ABSTRACT

Objective: to analyze the occupational risks to the health of nurses working in a Family Health Unit. Methods: descriptive-exploratory, qualitative study, developed in a municipality of Bahia, Brazil, with five nurses working in the five health units of the city. Data collection occurred from May to June 2015, with the application of a semi-structured questionnaire. The interviews after recorded and transcribed were analyzed through Content Analysis. Results: Nurses' understanding of occupational risks involves unhealthy and dangerous activities, whose nature comes from working conditions related to physical, chemical, biological, ergonomic and psychosocial risks, which can cause or aggravate health problems. Among the occupational risks identified, biological risks were the most cited, followed by psychosocial and anti-ergonomic risks; physicists and chemists were less cited. Final Considerations: The high exposure to occupational risks harms the nurse's health. There is, therefore, a need to seek better working conditions for this category, aiming at an increase in the quality of life in the work of nurses working in the Family Health Unit.

Keywords: Occupational Risks; Worker's Health; Family Health; Nurse, nurse.

RESUMO

Objetivo: analisar os riscos ocupacionais para a saúde de enfermeiras que atuam em Unidade de Saúde da Família. Métodos: estudo descritivo-exploratório, qualitativo, desenvolvido em um município da Bahia, Brasil, com cinco enfermeiras atuantes nas cinco unidades de saúde do município. A coleta de dados ocorreu nos meses de maio a junho de 2015, com a aplicação de questionário semiestruturado. As entrevistas após gravadas e transcritas foram analisadas por meio da Análise de Conteúdo. Resultados: O entendimento das enfermeiras acerca dos riscos ocupacionais perpassa por atividades insalubres e perigosas, cuja natureza advém de condições de trabalho relacionadas aos riscos físicos, químicos, biológicos, ergonômicos e psicossociais, o que pode provocar ou agravar problemas de saúde. Dentre os riscos ocupacionais identificados, os biológicos foram os mais citados, seguido dos riscos psicossociais e antiergonométricos; os físicos e químicos foram menos citados. Considerações Finais: A elevada exposição aos riscos ocupacionais prejudica a saúde da enfermeira. Há, portanto, uma necessidade de buscar melhores condições laborais para esta categoria, objetivando aumento na qualidade de vida no trabalho de enfermeiras que atuam na Unidade de Saúde da Família.

Descritores: Riscos Ocupacionais; Saúde do Trabalhador; Saúde da Família; Enfermeira.

RESUMEN

Objetivo: analizar los riesgos ocupacionales de los enfermeros que laboran en la Unidad de Salud de la Familia. Métodos: estudio descriptivo-exploratorio, cualitativo, desarrollado en un municipio de Bahía, Brasil, con cinco enfermeras trabajando en las cinco unidades de salud del municipio. La recogida de datos se llevó a cabo de mayo a junio de 2015, mediante un cuestionario semiestructurado. Las entrevistas fueron grabadas, transcritas y analizadas mediante Análisis de Contenido. Resultados: la comprensión de las enfermeras sobre los riesgos laborales implica actividades nocivas y peligrosas, cuya naturaleza proviene de las condiciones laborales relacionadas con los riesgos físicos, químicos, biológicos, ergonómicos y psicosociales, que pueden ocasionar o agravar problemas de salud. Entre los riesgos laborales identificados, los biológicos fueron los más citados, seguidos de los riesgos psicosociales y antiergónicos; los físicos y los químicos fueron menos citados. Consideraciones finales: La elevada exposición a riesgos laborales perjudica la salud de la enfermera. Por lo tanto, existe la necesidad de buscar mejores condiciones laborales para esta categoría, con el objetivo de incrementar la calidad de vida en el trabajo de las enfermeras que laboran en la Unidad de Salud de la Familia.

Descritores: Riesgos Laborales; Salud del trabajador; Salud familiar; Enfermera.

1 Nurse. Specialist in Urgency and Emergency and Intensive Care Unit. Professor of the Nursing course at Maria Milza College. E-mail: julytsantan@hotmail.com; ORCID: https://orcid.org/0000-0002-9270-1028
2 Nurse. Professor at the State University of Feira de Santana. Department of Health. Center for Integrated Research in Public Health. E-mail: tssantan@uefs.br; ORCID: https://orcid.org/0000-0003-0987-0814
3 Nurse. PhD in Nursing. Professor at the School of Nursing of the Federal University of Bahia. E-mail: anderson.sousa@ufba.br; ORCID: https://orcid.org/0000-0001-8534-1960
4 PhD Nurse. PhD in Nursing. Professor of the Nursing course at the State University of Feira de Santana. Department of Health. Center for Integrated Research in Collective Health. E-mail: luciaservo@yahoo.com.br; ORCID: https://orcid.org/0000-0003-4809-3819

Corresponding author: Thiago da Silva Santana, Av. Transnordestina, s/n, New Horizons. Feira de Santana, BA, Brazil.
INTRODUCTION

Worker's Health (ST) refers to a field in the area of Public Health that seeks to understand and intervene in the relationships between health-disease and work, and its objectives are the promotion and protection of ST through actions to surveillance the risks present in the environment and working conditions (CT), measures to prevent their health and the technological organization of the production of care to workers, including procedures for diagnosis, treatment and rehabilitation within the Scope of the Unified Health System (SUS) (1).

It can also be emphasized to the worker's health as constitutional attribution regulated by the Organic Health Law No. 8,080/90 and prescribed in the National Policy on Safety and Health at Work (PNSST), which points out that epidemiological surveillance and health surveillance actions should prioritize the promotion and protection of the worker's health, providing them with conditions of health rehabilitation and recovery when they are in situations that aggravate the risks arising from their work context (2).

With regard to health workers, especially nurses, the work environment presents risks to their physical and mental integrity (3), exposing them to various occupational risks (4), defined here, as a combination of possibilities that cause injury or health aggravation, whether by a dangerous event, exposure to harmful agent or requirement of work activity and the severity of this injury or health aggravation (2). The occupational risks that affect workers may come from physical, chemical, psychosocial, ergonomic and biological factors (5).

Based on this premise, it can be said that nurses are exposed to different types of risks when developing their work. Particularly in some areas this panorama can become even more aggravating, as is the case of Primary Care (AB). This is because, in this context, professionals are exposed to risks, for example, which are not known a priori by patients, which is usually different in the hospital environment, and thus becomes specific (3), and there is a need to discuss protective and intervention measures about the risks to which workers are exposed.

The reorientation of the care model since the 1970s, after the International Conference on Primary Care, has made it possible to advance workers' health and safety policies (6). The changes that have occurred in the world of work have enabled a broad discussion about the Worker's Health in the Primary Care and important points have been incorporated such as: programming and realization of basic assistance and surveillance to the Worker's Health, conducting investigations in work environments and/or with the worker at home; conducting an interview with emphasis on Worker's Health; notifications of accidents and occupational diseases through notification instruments used by the health sector; planning and active participation of educational activities in the field of Worker's Health (6-7).

In this sense, the working conditions that the professions are inserted are also being discussed by the International Labor Organization (ILO) with the participation of the World Health Organization (WHO), considering their presence in all organizational structures of the health system. There are many challenges present in the field of training and the labor market, to be overcome, such as difficulties related to long working hours, absences of rest intervals, intense exposure to physical and psychological exhaustion, in addition to biological risks (8).

Thus, it is understood the importance of discussing the occupational risks present in nursing work in order to provide information that leads to reflect on their self-care, as well as to claim better Worker's Health. Thus, we intend to answer the following research question: how is the presence of occupational health risks configured in nurses working in Family Health Units?

In view of the above, the objective of this study was to analyze the occupational risks to the health of nurses working in Family Health Units.

METHODS

This is a descriptive study-exploratory, with a qualitative nature, carried out in the municipality of Bahia, Brazil.

The health system of the municipality is composed of one hospital institution and six Family Health Units (USF). The following programs are offered for health promotion and prevention: National Cervical and Breast Cancer Control Program, Prevention and Control Program for Diseases. Sexually Transmissible and HIV/Aids, Prenatal Program, Childcare, HiperDia, Program Adolescent Health, Family Planning, Men's Health and Elderly Health.

Data were collected between May and June 2015 through semi-structured interviews. A data collection instrument was used as an instrument for data collection, composed of three topics, namely: 1 - sociodemographic characterization of participants; 2 - perception of participants about occupational risks in the
Five nursing professionals from the nursing category who worked in the FUS for more than six months participated in the study, whose age ranged between 23 and 39 years, with a lato sensu postgraduate course in the area of Urgency, Emergency and ICU (01), Public Health (02), Health Audit and Micropolitics of Health Work (01), Obstetrics (01). Regarding the time of education, the professionals had an average of three years, only one had a double working day, both in the FUS and in the hospital area. The work regime was 40 hours per week.

Analyzing the conditions in which nurses are exposed in their workplace, in relation to occupational risks, is a basis for developing actions to promote, protect and recover their health. In this sense, it is essential that these professionals know the agents that can potentially harm physical and mental integrity, as well as the actions necessary to reduce the possible harms to health. From the analysis of these data, the formulation of four thematic categories was reached, described below.

Identifying occupational risks in the context of health work

Taking as a starting point the nurses’ understanding of occupational risks, the workers defined it as something that aggravates or allows the appearance of health problems, present in the work environment, as described in the following:

These are those that affect workers leading to illness, resulting from physical, chemical, biological, ergonomic and psychosocial factors (E1).

The risks, or rather, are the chances of an adverse event related to work or work environment occurring (E2).

These are dangers that affect the human health and well-being of workers (E3).

These are unhealthy activities that lead the professional to expose himself to dangers in the work environment (E4).

It is related to those found by professionals in the performance of their professional activity, ranging from chemical, physical and biological risks to environmental risks (E5).
Interference of occupational risks in workers’ health

It was demonstrating the feeling of vulnerability of nurses in relation to the environment and the development of work, events that can cause damage to health, raise the level of stress, cause accidents with increased absenteeism rates. Such data are reported below:

They negatively interfere with my health when they cease to be a risk and become an event that causes damage (E2).

At the moment, to date it has not significantly interfered, but the main thing I can mention is stress due to the lack of understanding of patients (E1).

It interferes by making me sick and stressed, besides, it increases the chance of having occupational risks (E4).

Increasing the chances of illness, bringing with it the need to miss work (E3).

Such risks may contribute to the increased chances of incidence of diseases and accidents at work (E5).

Stratification of occupational risks present in the workplace

Among the types of occupational risks flagged by nurses are psychosocial or emotional risks related to stress at work. Biological risks related to exposure to secretions, sharps and microorganisms. Regarding the antiergonomic and physical risks, issues such as physical plant and inadequate equipment leading to physical exertion and muscle injuries were indicated. On the other hand, exposure to products such as Glutaraldehydes and medicines was cited. Thus, the following table indicates the types of risks to which these nurses are exposed, as well as the number/percentage of nurses who suffered from some type of agent (Chart 01).

It is noteworthy that no psychosocial risk related to function deviation or sleep disorder was mentioned by nurses; no biological risk related to lack of PPE, poor cleaning of air conditioning or improper disposal of garbage and poor cleaning; no antiergonomic risk related to very high stretchers, lifting-excessive weight or risk of falls; no physical risk related to noise; and no chemical risk related to ionizing radiation or contact with cleaning products and detergents.

<table>
<thead>
<tr>
<th>Types of risk</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assaults</td>
<td>02</td>
<td>40</td>
</tr>
<tr>
<td>Lack of Security</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td>Work Overload</td>
<td>03</td>
<td>60</td>
</tr>
<tr>
<td>Stressful Environment</td>
<td>05</td>
<td>100</td>
</tr>
<tr>
<td>Contact with disease /death</td>
<td>04</td>
<td>80</td>
</tr>
<tr>
<td>Arrogance of Patients</td>
<td>03</td>
<td>60</td>
</tr>
<tr>
<td>Others</td>
<td>01</td>
<td>20</td>
</tr>
</tbody>
</table>

### Biological Risks

<table>
<thead>
<tr>
<th>Types of risk</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to blood, fluids and secretion</td>
<td>05</td>
<td>100</td>
</tr>
<tr>
<td>Exposure to infections and diseases</td>
<td>05</td>
<td>100</td>
</tr>
<tr>
<td>Exposure to sharps</td>
<td>04</td>
<td>80</td>
</tr>
<tr>
<td>Mold on the Walls</td>
<td>02</td>
<td>40</td>
</tr>
<tr>
<td>Tumultuous Environment</td>
<td>02</td>
<td>40</td>
</tr>
<tr>
<td>Unsuitable place for meals</td>
<td>02</td>
<td>40</td>
</tr>
<tr>
<td>Physical plant unsuitable for cleaning</td>
<td>02</td>
<td>40</td>
</tr>
</tbody>
</table>

### Antiergonomic Risks

<table>
<thead>
<tr>
<th>Types of risk</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate Physical Arrangement</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td>Accident Risks</td>
<td>03</td>
<td>60</td>
</tr>
<tr>
<td>Inadequate Physical Plant</td>
<td>02</td>
<td>40</td>
</tr>
<tr>
<td>Lack of equipment/Inadequate</td>
<td>05</td>
<td>100</td>
</tr>
<tr>
<td>Insufficient/inefficient equipment</td>
<td>05</td>
<td>100</td>
</tr>
<tr>
<td>Insufficient number of workers</td>
<td>02</td>
<td>40</td>
</tr>
<tr>
<td>Inadequate body posture</td>
<td>01</td>
<td>20</td>
</tr>
</tbody>
</table>

### Physical Risks

<table>
<thead>
<tr>
<th>Types of risk</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Lighting</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td>Exposed Wiring</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td>Stress</td>
<td>04</td>
<td>80</td>
</tr>
<tr>
<td>Smooth/Laminate floor</td>
<td>01</td>
<td>20</td>
</tr>
</tbody>
</table>

### Chemical Risks

<table>
<thead>
<tr>
<th>Types of risk</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to chemicals</td>
<td>03</td>
<td>60</td>
</tr>
<tr>
<td>Contact with Sterilizer product</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td>Contact with Glutaraldehydes</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td>Drug Contact</td>
<td>05</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Survey Data, Bahia, Brazil, 2015.

Measures adopted by nurses in order to minimize occupational risks in the work environment - challenge to be overcome

We highlight the protection measures adopted related to the use of IPEs valuing physical integrity, establishing attitudes of healthy living and health surveillance regarding exposure to occupational risks:

**Always making use of the PPE that are made available to me, taking care of my physical and psychic integrity (E3).**

**I am always attentive using PPE, maintaining adequate posture and taking calm to solve daily situations (E1).**

**Trying to enjoy a healthy life and making use of PPE (E5).**

**Developed measures related to the use of PPE and care with handling of biological materials. Usually we care more about physical and biological risks and forget psychosocial risks (E2).**
DISCUSSION

From the analysis of the results it was possible to identify the meaning attributed by nurses to occupational risk, resulting from unhealthy and dangerous activities, whose nature comes from the various working conditions (2-3). It presents potential to cause damage to health, causing physical, mental and social imbalance (10). Nurses are daily exposed to the most diverse types of risks related to customer care in the work scenario (11).

It is worth inferring that, in the scope of work, nurses are not only providers of care activities, but professionals with competence to act in the management of risks for health preservation through the identification and control of situations that generate injuries (12). It is important to continuously improve in order to recognize and prevent occupational risks inherent to work activity, since exposure to different agents can interfere with the integrity of Worker’s Health.

In the report of E1, when analyzing the interferences of occupational risks in health, it was observed through the expression "(...)" to date it has not significantly interfered (…)" that occupational risks interfere in their daily life, however it lets us go unnoticed, referring us to think that occupational risks are insignificant for her. On the other hand, it was evidenced in other statements, the feeling of vulnerability in relation to the environment and the development of work as events that can bring damage to health, raise the level of stress, change the daily work, cause accidents and diseases, increasing absenteeism rates.

In this perspective, the lack of professional training on occupational risk management strategies, given the magnitude of the problems and the lack of recognition and investments in biosafety in the field of work, it weakens the professional in the development of their activities (13).

Regarding the occupational risks to which they are exposed to the nurses in this study, it was possible to observe the presence of psychosocial, biological, ergonomic, physical and chemical risks, given the diverse nature of the characteristic factors of each one in the USF. The risks related to work activities are daily present, and are related to the organization of the relevant activities and to the operational flow in daily work (14).

Regarding psychosocial risks, these can be associated with aggression, lack of safety in the work environment, exposure to stress-generating situations, contact with disease/death, function deviation, sleep disorder and even the presence of aggressive communication (4). The health alterations most evidenced in this research are related to stressful environments (100%), contact with disease/death (80%), work overload and patient arrogance (60%), aggressions (40%) and lack of safety (20%), deviation of function and sleep disorder were not pointed out by any participant.

Thus, with reference to psychosocial risk, it was observed that the percentages of responses given by nurses are evidenced with greater relevance in: stressful environment (100%) and arrogance of the patients (60%). A study conducted with 5876 patients from Kuwait showed a great total type of violence against this category in the workplace. The research participants reported having suffered verbal aggressions (48%), physical aggressions (7%) and witnessed aggressions against other colleagues 36%. According to this same study, physical aggressions were caused by patients 51% of the time, verbal aggressions by family members 44% and verbal and physical aggression were promoted by co-workers 4 to 7% (15).

About violence against nurses was also reported in a survey conducted in Brazil with the participation of 18 health professionals from a USF. The research showed that the participants have already suffered several situations of violence, of which external to the USF in home visits, as well as situations of conflict through verbal and even physical aggressions and armed violence within the territory (16).

With regard to work overload, the literature shows that the imposition of workers in maintaining an accelerated work rhythm to ensure production, as well as the exercise of repetitive tasks, leads the professional to conditions that can generate consequences leading to work accidents and can cause physical and mental exhaustion (17).

Another aspect evidenced in the study was contact with disease/death, 80% of the nurses demonstrated that this agent constitutes a condition of psychological occupational risk. The nurse is faced in her daily life with situations that mobilize the emotional, sometimes in a very intense way, which generates a feeling of sadness. This not only hinders his work, but also confuses him in the face of technical aspects, causing him a considerable degree of anxiety, stress and personal suffering (18).

Regarding biological risks, the research showed that for nurses the highest percentages correspond to exposure to blood, fluids and secretion (100%), exposure to infections and diseases (100%), exposure to sharp puncture (80%), mold on the walls, tumultuous environment, inadequate place for meals, inadequate physical plant for cleaning totaled the same percentages, on inadequate garbage
Occupational risks for nurses in a health unit

Matos JT, Santana TS, Sousa AR, Servo MLS.

Occasionally, there were no accidents in the work environment; however, there was no score.

The biological risks to which nursing workers are frequently exposed are related to direct care to patients and to the greater number of procedures (19). Exposure is the possibility of having contact with blood or body fluids, through needles and/or piercing-cutting objects, or ways of exposure to percutaneous inoculations such as mucosal spatter, contact with unhealthy skin with dermatitis or open wounds (20).

Secondly, it is observed in the answers of the questionnaires that mold on the walls, tumultuous environment, inadequate place for meals and physical plan inadequate for cleaning are considered of the same value of importance, pointing out 40% of the risks found in the work environment of the nurses questioned. These issues, work in most hospital and non-hospital environments is risky and unhealthy, and workers are performing their tasks inadequately, due to the non-use of PPE or in poor working conditions, resulting from inappropriate physical structure (21).

These authors report that the Regulatory Standard – NR 32 entitled Safety and Health at Work in Health Services, was created to correct at least part of these distortions. The purpose of this Standard is to establish the basic guidelines for the implementation of measures to protect the safety and health of health service workers, as well as those who carry out health promotion and care activities in general (21).

Although the aspects related to ergonomic risks draw more attention to hospital units, through this study it was observed that in USF are also evident, and ergonomic inadequacy can be highlighted, which generates an important problem for professionals, since in the future it may present health reflexes.

This study revealed that during the performance of the work activities, nurses are exposed to ergonomic risks related to: lack of equipment/Inadequate and insufficient/inefficient equipment (100%), reported as the second most relevant, the risks of accident, inadequate physical plant and insufficient number of workers respectively represented by 60%, 40% and 40%. After these items, inadequate physical arrangement (20%) was mentioned, and inadequate body posture 20%. Thus, it is relevant to rethink that making use of equipment without technology or the absence of these contributes to the occurrence of injuries by physical exertion (20).

The risk of accident was also reported by nurses as present in their work environment. Risks can be identified as falls (when soil is not adequate); biting of dogs; accidents with sharp puncture; electric shock by contact with improper wiring (22). Professionals working in the USF expose themselves beyond the risks mentioned, to the risk of a trajectory accident, when they need to move from their residence to work.

The work overload is caused by the insufficient number of workers thus, since the number of customers increases for each employee, the assistance is impaired and the interaction with the work environment and its functions also to the extent that the demands become excessive (14).

The scarcity of nurses and low salaries are causes for these professionals to accumulate more than one employment bond, leading them to a double weekly workload compromising the efficiency of the service (14). Stress was evidenced as the most severe physical risk (80%) visualized in this study as a negative factor that determines the impairment in work activities.

Stress causes the nursing team difficulties to focus on activities and perception failures. Related to these factors to working conditions can change or compromise the performance of nurses in the execution of their tasks, in which we can mention: great frequency of tasks that require quick decisions; high workload, nurse deficit and consequent overload of activities (23).

The nurses also identified as physical risk present in their units: poor lighting, exposed wiring, smooth/laminate flooring (20%). The physical loads to which they are exposed in the FUF bring limitation to the good performance of activities, such as: difficulty in performing procedures (such as pap smear, since it is necessary to use an electric light focus); improper electrical installations, making it conducive to the risk of electric shock. Problems such as these compromise the good performance of activities. In this sense, it is important to implement measures in order to prevent/prevent/reduce the damage that exposure to these risks can cause, from training and personal development programs, promoting in-service education.

In Primary Care, chemical risks are not as common as in the hospital environment (3). However, the use of soap and alcohol often used for pre- and post-procedures and/or contact with patients, as well as the use of gloves for procedures and administration of medications; are some of the chemical risks identified in the USF (24). However, the chemical risk is exposure to chemical agents, namely: compounds/products that can penetrate the body through the airways
(dust, fumes, mists, gases or vapours) (2).

The USF nurses in the present study reported, still, a considerably important exposure to contact with medications (100%) and exposure to chemicals (60%), followed by contact with sterilizing product and contact with glutaraldehyde with 20%, which proves that there is a high understanding of the risks and injuries that are exposed.

In fact, nurses are exposed to drug manipulation, and their absorption occurs through the mucous membranes and skin, when manipulation is done without proper use or with the lack of PPE; inhalation through the administration of spray/aerosol drugs; dilution of medications; direct or indirect accidental ingestion, when the hands or splashes reach the mouth (25). It is noteworthy the strengthening of the culture of Patient Safety as a conditioning factor for better working conditions with a view to the quality of care and reduction of incidents (26).

This study shows individual and collective measures, adopted by nurses in order to minimize occupational risks in the work environment, and although the theme is important for nursing (27). Collective protection is all actions aimed at protecting people's health in the face of the work environment, so it is necessary that workers make use of PPE as is made clear in Ordinance SSMT No. 06 of March 9, 1983, which talks about protection and individual safety to Worker’s Health against risks and threats arising from their labor activities, as well as about the appropriate and mandatory use of equipment for the life/health of workers (27).

Thus, institutions must commit themselves to the health of their employees and make mandatory the use of mediated protection, as well as to provide safety devices that are of good quality and appropriate to the risks of each function performed. Ensuring the worker good conditions in the work environment, free of threats, is of paramount importance to understand the relationship of the importance of adopting protective measures, aiming at physical and psychological well-being (27).

**FINAL CONSIDERATIONS**

The nurse who works in the USF is exposed to physical, biological, chemical, ergonomic and psychosocial risks, that is, to situations that can affect their professional performance, putting at risk the care provided, and consequently compromising the quality of life. Organizations should offer better working conditions in order to ensure safety and Worker’s Health, as proposed by ministry of health ordinances and regulatory standards.

Strengthening Health Surveillance directed to workers through Reference Centers in Worker’s Health is of paramount importance, because actions will be directed to health, environment and the work process in order to improve the living/health conditions of workers. Based on this principle, it suggests that the bodies responsible for Worker’s Health incorporate standardizations and risk management in order to regulate the sector from safe working practices.

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**Individual contribution of the authors:** Matos JT, Santana TS and Souza AR: Participated in the conception and writing of the project; data collection, analysis and interpretation; the article and final approval of the version to be published. Servo MLS: Participated in the relevant critical review of the intellectual content and final approval of the version to be published. All authors declare that they are responsible for all aspects of the work, ensuring its precision and integrity.

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