

Occupational stress and the existing correlations with occupational accidents among health professionals: A qualitative approach



<https://doi.org/10.56238/sevened2023.006-115>

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ABSTRACT

The objective of this study was to analyze the association between occupational stress and occupational accidents among physicians and nurses at a public hospital in the city of Três Rios, Rio de Janeiro, Brazil. To this end, an exploratory research with a qualitative approach was carried out with 20 professionals, thus involving physicians, nurses and nursing technicians. Data collection involved the application of in-depth interviews, and the data were analyzed using the discourse analysis technique. As a result, it was found that occupational stress is associated with the occurrence of occupational accidents among employees. Stress particularly affects women over 30 years of age in a common-law relationship, due to the long workload, work pressure, inadequate infrastructure and interpersonal problems in hospitals. The study highlighted the complexity of occupational stress, influenced by unfavorable working conditions, task overload, and interpersonal tensions, affecting not only mental health, but also worker safety and the quality of patient care. Workplace accidents, such as stress-related cuts and falls, underline the need to mitigate stress to protect staff and patients, affecting both the physical and psychological health of workers.

Keywords: Occupational stress, Occupational accidents, Health professionals.

1 INTRODUCTION

In the contemporary landscape, workplace safety is a concern that affects a myriad of industries and professions. The occurrence of accidents at work not only generates adverse impacts for workers, but also implications for companies, health systems, and society as a whole. In view of this, the discussion on occupational accidents has become a fundamental issue that encompasses



multidisciplinary aspects, from prevention to treatment of injuries and their consequences (RIANO-CASALLAS; PALENCIA-SANCHEZ, 2016).

In the health sector, the issue of accidents at work is enhanced by the characteristics inherent to the work of health professionals. This is because healthcare professionals, such as doctors, nurses, technicians, and other staff members, are constantly exposed to a range of occupational hazards that can result in accidents and injuries. The professional health care environment is characterized by a combination of factors, including high physical and emotional demands, long working hours, exposure to pathogens, handling of complex medical equipment, and the constant pressure to make accurate and quick decisions (OLIVEIRA et al., 2015; SANTOS-JUNIOR et al., 2015).

In addition, the health sector is marked, according to Santos et al. (2019), by the incidence of cases of professionals with occupational stress. In this sense, occupational stress plays a significant role in the occurrence of occupational accidents in the health sector, given that health professionals often deal with high levels of stress resulting from constant pressure, intense emotional load, and rigorous physical demands. This chronic stress can negatively impact the mental and physical health of these workers, making them more prone to errors and accidents.

Occupational stress, also known as work stress, is a psychological and physical state of tension that occurs when job demands exceed an individual's ability to cope with them effectively. It is, therefore, a normal response of the body to challenging situations, but when it becomes chronic and persistent, it can have adverse effects on health and work performance (PRADO, 2016).

Thus, understanding and addressing occupational stress becomes essential not only to preserve the health and well-being of healthcare workers, but also to ensure patient safety and quality of care. The occurrence of accidents at work in the health field not only endangers the health and physical and mental well-being of health professionals, but also directly affects the quality and continuity of patient care (OLIVEIRA; MUROFUSE, 2001).

As pointed out by Cavalcante et al. (2016), injuries and accidents can result in absenteeism, work overload for other team members, interruptions in patient care and, in more severe cases, even negatively impact clinical outcomes, jeopardizing the safety and quality of health services provided.

In this context, the present study aimed to analyze the association between occupational stress and occupational accidents among physicians and nurses at a public hospital in the city of Três Rios, Rio de Janeiro. The municipality of Três Rios is located in the interior of the state of Rio de Janeiro, and is characterized by having a single hospital that serves local residents and residents of surrounding regions, such as Levy Gasparian, Sapucaia, Chiador, Paraíba do Sul, among others.

Thus, it is hoped that the results of this research will provide theoretical and practical subsidies to guide the implementation of preventive measures and interventions to reduce stress and the risk of



accidents in the work environment of these professionals. This, in turn, can contribute to improving the quality of medical care provided to the population in these areas.

2 THEORETICAL BACKGROUND

Occupational stress is characterized by a condition in which workers face an overload of pressure and psychological demands related to their job functions. This can include tight deadlines, high responsibility, lack of autonomy or control over work, interpersonal conflicts in the work environment and, in some cases, unfavorable physical conditions (SILVA; SALLES, 2016).

The effects of occupational stress go beyond the emotional well-being of workers, and can also impact the physical health of these individuals, contributing to problems such as heart disease, gastrointestinal disorders, headaches, insomnia, and even immune disorders. In addition, occupational stress can affect work performance, leading to errors, lack of productivity, absenteeism, and even accidents in the workplace, as mentioned earlier (PRADO, 2016).

According to Levi (1988), stress in the work environment can be a contributing factor to the occurrence of occupational accidents. The author argues that this stress usually arises when workers face a high psychological burden and/or have little control over the work process. As a result, stress is triggered, and employees may manifest different reactions in their bodies.

The different reactions in employees' bodies can include cognitive effects, such as reduced concentration and creativity, affective effects, such as anxiety, fatigue, and depression, behaviors such as alcohol and drug use, and also physiological reactions, involving neuroendocrine and immunological changes. Thus, occupational stress can negatively affect workers' health and performance, making them more prone to workplace accidents (LEVI, 1998).

According to Law No. 8213 of 24 July 1991, accidents at work are defined as those that occur during the performance of work activities on behalf of a company, domestic employer or by insured persons, resulting in bodily injury or functional disorders that may cause death or a temporary or permanent loss in the ability to work.

Thus, the Law establishes that occupational accidents are incidents that occur in the professional context and that result in damage to the worker's health or ability to work, regardless of whether they are temporary or permanent, as long as they are related to work activities. This places the responsibility on the employer to provide a safe working environment and ensure the safety of employees in the performance of their duties.

According to Ferreira et al. (2012), in situations of occupational accidents, the responsibility for reporting to Social Security falls on the company, which must make this notification through the CAT (Communication of Occupational Accidents). Thus, it is up to the INSS (National Institute of Social Security) to identify and define the nature of the accident.



The identification and definition of the nature of the accident through the INSS is done through two stages: the benefits sector, which establishes the relationship between the work performed and the accident, and the medical expertise, which determines the causal connection between the accident and the injury, between the disease and the work activities, and, also, between the accident and a possible death (FERREIRA et al., 2012).

In this way, the INSS evaluates whether the accident or illness is directly related to the work environment or to the tasks performed during the professional day. This assessment determines the worker's eligibility for social security benefits, such as sick pay or a death pension, and ensures that the social security system provides the appropriate support based on the circumstances of the accident or illness.

As pointed out by Fillipin, Jacobi and Kopp (2018), the main accidents at work are: typical accidents, commuting accidents and accidents due to occupational disease.

Typical accidents result from the particularities of the functions performed by the worker and, therefore, occur in the workplace, usually during working hours, and are characterized by being sudden, violent and punctual events. Such accidents have the potential to cause disability in the worker and, in extreme circumstances, can result in death (FILLIPIN; JACOBI; KOPP, 2018).

Commuting accidents, on the other hand, occur during the worker's commute between his or her home and the place of employment. Although these incidents do not occur directly in the work environment, they are still considered occupational accidents due to their relationship with work activities (FILLIPIN; JACOBI; KOPP, 2018).

Finally, accidents due to occupational illness are caused by specific diseases associated with certain sectors of activity. These diseases arise due to harmful conditions or exposures in the work environment, leading to the development of diseases related to the profession (FILLIPIN; JACOBI; KOPP, 2018)..

Workplace accidents are complex events that usually result from a combination of several factors. While many analyses tend to emphasize behavioral aspects as the main cause, assigning blame to victims, it is important to recognize that these incidents are multifaceted. Its origins can be linked to several elements, including the physical and organizational conditions of the work environment, the inadequate use or absence of personal protective equipment (PPE), actions that compromise worker safety, and unsafe conditions in the work environment (RIBEIRO; SERVO, 2019).

Specifically in the case of occupational accidents in the health sector, health professionals, due to the peculiar environment in which they work and the conditions they face, are more likely to suffer injuries and accidents in the workplace. The greatest vulnerability among health professionals is due to the specific characteristics of the health sector, such as exposure to infectious agents, long working hours, emotional and physical stress, as well as pressure for performance and urgent patient care. These



factors can increase the risk of injuries, occupational diseases, and other work-related incidents for these professionals (BAKKE; ARAÚJO, 2010).

In the field of health, accidents in the workplace that involve contact with blood or fluids that may be contaminated are considered medical emergency situations. This is because interventions to prevent infections, such as HIV and Hepatitis B, should be initiated immediately after the accident in order to maximize their effectiveness (GOMES; SABINO; NEGREIROS, 2016).

3 METHODOLOGY

The present research was characterized as an exploratory type of qualitative approach, since the aim was to understand the perceptions of health professionals about the association between occupational stress and occupational accidents.

As this is a study with a qualitative approach, the perspectives and perceptions of the subjects involved in the research were prioritized. The qualitative approach aimed to understand the phenomena from the analysis of unstructured data, such as narratives, experiences and opinions of the participants, corroborating what Godoy (1995) suggests.

In order to understand the participants' perceptions of the issues surrounding the association between occupational stress and accidents at work, in-depth interviews were conducted with a sample of 20 professionals. The sample consisted of physicians, nurses and nursing technicians from a hospital located in the city of Três Rios, Rio de Janeiro

The in-depth interview, which is a type of interview that uses open questions that allow the participants to answer freely and expressively (DUARTE, 2004), made it possible to explore the experiences, perceptions and opinions of the professionals interviewed.

Respondents were selected according to convenience, meaning that the choice of participants was based on the accessibility and availability of the health professionals who agreed to participate in the survey. Convenience selection was adopted because, as Freitag (2018) points out, it is a method commonly used in qualitative studies when it is not possible or practical to apply probabilistic sampling, such as random sampling.

The qualitative approach provided a space in which the participants could share their personal and professional experiences related to occupational stress and work accidents. Through the open-ended questions, they were encouraged to detail their experiences, to identify stress triggers, and to discuss how these factors may be related to accidents in the workplace.

In order to obtain more accurate data, the interviews were audio-recorded after the interviewees agreed to participate in the research, corroborating what Garcez, Duarte and Eisenberg (2011) suggest. The decision to record the interviews only after the participants' consent was a standard ethical procedure, so as to ensure that the interviewees were aware of the recording.



After data collection, the data were analyzed using the discourse analysis technique, which is a qualitative method used to examine the language and content of the interviewees' discourses (LLOMBART, 1993). Thus, the data were analyzed through an integrated approach to the phenomena, following these steps: text selection, transcription reading, coding, data analysis, and discourse analytical writing.

4 RESULTS AND DATA ANALYSIS

4.1 PROFILE OF INTERVIEWEES

After data collection, it was possible to initially verify the profile of the interviewees. As a result, it was found that 65% of the respondents are female and 35% are male, which shows a preponderance of women in the sample.

Regarding the position they occupy in the hospital, a diversity of functions was observed within the sample. Of the interviewees, 45% are nurses, 30% are physicians and 25% are nursing technicians. This distribution of positions reflects the multidisciplinary composition of the hospital environment, where different professionals play specific roles in the provision of health care.

The professionals' ages ranged from 23 to 47 years, with a mean age of approximately 34 years. The diverse age range suggests that the sample includes professionals at different stages of their careers, from those who are at the beginning of their careers to those with more experience. In addition, when considering the age range of the interviewees, it is possible to see that the sample includes a relatively young generation of health professionals.

Regarding professional experience, the data revealed that the respondents' professional experience ranges from 8 months to 22 years. Thus, it is observed that some participants are more experienced professionals, with many years of service in their professional careers, while others are relatively new in their careers.

Finally, in relation to the marital status of the professionals interviewed, it was found that 55% of the participants are married or living in a stable union, while the remaining 45% are single, divorced or widowed. This diversity in the marital status of the interviewees reflects the heterogeneity of the personal lives of health professionals in the hospital environment.

4.2 OCCUPATIONAL STRESS AND ACCIDENTS AT WORK

Based on the understanding of the profile of the interviewees, the study advanced in the investigation of the central theme, which is the relationship between occupational stress and accidents at work. To begin this exploration, the first question asked was whether the professionals had ever experienced stress in the workplace. In this context, it was observed that the majority of the



interviewees, a total of fourteen professionals, said yes, indicating that they had already experienced stressful situations in their professional environment.

Among the fourteen professionals who have experienced situations of occupational stress, nine were women. Thus, the professionals who have already experienced stressful situations in the work environment are mostly women, over 30 years of age and in a stable union. This observation suggests that women in the sample are more likely to experience occupational stress compared to men. In addition, age over 30 years shows that professionals with more experience or length of service in the hospital work environment are more susceptible to occupational stress.

The association between marital status and the experience of stress at work is also notable. Respondents living in a common-law relationship reported experiences of occupational stress, which may be related to additional family responsibilities or other factors associated with marriage or common-law living.

Considering that women are the majority who have experienced situations of occupational stress, they may face additional challenges related to the balance between work and family responsibilities when living in a stable union. This may include caring for children, elderly family members, or other family obligations that can add to the workload and consequently contribute to the experience of occupational stress.

Next, the research sought to identify the main elements that triggered occupational stress among professionals. As a response, it was found that the main factors, in a total of six responses, were associated with working hours, involving elements such as: long workload, exhausting working hours and high work pressure.

My workload is inhumane. Working two consecutive shifts has become commonplace. Sometimes, I barely have time to rest between shifts. This ends up contributing to generate stress (E2).

My workday is super exhausting. I spend many hours at a time on my feet, making difficult decisions. It is a constant physical and mental exhaustion that contributes to generating stress (E7).

The pressure to perform our tasks quickly and accurately is enormous. One mistake can be devastating. Sometimes I feel like I can never go wrong. Working like this is extremely stressful (E11).

The results point to a scenario in which health professionals are facing exhausting working conditions, characterized by an excessive workload, exhausting working hours and constant pressure for professional performance. These factors are related to the generation of occupational stress, which can have significant implications for the health and well-being of these professionals.

Excessive workload, exhaustion, and work pressure are a stressful reality faced by the health professionals in the study. Excessive workload, one of the main factors identified, is a recurrent



problem in the health field. It is observed that the uninterrupted nature of healthcare services results in long working hours, with professionals working overtime to meet the growing demand for medical care. This prolonged workload can lead to fatigue, lack of sleep, and exhaustion, harming not only the quality of care provided, but also the physical and mental health of the professionals.

When it comes to exhaustion, healthcare professionals routinely face high-stress situations, such as complex surgeries, medical emergencies, and difficult diagnoses. The emotional impact of these situations, coupled with the pressure to make quick and accurate decisions, can lead to emotional exhaustion. Not only does this affect the quality of care, but it also puts professionals at risk of developing burnout, anxiety, and depression.

Labor pressure, another factor identified, is attributed to the expectation of high performance in the health area. Professionals are often confronted with ethical dilemmas, significant responsibilities, and expectations of positive outcomes in all situations. This constant pressure, both from society and health institutions, has contributed to creating a stressful work environment.

In addition to the stressors associated with working hours, four individuals mentioned aspects related to the hospital's inadequate infrastructure, such as: precarious physical structure of the hospital, lack of air conditioning, and cracks in the wall. The reports below show some of the respondents' reports.

What stresses you out is having to work in a place with inadequate infrastructure. The structure of the hospital is old and has not been renovated for a long time, so we work in conditions that are not very adequate (E10).

It's stressful to work in a place where the air conditioning doesn't even work properly. On hot days, the pressure rises (E14).

Considering the reports, it is verified that the inadequate infrastructure of hospitals represents an additional stress factor for health professionals. In addition to the challenges inherent in providing health care, they have to deal with working conditions that do not meet ideal standards. This situation has significant implications for the well-being of professionals with the propitiation of occupational stress.

Physical infrastructure plays a direct role in the well-being of healthcare professionals, influencing not only the quality of their work environment, but also their physical and emotional state of health. The professionals' reports highlight that inadequate infrastructure increases occupational stress levels, making work more challenging and negatively impacting their quality of life.

The precariousness of the hospital structure, including problems such as cracks in the walls, old electrical installations and lack of maintenance, can create an unwelcoming and even unsafe environment for professionals. The feeling of working in inadequate conditions can generate anxiety and dissatisfaction at work, affecting the engagement and motivation of professionals.



In addition, the lack of adequate air conditioning can expose professionals to uncomfortable environmental conditions, such as high temperatures, which can be harmful to health and work performance. Thermal discomfort can lead to health problems, such as dehydration and heat exhaustion, and contribute to increased blood pressure, as mentioned in the report.

It should also be noted that two professionals reported that relationship problems in the hospital, such as communication failures and disrespect, contribute to generating stress.

There is a huge miscommunication between some sectors. This failure not only generates problems in the provision of the service, but also generates stress, as we are held responsible for communication failures (E6).

Here at the hospital, what generates stress is the lack of respect from some co-workers (E1).

The analysis of the results reveals that relationship problems in the hospital environment play a significant role in the generation of occupational stress among health professionals. Ineffective communication within the health institution appears as a stressor, as mentioned by one of the respondents. The feeling of being blamed for communication failures can lead to frustration and anxiety, as professionals strive to deliver quality care in an environment where communication is flawed.

In addition, lack of respect and disrespectful behavior on the part of co-workers are mentioned as sources of stress in a hospital environment. The work environment should be characterized by teamwork, mutual respect, and collaboration, but the presence of disrespectful behavior can create a toxic environment that negatively affects the well-being of professionals.

Finally, two professionals mentioned elements such as lack of inputs and poor remuneration, which shows that stress in the workplace can be the result of a combination of several factors, including inadequate conditions, work overload, relationship problems, among others. These reports highlight the complexity of occupational stress and highlight the importance of addressing and mitigating these factors to ensure the well-being of health care workers.

After identifying the factors that cause stress, employees were asked if stress has ever contributed to causing accidents in the workplace. As a result, it was observed that eight individuals reported yes, corroborating the correlation between occupational stress and occupational accidents.

The results showed that the effects of stress are not only limited to the emotional and mental well-being of professionals, but also have direct implications on the safety and quality of patient care. Work overload, relationship problems, inadequate infrastructure, and other identified stressors can create an environment conducive to accidents.

When asked about the main occupational accidents, it was possible to verify that most of the professionals, a total of six individuals, emphasized that they were small cuts from piercing materials, such as needles and surgical objects. The reports below show the speech of some of the interviewees.



In times of stress, I've ended up cutting myself with the needle of a patient's syringe. I had to take PEP (HIV Post-Exposure Prophylaxis), which is a drug used in high-risk cases. This made me totally distressed (E7).

I've accidentally cut myself with a scalpel. I was on a stressed day and my hand was shaky, so I ended up hurting myself (E16).

The analysis of the data reveals that, in times of stress, commonly associated with high demands and pressures in the work environment, professionals faced difficulties in maintaining the necessary precision and control during medical procedures. This resulted in unintentional incidents such as cuts with needles and scalpels. It is important to note that these accidents not only pose a concern for the safety of healthcare workers, but also carry serious consequences.

One of the interviewees mentioned the need to take PEP (HIV Post-Exposure Prophylaxis) as a preventive measure after a needle accident, highlighting the severity of the potential consequences of these incidents. Anxiety and emotional discomfort were also expressed by the interviewees. The distressed feeling mentioned by one of them suggests that these incidents are not only physical but also psychologically important, increasing worry and stress in the workplace.

These cuts, according to the reports, were not only limited to injuries caused by surgical tools but also involved disposable materials used during medical procedures. This variety of incidents reinforces the importance of attention to detail and safety in the healthcare workplace, where even minor accidents can have significant implications for the health of staff and patients.

In addition to cuts with perforating materials, two interviewees reported that they had already suffered falls because of stress, thus causing minor injuries without serious complications, as can be seen in the reports below.

I have already suffered a fall that caused the fracture of my foot. Because of the stress, I was mentally worn out and under pressure. So I rushed to attend to the patients in the emergency department, which caused me to fall. Stress blinded me, I didn't think about anything and I didn't even observe the ground (E19).

On a totally stressful day, I had a fall in the hospital that caused an injury to my ankle. This occurred while I was rushing from one sector to another to meet the demands of patients. The environment was extremely hectic, and I was trying to balance multiple tasks at the same time (E11).

The results of the survey reveal an additional concern related to the safety of health professionals in the context of stressful work environments. In addition to cuts caused by sharp materials, two interviewees reported experiences of falls that resulted in physical injuries.

The reports show that stress in the work environment of health professionals has significant impacts on the safety and physical well-being of these workers. Chronic or acute stress can be shown



to reduce the ability to concentrate and make appropriate decisions, making professionals more susceptible to incidents such as falls and injuries.

5 FINAL THOUGHTS

Based on this exploratory research with a qualitative approach, it was possible to verify the relationship between occupational stress and accidents in the work environment among health professionals. The results revealed that occupational stress is a reality present in the lives of these professionals, especially among women over 30 years of age who are in a stable union. Excessive workload, exhausting working hours, work pressure, inadequate infrastructure, and relationship problems in the hospital environment were identified as significant stressors.

The complexity of occupational stress manifested itself through the variety of contributing factors, including unfavorable working conditions, task overload, and interpersonal tensions. In addition, this study showed that stress not only affects the emotional and mental well-being of professionals, but also has direct implications for the safety and quality of patient care.

Workplace accidents, including cuts with sharp materials and stress-related falls, highlighted the importance of mitigating occupational stress to ensure the safety of healthcare workers and the quality of care provided to patients. These incidents not only put workers' physical health at risk, but also affect their psychological health, generating anxiety and worry.

Therefore, this study underscores the need to implement effective measures to address occupational stress in the hospital setting, including improving working conditions, providing emotional support, and promoting a healthy and collaborative work environment. The well-being of healthcare workers is critical to ensuring the quality of medical care and the safety of patients, making occupational stress management a priority in healthcare.



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