CONSECUTIVE 24-HOUR WORKING DAY AND IMPLICATION FOR THE OFFICE OF NURSING

Soraia da Silva Lopes*
Karla de Melo Batista**
Maria Edla de Oliveira Bringuente***
Luzimar dos Santos Luciano****

ABSTRACT

The 24-hour working day is a reality in the nursing activity. The demand for better wages to get a decent life often makes the nursing professional face extensive and intense work and night shifts. However, such routine can bring problems to the professional for in the time of sleep/rest and exposure to greater risks of work accidents due to the fatigue. Maslow's motivation theory was adopted to reflect on what stimulates the nursing professional to face 24 consecutive hours of work, considering that to meet the needs of life, esteem and self-realization, the long working hours negatively affect the physiological and psychosocial system aspects of the professional, putting the needs of sleep/rest and social/family life at risk. Thus, this article of reflection aims to foster the theme discussing the impacts of the nursing work day on the health and safety of the professional and the patient. Pauses or reduced working hours are suggested for an adequate physiological rest and minimization of the risks in the health of the professional, besides greater safety for the patient.

Keywords: Nursing. Job. Working Day.

INTRODUCTION

The work in hospital nursing is characterized by the practice of continuous care, requiring uninterrupted work shifts, with professional relay, either during the day, evening or night, attending at weekends and holidays⁽¹⁾.

To meet the demand of the hospital institutions and also to meet the interests of nursing professionals, who have the solution to the wage gap⁽²⁾ in the accumulation of employment bonds, some health services are adopting work days in which the nursing professional acts only for one or two days, in a single bond, taking long consecutive hours of work^(3,4).

This modality of scale may show some advantages. One of these advantages is the need for the nursing professional to live in the place where he or she works. It is possible to live in a municipality or state, being necessary only their displacement. Thus, it is possible that the employing institution may increase the possibility of hiring professionals to places with deficiencies of qualified personnel for nursing practice, especially in specialized areas such as intensive care unit, neonatology, nephrology, and emergency.

However, this possible advantage weakens when faced with the disadvantage, both for the professional

and the employer for the assistance offered. Among the disadvantages presented by this type of hiring, the following stand out: insufficient time of sleep/rest; inadequate or non-existent rest; work in night shift; impairment of the professional's physical and emotional health; risks of work accidents caused by fatigue; misunderstandings in the interpretation of prescriptions due to cognitive alterations due to drowsiness; and the need for a greater number of professionals for the relay and composition of the scale⁽⁵⁾. Even if the uninterrupted service is needed in the institution and the work that develops there, its impact on the physiological condition of this professional is undeniable. On the other hand, the health professional finds the feasibility of taking on another job in this workload and meeting their needs, be they physiological, social and/or self-realization, for example. In this context, it is inevitable not to associate the discussion between the 24 hours of work in nursing and the accumulation of jobs. Thus, based on the proposition that the human being is motivated by the desire to satisfy his or her needs, Abraham Maslow's Theory of Human Motivation provides the basis for the discussion about the reason for nursing professionals to perform consecutive workdays.

Thus, the reflection about the extensive work day

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^{*} Nurse. Master's student. Departamento de Enfermagem. Universidade Federal do Espírito Santo. Vitória, ES, Brazil. E-mail:soraias.lopes@hotmail.com ORCID iD: https://orcid.org/0000-0002-2073-5974.

^{**}Nurse. PhD, Professor. Departamento de Enfermagem. Universidade Federal do Espírito Santo. Vítória, ES, Brazil. E-mail: kmbati@gmail.com ORCID iD: https://orcid.org/0000-0001-9560-6627.
***Nurse. PhD, Professor. Departamento de Enfermagem. Universidade Federal do Espírito Santo. Vítória, ES, Brazil. E-mail: edabri@uol.com.br ORCID iD: https://orcid.org/0000-0002-5151-5368.
***Nurse. PhD, Professor. Departamento de Enfermagem. Universidade Federal do Espírito Santo. Vítória, ES, Brazil. E-mail: luzimarluciano@gmail.com rORCID iD: https://orcid.org/0000-0002-6745-8273.

in the nursing professionals has been increasingly important when discussing its effects on the practice of this professional. The 24-hour model of work organization exposes the nursing professional and the patient to health risks and injuries, considering the changes in cognitive resources caused by fatigue: difficulty in reasoning, memory, information processing, attention, etc. Thus, discussions on the subject are more relevance to ensure the needs of the hospital institutions, not hindering to ensure adequate working conditions for nursing professionals. Thus, this article aims to present a reflection on the subject discussing the repercussion of the working day on the health and safety of the professional, as well as on the safety and health of the patient.

The issue of the problem

In the hospital service, there are different scales of work adopted in a single institution for physicians, nurses, physiotherapists, dentists, social workers, psychologists, as well as mid-level professionals such as nursing and nutrition technicians, administrative assistants and hygiene services.

In Brazilian hospitals, the weekly work hours in nursing can range from 30, 36, 40 or 44 hours a week, divided into periods of 6 to 12 consecutive hours. However, a representative number of nursing professionals follow 12-hour workdays, interspersed with 36 hours of rest between the days worked⁽⁶⁾.

According to the Organization for Economic Cooperation and Development (OECD), countries such as Germany, Belgium, and Ireland had, weekly workdays of 34.4 hours/week, 34.3 hours/week and 35.2 hours/week for the professions in general in 2013, respectively, compared to 40.3 hours/week in Brazil⁽⁷⁾.

Countries such as Japan, South Korea, Taiwan, and China use the term "Karoshi" to describe the deaths caused by overwork associated with stress. The clinical conditions related to Karoshi are cardiovascular diseases, such as stroke and myocardial infarction⁽⁸⁾.

Article⁽⁷⁾ of the Brazilian Federal Constitution regulates as a right of the professionals the "six-hour day for work performed in uninterrupted shifts" to retain some of these violence to the professional and ensure their rights9. Complementing this legislation, the Consolidation of Labor Laws (CLT), in article 71, regulates that there must be a break for rest or feeding of at least one hour and at most two, for journeys over 6 hours computed within the working period⁽¹⁰⁾.

In hospital institutions, especially in units that attend patients in critical health conditions (intensive care unit, emergency unit, surgical center), the clinical instability of the patient is frequent. Nursing professionals sometimes neglect their work intervals for the execution of care activities to attend to the health instabilities, guaranteeing quality care. Thus, for some nursing professionals, the working day will be kept without interruption for the enjoyment of the rest interval time due to the non-availability of another professional for the coverage in that case, as well as the disorganization of the schedules for the other members of the team⁽⁶⁾.

Therefore, it is imperative to have a professional of equal or greater qualification for the maintenance of moments of rest, without interference in the quality of care, while maintaining patient safety and respect for the professional.

However, in some institutions or hospital units, such as intensive care units, these pauses are possible only for the average level of nursing.

Considering an intensive care unit with 10 beds, a nurse and five nursing technicians will be necessary (one professional for each two patients), according to Resolution Collegiate Director # 07 on the nursing team1. Thus, there is no possibility for nurses to pause their activities for rest or even to attend to their basic physiological needs.

Such legislation does not provide another professional for the nurse to relay and cover in the legal moments of rest, being in charge of an internal organization of the institution, if it has the respect to the professional as a value, before the good working condition as a directly proportional item quality and safety in nursing care.

In other words, this reduction in the professional staff together with the extensive workday do not guarantee the patient a nursing care free of damages resulting from negligence, malpractice or even recklessness.

Even though Resolution 543/2017 of April 18, 2017, which establishes parameters for the nursing staff dimensioning is in force, it does not refute Resolution Collegiate Directorate Number 07 of the Ministry of Health, both in force11.

Nursing care and long working hours

Safe-administration of medications, careful hygiene measures, infection prevention, and the correct

use of care technologies require an adequate work process, with priority for harm-free nursing care.

The night shift nursing activity or the organization of work at 24-hour work scales interferes with the professional's sleep pattern, causing drowsiness and mood changes on the day after work, affecting the life and safety condition of the professionals as well as performance and work efficiency. This is at least worrying when the work process is developed with human beings, who have life and death separated by a thin line. It is worrisome for nursing because it is a profession whose object of work involves the life of human beings, and in that sense, errors are not admitted⁽⁵⁾.

Nursing care, which results in adverse events for patients admitted to hospital, draws the attention of the population, health oversight bodies, and nursing practice regulations. But it also draws the attention of the media that has widely disseminated the errors committed by nursing through the media in its role of keeping the population informed. However, there are no deep and widespread discussions to the general community about the factors determining these same errors.

In no way, it is wanted to interpose the freedom of the press, which fulfills their role exemplarily. The discussion in the media is also about what can influence a nursing practice that damages another human being to reinforce the fact that they are human beings caring for other human beings and that both should be cared and treated with dignity, regardless of the role they are playing.

The question that is asked is: can these situations arise from malpractice, negligence or recklessness of the professional? Or would these come from precarious conditions related to the work process of nurses, who undergo long working hours to remain worthy in the face of the value paid for their work in order to survive?

The Nursing Profile Survey, conducted by FIOCRUZ, on the initiative of the Federal Nursing Council, found that 16.8% of nursing professionals in Brazil have a monthly income of up to R\$ 1,000 (one thousand reais) and 27,000 nursing professionals earn less than a minimum wage/month⁽¹²⁾. Are these values compatible to be paid to that professional who works with human life? With one who works for the maintenance of the life of another human being among his various activities? Is this professional able to survive with human dignity?

The responsibility and duty of the professional in

the code of ethics of nursing professionals deliberates⁽¹³⁾:

Art. 12 - To assure free of damages resulting from malpractice, negligence or recklessness to the person, family and collectivity nursing care.

[...]

Art. 16 – To ensure the continuity of nursing care in conditions that offer safety, even in the event of suspension of professional activities resulting from category claims.

The ethical-legal obligation of the institution and the professional is to ensure and guarantee nursing assistance free of damages due to negligence, malpractice or recklessness to the patient⁽¹³⁾.

The need for a flexibilization of the nursing team's workday can be made necessary to enable the satisfaction of the interests of the institutions and also of the professionals. However, the physical and psychological needs of the professional must be considered to ensure the safety and quality of care, avoiding risk and loss of the activity and the balance of power in labor relationships that consider the health of the professional and patient safety.

Nursing health in uninterrupted working hours

Under the theme "Occupational health and safety", the International Labor Organization (ILO) has been discussing working conditions with the aim of preventing and reducing work-related accidents and injuries. It is relevant to discuss the organization of work in 24-hour working days, as this workload interferes with the performance of the nursing professional's activities, subjecting them to risk conditions for their health and safety at work^(5,11).

In this case, the financial responsibility can be a relevant factor for the professional to be subject to long and exhaustive working hours, including during the night period⁽⁵⁾.

The multiple job links are a reality in Brazilian nursing⁽¹⁴⁾, implying possibilities of insufficient pauses between the worked days, reduction of nocturnal sleep, as well as the short time for daytime rest. Besides the physiological issue, the accumulation of jobs interferes in the social, family and leisure activities of this professional, compromising the physical and mental health.

A 24-hour working day allows the nursing professional to have two or three jobs, which will be interspersed between the days of rest. However, night

shift work does not allow adequate physiological rest, leading to changes in the sleep-wake cycle and consequently causing health damage. Changing the pattern of sleep compromises the individual's quality of life and also compromises safety at work. After a few nights of poor sleep, the nursing professional is subject to occupational accidents, mood disturbances, decreased productivity and attention deficit due to sleepiness and compromise in social relationships^(15, 16).

The need to take on another employment relationship causes the nursing professional to reduce the time for human and basic activities. Thus, the time spent in sleep/rest is used to perform other activities, such as domestic or professional activities, hindering to satisfy the professional's rest and leisure needs, and influencing the balance between effort and reward⁽¹⁴⁾.

People with extensive work hours are at increased risk for stroke, heart disease⁽¹⁶⁾, and the development of work-related stress⁽¹⁷⁾. The environmental stressors associated with low sleep quality, due to night work, can trigger stress and result in problems such as irritability, fatigue, hypertension, pain, changes in the immune system, depression, anxiety, Burnout Syndrome and suicide⁽¹⁷⁾. It is observed that the class entity of health professionals has already detected these factors that affect the health of its professionals and have instituted policies aimed at working these problems⁽¹⁸⁾.

The Theory of Human Motivation and the 24hour working hours

Taking the human motivation theory of Abraham H. Maslow, the man is driven to meet his needs organized according to the urgency of human motives. These needs were classified by Maslow in 5 categories arranged in hierarchy of importance⁽¹⁹⁾:

- a) Physiological needs: normal body effort to maintain a state of survival, such as food, thirst, sex, protein, movement;
- b) Need for security: related to the desire for absence of danger or emergencies, such as stability, protection, absence of fear, need for structure and order;
- c) Need of love: Maslow is defined as giving and receiving affection. It is related to the social interactions of the individual, having as important the contact with the family, friends, and children, for example;
- d) Need for esteem: related to self-value, self-respect and self-esteem of the individual;

e) The need for self-realization: when all other needs are met, the individual experiences the desire to know and accomplish something that brings peace to himself, for example, the artist's satisfaction of painting, the singing musician and the writing poet

Therefore, physiological need is the strongest, the most basic, and essential, while the need for self-realization is the weakest in the hierarchy⁽¹⁹⁾.

In this context, the nursing professional needs to be stimulated to assume a workload of 24 consecutive hours motivated by the attendance of their survival needs, especially the physiological, especially nutrition; the need for security, to provide him and his family with housing, basic human conditions. The provision of these needs is related to the economic conditions that can be achieved through work.

It can be observed that long working hours, sometimes imperative because of degrading salaries, can adversely affect other human needs equally necessary to the professional, such as sleep and rest, compromising the physiological and psychosocial system, putting at risk the primary needs of nursing professionals, among others.

In this process, when attending the labor demand, the nursing professional compromises the other levels proposed by Maslow at the uninterrupted 24-hour scales. For example, the long working days challenge the maintenance of the professional life of the nursing professional, the lack of intervals that can meet the needs of sleep and rest, of social and family life, as well as influence processes of wear and tear resulting from stress, anxiety, tension, and tiredness. These factors reflect the implications for nursing care that may compromise the professional performance and the development of nursing care⁽²⁰⁾.

It is noticed that professionals who take up the 24 hours of work, due to the need to have more employment links to face the economic conditions and to have access to food, housing, among others, only in function of this working day, present sleep impairment and rest, recreation, considering that this professional is vulnerable to work accidents involving his person and the patient.

FINAL CONSIDERATIONS

The long hours of nursing work are worrisome, regarding the health of this professional, as well as the quality of their work, impacting on patient safety, being a challenge for the nursing professional, health institutions and class of the category. It is suggested that nursing professionals avoid long working hours

for the preservation of their physical/mental health condition and the maintenance of their social/family life. This is a challenging propositional action by the diverse interests involved, being indispensable for the political sensitization of the professional, in its social context, as well as its connection to the class entities, aiming to assure guarantees compatible with health and better working conditions and relationships. As for the hospital institutions, it is suggested that the forms of hiring be reviewed, as well as the review of the amounts paid to this professional with the purpose of exclusivity to the institution, promoting a real security in individual and collective nursing care.

In the case of such journeys, it is the responsibility of the health institutions to provide working conditions that guarantee regular sleep/rest hours, minimizing the negative impact of an extended working day to maintain safe levels of care.

The board of trustees is responsible for increasing the supervision of jobs, seeking to ensure decent conditions and compliance with current legislation.

In view of the change in the Brazilian labor law, it is essential to bring up the topic under discussion with the nursing and union institutions, considering that the clash in the correlation of force and tension in the labor relationship is a reality increasingly present in the daily life of the health services.

JORNADA DE TRABALHO DE 24 HORAS CONSECUTIVAS E A IMPLICAÇÃO PARA O OFÍCIO DA ENFERMAGEM

RESUMO

A jornada de trabalho de 24 horas consecutivas é uma realidade na atividade de enfermagem. A demanda por melhores salários para a conquista de uma vida digna, muitas vezes, faz com que o profissional de enfermagem enfrente jornadas extensa e intensa de trabalho e em turnos noturnos. Porém, tal rotina pode implicar em prejuízo ao profissional, no que tange ao tempo de sono/repouso e exposição a maiores riscos de acidentes de trabalho devido ao cansaço. Adotou-se a teoria da motivação de Maslow para refletir sobre o que estimula o profissional de enfermagem a enfrentar jornadas de 24 horas consecutivas de trabalho, considerando que para atender às necessidades de vida, estima e autorrealização as longas jornadas de trabalho afetam negativamente o sistema fisiológico e psicossocial do profissional, colocando em risco as necessidades de sono/repouso e social/familiar. Dessa forma, este artigo de reflexão tem por objetivo fomentar a temática discutindo os impactos da jornada de trabalho da enfermagem na saúde e segurança do profissional e do paciente. Sugerem-se pausas ou reduzidas jornadas de trabalho para um repouso fisiológico adequado e minimização dos riscos na saúde do profissional, além de maior segurança para o paciente.

Palavras-chave: Enfermagem. Trabalho. Jornada de Trabalho.

JORNADA LABORAL DE 24 HORAS CONSECUTIVAS Y LA IMPLICACIÓN PARA EL TRABAJO DE ENFERMERÍA

RESUMEN

La jornada laboral de 24 horas consecutivas es una realidad en la actividad de enfermería. La demanda por mejores salarios para el éxito de una vida digna, muchas veces, hace con que el profesional de enfermería enfrente jornadas extensas e intensas de trabajo y en turnos nocturnos. Pero, tal rutina puede causar perjuicio al profesional, en cuanto al tiempo de sueño/reposo y exposición a mayores riesgos de accidentes de trabajo debido al cansancio. Se adoptó la teoría de la motivación de Maslow para reflejar sobre qué estimula al profesional de enfermería para enfrentar jornadas de 24 horas consecutivas de trabajo, considerando que para atender las necesidades de vida, estima y autorrealización, largas jornadas laborales afectan negativamente el sistema fisiológico y psicosocial del profesional, poniendo en riesgo las necesidades de sueño/reposo y social/familiar. De esta forma, este artículo de reflexión tiene el objetivo de fomentar la temática, discutiendo los impactos de la jornada laboral de la enfermería en la salud y seguridad del profesional y del paciente. Se sugieren pausas o reducidas jornadas laborales para un reposo fisiológico adecuado y disminución de los riesgos en la salud del profesional y mayor seguridad para el paciente.

Palabras clave: Enfermería. Trabajo. jornada laboral.

REFERENCES

1 Brasil. Ministério da Saúde. Resolução nº 7, de 24 de fevereiro de 2010, Diário Oficial da República Federativa do Brasil. Brasília. Seção 1, p. 48.2010. Disponível em:

http://bvsms.saude.gov.br/bvs/saudelegis/anvisa/2010/res0007_24_02_2010 html.

2 Santos TA, Silva OS, Melo CMM, Costa HOG. Meaning of the regulation of working hours in the nursing scope. Rev. Enferm. UERJ, Rio de Janeiro 2013. Vol. 21 n° 2 p. 265-8. Available from: http://www.e-

publicacoes.uerj.br/index.php/enfermagemuerj/article/view/7224.

3 Prefeitura Municipal de Belo Horizonte. Edital nº 001/2014. Concurso público para o Hospital Odilo Behrens. Minas Gerais. 2014. Disponível em: https://docplayer.com.br/42149910-Hospital-municipal-odilon-behrens-hob-concurso-publico-no-001-2014.html.

4 Prefeitura Municipal de Teresina. Edital nº 01/2016. Concurso público para o Quadro de Pessoal da Fundação Hospitalar de Teresina. Piauí. 2016. Disponível em: http://nucepe.uespi.br/downloads/edital_fht2016.pdf.

5 Campos, M. L. P; Martino, M. M. F. Aspectos cronobiológicos do ciclo

vigília-sono e níveis de ansiedade dos enfermeiros nos diferentes turnos de trabalho. Rev. esc. enferm. 2004. vol.38 nº4 São Paulo Dec. doi: http://dx.doi.org/10.1590/S0080-62342004000400007.

6 Girardi C, Feldhaus C, Oliveira JLC, Schran LS, Luz MP, Tonini NS, et al. Dimensionamento de pessoal de enfermagem em pronto-socorro hospitalar. rev. Adm. Saúde. 2018 abr/jun; Vol.18, N°71. doi: http://dx.doi.org/10.23973/ras.71.95.

7 Organisation for Economic Cooperation and Development. Labour Force Statistics. Average annual hours actually worked per worker. França. 2016. Available from:

https://stats.oecd.org/index.aspx?DataSetCode=ANHRS.

8 Lin RT, Lin CK, Christiani DC, Ichiro K, Cheng Y, Verguet S, et al. The impact of the introduction of new recognition criteria for overwork-related cardiovascular and cerebrovascular diseases: a cross-country comparison. Rev. Scientific reports 7. 2017 mar; nº 167. doi: https://doi.org/10.1038/s41598-017-00198-5.

9 Brasil. Constituição (1988). Constituição da República Federativa do Brasil. Brasília, DF: Senado Federal, p. 292, 1988. Disponível em: https://www.senado.leg.br/atividade/const/con1988/CON1988_05.10.1988/ind.asp.

10 Brasil. Consolidação das leis do trabalho. Decreto-lei nº 5.452, de 1º de maio de 1943. Aprova a consolidação das leis do trabalho. 104.ed. São Paulo: Atlas, 2000. Coletânea de Legislação. Disponível em: https://www2.camara.leg.br/legin/fed/declei/1940-1949/decreto-lei-5452-1-maio-1943-415500-publicacaooriginal-1-pe.html.

11 Cofen. Conselho Federal de Enfermagem. Resolução COFEN nº. 543/2017: Estabelece parâmetros para o dimensionamento do profissional de enfermagem. 2017. Disponível em: http://www.cofen.gov.br/resolucao-cofen-5432017_51440.html.

12 Machado MH. Relatório final da Pesquisa Perfil da Enfermagem no Brasil (Convênio: FIOCRUZ/COFEN). Rio de Janeiro, 2015. Disponível em: http://www.cofen.gov.br/perfilenfermagem/.

13 Cofen. Conselho Federal de Enfermagem. Resolução COFEN nº. 311/2007: Código de Ética dos Profissionais de Enfermagem. 2007. Disponível em: http://www.cofen.gov.br/resoluo-cofen-3112007_4345.html.

14. Oliveira AMN, Araújo TM. Situações de desequilíbrio entre esforçorecompensa e transtomos mentais comuns em trabalhadores da atenção básica de saúde. Trab. Educ. Saúde. 2018 jan/abr; v. 16 n. 1, p. 243-262. doi: http://dx.doi.org/10.1590/1981-7746-sol00100.

15 Silva AP, Carvalho ES, Cardim A. Trabalho notumo na vida dos enfermeiros. Revista Enfermagem Contemporânea. 2017 Out; 6(2):177-185. doi: http://dx.doi.org/10.17267/2317-3378rec.v6i2.1292.

16 Kivimäki M, Jokela M, Nyberg ST, Manoux AS, Fransson EI, Alfredsson L. Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603 838 individuals. The Lancet. 2015 Out; V. 386, N. 10005, p. 1739–1746. doi: https://doi.org/10.1016/S0140-6736(15)60295-1.

17 Batista KM, Bianchi ERF. A relação stress, hardiness e tumo de trabalho em enfermeiros de um hospital de ensino. Rev. Enfermería global. 2013 jan; N° 29. p. 281-287. Disponível em:

http://scielo.isciii.es/pdf/eg/v12n29/pt_administracion5.pdf.

18 Louzã M. Burnout: A síndrome de exaustão no trabalho. Revista cipa. 2016. Disponível em: http://revistacipa.com.br/burnout-a-sindrome-de-exaustao-no-trabalho/.

19 Maslow AH. Motivación y personalidade. Barcelona: Ed. Sagitário; 1954. Disponível em:

https://www.passeidireto.com/arquivo/16842956/motivacao_e_personalida de__maslow__livro.

20. Sarquis LMM, Baptista PCP, Mininel VA, Silva FJ; Felli VEA. Exposure to biological material: consequences for nursing professionals. Cienc Cuid Saude. 2013 Out/Dez; 12(4):697-703. doi: http://dx.doi.org/10.4025/cienccuidsaude.v12i4.14742...

Corresponding author: Karla de melo Batista. Departamento de Enfermagem — Centro de Ciências da Saúde da Universidade Federal do Espírito Santo. Av. Marechal Campos, 1468 - Bonfim, Vitória - ES | CEP 29047-105. E-mail: kmbati@gmail.com

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