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RESEARCH | PESQUISA

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Profile of the nursing team of university outpatient units: worker health considerations

Perfil da equipe de enfermagem de unidades ambulatoriais universitárias: considerações para a saúde do trabalhador

Perfil del equipo de enfermería de unidades ambulatorias universitarias: consideraciones para la salud del trabajador

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ABSTRACT

Objective: to identify the sociodemographic, occupational and health profile of nursing staff working at specialized outpatient units. **Method:** a descriptive study with a quantitative approach, conducted with 388 nursing professionals from outpatient clinics of public universities in the city of Rio de Janeiro. Data were collected by trained auxiliary team. Analysis was performed using SPSS software. **Results:** there was a predominance of females, aged over 50 years, married professionals, and with children. A higher percentage of workers had *Lato Sensu* Graduate studies, permanent employment, an employment relationship and workload of 31 to 60 hours per week. Those who self-rated health prevailed as good. Chronic diseases with medical diagnosis, that stand out, include stress, osteoarticular diseases and varicose veins. **Conclusions and implications for the practice:** the results showed, in addition to data that corroborate the national and international reality, a reality that is not only prerogative of nursing, such as the double bond and a high prevalence of stress associated with other health problems. This shows a worrying setting in the outpatient nursing staff work world, which brings out negative conceptions and practices potentially causing dissatisfaction, risk, damage, insecurity, and illness at work.

Keywords: Nursing; Nursing staff; Nursing, Team; Outpatient clinics, Hospital; Occupational Health.

RESUMO

Objetivo: identificar o perfil sociodemográfico, laboral e de saúde da equipe de enfermagem de unidades ambulatoriais especializadas. **Método:** Estudo quantitativo, descritivo, realizado com 388 profissionais de enfermagem de ambulatórios de universidades públicas no município do Rio de Janeiro. Os dados foram coletados por equipe de auxiliares capacitados. A análise foi realizada por meio do software SPSS. **Resultados:** houve predomínio do sexo feminino, idade acima de 50 anos, profissionais casados e com filhos. Percentual maior de trabalhadores possuía Pós-Graduação *Lato Sensu*, vínculo permanente, um vínculo empregatício e carga horária laboral de 31 a 60 horas semanais. Prevaleceram aqueles que autoavaliaram o estado de saúde como bom. Dentre as doenças crônicas com diagnóstico médico, destacaram-se o estresse, as doenças osteoarticulares e as varizes. **Conclusões e implicações para a prática:** os resultados mostraram, além de dados que corroboram com a realidade nacional e internacional, uma realidade que não é prerrogativa apenas da enfermagem, como o duplo vínculo e uma alta prevalência de estresse associado a outros problemas de saúde. Observa-se um cenário preocupante no mundo do trabalho da equipe de enfermagem ambulatorial, o qual traz à tona concepções e práticas negativas potencialmente causadoras de insatisfações, riscos, danos, inseguranças e adoecimentos no trabalho.

Palavras-chave: Enfermagem; Recursos Humanos de Enfermagem; Equipe de Enfermagem; Ambulatório hospitalar; Saúde do Trabalhador.

RESUMEN

Objetivo: identificar el perfil sociodemográfico, laboral y de salud del equipo de enfermería de unidades ambulatorias especializadas. **Método:** estudio cuantitativo, descriptivo, realizado con 388 profesionales de enfermería de ambulatorios de universidades públicas del município de Rio de Janeiro. Los datos fueron recolectados por auxiliares capacitados. El análisis se realizó utilizando software SPSS. **Resultados:** se observó predominio del sexo feminino, edad superior a 50 años, profesionales casados y con hijos. Un porcentaje mayor de trabajadores poseía Posgrado *Lato Sensu*, vínculo permanente, vínculo de empleo y carga horaria laboral de 31 a 60 horas semanales. Prevalecerán aquellos que auto validarán el estado de salud como bueno. Entre las enfermedades crónicas con diagnóstico médico se destacan estrés, las enfermedades osteoarticulares y varices. **Conclusiones e implicaciones para la práctica:** los resultados mostraron, además de datos que corroboran con la realidad nacional e internacional, una realidad que no es prerrogativa apenas de la enfermería, como el doble vínculo y alta prevalencia de estrés asociados a otros problemas de salud. Esto demuestra un escenario preocupante en el mundo del trabajo del equipo de enfermería ambulatoria, el cual trae a tono concepciones y prácticas negativas potencialmente causantes de insatisfacciones, riesgos, daños, inseguridades y enfermedades en el trabajo.

Palabras clave: Enfermería; Personal de Enfermería; Grupo de Enfermería; Servicio Ambulatorio en Hospital; Salud Laboral.

INTRODUCTION

Secondary Specialized Outpatient Care can be characterized by acute health conditions care. They are emergency care units, or non-acute conditions, generally referred to in the Brazilian Unified Health System (SUS - *Sistema Único de Saúde*) as a center of medical, polyclinic, or simply outpatient specialties, which are the focus of this research.

This health care level is currently characterized as one of the greatest bottlenecks of SUS, constituting a care and cognitive void, operated by the logic of fragmented systems and thus, far from the proposed Health Care Networks. Despite its importance, it is one of the least researched areas in international health systems and also in SUS.[1]

Outpatient institutions profile has changed a lot over the years. Currently they are considered fields of health research and multidisciplinary activities. They offer assistance in the diagnostic, healing and rehabilitation areas, besides being places of practice of teaching-learning and scientific production. Nevertheless, care is still imprisoned and restricted to the work process of the medical professional with enormous difficulty in overcoming this hegemonic standard.[2]

Based on practical experience, it is observed that in this context of specialized outpatient work, the nursing staff seeks, despite adversities, to implement new ways of acting. The team always seeks their autonomy and improvement of care, even if they are always, or almost always, linked to medical practice. In most services, nursing professionals also take on administrative management, maintaining their organization and control of materials necessary for proper functioning of outpatient clinics.

Thinking about the profile of nursing professionals working in this outpatient work context allows us to reflect on the relationship between the work environment of these professionals and its health implications.

Giving visibility to workers' health stands out as a challenge imposed by the current conjuncture to public policies to professionals and the social movement and, thus, boosting discussions and further research that point to "a non-predatory world of work that serves to build sociability and not to destroy it".[3:244] Despite this, the nursing staff has a habit of not taking care of themselves, not paying attention to the difficulties in the workplace and often getting sick from the conditions and environments unfavorable to professional practice.

The International Labour Organization[4] maintains that safe and healthy work contributes to improving productivity. On the other hand, poor health at work decreases productivity and can have very serious direct and indirect consequences for the lives of workers, their families and organizations.

A study carried out in a specialized outpatient unit, aiming to identify the impacts of the work environment on the health-disease process of the nursing staff, showed in its results repercussions such as stress, varicose veins, and musculoskeletal disorders as well as ergonomic inadequacies and inadequate working conditions.[5]

Corroborating these findings, a research also conducted in a specialized outpatient clinic identified that all professionals, regardless of category, are aware of the risks to which they are subjected, whether physical, chemical, biological, ergonomic and/or accident. The professionals investigated also highlighted the psychosocial risks arising from the precarious working conditions, unstable employment relationships, problems of life and health of users, among others, resulting in stress and negative health repercussions.[6]

Suffering and illness come from exposure to unsatisfactory working conditions and work organization permeated by occupational risk factors. This study aimed to identify the national scientific production about the health of outpatient clinics nursing workers. A search was performed on the website of the Virtual Health Library (VHL) using the following search key: "Nursing staff" AND "Occupational Health" AND "Outpatient Hospital" OR "Outpatient Care". Only original studies in article format, available in full in the last five years in Portuguese, French, Spanish, and English, were considered.

One hundred and fifty studies were identified, of which only two met the focus of the research. One of the studies analyzed the reasons for absenteeism due to medical leave of outpatients, finding that a large part is due to musculoskeletal disorders, followed by psychiatric ones.[7] Another study found that more than half of the nursing professionals of a university hospital had work-related stress, with no difference in the level of stress between the three units studied, namely the outpatient clinic, the ICU and the medical clinic.[8]

The search evidenced the scarcity of productions within the scope of the nursing staff's outpatient practice. Thus, the proposal of this article reflects a need to broaden the knowledge on the theme of nursing worker health, based on the reality experienced daily by nursing professionals working at a university hospital outpatient clinic and seeks to answer the following question: what is the sociodemographic, occupational and health profile of nursing professionals working at outpatient clinics linked to university health units?

As pointed out, there are few studies that focus on nursing workers working in specialized outpatient units. Since nursing is the most expressive professional category in numerical terms in health services, consequently the impact of the illness of these professionals has a direct influence on health work processes. Guaranteeing the quality of care provided to users necessarily requires the health of these workers. It is relevant to identify their profile in order to establish actions that are based on situational diagnosis and are actually effective.

Therefore, this study fits into this knowledge gap and aims to identify the sociodemographic, occupational, and health profile of the nursing staff working in the specialized outpatient units of the public universities of the city of Rio de Janeiro.

METHOD

This is a descriptive study with quantitative approach conducted with the nursing staff, in all university outpatient clinics belonging to SUS, in the city of Rio de Janeiro, totaling 11 units.

These are three institutions of medium and high complexity, which had specialized services, with very similar characteristics, two belonging to the Federal management and one to the State management. The outpatient clinics of all institutions received their patients via the Regulatory System (SISREG - *Sistema de Regulação*) and operated five days a week during the daytime only.

Data collection was performed by a team of previously trained researchers and research assistants. It was held between July and December 2018, after approval by the institutions Research and Ethics Committees, by filling in a tool for sociodemographic, labor and health conditions characterization. Workers were personally invited at the workplace, who received clarifications about the research and the willingness, and were informed about their consent through the two-way Informed Consent Form and the possibility to withdraw from the research at any time.

All nursing staff professionals (N=604) were considered eligible. The inclusion criteria were belonging to the nurse, technician and nursing assistant categories and working in nursing care. Those who were on vacation or any type on leave and did not return to work during the collection period (n=121) were excluded. A sample of 483 nursing workers was reached (126 nurses, 240 nursing technicians, and 117 nursing assistants).

After applying the exclusion criteria and considering the losses, 388 nursing professionals working at outpatient units participated in the study. Losses referred to those professionals who received the data collection tool and did not return it and those who gave up participating in the research, even after they had already returned tool instrument, were excluded. As it was a self-completed questionnaire, despite the response orientation, some professionals did not answer all items, which caused variation in the sample size among the characteristics described.

Data were organized, processed and analyzed using the Statistical Package for Social Sciences (SPSS 21.0) program. Data entry and organization was performed by a researcher of the team, and the analysis and processing were performed with the help of a statistical advisory group.

The results were presented in descriptive form according to the researched variables, such as gender, age, marital status, color/race, children, children under six years old and educational level. The work variables were working time in the outpatient clinic, in the institution and in nursing, type of bond in the institution, number of work bonds, weekly workload, professional category in the institution surveyed, acting in another sector in the same institution and acts in the night shift.

Regarding health characterization, self-perceived health status and self-reported health problems were analyzed. For the analysis, the arithmetic mean of diseases reported by the participants was calculated, in a total of 14 items discriminated by chronic diseases and/or systemic groups, extracted from the Work Ability Index (WAI) validated in Brazil in the 1990s.[9]

This research complied with national and international standards of ethics in research with human beings. It was approved by the Research Ethics Committees of the proposing institution and the co-participants (1. REC-EEAN/HESFA/UFRJ, CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration): 85036418.0.0000.5238, Opinion: 2.567.807, adopted on March 27, 2018; 2. RECP-IPUBUFRJ, CAAE: 85036418.0.3003.5263, Opinion: 2,617,252, adopted on April 24, 2018; 3. REC-HUCFF/UFRJ (IDT and IG), CAAE: 85036418.0.3004.5257, Opinion: 2,663,714, adopted on May 19, 2018; 4. REC-ME/UFRJ, CAAE: 85036418.0.3007.5275, Opinion: 2,621,377, approved on April 25, 2018; 5. REC-IPPMG/UFRJ, CAAE: 85036418.0.3010.5264, Opinion: 2,743,032, adopted on June 28, 2018; 6. REC-INDC/UFRJ, CAAE: 85036418.0.3002.5261, Opinion: 2,870,894, approved on September 3, 2018; 7. REC-HUGG/UNIRIO, CAAE: 85036418.0.3001.5258, Opinion: 2.617.172, approved on April 24, 2018; 8. REC-HUPE/UERJ (PPC), CAAE 85036418.0.3011.5259, Opinion: 2.612.075, adopted on April 20, 2018).

RESULTS

Table 1 presents the sociodemographic characterization of the study population. The professionals who composed the study sample were predominantly female 88.6% (n=344), the age ranged from 20 years to 65 years, with the most expressive percentage over 50 years, 48.4% (n=188). Regarding marital status, most reported being married/living with a partner 52.6% (n=204), having children 69.8% (n=271), among them, 53.9% (n=209) did not have children under 06 years. Data regarding education revealed 68.3% (n = 265) with complete higher education, and still most professionals 37.9% (n=147) with education at *Lato Sensu* Graduate level.

Table 2 presents the occupational characteristics of the study population. There was a higher percentage of workers with permanent employment 90.7% (n=352), an employment relationship 52.1% (n=202), workload from 31 to 60 hours 54.9% (n=213) and who did not work the night shift in any of the 98.2% bonds (n=381).

In hospitals with outpatient services, a significant part of the professionals already worked in another sector of the institution before going to the outpatient clinic 52.6% (n=204). The average working time in outpatient nursing was 8.3 years (SD=8.2). Working time in the institution surveyed was 17.8 years (SD=11.6) and working time in nursing 23.7 years (SD=10.3).

The study population is divided into 30.1% (n=117) nurses, 50.5% (n=196) technicians and 19.1% (n=74) nursing assistants.

Regarding self-rated health (N=386), most considered good, 43.3% (n=167), followed by those who considered regular, 31.3% (n=121), very good, 20.4% (n=79), poor, 4.7% (n=18) and very bad, 0.3% (n=1). The presence of chronic diseases was reported by 90.8% (N=352) of the respondents, of these 48.5% (n=188) reported having 4 or more diseases, followed by those with 1 to 3, 42.3% (n=164) and 9.3% (n=36) reported no chronic disease.

Table 3 presents the prevalence of chronic diseases diagnosed by a doctor, self-reported by the group studied.

Regarding diseases diagnosed by a doctor, the following were reported in greater percentage: stress, 50.8% (n=197),

Table 1. Sociodemographic characterization of nursing workers in outpatient clinics of university hospitals in the city of Rio de Janeiro. Rio de Janeiro/RJ, Brazil, 2019. (n=388).

CHARACTERISTICS	N	%
Gender		
Female	344	88.6
Male	41	10.6
Other	03	0.8
Age group		
Between 20 and 35 years	72	18.6
Between 36 and 49 years	118	30.4
50 years and above	188	48.4
No information	10	2.6
Marital status		
Single	98	25.2
Married/ stable union	204	52.6
Separated/divorced	70	18.0
Widow	15	3.9
No information	1	0.3
Color/race		
White	147	37.9
Mixed-race	139	35.8
Black	90	23.2
Yellow	7	1.8
Indígenous	3	0.8
No information	2	0.5
Children		
Yes	271	69.8
No	116	29.9
No information	1	0.3
Children < 6 years		
No	209	53.9
Yes	59	15.2
No information	120	30.9
Education		
Complete high school	122	31.4
Higher education	74	19.1
Lato Sensu Graduate	147	37.9
Stricto Sensu Graduate	44	11.3
No information	1	0.3

Table 2. Occupational characteristics of nursing workers working in outpatient clinics of university hospitals in Rio de Janeiro. Rio de Janeiro/RJ, Brazil, 2019. (n=388).

CHARACTERISTICS	n	%
Type of bond		
Permanent	352	90.7
Non-permanent	35	9.0
No information	1	0.3
Worked in another sector at the same institution		
No	144	37.1
Yes, opened	165	42.5
Yes, closed	39	10.1
Yes, both	40	10.3
Number of bonds		
One	202	52.1
Two or more	185	47.6
No information	1	0.3
Weekly workload		
Up to 30 hours	148	38.1
From 31 to 60 hours	213	54.9
61 hours or more	26	6.7
No information	1	0.3
Professional category		
Nurse	117	30.1
Nursing technician	196	50.5
Nursing assistant	74	19.1
No information	1	0.3
Night-shift work in one of the bonds		
Yes	6	1.5
No	381	98.2
No information	1	0.3

Table 3. Prevalence of chronic diseases in nursing workers working in outpatient clinics of university hospitals in Rio de Janeiro. Rio de Janeiro/RJ, Brazil, 2019.

CHARACTERISTICS	N	%
Stress	197	50.8
Osteoarticular disease	179	46.1
Varicose veins	176	45.4
High cholesterol	152	39.2
Arterial hypertension	150	38.7
Digestive system disease	128	33
Depression	103	26.6
Musculoskeletal disease	95	24.5
Obesity	90	23.2
Diabetes	44	11.3
Kidney disease	43	11.1
Asthma	40	10.3
Heart disease	18	4.64
Lung disease	14	3.6
Cancer	11	2.8

osteoarticular disease, 46.1% (n=179), varicose veins, 45.4% (n=176), cholesterol high, 39.2% (n=152) and systemic arterial hypertension 38.7% (n=150). The high rates observed called attention to comorbidities, given the occurrence of more than one diagnosis per professional.

DISCUSSION

Regarding gender, the sociodemographic profile of the studied population reflects the national and international reality. In Brazil, nurses make up 85.1% of the staff;[10] in Canada and Switzerland, 92.2%;[11,12] in the United States, 88%;[13] and Australia, 88.9%.[14] Despite the predominance of women, it is observed that the process of masculinization has been evident in the profession after 2005,[10] and the data presented highlight that male participation is higher in Brazil than in other countries.

Still regarding gender, research indicates that the performance of male nursing professionals is higher in services characterized by the use of force, such as emergency care and psychiatric emergencies, which identified a percentage of 23.9%[15] and Mobile Emergency Care Services, where a percentage of 30.2% was identified.[16] Other studies conducted in southern Brazil also identified a higher male participation than found in the present research.[17,18]

It can be seen from the data presented that the female participation in the nursing staff working in the investigated outpatient clinics is slightly higher than the national profile and considerably higher than in other nursing sectors.

There are still three professionals (0.8%) who did not identify with the female or male gender. This information is important because there was no nursing research that presents this data, making the discussion difficult. It is noteworthy that we chose the category gender in the questionnaire, as this is a social concept, different from sex, often equated with the physical body.[19] Gender is often incorrectly questioned with binary option (female / male), but the fact is that there is a wide range of gender identities and expressions, depending on how individuals identify and express their gender. The importance of incorporating gender and gender issues in research is emphasized, making it more rigorous and ethical.[20]

It is believed that the incorporation of the gender dimension in research in this area may contribute to the discussion of the specificities of the different groups within this dimension. In nursing, given the profile presented, gender issues should always be considered, as they directly interfere with the health and illness processes of this group of workers. It is worth mentioning that nursing has a predominantly female workforce. The evolution of women's participation in family income was not followed up by an equal distribution of household chores with men, overloading women and often imposing a second or third day in their time for rest and leisure.

Contrary to what was identified in this research, where the age group of the most concentrated nursing professionals was among those who were over 50 years old (48.4%), we also highlight those over 65 years old (5.03%), nationally, the predominantly young nursing workforce. The age group was 26 to 35 years old, concentrating 45% of the total workers in the country. 34.6% from 36 to 50, the professionals over 61 correspond to only 2.3%, being therefore a very young population where 61.7% of the total, i.e., 1.1 million workers up to 40 years old.[10]

Therefore, the age profile of the outpatient nursing staff differs from the national profile, being characterized by older professionals and a significant percentage of elderly people. A research conducted with Mobile Emergency Care Unit nursing professionals identified a higher prevalence (73%) in the age group between 31 and 50 years,[16] in another study, conducted with professionals working in urgent care and psychiatric emergency, the average age was 36.6 years.[15]

A research[17] identified a significant association between older age and reduced ability to work. This fact must be taken into account, considering the data of this research, where almost half of the population investigated was 50 years old or older. Reduction in work ability may be related to the occurrence of chronic diseases. They are more common in individuals in this age group, as well as diseases acquired by nursing practice and result in decreased productivity and quality of care, affecting patient safety.

Old age, along with other factors such as inadequate breaks during work shifts, sleep quality and family care are pointed to as factors that hinder full recovery and potentially exacerbate the negative impacts of 12-hour shifts.[21] This shift is widely practiced in the outpatient units investigated.

Regarding marital status, similar data were identified in national surveys, in which 69.3% 17 and 54.7%[22] of the professionals were married or lived with a partner. In international surveys, an even higher profile was identified, 73%[23] and 70%.[24]

Studies conducted with nursing staff in southern Brazil have identified a higher prevalence of minor psychiatric disorders (MPD) among female and married professionals. These factors were significantly associated with the outcome,[17,18] with a 6 times higher chance of developing MPD among women and 3 times higher in professionals living with a partner.[18]

Thus, it is assumed that the social construction of gender-related roles and behaviors, as well as the "double" workday of women and genetic and metabolic aspects may be intervening factors in the illness of the nursing worker, and should be used as an indicator of vulnerability.

Regarding color/race, self-declared by professionals according to nomenclature of the Brazilian Institute of Geography and Statistics (IBGE- *Instituto Brasileiro de Geografia e Estatística*). In the data of this research, white nurses represented 57.3% and mixed-race/black assistants and technicians 66.7% corroborate the national data, where there is a predominance of white nurses (57.9%), while assistants and technicians are mostly black (57.4%).[10]

These data reflect the national reality, regarding the greater access of white people to higher education, compared to blacks and mixed-race, even considering current assertive policies. In this regard, national data indicate that as education levels rise,

the differences between whites and blacks increase, reaching 52.6% in higher education.[25]

Most of the professionals investigated had children (69.8%, n = 271). This data is in line with the profile, a predominantly female and young adult population. Of these, a smaller percentage had children under six years old, which is also in accordance with the characterization of the population. A research carried out in Spain with health professionals identified that having children is a protective factor for all Burnout subscales. This fact was related to a greater ability to face emotional problems and conflicts on the part of the subject who is involved with his family.[26]

The schooling observed in this research is in line with national data, because although the sample is composed of 30.2% of nurses, 68.5% of the professionals participating in the research have a higher level, of these 49.2% are graduate, revealing a phenomenon called 'overqualification', characterized by increased access to higher education for workers, without the equivalent expansion of the supply of more qualified jobs.[27]

Regarding this aspect, studies[17,18] conducted in Brazil highlight in their results negative aspects related to having a higher qualification than required for the position. Although higher education is related to the possibility of career advancement and improvement of socioeconomic conditions, these are professionals with permanent public bonds (91%). Therefore, position will always be that determined by contest, generating, in turn, discontent and negative effects on the mental health of these workers.

There was a predominance among research participants, those with experience in nursing (μ=23.7, SD=10.3) and significant working time in the institutions surveyed (μ=17.8, SD=11.6). This fact was related to the type of bond of most professionals, in which 91% were permanent. It is noteworthy that in the hospital units investigated 62.9% of workers have worked in another sector, characterizing the relocation of these professionals within the units. The average working time in outpatient clinics was 8.3 years (SD=8.2), which represents a large variation of the working time in the outpatient clinic.

The data presented above show a phenomenon in which the professionals working in the outpatient clinics had accumulated experience not only in outpatient nursing, but also in other sectors in the institutions surveyed. However, when analyzing these data from the perspective of the predominant age group in these settings, it can be inferred that the outpatient clinic is a work space characterized by the "end of career", prevailing professionals who are already near retirement.

This analysis is corroborated by the research on the national nursing profile, which characterized professionals aged 51-60 years in the 4th phase, "professional slowdown", in which there is a search for work that guarantees retirement, and those over 61 years old. in the 5th phase, "retirement".[28]

In this regard, although they are in the phase of professional slowdown, as pointed out, they are experienced and highly qualified professionals, which generally qualifies the service. However, it was not the object of this investigation and it is presented as a limit to the discussion of this data the fact that we do not have the linking of the area of expertise of the investigated professional to the specialized outpatient clinic. What is observed in practice is that there is no appreciation of the expertise of the professional, i.e., although they are mostly professional specialists, not necessarily their professional performance takes place in an outpatient clinic related to their area of expertise. This fact can cause frustration and suffering for not recognizing the effort to remain qualified.

In the outpatient service, the workday did not show significant difference when compared to the national average. A significant percentage of the nursing staff had a double employment relationship (45.2%), most of them with work hours over 31 hours per week (61.7%). Nationally, it is observed that most nursing professionals (64.9%) have hours between 31-60 hours per week and a small number (9%) have longer periods, between 61-80 hours per week.[29]

The results[30] of a research indicate a positive association between long working hours of hospital nurses, daily shifts of more than 12 hours and weekly shifts of 30 hours and a significant increase in burnout, job dissatisfaction, intention to leave the job and increased patient dissatisfaction. Therefore, there are consequences not only for the health of the worker, but also in the patient's assessment of the care provided.

There was a predominance of professionals working only in the day shift, regardless of the bond (98.1%), as it is related to the functioning of outpatient clinics, but also portrays the reality of most professionals who have double bond. Although night work is considered harmful to workers' health due to sleep deprivation, a survey conducted in southern Brazil[18] with nursing workers identified a significant association between day shift work and MPD. Here is a reflection on the free time of these workers, as working the day shift considerably reduces the time available with the family for leisure.

Nursing staff composition is similar to the national profile, where 77% are nursing technicians and assistants and 23% nurses.[28] It is observed in outpatient clinics because it is recognized medium and high complexity service, a greater participation of nurses, who make up 30.2% of the staff, characterizing a qualified space, but also responding to a demand for professional practice, considering that the exercise of the technical and auxiliary team should always be subordinate to the nurse.

Health status was self-rated as good by most respondents (43.2%), but there is a significant percentage that considers it to be fair (31.3%), and still a small percentage, but which requires greater deepening, that they considered bad (4.6%). This last group requires more attention, considering that considering their poor health is associated with the development of MPD[17] and low job satisfaction.[31-33]

In this survey, 90.8% of respondents reported having a chronic disease, a higher percentage than research conducted with nursing professionals in southern Brazil, in which 30% reported having some non-communicable chronic disease. Hypertension was the most reported by respondents (20.6%), followed by chronic respiratory disease (6.3%) and diabetes mellitus (5.5%).[34]

Unlike the data presented in this research, among the health problems reported by the participants, stress was pointed out 197 times. It represented 50.8% of the sample, followed by osteoarticular disease 46.1% and varicose veins 45.4%, which appears first in a study conducted in Brazil with psychiatric nursing professionals.[35]

Professional stress in nursing is becoming increasingly important leading to exhaustion in the profession. Double-bonded workers are more subject to stress.[36] A study of 420 nurses in Portugal revealed that 30% reported high levels of stress associated with the profession.[37] Physical and psychosocial workload also appears as a stressor in several international studies.[38-40]

A study conducted with health professionals from hospitals located in northeastern Brazil identified high levels of stress at work, impacting on health. Physical stress was associated with work leading to cardiovascular, musculoskeletal, gastrointestinal, breathing problems, sleep disorders, tonsillitis, reduced hearing ability, headache, tiredness, and mental illness.[41]

With regard to musculoskeletal disorders, a survey identified a 91.4% prevalence of musculoskeletal pain among nursing professionals. There were reports of severe pain (39%), with reports of severe to unbearable pain associated with being a woman, technician and nursing assistant and having more than 14 years in the job.[42]

Also in this regard, research conducted with nurses in Vietnam identified a prevalence of musculoskeletal disorders in the last 12 months of 74.7%. The most common sites were the lumbar (44.4%) and cervical (44.1%) regions, and 37.8% of respondents stated that symptoms limit their work. In the same survey women had 2.1 chances of developing musculoskeletal disorders. People with a previous history of musculoskeletal disorders were 7.1 times more likely to develop symptoms in the last 12 months than those without a history. Nurses with symptoms of psychological distress and frequent absenteeism in the workplace had a higher prevalence of musculoskeletal disorders than the rest.[43]

The health profile points to worrying data, considering the percentage of professionals who reported having chronic diseases. This is a fact that requires further research, considering that the aforementioned diseases, such as stress, osteoarticular disorders, varicose veins and hypertension are morbidities that can be aggravated or even caused by working conditions.

CONCLUSION

This research aimed to identify the sociodemographic, occupational and health profile of nursing professionals working in outpatient units linked to public universities in the city of Rio de Janeiro. It had the potential to contribute to the exploration of this setting of practice, still little investigated, but extremely relevant and strategic in the current setting, where there are different logics of organization of actions and specialized health services of SUS.

One of the limits for this research refers to the availability of professionals to answer the questionnaires. Although given the possibility of return on the most appropriate day and time, many were not returned, resulting in losses.

The results showed, in addition to data that corroborate the national and international reality, a reality that is not only prerogative of nursing, such as the double bond and a high prevalence of stress associated with other health problems. This situation can be considered as a result of changes in the public health system, which has been heavily burdened with the poor distribution of services offered in the SUS network.

This shows a worrying setting in the world of work of the outpatient nursing staff, which brings out negative conceptions and practices potentially causing dissatisfaction, risks, injuries, insecurities and illnesses at work, offering subsidies for the development of future research.

In this sense, it is believed that facing these problems requires a critical look, in addition to investments by managers. Therefore, the actions must be articulated macro and micropolitically, guided not only by the needs of the service, but also by the health needs of both users and professionals providing outpatient care.

The analysis in this article may serve as a warning, especially for health service managers, highlighting how the sociodemographic, occupational and health profile of the university outpatient nursing staff can contribute to the formulation of public policies aimed at this segment.

Since the university outpatient structure is comparable to other SUS outpatient units, regardless of the sphere, and considering that a representative sample of nursing professionals from this work context was investigated, there is a possibility of generalizing the results.

AUTHORS' CONTRIBUTIONS

Katerine Moraes dos Santos, Gisele Massante Peixoto Tracera: Conception and design of the study. Data collection, analysis and interpretation. Discussion of the results. Writing and critical revision of the manuscript. Approval of the final version of the article. Responsibility for all aspects of content and integrity of published article.

Regina Célia Gollner Zeitoune: Conception and design of the study. Analysis and interpretation of data. Discussion of results. Writing and critical revision of the manuscript. Approval of the final version of the article. Responsibility for all aspects of content and integrity of published article.

Kayo Henrique Jardel Feitosa Sousa: Analysis and interpretation of data. Discussion of the results. Writing and critical revision of the manuscript. Approval of the final version of the article. Responsibility for all aspects of content and integrity of published article.

Flaviana Pereira Bastos Nascimento: Collection, analysis and interpretation of results. Discussion of the results. Writing and critical revision of the manuscript. Approval of the final version of the article. Responsibility for all aspects of content and integrity of published article.

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