educación en enfermería; condiciones de trabajo.

INTRODUCTION

The object of this study was the impact of the neoliberal configuration of the work world on the health of nursing professors. That object is a slice of a master's thesis defended at Rio de Janeiro State University in 2017¹.

In Brazil, social policies have undergone changes due to the advance of the neoliberalist project, whose logic is a minimal state for social needs and unmeasured efforts to guarantee the conditions for capital reproduction². In this context, nursing professors are employed by work organizations where they are undervalued, since such organizations, impregnated with the neoliberal ideas, press for greater and better production, which can generate feelings of incapacity and, consequently, the lack of recognition of the work undertaken³.

The intense pace of work, polyvalence, multitasking, demand for productivity and need for continuous training are some of the factors arising from the neoliberal principles that promote professors' stress and illness^{2,3}.

^INurse. MNSc. Doctoral Student in the Epidemiology Program at Oswaldo Cruz Foundation. Rio de Janeiro, Brazil. E-mail: camilabrechtuerj@gmail.com

^{II}Nurse. PhD. Professor. Rio de Janeiro State University. Brazil. E-mail: norval_souza@yahoo.com.br

^{III}Nurse. PhD. Associate Professor. Rio de Janeiro State University. Brazil. E-mail: thereza1208@gmail.com

^{IV}Nurse. MNSc. Pedro Ernesto University Hospital. Rio de Janeiro State University. Brazil. E-mail: priscila.al@gmail.com

Therefore, the objective of this study was to point out the characteristics of teaching work in such current configuration of the work world in order to analyze their effects on the health of this nursing worker category. With this regard, the study will enable the collection of data regarding changes in the configuration of work organization and in the work process of nursing professors from the implementation of the neoliberal model, thus contributing to improve the discussion about the characteristics of this type of work in our society.

LITERATURE REVIEW

The neoliberal model can be preliminarily defined as the economic policy that defends the non-participation in the economy by the State. It is noteworthy that its consolidation in Brazil occurred in the 1990s with the programmatic basis of the minimal state and the free market, and by the indiscriminate opening of the national economy to the international market. However, being more than an economic doctrine, it is also a social philosophy and of moral values, which has radically changed life in society and labor relations⁴.

The speed of technological advances and organizational changes make it difficult for workers to cognitively and emotionally follow such transformations, which results in the disqualification of their know-how and accumulated experience, thus increasingly confirming the excluding characteristic of the current work world. In this scenario, it is necessary for workers to be in constant professional improvement due to pressure on their performance and training in order to try to remain on the market⁵.

In this perspective, professors, in addition to needing specific skills that are inherent to their profession, namely good communication, empathy, decision-making power, good didactics, technical knowledge, must also strive to constantly achieve the characteristics required from current workers, such as multitasking⁶.

Furthermore, a professor's work at a university requires constant improvement to meet scientific and academic requirements. It is also noteworthy that this highly specialized professional, in addition to his/her own duties and responsibilities, needs to master the use of technologies in the classroom⁷. In relation to nursing professors, it is emphasized that they also need to be constantly updated in relation to the technologies present in health care units, since they supervise students in practice fields and are equally responsible for monitoring the work of substitute professors⁸.

In this scenario of competitiveness and demand for an accelerated pace of academic production, where the maximum number of workers is required, even in less favorable working conditions, and with remunerations that are less and less compatible with professional qualification and demand, situations of conflict are generated that manifest through stress and emotional exhaustion. Thus, workers may have unfavorable attitudes towards work, changes in behavior with colleagues and depersonalization in relation to the object of work⁹.

In addition, other psychosomatic outcomes are identified in workers, such as tachycardia, systemic arterial hypertension, drowsiness, physical and mental exhaustion, depression, fatigue, headaches, epigastric pain and irritability, among other pathological manifestations³.

Thus, it is observed that nursing professors' work has a high potential for illness, especially considering the growing influence of neoliberal ideas in teaching organizations.

METHODS

The study was based on qualitative and descriptive research, which aimed to capture and portray the essence of teaching work in depth, in a perspective that included the feelings, values and perceptions of this segment of workers about their work activities and their effects on the health-disease process¹⁰.

The study scenarios were two public nursing schools (A and B) of federal universities located in Rio de Janeiro which develop activities in undergraduate, certificate and graduate levels. The faculty of nursing school A comprised 41 nurses in four departments. Nursing school B, on the other hand, had a faculty consisting of 72 professionals working in five teaching departments.

Twenty-seven nurses who worked as professors in the scenarios described above participated in the study. The inclusion criterion comprehended professors with tenure-track appointments and who had been in full practice of their duties in the investigated institutions for more than 15 years, a period that can lead, to an extent, to job burnout. Tenured professors were selected due to the high turnover of the so-called substitute professors.

Professors who were on a leave of absence, on vacation or assigned to other institutions during the data collection period, as well as those directly involved with the investigation (members of the thesis examining panel) were excluded from the study.

The data collection instrument was a semi-structured interview consisting of the following questions: i) describe your work routine, pointing out the facilities and difficulties of your work; ii) talk about your work process after the implementation of the neoliberal model, a fact that occurred around the 1990s; and iii) explain about possible changes in your health resulting from your work activities. The collection occurred from May to June 2016, in the morning and afternoon shifts.

In order to safeguard the participants' identities, identification codes were used. Such codes were initiated by the letter P as in Professor, followed by the letters A or B, referring to the institutions to which the participants were affiliated, and a cardinal number that meant the chronological order of interview application.

The data were analyzed in light of the content analysis technique, which is characterized by the organization of information through phases or stages, thus leading to a structured and organized content result. The type of content analysis used in this study was thematic analysis, which consists of operations for breaking up the text into units, according to analogical groupings¹¹.

Such operations aim to reveal the core points that compose an utterance, being concerned with the frequency in which these points appear in the form of segmentable and comparable data rather than with their dynamics and organization. During the analysis, the recording units (RUs) that had characteristics in common were grouped and classified into units of meaning (UMs) or themes. Each set of similar recording units was represented by a UM. UMs are defined as comprehension units to modify the RU and correspond to a message segment whose dimensions are greater than those of RU, thus enabling the understanding of the meaning of the RU^{11, 12}.

One hundred and seventy-two UMs were delimited and grouped according to the characteristics that they had in common. They were subsequently regrouped, giving rise to the category called: New configurations of the work world and the health-disease process of professors. In compliance with ethical precepts, this study was registered on the Brazil Platform of the Ministry of Health, as provided for by Resolution 510/2016 by the National Health Council (CNS/MS), which regulates the development of research involving human beings (CONSELHO NACIONAL DE SAÚDE, 2016). The project was approved by the Ethics Committee, with Registration no. 1.474.463 and Presentation Certificate for Ethical Appreciation in Research (CAAE) under no. 54387316.1.0000.5282.

RESULTS AND DISCUSSION

After adopting the procedures recommended by the thematic content analysis technique, the category named: New configurations of the work world and the health-disease process of professors was apprehended. This category emerged from the accounting of 189 Recording Units (RUs) and five Units of Meaning (UMs).

New configurations of the work world and the health-disease process of professors

The results and discussion outlined in this category had the following guiding themes for the analysis: i) the teaching profession as a somatization element; ii) pushing health to the background due to high labor demand; iii) effects on the subjective dimension of professors; iv) physical outcomes; and v) lifestyle habits.

Due to the new configurations of teaching work, such as high labor demand and inadequate working conditions, many participants identified that this profession favors illness, as shown by the following statement:

I started to get sick when I came here. This illness developed over time at work. There are so many goals to accomplish, so many papers to publish, because if you don't publish, you do not stay in the program; you end up forgetting about your health. When you turn 50, you start to rethink your life. You think: I started working here when I was 30; I was healthy, and I'm leaving at 50, and sick, because I fully dedicated myself to training students and maintaining a program. (PA8)

In addition to teaching classes, professors develop activities such as research, participation in deliberative meetings and student supervision. These activities are almost always invisible to the eyes of the very academic community and of those who are outside such community; however, they consume the psychosomatic energy of these professionals, reverberating in both mental and physical disorders¹³.

Due to the working conditions and the intense work pace, the participants neglected their own health care, since there were no other personnel to replace them if they needed to leave. As a result of the deficit in human resources

mentioned by participants from both universities, at times, the professors had to work despite the fact that their health was somehow compromised:

It is a tense job. So, sometimes I think that we fail to pay attention to some signs resulting from the stress of this profession. We fail to value our health, so it sometimes culminates in depressive thinking. Even though the disease comes and catches us by the head or the spine, I resist a lot. I have come here several times with a limp, or even a cold or a headache. (PB9)

In this perspective, presenteeism is mentioned, which is defined as the physical and assiduous presence of an employee at work, although affected by physical or mental problems that prevent him/her from performing his/her tasks perfectly¹⁴.

Presenteeism has become a relatively common phenomenon among professors, as they keep their activities even when they are ill in order to feel useful and fulfill their mission of educating. It is inferred that such practice is detrimental both to teaching quality, as the professional's productivity is reduced qualitatively and quantitatively when he/she is ill, and to the professors themselves, who, in addition to suffering when submitting to work without appropriate conditions, take the risk of worsening their illness¹⁵.

There is also a reduction in productivity and an intensification of the presenteeism problem as the failure to place the worker on a leave of absence prevents his/her replacement, thus causing his/her health condition to worsen¹⁶.

The main consequences of such work conditions on these professionals' health were stress and tiredness, which were responsible for 29 RUs. The excessive responsibilities and activities to be performed many times cause them to become ill due to the stress stemming from their work. As an effect on the professors' subjective dimension, sleep disturbance (9 RUs), anxiety (5 RUs) and burnout (1 UR) were found.

The emergence of new information technology devices, such as computers and smartphones, has contributed to this illness process, as professors work longer than their paid working hours by going beyond the university doors and also working at home, often abdicating their leisure time and rest¹⁷.

Too much stress; no doubt stress has increased a lot. The volume of things to be resolved is huge and this has been quite painful. In fact, new information technologies have made this a lot easier. So, you are answering e-mails out of work hours, e-mail messages that are related to work; you are writing reports to meet deadlines; you are reading students' papers; this is harmful for health. Leaving work with that feeling that there are still things to be done naturally disturbs sleep. (PA9)

I feel stressed because there are too many assignments for one person. You have to supervise students, publish papers, participate in research, manage the community and participate in international and national conferences without resources. So, there are several assignments, sometimes at the same time. Since I was hired and to this date, I've gotten sick from stress. I have also suffered from burnout due to work. (PB10)

Burnout syndrome is the result of chronic stress at work. Preventive and health-promotion measures should be adopted considering their impact on workers' health due to exhaustion and illness. Investing in such measures can prevent diseases associated with stress at work, thus minimizing problems such as absenteeism, reduced productivity and less quality in the service provided¹⁸.

The main effects on the professors' physical health were: visual fatigue/decreased visual acuity (8 RUs); musculoskeletal disorders (15 RUs); metabolic changes (5 RUs); frequent headaches/migraine (3 RUs); chronic gastritis (1 UR); and the onset of varicose veins (4 RUs).

Over the years you eventually become hypertensive and need to wear glasses. Your eyes are tired because you have spent hours reading from a computer. Your arm aches because you have been typing for a long time; you routinely have a headache at the end of the day. (PA9)

I have chronic gastritis. I know that I have developed it, in some way, due to overwork because there are few professors and a lot of work. But, I do not blame my work, but my carelessness, my lack of balance between my health and my work. Things had to be done, and I would do them; I myself did not set limits. (PA11)

Although frequent headaches, chronic gastritis and some of the aforementioned metabolic changes are physical diseases, they are manifestations of the subjectivity of an individual who is under psychological distress. Not being able to deal with daily situations, the suffering arising from a painful work process and the stress of daily work are responsible for somatization processes, which are the act or effect of transferring a psychological problem to the body¹⁹.

Visual fatigue/decreased visual acuity, musculoskeletal disorders and the onset of varicose veins were directly related to the work process. The latter disorder is due to impaired venous return, as nursing professors need to remain in static positions for long periods²⁰.

As regards visual fatigue/decreased visual acuity, the professors mentioned that, in addition to normal wear and tear resulting from ageing, the onset of such disorders has occurred at an accelerated rate due to the need to read from a computer for long periods. Musculoskeletal diseases were also associated with the excessive use of computers, and among these, they mainly mentioned: tendonitis; low back, arm, hand and leg pain; chronic bursitis; joint problems; back pain and osteoarthritis. In addition to computer use, such disorders can be associated with constant exposure to occupational risks, especially in hospital practice settings, where the demand for physical effort is greater, primarily when there is, for instance, the need to mobilize patients who require excessive physical efforts from these professionals²¹.

The onset of diseases due to low immunity was also pointed out, specifically in times of stress, for example, when assigned to other work positions or organizing scientific events (11 RUs).

Having an additional work position is totally somatizing. I somatized a lot during my management; I had never been as sick in my life as I was in that period, when I held that position. During that time, I had to organize some events. I had a good work team, but there were very few employees to make a big event. This was inhuman. On the closing days, when I gave the final speech, I always cried. But, I cried because of fatigue; I totally dedicated to that job. (DA5)

An excessive number of tasks require high physical and mental capacity from these professionals, forcing them to work at, all times, in a constant search for endless chores. Such work overload, added to requirements that do not befit the intellectual work process, as for instance, the demand for productivity, eventually consumes these professionals' psychosomatic energy, making them vulnerable to the onset of both physical and mental illnesses.

As a result of the high labor demand, the professors considered their lifestyle to be unhealthy, describing it as sedentary (14 RUs) and their diet as inadequate (5 RUs), as fast and irregular meals were common.

You stop doing physical activity because you have to get to work earlier and leave later. So, there are losses as to that aspect. (PA9)

I can't tell you that I eat well because my diet would have to be more balanced and mainly more fractional. What happens is that I have breakfast at 6:00 a.m., lunch at 1:00 p.m. and dinner at 8:00 pm. I don't exercise; I am not really committed to it. I take a walk at night and sometimes in the morning. I admit that I am overweight, about 15 kilos overweight. (PB5)

It is also noteworthy that some participants reported being overweight and hypertensive. These effects on the professors' health-disease process are directly associated with lifestyle habits, which have been previously referred to as being sedentary and as having an unhealthy diet. Everyday commitments and the lack of quality at work increasingly set the professors' life apart from their own self-care. Contradictorily, even though they are aware of health risk factors, most of the participants do not adopt health-promoting actions or preventive measures against health problems.

CONCLUDING REMARKS

Currently, teaching work comprises a diversity of activities, and elements that hinder the work process are more common in the participants' statements. Such elements are directly related to the impositions of work in neoliberal economies, examples of which are the high demand for work and the intense labor pace, unfavorable working conditions and competitiveness.

The increase in these professionals' work pace and demand requires polyvalence and multitasking, in addition to the ability to adapt to pressure in order to meet academic super-production, which are incompatible with the characteristics of creative intellectual work. Furthermore, there is the excessive number of activities that these workers need to perform so as to fulfill the goals of the labor organization. Due to this configuration, in addition to the professionals' not being able to keep a healthy lifestyle, they end up delaying their own health care, which results in negative outcomes for workers and institutions.

It is noteworthy that the results in this study can contribute to broaden the analysis on the configuration of teaching work, thus demystifying an aura of glamour and detachment from the daily lives of other workers, since it contributes to furthering this topic.

It is important to mention the limitation of the study, since it was carried out in only two public schools, which does not enable generalizations of its findings.

Finally, it is also noteworthy that valuing the teaching profession is vital for any societies seeking to improve their technical and scientific personnel, produce knowledge and support the overcoming of social difficulties and setbacks in terms of work, thus being committed to the elimination of inequalities in their populations.

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