

## INTENSIVE CARE UNIT: VIOLENCE IN EVERYDAY PRACTICE OF NURSING

Ângela Gonçalves da Silva\*  
 Thaíse Liara da Silva\*\*  
 Marilene Loewen Wall\*\*\*  
 Maria Ribeiro Lacerda\*\*\*\*  
 Mariluci Alves Maftum\*\*\*\*\*

**ABSTRACT**

This paper aims to evaluate the perception of the nursing staff on the phenomenon of violence in professional practice. This is a qualitative and exploratory study in which data were collected and analyzed in three meetings with the content analysis proposed by Bardin. Violence is part of daily nursing care and it is a negative mode of reacting negatively or physically to a situation, which can be practiced by any individual. Physical violence nursing staff is arising in patients with sequel of organic diseases that can cause temporary mental disorder. Among the reasons for the individual to cause violence against nursing staff are the personality of this individual and the lack of team communication and anticipation of a procedure. Practices developed in service activities emphasize reflection on routine work and contribute to possible solutions to everyday problems.

**Keywords:** Violence. Intensive Care Units. Nursing Care.

**INTRODUCTION**

Nursing is one of the professions that have, in the development of its practice, its members vulnerable to violence, filed by the patient, family, and may also occur between the team members themselves. Characterized as a form of demonstration of power over others, violence, according to the World Health Organization, is regarded as any action that has as its purpose to cause damage, of physical, mental or moral order, to an individual<sup>(1)</sup>.

Workplaces as intensive care units (UTI's) provide risk of occurrence for violent acts against the performance of professional care to the patient, through proximity and frequency of contact during the care and still self-delusion or hallucination from drug side effect sedative effects. This environment promotes interferences characterized by physical and/or psychological violence arising from patient, of family and of adverse events resulting in violence between members of the health team<sup>(2)</sup>.

Bibliographical study developed with the

scope to seek scientific evidence about violence against nursing professionals in their professional practice presented the psychological violence as the most recurrent. The study scored even though, as a result of this form of violence, the pros have symptoms like irritability, mental distress and frustration, among others, that bring direct reflexes in the care they provide to the patient<sup>(3)</sup>.

The ICU is characterized as a location for the care to patients with serious or life-threatening, for which there is need for continuous assistance. In this environment, nursing care goes beyond the technical dimensions in order to contemplate the individual throughout their subjectivity. In performance of this practice unintentionally, may occur situations where nursing staff may become target of aggression of patients, escorts or even their own team members<sup>(2)</sup>.

According to the literature, the situations in which occurs the patient aggression addressed to nursing staff may be arising from the preparation of the team on the individual approach in psychomotor agitation. That's because, when a

\*Nurse. PhD student in nursing at Universidade Federal do Paraná-UFPR. Member of the Núcleo de Estudos, research, and extension in Human Care Nursing-NEPECHE. E-mail: angela.mestrado@yahoo.com.br

\*\*Nurse. Master in Professional Nursing Practice. Professor Nursing School of the Universidade Estadual do Centro Oeste-UNICENTRO. E-mail: thaíse.liara@gmail.com

\*\*\*Nurse. Doctorate in nursing. Teacher graduation and post-graduation in Nursing at the UFPR. Member of the NEPECHE. E-mail: wall@ufpr.br

\*\*\*\*Nurse. Doctor in philosophy. Teacher graduation and post-graduation in nursing at the UFPR. Leader of the NEPECHE. E-mail: mrlacerda55@gmail.com

\*\*\*\*\*Nurse. Doctor in nursing. Teacher graduation and post-graduation in nursing at the UFPR. Deputy leader of the NEPECHE. Email: maftum@ufpr.br

patient is in that situation, he can interpret the actions of the team as an assault and feeling pressured or, somehow, assaulted and, in order to defend itself, can become violent with the professionals that meet at that moment<sup>(4)</sup>.

Work environments as the ICU are permeated by stress arising from the own characteristics of the unit, in some situations, by the critical state of health of the patient and the complexity of procedures and equipment involved in the performance of this practice. When it addresses the issue of violence associated with the area of health, we see a higher frequency of this phenomenon when it comes to the nursing staff. This is due to a closer contact between professionals and patients, for which develop the care. Violence may also occur from family members or caretakers of this patient, motivated by dissatisfaction with the care provided<sup>(5)</sup>.

Although the violence is considered a complex phenomenon and of profound negative repercussions, involving society in General, including the nursing professionals, to get thematic studies to support this research, have been found, mostly studies developed for more than a decade, mainly in international publications.

Taking into account that the object of study of this research, the phenomenon of violence against nursing staff, can occur during the performance of their activities by the patient and in other areas of expertise of these professionals, this research had as its guiding question the perception of ICU nursing staff of a general hospital about the phenomenon of violence in professional practice. And aims to meet the perception of ICU nursing staff of a general hospital about the phenomenon of violence in professional practice.

## METHODOLOGY

Exploratory field research developed in the period of August to September 2010, in an adult INTENSIVE CARE UNIT of a teaching hospital in the city of Curitiba, Paraná.

The participants were eight nursing team professionals shift: two nurses, a technique and five nursing assistants. The choice of the shift was an indication of the service coordination,

which appointed the morning as one in which the scale would not be impaired by the removal of industry professionals during data collection. The inclusion criteria used for this research were belong to the ICU nursing staff and accept to participate in the meetings.

The coordinating unit suggested that the meetings were made at the institution to facilitate the accession of the servers. Based on this definition, the servers were notified of the completion of the research. And of 20 professionals who served in the unit, who showed interest in participating in the meetings, eight were drawn by coordination in order not to compromise the progress of the activities of the sector.

The data were collected during three meetings, held on consecutive days, lasting approximately an hour and a half each, in the Conference Room of the unit. For the record, activities were used tape recorders and notebooks in field journal.

The members of the nursing staff were invited to participate in the survey during a prior meeting with the researchers, having been scheduled meetings as their availability for participation.

At the first meeting, was presented the research project to the Group and explained the way to your driving and, after the approval and signature of the FICS, activities were initiated. First, each participant was asked to complete verbally the phrase "*Violence to me is ...*" Then, it was open to discussion, being the lines written for later transcription process employed also in other meetings. As a result, was presented with the question "*what types of violence you know, witnessed or heard of the day-to-day of your professional practice?*"

The second meeting was started with the questions "*what factors are able to make somebody assaulting somebody else? Who can be an aggressor?*" To all participants, was provided to narrate facts of your daily life of work, with the possibility of intervention of other participants with the aim of complementing the occurred or even talk about your individual experience on violence from patients.

After the contributions of participants, resumed the main points discussed by the

group in order to make a synthesis of the theme. At that time, the participants of the survey evaluated the development meetings and validated concepts about violence, prepared in the course of activities.

At the third meeting, was presented to the participants the transcript of their testimonies topics that responded to the objective of this research. Then proceeded to the theorization of the concept of violence issues and their typology, triggering factors of violence and potential rape offenders from nursing staff, all based in the literature that sustains the theoretical foundation of this article. During the presentation of the themes, the components of the Group questioned and compared the contents theorized with discussions that made in previous meetings. The activities were completed with the assessment of the meetings by the participants.

The data emergency meetings were analyzed according to the proposal of Minayo, which provides for the Organization of the material to be analyzed, codified, classification and categorization according to the purpose of the research, ending with the treatment, interpretation and readback of data with the literature<sup>(6)</sup>. Of this analysis, two categories emerged: *Violence and its forms in the perception of nursing staff* and *Potential and potential aggressors to nursing staff*.

This article is part of a survey whose project was approved by the Ethics Committee of the Health Science Sector of the Federal University of Paraná, under the registry 1017.142.10.09, 0242.0.208.091-10: CAAE. In order to maintain anonymity, the names of the participants of the survey were replaced by the letter "P" followed by Arabic numeral from one to eight (P1, P2, etc.).

## RESULTS AND DISCUSSION

The participants of the meetings of this research had an average age of 37 years and ten and a half years of general average of professional practice in nursing.

### **Violence and its forms in the perception of nursing staff**

In the discussion on how the participants perceive the phenomenon of violence, they focused on that this is a broad concept, being considered a way in which the person responds and your emotions negative way outside. It stems from the emotional disarray facing a situation in which the person feels attacked, being taken to do something against their will or deprived of something that is considered important. Such an attitude is intended to alleviate the sufferings experienced in the face of a problem situation:

It is a way to react to a situation that strikes [...] that hurt the person. One way of reacting negatively [...] you have to talk, scream to relieve what is bothering you [...] everything that causes suffering is violence. (P1)

[...] an emotional outburst when you can't solve a problem [...] otherwise if part for aggression. (P2)

Deprive somebody of something important there is always a reaction and if it's a negative thing, the reaction will be negative. [...] another form of violence is you force the person to do something in the form of threat, something that is not of her will. (P7)

The accounts of participants P1, P2 and P7 are consistent with the literature when define violence as an act that has even meant to intimidate another person morally or even actions that produce this effect. Thus, the violence relates to acts committed against another person, with the intent of injuring another or deprive him of something, and can lead to physical violence or not, depending on the outcome of the following acts<sup>(7)</sup>.

There is, in the words of the participants, the diversity as violence presents itself and, according to them, acts considered legitimate at any given moment in history or in another time came to be regarded as a form of violence, because they are likely to cause suffering to others.

Understanding what violent behavior throughout the history of mankind is has varied in relation to the culture and history of each society. So, what, for a particular culture, is considered violence to another, cannot be, and it is necessary to look for within that culture and observe what the individuals that she belong

consider as something violent, in order to assess the outcome of a situation as violent or not<sup>(8)</sup>.

To expatiate on the types of violence they know and the reasons for aggression occurs from one person to the other, the participants mentioned the verbal violence, physics that occurs in thinking and the psychological. Drew attention to the fact that, as if studying the subject, the more one learns about events that may be considered violent and there have been changes over time about what is violence.

[...] once you understand how violence only when bled. Nowadays, everybody understands it's a violence one person come up and lash [...] but it used to be understood better when there was physical violence, today there are several ways to be violated. (P3)

Has various types of violence: physical violence, emotional violence. Violence is not only when you hit and make someone bleed [...]. There's also the verbal. (P4)

[...] from the time I feel assaulted, either morally or ethically, physically as well, this becomes a violence or even the embarrassment is also a violence [...] sometimes, just the Word also. (P7)

The participant P8 offered some types of violence, also mentioned by other members of the group, however, and did mention that she can occur until the Act of thinking, as well as by externalize prejudice to someone:

Verbal, physical, violence with his own eyes and gestures, written violence[...]violence of thought, just thinking you're already making[...]also when demonstrates bias. (P8)

With respect to the reasons why a person has for assaulting another, P1 believes to be the personality of each person, or by stress that the individual passes to be hospitalized or even feel pain. Already P7 points as reason for patient violence against nursing staff the miscommunication and the consequent invasion of privacy without consulting the individual or even ask permission to perform a procedure, such as a survey, for example:

[...]sometimes, the person has family that has always been bad at all[...]here was a man hospitalized[...]he was very bad, you were going to give him a bath, and he beat us[...]or scream dirty words[...]and the family spoke ' he's always

been this way '[...]I think it was more because of the personality[...]but we have people who sometimes are so tired you can't keep up, that sometimes speak, ' figure it out, I can't take it, I'm in pain '[...]then sometimes the aggression. (P1)

[...] lack of communication may trigger [...].Imagine if someone enters the box in which the patient is and will pass a probe without warn you! He will feel assaulted, might not even retaliate, but [...]. (P7)

The definition of violence expressed by P8 in line with what the literature says<sup>(1)</sup>, since every act is regarded as capable of producing embarrassment to an individual. Corroborating and complementing this definition, it must be observed that violence manifests itself in various forms and affects all walks of life, being a multifaceted phenomenon, difficult to arrest and definition<sup>(8)</sup>.

#### **Potential and possible attackers to nursing staff**

The participants, regarding the discussion about who can be the aggressor, stressed that any person may become violent after a load of stress. Scored the individual doesn't know his potential to be violent until it is experienced. Reported being afraid to meet this aggressive side that all people have. Mentioned that, in the workplace, physical violence suffered by the team comes from patients with sequelae of organic diseases, as in the BIRD:

In this case, the ICU is more patient with sequelae of BIRD, or patient with hepatic encephalopathy, and they end up beating. (P4)

[...] the nursing staff if assaults. We roughed ourselves of nursing, it's not the outside, not [...]. Anyone can hit. Myself, if I'm not careful, I'm aggressive and violent. I prefer to stay quiet because I can't discuss. I'm coming to physical violence, I want to hit something, I have to play on the floor and if I don't play on the ground, I hit on the person who is telling me something, so I prefer to stay quiet. (P3)

On the other hand, P3 left clear that know their violent reactions as well as the difficulty in controlling its attitude towards dialogue or situations that disagrees. In his speech, P4 shows anguish at keeping the sentiment, but says that this is necessary. The end P2, to refer

to the phenomenon of violence and, more explicitly, the who can commit it, offered platitudes known worldwide in all areas of life in society, in poetry, in song, Romanced in the literature, in interpersonal relations at work, in the family and in the spaces of sociability as "*crazy, everyone has a little*", making a correlation between violence and mental disorder.

Crazy, everyone has a little, I've never tried to put out my crazy, everybody got a little crazy, and no one knows how far the madness of the person will. (P2)

In the discussion about the possible causes that can take a human being assaulting the other, P3 and P4 understand that anyone can lose control in a given situation and become violent at some point in your life. In this respect, has the violence or the tendency to be violent is not necessarily a reaction to external stimuli, but a fighting instinct stored within the individual, a kind of energy that will be released when there is a need for self-preservation<sup>(7)</sup>.

The participants of this survey pointed pathologies such as hepatic encephalopathy and the cerebrovascular accident (AVE) to cause transient mental disorders, which can trigger violent behavior towards the team. The relationship between hepatic encephalopathy, BIRD and violence is referred to by P4 as being the most frequent cause of violence in the ICU, a fact confirmed by relevant literature. P4 mentions that the patient affected by hepatic encephalopathy can present mental changes like confusion and mood changes. In the case of patients with sequelae of AVE, mental status change may occur, being observed behaviors as hostilities and anger in individuals affected<sup>(9)</sup>.

The sentences expressed by P2 refer us to the historically built social imagination that violence is related to the figure of mentally ill, when he says that "a doctor and madman, everyone has a little". This thought was corroborated in a study with nursing professionals of a Ready Availability of general hospital in which the subjects have demonstrated fear, fear and avoidance behavior in providing care to persons with

mental disorders<sup>(10)</sup>. Soon, noted the continued stigma historically built around these people as violent and with characteristics of dangerousness, when in reality people with mental illness are no more violent than other individuals.

Agitated behavior and violent manifestations characterize emergency situations that can come from anyone in General. However, there are specific situations where such manifestations come from people with mental disorder. Regardless of which individual realize the agitated and/or violent behavior, for such a situation will be required a specific approach, warm and understanding, in order to control or the maintenance of security, both for the person in a situation of unrest as for everyone else in their environment<sup>(11)</sup>.

In periods when the bearer of mental disorder present exacerbation of symptoms and look for service, their first contact in a hospital with the work team of Ready Availability and, more specifically, with the nursing staff, which, in time, will remain in contact with this individual<sup>(12)</sup>.

On several occasions, the person with mental disorders is affected by clinical comorbidities and thus depends on specialized services for maintaining their health, including the ICU. You have to consider that the nursing professionals, mostly attributed to mental disorder the carrier *status* of dangerous and aggressive<sup>(12)</sup>.

The lack of communication between the members of the nursing staff and the patient was scored as one of the reasons why violence can be addressed to these professionals. In this regard, P7 used the example of the realization of a procedure like a vesical probe without communication to the patient, being this procedure characterized as unapproved privacy invasion. A study conducted in an ICU that dealt with the analysis of situations of aggressive patients against nursing staff concluded that when communication between patient and professional occurs properly, situations of aggression can be minimized, especially when communication occurs as anticipation of some procedure<sup>(2)</sup>.

With regard to perpetrators of violence against nursing staff, the participants pointed out the own professionals to cause violence against other members and identified as a triggering factor for this behavior, because stress can cause aggression among members of his own team. Confirm this finding a study conducted in three hospitals and a teaching institution of Parana and another held in a basic health unit of a city in the interior of Rio Grande do Sul, which showed that, among the attackers of the nursing staff, they're their own co-workers<sup>(13-14)</sup>.

Nursing is considered one of the most stressful professions by the constant exhibition that its members have the physical and mental risks, generators of conflicts, which bring direct repercussions for the health of a trader<sup>(15)</sup>. In this way, the ICU is characterized as a highly stressful environment, which ultimately generate a constant stress among its members, nourished by the unit's work routine, and that, in a given situation, can manifest itself unexpectedly.

### FINAL CONSIDERATIONS

The results of this study showed that the nursing staff searched considers violence a negative reaction to a particular situation or even a way to coerce others to do something not only with use of physics, but in the most varied ways in which violence might occur. Regarding the reasons that lead the individual to cause violence against nursing staff, subjects believe that this individual's personality and the lack of communication from the team, as anticipation of a procedure, are the primary triggering. As the subjects surveyed, potential aggressors to the nursing staff are patients with sequel of bird and his own team.

We believe that the objective of apprehending the perception of nursing staff about the violence in the practice of care was reached, because the subject voiced during the discussions, that they provided knowledge enlargement, exchange ideas and thoughts on this subject, present in moments of their lives as a whole.

The experience of this practice-oriented research by the violence revealed the need for the role of the nurse in these spaces, not just as a manager of the work or as a professional/technical assistance, but, Yes, as a mediator of conflicts and health educator.

In mediating activities condition in this work by the team, we realize that the meetings constituted important form of mobilization of knowledge on the subject also to the researchers. We reiterate that the development of practical activities conducted in partnership with the Academy and the service encourages reflection on issues that involve the routine of nursing staff, collaborating to list possible solutions to everyday problems and, at the same time, contribute to the formation of professional mediators of group activities. We stress the urgent need for studies on the subject present in nursing work routine, which is little exploited.

There is a need to develop effective communication with the patient, about the care to be carried out, so as to provide greater tranquility to him and consequently prevent aggression events listed by subject.

Violence between members of the nursing staff, which can occur in any unit of a hospital, especially in intensive care, because it is a stressful place for professional, was mentioned by the subject of this research. Thus, we emphasize the importance of discussion of the topic as a means of identifying the triggering factors of aggression between the team so that strategies can be created for a healthy work environment.

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## UNIDADE DE TERAPIA INTENSIVA: VIOLÊNCIA NO COTIDIANO DA PRÁTICA DA ENFERMAGEM

### RESUMO

O objetivo deste trabalho foi verificar a percepção da equipe de enfermagem sobre o fenômeno da violência na prática profissional. Trata-se de uma pesquisa exploratório- qualitativa, cujos dados foram coletados em três reuniões e analisados segundo a Análise de Conteúdo proposta por Bardin. A violência faz parte do cotidiano do cuidado da enfermagem, sendo uma forma negativa de reagir, física ou verbalmente, a uma situação passível de

ser praticada por qualquer indivíduo. A violência física à equipe de enfermagem é advinda de pacientes com sequelas de doenças orgânicas que podem causar transtorno mental transitório. Quanto aos motivos para o indivíduo causar violência contra a equipe de enfermagem, estão a personalidade desse indivíduo e a falta de comunicação da equipe como antecipação a um procedimento. Atividades práticas desenvolvidas em serviço privilegiam a reflexão sobre a rotina de trabalho e colaboram para possíveis soluções de problemas do cotidiano.

**Palavras-chave:** Violência. Unidades de Terapia Intensiva. Cuidados de Enfermagem.

## UNIDAD DE CUIDADOS INTENSIVOS: VIOLENCIA EN LA PRÁCTICA DIARIA DE ENFERMERÍA

### RESUMEN

El objetivo fue evaluar la percepción del personal de enfermería en el fenómeno de la violencia en la práctica profesional. Se trata de un estudio exploratorio cualitativo en el que se recogieron y analizaron en tres reuniones con el análisis de contenido propuesto por Bardin datos. La violencia es parte de la atención diaria de enfermería y se configura como un verbal reaccionar negativamente, o física, a una situación, que puede ser practicado por cualquier persona. Personal de enfermería La violencia física está surgiendo en pacientes con secuelas de enfermedades orgânicas que pueden causar el trastorno mental transitorio. En cuanto a los motivos de la persona que causa la violencia contra el personal de enfermería son la personalidad de esa persona y la falta de comunicación entre los equipos y la previsión de un procedimiento. Prácticas desarrolladas en las actividades de servicios destacan la reflexión sobre el trabajo de rutina y contribuye a las posibles soluciones a los problemas cotidianos.

**Palabras clave:** Violencia. Unidades de Cuidados Intensivos. Atención de Enfermería.

### REFERENCES

1. Organização Mundial da Saúde [OMS]. Relatório mundial sobre violência e saúde Geneva. World Health Organization [on line]. 2002. [acesso em: 2012 maio 25]. Disponível em: [http://www.who.int/whr/2001/en/whr01\\_po.pdf](http://www.who.int/whr/2001/en/whr01_po.pdf)
2. Silva ÂG da, Silva TL da, Maftum MA, Paes MR, Lacerda MR. Análise de situações de pacientes agressivos em unidade de terapia intensiva. *Cogitare Enferm* [online]. 2014. [acesso em: 2014 dez 20]. 19(3): 444-50. Disponível em: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/33403/23209>.
3. Lima DM, Santos DF dos, Oliveira FN de, Fonseca APL de A da, Passos JP. Violência psicológica institucional no trabalho da enfermagem. *R Pesq: Cuid Fundam*. Online; 2012. [acesso em: 2014 set 23]. Disponível em: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1651/pdf\\_502](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1651/pdf_502)
4. Paes MR, Borba L de O, Labronici LM, Maftum MA. Cuidado ao portador de transtorno mental: percepção da equipe de enfermagem de um pronto atendimento. *Cienc Cuid Saúde* [online]. 2010. [acesso em: 2013 out 19]. 9(2):309-16. Disponível em <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewPDFInterstitial/11238/6081>.
5. Vasconcellos IRR, Abreu AMM, Maia EL. Violência ocupacional sofrida pelos profissionais de enfermagem do serviço de pronto atendimento hospitalar. *Rev Gaúcha Enferm*. [Internet] 2012;33(2) [acesso em: 2014 abr 19]. Disponível em: <http://dx.doi.org/10.1590/S1983-14472012000200024>.
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11a ed. São Paulo: Hucitec; 2008.
7. Sadock BJ, Sadock VA. *Compêndio de psiquiatria: ciência do comportamento e psiquiatria clínica*. Trad. Cláudia Dorneles. 9a ed. Porto Alegre: Artmed; 2007.
8. Chauí M. *Convite à filosofia*. 13a ed. São Paulo: Editora Afiliada; 2012.
9. Smeltzer S, Bare BG, Hinkle JL, Cheever KH. *Brunner e Suddarth: tratado de enfermagem médico-cirúrgica*. 11a ed. Rio de Janeiro: Guanabara Koogan; 2008. v.2, cap. 62.
10. Paes MR, Maftum MA, Mantovani MF. Cuidado de enfermagem ao paciente com morbidade clínico-psiquiátrica em um pronto atendimento hospitalar. *Rev Gaúcha Enferm*. 2010. jun; 31(2):277-84. [acesso em: 2013 jun 23]. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1983-14472010000200011](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472010000200011)
11. Campello AEC, Arribas CG. Agitação psicomotora em emergência. In: Falcão LFR, Costa LHD, Amaral JLG. *Emergências: fundamentos e práticas*. 1a ed. São Paulo: Martirani; 2010. p. 1055- 63.
12. Silva ÂG da. *A vivência da equipe de enfermagem sobre a violência praticada por pacientes com transtorno mental [dissertação]*. Curitiba (PR): Universidade Federal do Paraná; 2011.
13. Barbosa R, Labronici LM; Sarquis LMM, Mantovani M de F. Violência psicológica na prática profissional da enfermeira. *Rev Esc Enferm USP*. [online]. 2011. [acesso em: 2011 nov 23]; 45 (1):26-32. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n1/04.pdf>
14. Oliveira CMD, Fontana RT. Violência psicológica: um fator de risco e de desumanização ao trabalho da enfermagem. *Cienc Cuid Saúde* [online]. 2012. [acesso em: 2013 out 19]. 11(2): 243-9. Disponível em: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/11951/pdf>
15. Ramos LE, Oliveira Souza NVD de, Gonçalves FG de A, Pires A da S, Santos DM dos. Qualidade de vida no

trabalho: repercussões para a saúde do trabalhador de enfermagem de terapia intensiva. Rev Pesq Cuid Fundam Online. 2014. [acesso em: 2014 set 23]. Disponível em:

[http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2833/pdf\\_1245](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2833/pdf_1245).

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**Corresponding author:** Ângela Gonçalves da Silva. Rua: Visconde de Guarapuava, 2058, apto 404. CEP: 85810-110. Centro, Cascavel – Paraná. E-mail: [angela.mestrado@yahoo.com.br](mailto:angela.mestrado@yahoo.com.br).

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