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RESEARCH

Perfil dos trabalhadores de uma central de material e esterilização: uma análise das características sócio profissionais

Profile of workers of a material and sterilization: an analysis of social and professional characteristics

Perfil de los trabajadores de una central de material y esterilización: análisis de las características sociales y profesionales

Carolina Cabral Pereira da Costa ¹, Norma Valéria Dantas de Oliveira Souza ², Ariane da Silva Pires ³

ABSTRACT

Objectives: identifying and analyzing the socioeconomic and professional profile of nursing workers who work in a Center of Material and Sterilization Center (MSC) of a general hospital. **Method:** this is a quantitative, descriptive and exploratory approach research, held in a MSC of a general hospital. The subjects were 34 nursing workers. It was used as a form tool, and the data obtained in the months from March to May 2013 and analyzed using descriptive statistics. The study was approved by the Research Ethics Committee and filed with Paragraph 081.3.2012. **Results:** we emphasize that MSC scenario is changing, as it was found a low quantitative of readapted employees. **Conclusion:** it is recommended that broaden the areas of discussion of the Occupational Health and on MSC training in nursing. **Descriptors:** Nursing, Worker's health, Sterilization.

RESUMO

Objetivos: identificar e analisar o perfil socioeconômico e profissional dos trabalhadores de enfermagem que atuam em uma Central de Material e Esterilização (CME) de um hospital geral. **Método:** Pesquisa de abordagem quantitativa, descritiva e exploratória, realizada em uma CME de um hospital geral. Os sujeitos foram 34 trabalhadores de enfermagem. Utilizou-se como instrumento um formulário, sendo os dados obtidos nos meses de março a maio de 2013 e analisados a partir da estatística descritiva. O estudo foi aprovado pelo Comitê de Ética em Pesquisa e protocolado com o nº 081.3.2012. **Resultados:** Ressalta-se que cenário da CME encontra-se em transformação, já que se constatou um baixo quantitativo de funcionários readaptados. **Conclusão:** Recomenda-se que se ampliem os espaços de discussão sobre Saúde do Trabalhador e sobre CME na formação de enfermagem. **Descritores:** Enfermagem, Saúde do trabalhador, Esterilização.

RESUMEN

Objetivos: identificar y analizar el perfil socio-económico y profesional de los trabajadores de enfermería que trabajan en un Centro de Material y Esterilización (CME) de un hospital general. **Método:** investigación de enfoque cuantitativo, descriptivo y exploratorio, celebrada en una CME de un hospital general. Los sujetos fueron 34 trabajadores de enfermería. Fue utilizado como herramienta una forma, y los datos obtenidos en los meses de marzo a mayo de 2013 y analizados utilizando estadística descriptiva. El estudio fue aprobado por el Comité de Ética en la Investigación y archivada con el Párrafo 081.3.2012. **Resultados:** se enfatizan que ese escenario de la CME estea cambiando, ya que se encontró un bajo cuantitativo de los empleados readaptados. **Conclusión:** se recomienda ampliar las áreas de discusión acerca de la Salud en el Trabajo y en CME en la formación de enfermería. **Descriptor:** Enfermería, Salud ocupacional, Esterilización.

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INTRODUCTION

This study it is a cut from the dissertation entitled "Work in the Material and Sterilization and the repercussions for the health of nursing workers".¹ This cut has as object of study the socioeconomic and professional profile of workers nurse working in the Material and Sterilization Center (MSC) of a general hospital.

The vast majority of MSC is characterized by incipient ventilation systems, reduced and isolated physical spaces, ergonomically inappropriate furniture, among other things that flow to the deterioration of the health of workers. These scenarios have the mission to provide support to the units that make up the healthcare complex because disinfect and sterilize the permanent hospital provisions, distributing them in a timely manner to the operating room and other hospital departments.²

Regarding the work process in MSC, it appears that this may result in psychological distress to employees, expressed through feelings of abandonment, sadness, aggression, psychosomatic and mental illnesses. In this sector, there are often a large number of employees with depression, sick leave and absenteeism, coexisting feelings of dissatisfaction displeasure related to the absence of a more effective relationship with the patient. Adds up also presenteeism at work and discontent at the lack of recognition and appreciation of the activities of these workers in hospitals.²⁻³

It is known that the labor activity in this sector is demarcated by monotonous and repetitive tasks in a physical space isolated from other hospital departments, requiring also great responsibility and attention of professionals working in this scenario.³⁻⁴

From these initial considerations, it was drawn as objects of this cut: identifying and analyzing the socioeconomic and professional profile of nursing workers who work in a SMC of a general hospital.

From reading various studies (articles, dissertations and theses), there was a multitude of problems related to the SMC as it pertains mainly to the nursing work process. In this sense, to conduct a literature review on the Virtual Library Database in Health (BVS), especially in databases Latin American and Caribbean Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), Base nursing data (BDENF) and Medical Literature Analysis and Retrieval System Online (MEDLINE) without language restriction, using the keywords "Occupational Health", "Nursing" and "Sterilization", found 18 articles published between the years 1973 to 2007. However, from this quantity of scientific production, only two were linked to the theme of this study. The search was conducted during the months of April and May 2012 at various days and times and there was no determination of a time frame.

Given this fact, it became evident an incipient scientific production involving the subject, strengthening thus the justification of the study. However, the first and most important justification anchored on the fact the study seek to unravel the intricacies of a nursing workspace that has been overlooked by managers, both in terms of research and in relation to the need to improve conditions of work.

This study strengthens the expansion of the profession, encouraging education, assistance and research related to Occupational Health, opening paths to rethink the nursing activity in SMC, seeing most effective strategies for working dynamics in this scenario in order to ensure well-being of this professional group.

In addition, also helps to broaden the understanding of some of the factors that have caused physical illness and/or mental those nursing staff, as well as help understanding of the effects of the work on SMC on the worker's body. The research also contributes to nursing education, to encourage the students' interest in subjects that address Occupational Health, work organization and the work process of nursing, making these more critical and reflective students in relation to working conditions and the labor context in which the future can be inserted.

METHOD

It is a quantitative study, cross-sectional, observational and descriptive. The course was a SMC at a university hospital, the public service, located in the municipality of Rio de Janeiro.

The SMC in question has nursing workers (nursing technicians and nurses) working during the day. There are ranges of specific work, common to all these workers. And yet, these workers have different types of employment contracts, namely: statutory regime (public servants), contract by UERJ (with unequal labor rights, comparing the CLT and statutory regime) and Professional Training Scholarship (TPB), which receive remuneration, but is in training and has no labor law; the latter is simply established for the post of nurse.

The sample consisted of thirty-four nurses (nine nurses and twenty-five nursing technicians), who worked in that SMC. Inclusion criteria were the following: a) operating time in the same scenario or more than six months because it was considered that this was long enough for workers grasp characteristics of the organization of labor and labor process in SMC; b) type of relationship with the hospital, and may be statutory servants (gazetted professionals) hired formally or even workers in other forms of employment (informal) under any duty scales.

Since the exclusion criteria were: a) be on vacation or license of any kind during the data collection period, considering the short time frame for completion of the study; b) be a

resident of nursing, since the institution, as a teaching hospital, has a residence program in Nursing. This criterion relied on the fact that the resident, to spend only a short period in the unit would have problems attracting greater consistency with the SMC work process and its labor organization.

Please be informed that the study population was 46 employees, then the sample previously pointed corresponded to a percentage of 73,9% of the total number of nursing workers SMC.

To develop a research proposal, we used a form with closed questions containing 11 variables, which contained personal characteristics (gender, marital status, age) and professional characteristics (professional category, training time, education, practice time on SMC concerned, workload developed in the unit, type and number of links, shift work, which is why the SMC operates, changes in health or whether deviations in the last six months).

These variables allowed setting the socioeconomic and labor profile of workers. Data collection was performed between March and May 2013, only after the approval of the research by the Ethics Committee.

To meet the ethical requirements, the study was sent to the Research Ethics Committee (CEP) of the University responsible for such an institution. Through these procedures, it approved and registered in that CEP under Protocol 081.3.2012.

It is noteworthy that respect anonymity, privacy of the participants, the freedom and secrecy of information, reinforcing to each of them that the information would only be disclosed through publications in journals and/or scientific events, in accordance with Resolution 466/12 of the National Health Council/ Ministry of Health,⁵ which was in force during the period of holding of this research.

The information obtained allowed the knowledge of some important characteristics of the subjects, since they are factors that can directly interfere in relations and working conditions, reflecting thus the health-disease process of these workers. These data were analyzed using descriptive statistical simple, being presented through pictures.

RESULTS AND DISCUSSION

There were interviewed 34 nurses, and 26,5% (09) nurses and 73,5% (25) nursing technicians. Regarding gender, there were 64,70% (22) female subjects and 35,30% (12) were male. This finding is in line with the evidenced in other studies,⁶⁻⁷ according to which is historically the predominance of women among nursing professionals.

One has to mention the gender issue facing the recognition of having vast majority of women in the nursing profession and in this study. The cultural, social and historical

differentiation which refers to men and women in our society is uneven and extremely favorable to man, made what some authors have been calling for androcentric society.⁸

In this sense, the power that is exercised in gender relations is the result of representations created about women and men, these representations present in the social imagination from existing biological differences between the sexes. These representations, to be integrated in a symbolic system and values-laden stereotypes that dictate what is appropriate for women and men, being naturalized and transmitted by social and corporate institutions subjectively influence the formation of gender identity.⁹

In this process, men are being directed to the public and the world of production, requiring, for that purpose, objectivity, power and freedom; while women are directed to the private spaces and reproduction, for which require emotion, discipline, affection and obedience to moral codes established socially and culturally.⁷

Thus, it is attributed to the woman taking care of the house, the children, the companion of the family and also health issues and illness under home environment⁶. As part of the "feminine nature", the role of women associated with the representation of self-denial and loveliness, is crucial to the care responsibility is delegated to it. It must, then, the obligation to monitor patients, parents and children, in health treatments, events of social life, school meetings, among others.⁹

In this context lies nursing, eminently feminine as it is a profession whose work object is care to the human being, the family and society who experience the process of health and disease, and so it is mainly performed by women. Moreover, this profession has always been linked to the idea of devotion, charity and submission, undervalued in society, because their activities are linked to the domestic level of care and support people⁷.

Considering the physiological and psychosocial differences that permeate men and women in our society, it turns out that women still have the need to reconcile domestic work and professional activity; thus it is evident a high psychophysical wear women, who have, out of the private sphere, a gainful occupation, as in the case of nursing. These situations occurs due to double shifts and even triple work, when in addition to the nurse work/nursing technician, this woman also has to assume the role of mother and administrator and/or executor of home tasks⁹. Thus, the issue of gender in nursing has implications for the health of workers of this profession, being articulated with the analysis of collected data.

Regarding marital status, 61,77% (21) of the participants were single, 32,35% (11) were married, 2,94% (01) were divorced and 2,94% (01) reported having a relationship consensual. These data are in line with what was presented in a survey by the Federal Nursing Council, in which it was found that most nurses are single.¹⁰

Regarding the age group of respondents, 8,82% (03) subjects were less than 25 years old, 44,12% (15) were aged 25-35, 20,59% (07) among 36-45, 26,47% (09) subjects showed up in the range 46-55 years old, and none of respondents were more than 55. These findings are approximate data provided by the Brazilian Institute of Geography and Statistics, since it is in the age range between 25 and 49 years old, which lies the greatest amount of the working-age population in all regions of Brazil.¹¹

Therefore, this setting of respondents also brings repercussions for the work and health of these workers, because there is a quantitative of subjects that are fully professional force

and allegedly motivated to work. On the other hand, there is another group that is close to retirement and therefore less motivated to enter new professional endeavors and, above all, with increased wear of time due to the experience in and work.¹² These data revealed an unusual situation because there are two distinct groups that probably had different career aspirations and far.¹³

The Table 1 exposes data certain the work experience and other information concerning the professional life of the subject.

Table 1 - Professional profile of the nursing workers of SMC. Rio de Janeiro, 2013

	Quantity (N)	Frequency (%)
TIME OF TRAINING		
Up to 05 years	13	38,24
05 - 10	12	35,29
11 - 15	02	5,88
More than 15 years	07	20,59
SCHOOLING		
Complete High School	20	58,82
Incomplete Higher Education	03	8,82
Complete Higher Education	04	11,77
Incomplete Postgraduate <i>Lato sensu</i>	02	5,88
Complete Postgraduate <i>Lato sensu</i>	05	14,71
TIME OF PERFORMANCE IN SME		
Between 6 months and 1 year	09	26,47
More than 1 year to 10 years	22	64,71
More than 10 years	03	8,82
WORK TIME		
30h / weekly	15	44,12
32,5h / weekly	11	32,35
40h / weekly	08	23,53
TYPE OF LINK		
Server	11	32,35
Hired	18	52,94
TPB	05	14,71
WORK SHIFT		
Day time	24	70,59
Night time	10	29,41
ONLY THIS LINK TO WORK Sim		
No	10	29,41
	24	70,59
WHY ACTS ON SMC		
Personal choice		
Readaptation	19	55,88
Institutional need	01	2,94
Other*	13	38,24
	01	2,94

Note: n = 34; * vacancy booking access for handicapped in public contest (Law 1423/89).
Source: the author, 2013.

Regarding the time of training in nursing, 38% (13) have up to five years after graduation, 35% (12) had between five and ten years of training, 6% (02) had between 11-15 years of training and, finally, 21% (07) had already more than 15 years of training.

Thus, the largest group of respondents has little training time, or set up a group of people seeking experience and insertion in the labor market, in order to aim for good placements in the area in the near future.

Regarding education, 58,82% (20) of the participants have completed high school, 8,82% (03) had incomplete higher education, 11,77% (04) had completed higher education, 5,88% (02) they had incomplete sensu post-graduation and, finally, 14,71% (05) fully attended the post-graduation sensu in areas such as Material and Sterilization Center (SMC), Surgery Center, Cardiology and Occupational Health Nursing, for example.

Most respondents had completed high school, since the largest quantity of participants was nursing technicians, in accordance with the Law of the Professional Nursing Exercise 7498/86.¹⁴ However, there are individuals in this occupational category seeking higher qualifications and entering the top-level education, as well highlights the search for qualifying through higher education as a contemporary feature of the profession.

Another relevant factor is that there are nurses who have full sensu post-graduation or in progress; but not all are studying or have studied specialization in the area where they work, that is, the SMC. This situation may be related to the type of bond, since the subjects are not in their statutory majority and the occupation of SMC is characterized as temporary, because invariably the employment contract will last for a maximum of only five years. In this regard, efforts should be made in finding a stable job, which have higher salaries and employee benefits, to then think about investing in a course that best enable them and that is bound to aspirate employment sector.

With respect to the activation time of the MEA, 26,47% (09) of the participants found in the time interval between six months and one year, 64,71% (22) that SMC acted between one and ten years and 8,82% (03), for over ten years. So, many working in the industry for over a year, allowing them a greater control of the organization of the nursing work process.

Regarding the workload developed in the study unit, it is observed that there are differences between the workers interviewed. All public employees 32,35% (11), regardless of the professional category, developed 32,5 hours per week. There 44,12% (15) individuals who worked thirty hours a week, between nursing technicians and nurses, and 23,53% (08) developed forty hours per week.

Depending on the departures of some officials, for vacations or licenses, there were nursing professionals covering such a deficiency of human resources on the scale of work, both in daytime and in the evening service. This is important data for the analysis because it becomes a possible factor of psychophysical suffering on workers, since they need to extend the working hours and/or modify working days to meet an industry demand, remaining vulnerable to emergence of physical and mental fatigue for work on days when they would be off or a different turn, and reduce the hours of leisure and living with the family.

In terms of work contracts, 32,35% (11) were gazetted professionals (statutory), 52,94% (18) were hired, whose temporary contract lasts for a maximum of five years and 14,71% (05) nurses were linked to the Scholarship Professional Training (SPT). Through this result proves the existence of a considerable number of participants operating under temporary arrangements and precarious hiring; such a situation is articulated to the advent of the neoliberal model and the effects of globalization.¹⁵⁻¹⁶

They observe today various forms of hiring workers and increasing structural unemployment. We noted also the existence of cooperative workers, contractors, temporary, among other forms of employment, like the one in the scenario through which they leave for

workers rights before granted as paid vacation, sick pay, the thirteenth salary, job security, leaving the worker left alone and dispossessed of their legal rights.¹⁵⁻¹⁶

With respect to work shift, 70,59% (24) exercised its activities in the daytime service, while 29,41% (10) worked in night service. In addition, it was found that only 29,41% (10) of the participants had only one employment contract, while 70,59% (24) worked in other institutions, being crowded in various sectors such as emergency, operating room, downtown intensive care unit (ICU), clinical medicine, orthopedics and SMC itself. This confirms the need for the most have to work more than one job, aiming to improve the financial condition due to low wages that prevail in the health service. Thus, increases physical and mental strain on these workers.

It is important that the poor working conditions and wage flattening, associated with poor living conditions, further increase the potential for illness among nursing workers, since they end up subjecting to keep more than a working relationship and a long and exhausting working day in order to ensure the minimum required for their economic survival.¹⁷

In this sense, many workers as a way to supplement income, take on other jobs. The accumulation of links can have double-sided: causing be soon as they confer a better financial support and therefore a better quality of life; and be causing increased workloads.¹⁸ Nursing professionals, most often, they take more than one job, as a result of wage levels, aiming to obtain better living conditions; however, they become more tired and stressed, increasing their vulnerability to accidents and causing damage in providing assistance to the clientele.¹⁹

Moreover, in addition to bad nursing working conditions - exemplified by exposure to occupational hazards, insufficient or inadequate materials, the quantitative inadequate human resources - there is still the very essence of the nursing profession, leading to the availability of beds work and/or in shifts. In this sense, this shift work, especially the night, creates changes in the lives of workers, since the body is conditioned to nocturnal sleep, with psychological nature of repercussions and biological consequences such as irritability, fatigue, peptic ulcers, obesity, and other.²⁰⁻²¹ Moreover, night work is a risk factor for the worker and productivity, because it reduces the cognitive and professional concentration capacity, obstructing the execution of tasks.²⁰

Also in relation to shift work and the fact that many of the subjects having other employment relationships, it can be considered that if the professionals working in the daytime service in the investigated SMC possibly have to work the night at another job, increasing the potential for wear and the illness.

Regarding the reason why participants worked in SMC, 55,88% (19) were in the industry by choice, 38,24% (13) were in this unit due to the need of work organization, 2,94% (01) worked at the SMC because it is retrofitted at work and 2,94% (01) reported being in SMC because of the competition that did, where it says that was inserted in this sector due to the special needs bearer statement (physically disabled). Sector strategies were adopted to facilitate their stay such as reduced workload and weight during the tour of duty, rest periods, since the professional in question works at night, among other issues.

As most professionals choose to work in SMC, there is favoritism for the existence of harmonious relations in the work environment and satisfaction.

It should be relevant to point out that there is in the study stage, a small number of workers readapted, confirming that there is a paradigm shift in the allocation of human resources in this sector. That is, the SMC has been structured not to be characterized as a scenario in which they allocate professionals in late career and / or with health problems more severe.¹ Nurses and recently graduated nursing technicians have been interested for unity and therefore, an increasing number of these professionals has called for their labor insertion in SMC.

The Table 2, below, presents the data related to the illness and the work.

Table 2 - Profile of nursing workers at SMC. Rio de Janeiro, 2013

	Quantity (N)	Frequency (%)
HEALTH CHANGES		
Yes	21	61,76
No	13	38,24
TYPES OF CHANGES IN HEALTH*		
Musculoskeletal Disorders	09	-
Headache	08	-
Alergies	07	-
Insomnia	05	-
Hypertension	02	-
Diabetes	02	-
Digestive Disorders	02	-
Depression	01	-
Cardiovascular Changes	01	-
WORK CLEARANCE LAST MONTHS		
Yes	09	26,47
No	25	73,53

Note: n = 34; * due to the overlapping pathologies in a same worker was not performed the relative frequency.
Source: the author, 2013.

As shown in Table 2, 38,24% (13) subjects did not have any kind of change in health as a result of work in SMC, while 61,76% (21) indicated present several problems, such as allergies, migraines, insomnia, musculoskeletal disorders, diabetes, hypertension, among others. Then there are a considerable number of subjects who indicated feel any negative impact on health. Many of these may be provided from poor working conditions and arising from operating in an environment that is not adapted to the worker, so this scenario presents itself, sometimes painful and unhealthy, not offering favorable conditions for the health and professional well-being.

Refers to undignified working conditions can contribute to the appearance of psychophysical disorder, developed by workers as a result of the stress they are subjected to in such conditions. The precarious work, either by over-work activities, accumulation of hours worked, types of employment or even poor occupational compensation in the health system, is crucial for the occurrence of occupational diseases.²²

And yet, the thirty-four participants, 73,53% (25) had no departure from the service in the last six months. Already 26,47% (09) of workers turned away from his activities during that period, for various reasons, namely: path of an accident, depression, musculoskeletal

problems, among others. Among those who indicated some kind of clearance in the given period, 62,5% (05) were public servants, with statutory rights to sick leave of any nature.

The data show that although the working conditions are often unfavorable to workers by exposing them to a variety of occupational hazards, most did not pull away from the workplace in the past six months. It may also signal that, at some point, study participants have exercised their activities even with some kind of problem, thanks to the precarious, providing presenteeism situations at work as the hired employee, despite having no guarantee stay at work and have negligible labor rights, have the same duties as a statutory employee. All this turns out to show a work environment marked by uncertainty, social injustice and fear of unemployment.²³

CONCLUSION

Initially it is pertinent to consider that was relevant to this study, since it was developed in a special environment of the hospital setting, usually forgotten by service users and managers, which is the SMC.

From the reinterpretation of the results, it was found that the organization of work is marked by a hiring system of human resources, temporary, which may result in a high turnover of workers and damage the quality and dynamics of assistance, since it becomes necessary to set training and often a training the newly admitted personnel. Thus, it became clear the precariousness of employment relationships.

Also it is notable that, as evidenced in this study, the profile of the SMC is changing. This is because it was found a quantitative bottom readapted employees, which is not common in these units. And yet, it was found that the SMC has been the target of newly qualified nursing professionals, seeking to elicit expertise in areas historically neglected within the hospital setting.

Associated with this, there was increasing the amount of female nurses, which is a historic feature of the working class. In this context, women do not have extra time to get involved with class claims in political participation in struggles of unions because accumulate the roles of mother, wife, housewife and working, sometimes with various contractual arrangements. Thus, the harmful effects of neoliberalism - economic and political model, which has established itself at the national level since the 1990s, with the state increasingly investing less in health - there are even more cruel to this profession because the political participation of this collective it is almost nil.

There exists also a large quantitative of recent graduates make up the team that unit, showing that these people seek their insertion in the working world and experiences that will

help them in future times, in an area that is little discussed in the process of formation of nursing.

In this context, it is also important to refer to teachers and spaces for nursing training, which should contribute to a comprehensive training and at the same time, depth of future nursing professionals. Such training should include not only technical, scientific and ethical profession, but also include the formation of a political and legal awareness of the class, which corroborates with the nurses and technicians in the struggle for better working conditions and decent wages.

Also in this context, universities and training schools for nurses, mostly discuss little about worker health and on the SMC. Thus, it is recommended that nursing teachers should make teaching related to the most attractive and most publicized SMC in order to provide for nurses and nursing technicians, knowledge of its complexity and the rich field of their work.

Noteworthy is also the importance of expanding the opportunities for discussion among workers, managers and professional associations as well as the expansion of scientific research on workers' health and as part of SMC. Thus, it may be encouraged and raise critical and reflective capacity of workers, helping them to think about strategies for improvement of working conditions, strengthening them in implementing change.

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