TEXTO & CONTEXTO
ENFERMAGEM
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PSYCHOSOCIAL RISKS RELATED TO THE ORGANIZATION OF OUTPATIENT NURSING WORK

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ABSTRACT

Objective: to analyze the psychosocial risks related to the organization of nursing work in outpatient clinics of university hospitals.

Method: cross-sectional epidemiological study developed in 11 outpatient units linked to the three public universities of the city of Rio de Janeiro, Brazil. Participants were 388 nursing professionals who worked in patient care at the time of the research. Data were collected from July to December 2018, using a self-applicable instrument. A questionnaire was used for sociodemographic, occupational and health characterization, and the Work Organization Scale. The bivariate analyses were performed using the *odds ratio* (OR), with a confidence interval of 95%, significance level of 5%.

Results: the organization of nursing work received an assessment of medium psychosocial risk by the professionals participating in the research, demanding interventions in the short and medium term. There was no association between sociodemographic, occupational and health characteristics and the organization of outpatient work.

Conclusion: interventional measures should be performed in the psychosocial risk factors presented in this research, with a view to improving the work environment, so that the importance of maintaining satisfactory material conditions is considered, as well as the adequate quantity of human resources. In addition, it aims to expand the spaces of nursing participation in decision-making, strengthening its autonomy as a profession.

DESCRIPTORS: Occupational risks. Nursing. Nursing team. Worker's health. Hospital outpatient clinic. Psychosocial effects of the disease.

RISCOS PSICOSSOCIAIS RELACIONADOS À ORGANIZAÇÃO DO TRABALHO DA ENFERMAGEM AMBULATORIAL

RESUMO

Objetivo: analisar os riscos psicossociais relacionados à organização do trabalho de enfermagem em ambulatórios de hospitais universitários.

Método: estudo epidemiológico transversal desenvolvido em 11 unidades ambulatoriais vinculadas às três universidades públicas do município do Rio de Janeiro, Brasil. Participaram 388 trabalhadores de enfermagem, que atuavam na assistência à época da pesquisa. A coleta de dados foi realizada no período de julho a dezembro de 2018, por meio de um instrumento autoaplicável. Utilizou-se um questionário para caracterização sociodemográfica, ocupacional e de saúde, e a Escala de Organização do Trabalho. As análises bivariadas foram realizadas utilizando a razão de chances, *odds ratio* (OR), com intervalo de confiança de 95%, nível de significância de 5%.

Resultados: a organização do trabalho de enfermagem recebeu avaliação de risco psicossocial médio pelos profissionais participantes da pesquisa, demandando intervenções a curto e médio prazo. Não houve associação entre as características sociodemográficas, ocupacionais e de saúde e a organização do trabalho ambulatorial.

Conclusão: medidas interventivas devem ser realizadas nos fatores de risco psicossocial apresentados nesta pesquisa, na perspectiva de melhorar o ambiente de trabalho, de forma que se considere a importância da manutenção de condições materiais satisfatórias, bem como o quantitativo adequado de recursos humanos. Além disso, visa-se ampliar os espaços de participação da enfermagem na tomada de decisão, fortalecendo sua autonomia enquanto profissão.

DESCRITORES: Riscos ocupacionais. Enfermagem. Equipe de enfermagem. Saúde do trabalhador. Ambulatório hospitalar. Efeitos psicossociais da doença.

RIESGOS PSICOSOCIALES RELACIONADOS CON LA ORGANIZACIÓN DEL TRABAJO DE ENFERMERÍA AMBULATORIA

RESUMEN

Objetivo: analizar los riesgos psicosociales relacionados con la organización del trabajo de enfermería en las consultas externas de los hospitales universitarios.

Método: estudio epidemiológico transversal desarrollado en 11 unidades ambulatorias vinculadas a las tres universidades públicas de la ciudad de Río de Janeiro, Brasil. Los participantes fueron 388 profesionales de enfermería que trabajaban en la atención al paciente en el momento de la investigación. Los datos se recolectaron de julio a diciembre de 2018, utilizando un instrumento autoaplicable. Se utilizó un cuestionario para la caracterización sociodemográfica, ocupacional y de salud, y la Escala de Organización del Trabajo. Los análisis bivariados se realizaron utilizando el *odds rat*io (OR), con un intervalo de confianza del 95%, nivel de significancia del 5%.

Resultados: la organización del trabajo de enfermería recibió una evaluación del riesgo medio psicosocial por parte de los profesionales participantes en la investigación, exigiendo intervenciones en el corto y mediano plazo. No hubo asociación entre las características sociodemográficas, ocupacionales y de salud y la organización del trabajo ambulatorio.

Conclusión: se deben realizar medidas de intervención en los factores de riesgo psicosocial presentados en esta investigación, con miras a mejorar el clima laboral, a fin de considerar la importancia de mantener condiciones materiales satisfactorias, así como la cantidad adecuada de recursos humanos. Además, se busca ampliar los espacios de participación de la enfermería en la toma de decisiones, fortaleciendo su autonomía como profesión.

DESCRITORES: Riesgos laborales. Enfermería. Equipo de enfermería. Salud del trabajador. Clínica hospitalaria. Efectos psicosociales de la enfermedad.

INTRODUCTION

The World Health Assembly, through the Global Strategy for Human Resources in Health: Workforce 2030, established in one of its objectives, that investments in the health workforce can provide returns in terms of better results, global security and economic growth, affirming the need for investments in this sector for the maintenance and operation of systems at the global level[1].

Nursing workers are the most numerically expressive and qualitatively essential group for health work in Brazil. All processes, services and procedures in the Unified Health System (SUS) involve an active role of these workers, and their work processes are considered crucial in any health system in the world[2].

Changes in the world of work in recent decades, especially after the 1980s, have resulted in emerging risks in the field of occupational safety and health. Changes in the world of work in recent decades, especially after the 1980s, have resulted in emerging risks in the field of occupational safety and health. Among these, psychosocial risks[3] stand out, with the potential to cause the worker to become ill, either physically or mentally. Psychosocial factors are known to be important in the health and illness process of workers and include the way work is organized, time arrangements, social relationships, content and workload in terms of mental and social demands for each worker[4].

In this context, the investigation of the work organization aims to identify how tasks are defined, divided and distributed, as well as the conception of prescriptions, as well as how supervision, control, order, direction and hierarchy operate, everything is from the representation of workers about the nature and division of tasks, standards, controls and working rhythms[5]. With regard to psychosocial risks in nursing work, this group of workers is more exposed and has a higher chance of disability retirement due to exposure when compared to other occupations[6].

In Brazil, studies that focus on psychosocial risk factors are recurrent in nursing[7] Despite this, there is a scarcity of studies in the area of workers' health that consider the context of outpatient work[8].

The outpatient clinics are characterized by the provision of elective health services and assistance to external clients, in a scheduled and continuous manner, including preventive, diagnosis, therapeutic and rehabilitation actions[9]. It differs, therefore, from other places of nursing practice, being considered a sector with lower workload, where older professionals, close to retirement, with longer time in the institution, from other sectors who present with health problems are allocated[8]. It is understood that this space is complex and undervalued as a place that has significant workloads and strain on workers.

In Brazil, it is common for nursing professionals, as they age or approach retirement, to be relocated to these units, on the grounds that they offer less strain on workers' health. However, it is understood that this argument is fallacious, in view of the new demands and workloads in this work location, added to the precarious working conditions in Brazilian public health services. To this extent, studies that focus on the dimensions of work organization that constitute psychosocial risks to nursing professionals are a starting point for the development of preventive practices, oriented to the organizational context researched.

In view of the gap pointed out, the aim of this study is to analyze the psychosocial risks related to the organization of nursing work in outpatient clinics of university hospitals..

METHOD

This is a cross-sectional epidemiological study conducted in 11 outpatient units linked to the three public universities located in the city of Rio de Janeiro/RJ, Brazil, two being federal and one being state. The study population consisted of 604 nursing workers, including nurses, technicians and assistants. All nursing workers working in patient care were included, and those who were on

vacation, prolonged leave, absences from work or were not found during the data collection period were excluded. In the universe of 604 workers, 483 were eligible. Among these, 388 (80%) participated in the survey and 95 (20%) did not respond or did not return the survey instrument or did not consent to participate.

A data collection instrument was applied that included a questionnaire for sociodemographic, occupational and health characterization and the Work Organization Scale (EOT), which is part of the Protocol for Assessing Psychosocial Risks Related to Work (PROART)[10].

The characterization of the population was evaluated by the following variables: a) sociodemographic: date of birth, sex, marital status, race/color, children, schooling; b) occupational: number of visits, workload, professional category, working time in nursing, in the institution and outpatient clinic, working in another sector in the institution; c) health-related: self-assessment of health, chronic diseases, absenteeism.

The EOT, validated for use with workers, aims to apprehend the representations that this group has regarding material and relational antecedents of psychosocial risks. It is a Likert-type frequency scale, consisting of 5 points, with the answers: 1 (never), 2 (rarely), 3 (sometimes), 4 (frequently) and 5 (always). It has 19 items, divided into two factors: Division of Tasks, which assesses the conditions, rhythms and deadlines offered for its execution; and Social Division of Labor, which assesses issues related to norms, assessment, autonomy and participation in work[10].

The interpretation of the EOT was performed based on the analysis of the general mean and standard deviation of the factor, in addition to the analysis of the three items of the factor evaluated with the highest and lowest means, in order to verify which situations influenced the overall results. Considering the standard deviation from the midpoint, the parameters for the assessment are as follows: a) 1.00 to 2.29: high risk (negative result: represents high psychosocial risks, requiring immediate interventions in the causes, aiming to eliminate them and/or attenuate them); b) 2.30 to 3.69: medium risk (median result: represents a state of alert/limit situation for psychosocial risks at work, requiring short and medium term interventions); and c) 3.70 to 5.00: low risk (positive result: represents low psychosocial risks, aspects to be maintained, consolidated and enhanced in the Work Organization)[10].

Data collection occurred from July to December 2018, through a self-applicable instrument, and was performed during the work hours of the professionals, by a team of previously trained research assistants.

The data were organized, processed and analyzed with the help of the Statistical Package for the Social Sciences (SPSS) program, version 21.0.

The statistical analysis was initially composed of the descriptive analysis of sociodemographic, occupational and health variables. At a later date, the mean and standard deviation of each item of the EOT were obtained, grouped in sequence for the formation of factors and classification at low, medium or high psychosocial risk.

For the bivariate statistical analysis, considering that the low risk classification is the only one that points to a positive result for workers' health, the medium and high risks were added together and considered as a dependent variable. The independent variables were the sociodemographic, labor and health characteristics of nursing workers in the outpatient clinics, which were dichotomized for inclusion in the statistical model, with the exception of the variable self-rated health. Thus, bivariate analyses were performed using the Chance Ratio, odds ratio (OR), with a 95% confidence interval, with a significance level of 5% to verify the association between the variables. Regarding the analysis of the internal consistency of the EOT, the Cronbach's Alpha technique was applied, demonstrating good internal consistency of the subscales used, which resulted in 0.815 for the division of tasks factor and 0.862 for the social division of labor factor.

The study was approved by eight Research Ethics Committees and professionals who voluntarily agreed to participate in the research signed the Informed Consent Form (ICF).

RESULTS

The sample of nursing workers investigated was predominantly female (88.6%, n=344), with a mean age of 48 years (SD±11), who lived with a partner (52.6%, n=204), had children (69.8%, n=271), non-white (61.6%, n=239) and who had higher education (68.3%, n=265). In relation to occupational characteristics, the sample consisted mostly of workers with permanent contracts (90.7%, n=352), only one employment relationship (52.1%, n=202), exercising a workload of more than 30 hours per week (61.6%, n=239), nursing technicians and assistants (69.6%, n=270), who had already worked in another sector within the institution (62.9%, n=244), with a median of 25 years of nursing work, 18 years in the institution and 5.5 years in the outpatient clinic. Regarding self-assessment of health status, most respondents characterized it as good/very good (n=246, 63.4%). The presence of diseases was reported by 91.5% (n=355), with the majority having four or more diseases (48.5%, n=188). Absenteeism in the last 12 months was reported by 33% (n=128). Among the self-reported diseases of the population studied, stress (50.8%, n=197), osteo-articular disease (46.1%, n=179), varicose veins (45.4%, n=176), high cholesterol (39.2%, n=152) and arterial hypertension (38.7%, n=150) prevailed.

The EOT enabled the apprehension of the representations that nursing workers working in outpatient clinics have of their work. Table 1 presents the analysis of the Work Organization Scale items according to mean, standard deviation and the risk classification of the factors division of tasks and social division of work, in decreasing order of risk from the average of each item, enabling the analysis of the three factor items evaluated with highest and lowest means.

Table 1 - Analysis of the work organization scale according to average, standard deviation and risk classification for nursing professionals in outpatient clinics of university hospitals in the city of Rio de Janeiro. Rio de Janeiro, RJ, Brazil, 2018. (n=388)

Items of the Work Organization Scale	Average	DP*	Risk
Division of Tasks	**3.27**	**1.1**	**Medium**
The deadlines for carrying out the tasks are flexible	3.75	1.1	Low
The pace of work is adequate	3.53	1.1	Medium
I have adequate conditions to achieve the expected results of my work	3.46	1.1	Medium
The equipment is suitable for performing the tasks	3.12	1.1	Medium
The number of workers is sufficient for the execution of the tasks	3.08	1.2	Medium
The work resources are sufficient to carry out the tasks	3.03	1	Medium
The physical space available to carry out the work is adequate	2.94	1.4	Medium
Social Division of Labour	**3.69**	**1.1**	**Medium**
The information I need to perform my tasks is clear	3.9	1	Low
Communication between boss and subordinate is adequate	3.87	1.1	Low
There is clarity in the definition of tasks	3.84	1.1	Low
I have the freedom to give my opinion on my work	3.82	1.1	Low

Items of the Work Organization Scale	Average	DP*	Risk
The guidelines that are passed to me to carry out the tasks are coherent with each other	3.8	1	Low
The tasks I perform in my work are varied	3.79	1.1	Low
There is quality communication between employees	3.71	1	Low
There is fairness in the distribution of tasks	3.69	1.1	Low
There is flexibility in the rules for the execution of tasks	3.59	1	Medium
I have the autonomy to perform the tasks as I think best	3.56	1.1	Medium
The evaluation of my work includes aspects beyond my production	3.38	1.3	Medium
Employees participate in work decisions	3.22	1.8	Medium

*Standard deviation

The standard deviation for the two EOT factors was 1.1, demonstrating a dispersion of responses. Despite this, the means were representative of the whole, and were classified as medium risk, representing a state of alertness/situation limited to psychosocial risks in the work of nursing professionals in outpatient clinics of university hospitals.

Table 2 presents the sociodemographic, occupational and health conditions of the studied population associated with EOT factors.

Table 2 - Association between the sociodemographic, occupational and health variables of nursing professionals in university outpatient clinics and the factors division of tasks and social division of labor of the Work Organization Scale (EOT). Rio de Janeiro, RJ, Brazil, 2018. (n=388)

Variables studied	Division of tasks		Social Division of Labour	
	Medium/high risk	RC	Medium/high risk	RC
	n(%)	(IC95%)	n(%)	(IC95%)
Sociodemographic variables				
Age				
Up to 59 years	212 (65.8)	1	152 (47.2)	1
60 years or older	43 (76.8)	1.71 (0.88-3.32)	32 (57.1)	1.50 (0.84-2.64)
Sex				
Male	26 (63.4)	1	17 (41.5)	1
Female	231 (67.2)	1.18 (0.60-2.31)	170 (49.4)	1.38 (0.72-2.66)
Lives with partner				
Yes	130 (63.7)	1	91 (44.6)	1
No	129 (70.5)	1.36 (0.88-2.08)	98 (53.6)	1.43 (0.96-2.14)
Skin color				
White	96 (65.3)	1	64 (43.5)	1
Non-white	162 (67.8)	1.11 (0.72-1.73)	125 (52.3)	1.42 (0.94-2.15)

Variables studied	Division of tasks		Social Division of Labour	
	Medium/high risk	RC	Medium/high risk	RC
	n(%)	(IC95%)	n(%)	(IC95%)
Presence of children				
No	80 (69)	1	61 (52.6)	1
Yes	179 (66.1)	0.87 (0.55-1.40)	128 (47.2)	0.81 (0.52-1.25)
Schooling				
Superior	174 (65.7)	1	128 (48.3)	1
Full average	85 (69.7)	1.20 (0.76-1.90)	61 (50.0)	1.07 (0.70-1.64)
Occupational variables				
Contract type				
Permanent	235 (66.8)	1	174 (49.4)	1
Non-permanent	24 (68.6)	1.08 (0.51-2.29)	15 (42.9)	0.77 (038-1.55)
Number of contracts				
1 job	135 (66.8)	1	90 (44.6)	1
2 or but	124 (67.0)	1.00 (0.66-1.54)	99 (53.5)	1.43 (0.96-2.14)
Workload				
Up to 30 hours	102 (68.9)	1	72 (48.6)	1
31 hours or more	157 (65.7)	0.86 (0.56-1.34)	117 (49.0)	1.01 (0.67-1.53)
Professional category				
Nurse	77 (65.8)	1	50 (42.7)	
Nursing Tech/Ass	182 (67.4)	1.07 (0.68-1.70)	139 (51.5)	1.42 (0.92-2.20)
Working time in nursing				
Up to 25 years	126 (65.6)	1	93 (48.4)	1
26 years or older	129 (67.5)	1.09 (0.71-1.67)	93 (48.7)	1.01 (0.68-1.50)
Working time at the institution				
Up to 18 years	126 (66.0)	1	87 (45.5)	1
19 years or older	129 (67.5)	1.07 (0.70-1.64)	99 (51.8)	1.29 (0.86-1.92)
Working time in the outpatient clinic				
Up to 5.5 years	133 (71.1)	1	88 (47.1)	1
5.6 years or more	118 (63.4)	0.70 (0.46-1.09)	94 (50.5)	1.15 (0.76-1.72)
Worked in another sector in the institution				
No	98 (68.1)	1	72 (50.0)	1
Yes	162 (66.4)	0.93 (0.60-1.44)	118 (48.4)	0.94 (0.62-1.41)
Health-related variables				
Self-assessment of health				
Good/very good	160 (65.0)	1	111 (45.1)	1
Regular	82 (67.8)	1.13 (0.71-1.80)	67 (55.4)	1.51 (0.97-2.34)
Bad/Too Bad	16 (84.2)	2.87 (0.81-10.11)	10 (52.6)	1.35 (0.53-3.44)

Variables studied	Division of tasks		Social Division of Labour	
	Medium/high risk	RC	Medium/high risk	RC
	n(%)	(IC95%)	n(%)	(IC95%)
Self-reported chronic diseases				
No	17 (51.5)	1	11 (33.3)	1
Yes	243 (68.5)	2.00 (0.99-4.19)	179 (50.4)	2.00 (0.96-4.32)
Absenteeism due to illness				
No	174 (69.9)	1	119 (47.8)	1
Yes	86 (61.9)	0.70 (0.45-1.08)	71 (51.1)	1.14 (0.75-1.73)

There was no association between sociodemographic, occupational and health characteristics and the organization of outpatient work. Despite this, there was a variation in the odds ratio for some of the items analyzed, with the risk chance for division of tasks and social division of labor being greater for elderly professionals, those who claimed to have chronic diseases and those who self-evaluated health as bad or very bad.

DISCUSSION

In the university outpatient clinics investigated, the work organization received a medium risk assessment by nursing professionals, which demonstrates that it is in a state of alert/situation limited to psychosocial risks at work. With regard to the division of tasks, the physical space, work resources and the number of workers stood out as more negative aspects. On the other hand, aspects related to the flexibility of deadlines for carrying out tasks, rhythm and working conditions were positively evaluated. In relation to the social division of labor, the participation of workers in decision-making and issues related to the evaluation of the work performed were evaluated as negative aspects - which includes aspects beyond production and the lack of autonomy to perform the tasks. The positive aspects were the availability of information to perform the tasks, the adequate communication between bosses and subordinates and the clarity in the definition of tasks, which concern socio-professional relationships, established positively in the outpatient work environment.

The lack of supplies and equipment and the infrastructure problems in the organization of work may be a consequence of the lack of financial resources[11], a recurrent problem in public health units in Brazil. Corroborating the data from this study, the work environment was also negatively evaluated in other studies[12–13], highlighting the insufficient adequacy of personnel and resources and infrastructure problems, factors that were associated with dissatisfaction at work, emotional exhaustion and intention to leave the position.

The personnel deficit interferes in the care provided to users, generating implications for the management and maintenance of prescribed nursing work, besides causing strain to the worker[11] and contributing to increase the risk of accidents[14], generating dissatisfaction and interfering in the intention to leave the profession[14–15]. The increase in work overload negatively influences the quality of care[16] resulting in the omission of essential care by the nursing team[17].

In contrast to the data in this research, the excessive work pace was assessed as severe, with a high risk of illness among hospital nursing workers. In addition to this, the working hours, deadlines and productivity also had repercussions and physical and mental strain on workers[13]. Likewise, a survey carried out in inpatient units identified an intense, exhausting and tiring work pace. Despite this, it is possible to carry out the prescribed activities in the pre-established time[11].

The lack of autonomy and participation in decision making are factors that interrelate and permeate the daily work of nursing in different contexts, as observed in the daily experience and in the data presented. These questions can influence the assessment of the work performed, which, according to the respondents, includes aspects beyond its production - that is, a job in which the worker has no or limited autonomy and in which he does not participate in decisions and it is evaluated against externally defined criteria. This factor, in addition to little control over their practice and relationship problems between them and the medical team, negatively interfere in patient safety incidents, in addition to potentiating the occurrence of burnout and intention to leave the position[18–19].

Regarding socio-professional relationships, data consonant with the research in question identified availability of information to perform tasks and support from the superiors for professional development as satisfactory aspects related to communication between superiors and subordinates[13]. Similarly, other studies, carried out in a psychiatric institution[20] and a primary health care unit located in a territory permeated by armed conflicts[21], also assessed the socio-professional relationships as satisfactory, as they are mediators of suffering at work.

Therefore, it is observed that the material working conditions of nursing professionals of university outpatient clinics, with regard to the physical space, work resources and quantity of workers, are similar to other contexts of nursing performance, which are negatively evaluated and may be contributing to the suffering and illness of this group of workers. In addition, regarding the context of the aspects negatively evaluated in this research, the lack of autonomy and participation of these workers stood out, data corroborated by the literature.

The socio-professional relationships were permeated by positive aspects and related to good communication and availability of information, issues also corroborated by other studies. Regarding the pace of work and flexibility in relation to deadlines, the data differ from the literature presented, and it is necessary to reflect on the difference in the work contexts studied. Considering that the present research was carried out with outpatient workers, this may mean that the rhythm of work in this context is less intense than those identified by nursing workers working in inpatient units in hospitals. From this interpretation, it can be inferred that the mentioned aspects can positively affect the health of these workers.

With regard to the analysis of the correlation between the organization of outpatient nursing work and the profile of the study population, variations in the odds ratio between the data presented were considered - worthy of mention, despite the confidence interval including the unit value, which indicates non-association. The chance of risk for the division of tasks and social division of labor was greater for elderly professionals, those who claimed to have chronic diseases and self-rated their health as bad or very bad.

Considering that advancing age for men and women exposes them to the increase and simultaneity of chronic diseases[22], and that negative self-assessment of health is associated with the presence of chronic diseases[23] and also other morbidities[24], an interrelation of this finding is perceived.

Chronic Non-Communicable Diseases (NCDs) are serious public health problems, develop throughout life and are responsible for serious complications, have a strong impact on morbidity and mortality and on the quality of life of individuals, in addition to pointing to differentiated risks of death premature and adverse economic effects on families, communities and society at large[25]. The analysis of health-related conditions points to worrying data, considering the percentage of professionals who declared themselves to have chronic diseases. As this is a cross-sectional study, it is not possible to infer causality, but it is a fact that requires further research, considering that the aforementioned diseases - such as stress, osteoarticular disorders, varicose veins and SAH - are morbidities that can be aggravated or even caused by working conditions. It is noteworthy that nursing workers are simultaneously exposed to several risks, requiring robust studies that can analyze the interaction effects of multiple exposures to work, both physical and psychosocial[26].

Based on the above, the role of work in worsening the morbidity conditions of workers who already have chronic diseases is questioned, taking into account negative aspects of the organization of work presented in this research. The importance of time for rest and leisure activities is confirmed, as well as the adoption of healthy lifestyle habits that positively interfere in the health conditions of these professionals.

The transversal nature of the data is presented as a limitation of this research, which prevents inferring any cause-effect relationships, establishing only associations. Another limitation was related to the large number of losses, which may have impacted results. Despite this, the sample was significant and representative of the population.

CONCLUSION

Based on the results presented, it can be stated that the organization of outpatient nursing work is similar to other work contexts and is marked by inadequate physical space, scarce resources and under-sizing of personnel. There is still low autonomy and little participation of the nursing staff in the investigated institutions. Despite this, there are positive aspects in this work context, which have allowed nursing professionals to face adverse conditions in search of their health in the professional environment. Thus, it was observed that there is flexibility in the rhythms and deadlines for carrying out the work, clarity in the definition of tasks, adequate communication and positive socio-professional relationships, with emphasis on the appreciation and commitment of workers.

Based on the understanding that the nature of nursing work is not subject to change, and that this, in itself, already exposes the worker to risks with the potential to damage their health, intervention measures must be carried out in the risk factors psychosocial aspects that were presented in this research. Thus, interventions should be carried out with a view to improving the work environment, so that the importance of maintaining satisfactory material conditions is considered, as well as the adequate quantity of human resources. They should also be applied with regard to management, aiming to expand the spaces of nursing participation in decision-making, strengthening its autonomy as a profession.

Issues related to psychosocial risks in the work of health professionals should be included in the political analysis of health policies and in the inspection of workstations, especially for the nursing team, due to the impact these issues have had on these workers' health.

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NOTES

ORIGIN OF THE ARTICLE

Extracted from the thesis – Factors of psychosocial risks and work dimensions in nursing professionals of university outpatient clinics presented to the *Stricto Sensu* Graduate Program in Nursing, Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro, in 2021.

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CONFLICT OF INTEREST

There is no conflict of interest.

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