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RESEARCH

A interferência do estresse no trabalhador de enfermagem no ambiente hospitalar e sua relação como fator de risco para a ocorrência de câncer

The interference of stress on worker nursing in hospital environment and its relation as a risk factor for the occurrence of cancer

Interferencia de estrés en enfermería del trabajador en ambiente en el hospital y su relación como factor de riesgo para la ocurrencia de cáncer

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ABSTRACT

Objective: to identify the interference of stress on the health of nursing workers at the hospital environment; describe the problems due to stress in these professionals and to evaluate the relationship of stress as a risk factor to the propensity of cancer in nursing workers' health at the hospital environment. **Method:** it is an exploratory descriptive research with a qualitative approach. It was approved by the Ethics and Research under CAAE number 05818412.4.0000.5243. **Results:** it was observed that nursing professionals of both sectors suffer various stressful situations in their working environment, overloading and stressing. **Conclusion:** there must be done many things to avoid these stressful situations for both the professional nursing and other professionals since the occupational stress can cause serious problems for the worker's health. **Descriptors:** Nursing occupational health, Burnout, Occupational health, Occupational cancer, Sick leave.

RESUMO

Objetivo: identificar as interferências do estresse na saúde do trabalhador de enfermagem do ambiente hospitalar; descrever os problemas relacionados ao estresse na saúde desse profissional e avaliar a relação do estresse como fator de risco para a propensão ao câncer na saúde do trabalhador de enfermagem do ambiente hospitalar. **Método:** pesquisa exploratório-descritiva, de abordagem qualitativa. Esta foi aprovada pelo Comitê de Ética e Pesquisa da Faculdade de Medicina da Universidade Federal Fluminense sob o CAAE nº 05818412.4.0000.5243. **Resultados:** observou-se que os profissionais de enfermagem dos setores pesquisados sofrem diversas situações de estresse no seu ambiente de trabalho. **Conclusão:** muito deve ser feito para evitar as situações estressantes, tanto para o profissional de enfermagem quanto para outros trabalhadores, uma vez que o estresse ocupacional pode ocasionar problemas graves para a sua saúde. **Descritores:** Enfermagem do trabalho, Esgotamento profissional, Saúde do trabalhador, Câncer ocupacional, Licença médica.

RESUMEN

Objetivo: identificar la interferencia del estrés sobre la salud del trabajador de Enfermería en el ambiente hospitalario, describir los problemas relacionados con el estrés en la salud de estos profesionales en el ámbito hospitalario y evaluar la relación entre el estrés como un factor de riesgo para la propensión al cáncer en la salud de los trabajadores de enfermería en el entorno hospitalario. **Método:** investigación descriptiva exploratoria con enfoque cualitativo, Fue aprobado por el Comité de Ética en Investigación sobre CAAE número 05818412.4.0000.5243. **Resultados:** se observó que los profesionales de enfermería de ambos sectores sufren diversas situaciones estresantes en su ambiente de trabajo, sobrecargándolos y estresándolos. **Conclusión:** muchas cosas deben hacer para evitar estas situaciones de estrés, tanto para el profesional de enfermería como por otros profesionales, como el estrés laboral causando serios problemas para la salud del trabajador. **Descriptor:** Enfermería del trabajo, Agotamiento profesional, Salud laboral, Cáncer profesional, Ausencia por enfermedad.

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INTRODUCTION

In Brazil and in around the world, with the process of social and technological developments, there were many changes in the society. Thanks to advances in medicine and public health strategies, in recent decades, diseases affecting a large part of the humanity are quite different from those that were common a century ago.¹

In addition to these changes, there was a change in lifestyle of the society, such as the capitalism, changing the way people work (slavery, without rights, only duties). A hierarchy of positions was created, with employers and employees, with these employees being submissive to the benefits and requirements of employers. Then, it was necessary to create rights and duties to the employee, to ensure and prevent damage to their health since it was important to keep employees health, since their absence could directly affect the progress of their work. Corroborating this, there was the awareness of the population on their rights.²

Thus, there were several occupational responsibilities guiding the life of the human beings, besides stressful sources in society. Thus, it was noticed that all these new challenges began to override the adaptive limits of a person, leading to stress. This stress generates the weakening of the immune defenses, inhibition of antibody production, virus and bacteria actions and, therefore favoring infection as well as many other chronic diseases arising on this significant load concerns and responsibilities.³

Thus, with this scenario of two issues that are initially very different are directly linked, because the stress is the result of most occupational activities, necessary for life since it is usually as a matter of survival. Not so far, this stress directly generates mental and physiological problems in people, being related among the main factors predisposing to the occurrence of cancer.^{1,3}

The objective of study was: the influence of worker's stress on the Nursing Hospital environment and its relationship as a risk factor to the occurrence of cancer.

The research question was: What are the influence of worker's stress on the Nursing Hospital environment and its relationship as a risk factor to the occurrence of cancer? The objectives were: to identify the interference of worker's stress in the Nursing Hospital environment; to describe the problems related to worker's stress in the Nursing Hospital environment, and to evaluate the relationship of stress as a risk factor to the propensity to cancer on worker's health at the Nursing Hospital environment.

The relevance of this study is being able to identify the main sources of stress for nursing professionals in hospitals, in order to avoid and/or minimize them to promote the health of this worker, but also reducing government spending on sick leaves.

METHOD

This is an exploratory-descriptive study with a qualitative approach. The research was conducted with six nurses, three of the Emergency sector and three of the Infectious and Parasitic Diseases (DIP), located respectively on the 1st floor of the University Hospital Antônio Pedro (HUAP) in Niterói - RJ. The choice of these areas was because being an easy environment and for being a place where nursing students from Aurora Afonso Costa Nursing School perform theoretical and practical teaching practices, facilitating contact with nursing professionals. These places are also some of the most critical sectors of the Hospital since the emergency is a place where the unexpected can happen, and the DIP is a sector in which the professional deals with infectious and communicable diseases at all times.

The inclusion criteria were participants were nurses who work in Emergency and DIP sectors, regardless of the time of work and agreed to participate by signing a consent form. The exclusion criteria of the study were only those professionals who requested not to participate.

As for the characteristics of the subjects: 05 women and 01 men, age from 20 to 30 years old (02 subjects); 31-40 years old (01 subject); 41-50 years old (nobody); more than 50 years old (01 subject). As the training time: 1-5 years (02 subjects); 6-10 years (nobody); 10-20 years (01 subject); more than 20 years (03 subjects). As the performance time in the sector 1-5 years (02 subjects); 6-10 years (nobody); 10-20 years (01 subject), more than 20 years (03 subjects).

As data collection, instrument direct, semi-structured or semi-open interviews were used, following a pre-established scripts, with nine pre-defined questions.

The project was submitted in Platform Brazil, referred to the Ethics Committee of the Medical School of the Federal University Fluminense, located at the University Hospital Antônio Pedro and approved by the Research Ethics Committee under number CAAE: 05818412.4.0000.5243.

In order to preserve the anonymity of the participants, they were identified in this study by color: pink, green, gray, navy blue, wine, yellow.

After collection, the data were transcribed and analyzed in thematic categories in order to meet the research objectives.

After the research, the data were presented, whether favorable or not, in scientific meetings, seminars, according to Resolution 466/12 of the National Health Council (CNS). The resulting data collection, after analyzed, were kept by the researchers and the results were returned to the site of research in order to contribute to the improvement of the service as a whole.

RESULTS AND DISCUSSION

In this topic, the data found in the study in order to answer the guiding questions. The issues raised in the interviews are discussed. Thus, three categories were built to meet the objectives of the study, as follows:

Category 1: Interference of stress in nursing workers in the hospital environment.

This category seeks to identify how stress affects the nursing worker, either by interfering their work process or in their health.

Category 2: Problems related to stress in nursing workers.

In this category, we present what the problems are that stress leads to the nursing professional.

Category 3: Relations of stress as a risk factor to the propensity of cancer on nursing workers' health.

It shows the process of stress as a risk factor to illness, and especially the occurrence of cancer.

The analysis and discussion of the data obtained sought to support the theoretical reference of Christophe Dejours, with his two highlighted books, *Psychodynamic of work* (2012)⁴ and *The Madness of work* (1992)⁵.

Category 1: Interference of stress in a nursing worker in the hospital environment.

To start the analysis of the data obtained in the preparation of the first category, the testimonies of the subjects surveyed were sought through the semi-open interview. To guide thoughts for this category and the others, it was considered important to emphasize training time - half of respondents (three) having 20 years of training - as also higher or lower levels of stress determinants since some professionals in the hospital area with training time, become sometimes less patient and careful with the nursing process in its entirety, and also become more sensitive to stressful circumstances.

Thus, when they were asked what was the most stressful situation already experienced by these professionals, the statements were:

[...] It was a patient who had Amyotrophic lateral sclerosis, staying from March to June, he died in June, because he had a degenerative disease, a patient who everybody liked him. He had no perspective on life having a degenerative disease, but we decided to put him on the chair. (...) The happiness that he felt that day was priceless, it touched me. But what stressed me was when we put him on the chair and then the nursing technician that was accompanying him said after having passed a second that he was in pain, so I told her that he was not in pain, I went to talk to him and asked if he was in pain, and he smiled and said it was nothing. It was unwilling of the nursing technician, she did not want to. It made me very stressed the fact of not being human. (Pink)

In this statement is seen how the patient's degenerative disease may interfere with the professional, marking their professional path, awareness. However, not only the disease, but how other professionals deal with this situation, since the lack of humanity in a professional upon the client's situation stressed her, and wanted to offer a little joy to the patient, however, it was interrupted and interfered by this professional.

Another important event is the excess of patients and the small team, reported by a witness, mentioning as stressor the arrival of two or three children together by a small team, stressful situation that interferes professionally in their environment.

[...] The arrival of two or three children at once is confused by the number of professionals who I have here. I find it complicated. (Green)

In this sense, other interviewees responded:

[...] When you have to meet PCR, and you have a professional team, but they are not qualified and practically you work alone. Often they do not know how to build a monitor, lack of physicians in your work sector, coming from the emergency and they get upset by doing something it is not considered their obligation. The psychological, because they are infectious diseases, the risk is higher, and everything together, reduced staff, general unpreparedness. (Grey)

[...] When you have a PCR and you want to assist, but you call the doctor and he is not in the infirmary, and then you have to find him. (Navy Blue)

These statements showed that the situation of a Cardiopulmonary Resuscitation (PCR) generates a stress in the nursing professional, either for lack qualified professionals, as well as the lack of professionals in the sector during PCR. Another deponent said,

[...] This morning, for example, a person you do not know who is inside the unit identified as from Vital Brazil, but we did not see

the membership card, no document, because people are used to letting everyone go (Wine)

There are situations related to the entry of outsiders in the unit, generating stress and worry, because they require more attention to prevent problems related to this situation. Therefore, these situations significantly interfere in the work process and the professional intimate, since usually these professionals go through stressful situations.

Reflecting on these data, there are certain work situations that lead either to the pleasure, sometimes suffering, following different developments, including those that culminate in mental and psychosomatic pathology. However, the professional has an intrinsic process of unloading his energy (that is psychic - mental, motor representations - motor anger crisis, visceral - scrambling of somatic functions) resulting from these tense, suffering situations. Thus, if the work allows the reduction of psychic load it means it is balancing. However, if he opposes to this reduction, it is a stressful situation, the consequence of this high psychic load is fatigue, asthenia, and pathologies.⁴

Thus, it is clear that the situations experienced by these professionals affect both the health professional, as well as their work process, since a stress can culminate in an anger crisis in the area or even on a disease.⁴

From this perspective, another factor that interferes and creates stress directly to the nursing professional is the staff, and confirmed by the following statements, when asked if the team was a stressor and in what situations.

[...] No corporatism, I will stay with the patient 1, 2 and 3 and only do 1, 2 and 3. I think everyone has to get along, be collaborative, so if it is collaborative, it does not stress me, but if you have to keep asking. Another thing is when a person spends two hours for lunch, he has no regard for the other. When the team is disunited. (Pink)

[...] The lack of cooperation is an amazing thing. (Grey)

[...] They have to know there is service to do, and the professional is sitting, talking. And I run, I prepare, and they are just sitting there. I'm going home almost sick, I'm stressed, I go home with me. (Navy Blue)

It is known that there are several sources of stress that the sector's staff and even the Hospital generates, interfering with the nursing professional. In these statements, there is the lack of collaboration and corporatism, directly interfering with their daily work and their spirits.

[...] *The pharmacy is far from here and you do not have a dose here to start the medication. When you need other services of the Hospital, for example, a lamp, sometimes is there all week the lamp missing. Another factor that stresses is the nutrition. Because the nutritionist is one for all. So it is something that stresses because the mother is complaining, a bottle of my son did not come he's hungry. (Green)*

[...] When people do not do what is expected for them. The nutritionist does come, the doctor has time to be here, but he's not. So it's complicated you have to answer for other professional who is not committed. (Wine)

Another stressor, which confirms the stress of the team is not the proper functioning of the components of the multidisciplinary team, doctors, pharmacy and nutrition, generating stress, worry, and sometimes the workload for the professional. In addition, other services of the Hospital, such as maintenance, which often takes days to fix something in the sector, causing stress to the professional working in the sector very often requiring that instrument.

Also, there is the fact that the professional does not report the procedures performed, forcing the professional to wear out to identify what was done or not done in the sector in their next schedule.

[...] What is most stressed is the fact that the professional does not report all the things they do, especially in nursing that is very notorious. (Yellow)

There are two aspects that are destabilizing the health of workers, it is the working environment that focuses on the physical pressures, chemical, mechanical and biological in the workplace; the other labor organization that is understood as division of labor, men division, with the body of workers as main targets.⁴

Furthermore, if on one side the working conditions aimed principally to the body, the organization of work, on the other hand, operates at the level of psychological functioning. The division of labor and the method of operation incite the feeling and the working interest in the subject, while the division of men asks for the relationships between people and mobilizes the affective investments, love and hate, friendship, among others.⁴

Therefore, these statements showed how the organization and the team's actions affect nursing professionals, and it is realized how important is not only working conditions but also the organization of work, that is the correct division and adequacy of staff, one for the other.

Through these stressful situations, the professionals were asked if due to these situations, if given the opportunity, they would change their job or profession. The answers were:

[...] I would not change, I like it. I like the team and I like the work. There are a lot of bedridden patients who have to do physical, mental effort because it is a terminally ill patient, then you get out of here and start thinking, tomorrow I will come here and the patient will not be here. So, it's a little mental. But then, if you do not focus, you will only think about it. I continue in the profession, I never thought about changing. (Pink)

[...] I would accumulate, I have other tastes. (Green)

[...] I would not change. (Yellow)

[...] No way, I would do it again, this way. Maybe I had studied a little more, but I would do the same, as the same type of client. (Wine)

[...] Not today, but I've tried to change one time, but because of money. But I'm sure that if I moved I would miss it. (Navy blue)

If the meanings of the testimonies are analyzed, it is clear that despite the stress that the nursing professional is submitted, and all the interference it causes in their work process and in their hearts, most of them would not change their profession. It can be concluded that despite the wear with stressful situations, the nurses are satisfied with their employment and occupation.

It is noteworthy that only one participant would change jobs, but not a profession.

[...] I would change jobs running, I would not come anymore. Not that job to become a millionaire, but a job enough me, a job that I can develop my professional activities with quality, I could be a nurse even with quality, responsibility. (Grey)

Based on this, making an analogy with the workers of nuclear power plants suffering significantly with exposure to radioactivity, however, over time a certain familiarity is built, as nurses, who are exposed to disease and physical risks but for this professional it happens naturally.⁴

Another interesting point corroborating this analogy, the plant workers have much professional pride because they know about their usefulness to the community. Despite the working conditions, sometimes very hard, cold, heat, uncomfortable postures, as well as in Nursing, professionals know the importance they have on the individual's illness at the moment, since they are completely fragile, some life-threatening, they are shaken emotionally, but nursing is always there to help, listen, help, care, despite the hardships of working conditions.

In addition, all come from a principle of motivation and desire, and motivation characterized by the psychological factor that predisposes a person, animal or human to perform certain actions or to tend to certain purposes and the desire by the intention of finding signs of the first childhood experiences satisfaction, resending to the past and an individual story, which motivate each in their real choices.⁴

Thus, the nursing profession is a choice by motivations and desires, and despite all the receptions and negative perceptions that the profession can receive or bring the nurse most often becomes realized, knowing their importance and understand reasons for the choice of their profession.

Category 2: Problems related to stress in nursing workers.

In the second category, the emerging data from interviews was used in order to identify the problems related to stress in the hospital nursing workers.

Thus, it was first asked whether the interviewees consider their stressful job because the work being considered stressful, we have a problem for this professional work environment that is the constant stress. In this stress, there is the constant suffering of professionals, if they do not release their psychic or motor discharge, generating a buildup of that energy, causing a feeling of displeasure and tension, leading to the appearance of fatigue and suffering. If no work interruptions stop the evolution of this process, if there is no modification of the work organization, the fatigue triggers visceral translations, generating pathology.⁴

Thus, as described below, all interviewees considered their stressful job, which can be seen that it is a major problem for the health of these professionals, but also for its performance in the workplace. The considerations of the interviewees were:

[...] I consider due to high turnover, a lot of patients, usually severe, terminal, which requires great care. You have to be aware of everything going on at once. Everyone comes to ask you the same thing and you have to be omnipresent everywhere. You have to manage assistance with bureaucratic. Be aware of all is stressful. (Pink)

[...] I believe, because it involves the suffering of people when it comes to children, I think suffering is double. (Green)

[...] Look, it can be said that it is a sector that generates a stress to be an emergency. [...] Only a nurse with a technician, sometimes the demand is very large and has just generating stress. (Yellow)

[...] Yeah, because you deal with life, because you deal with situations that you have to solve immediately. But, it is stressful because you deal with life and care. (Wine)

[...] Very stressful, extremely, I often think if I come or not come to work. What leads me to think of not coming to work is the stressor. (Grey)

[...] sometimes yes sometimes no. It has moments that are very stressful. It is a stressful profession, because you are dealing with the life of another person. If you missed, it is over. (Navy blue)

With this perspective, many reasons are described by the volunteers consider their job stressful, especially for dealing with lives. However, there are other surveys, as there need to be aware of everything that happens in the sector, and the quantitative professionals be reduced. So from now on will identify which problems related to this stress.

To continue this analysis, they were asked if they had an illness related to stress. They said:

[...] Here not yet, but on the other obstetric emergency yes, for example, several sleepless nights, One day I also cried. (Pink)

[...] Yes I already had. I take homeopathy, I take care not to let these things back. (Green)

[...] Signs start to appear, palpitations sometimes sadness to be working in this environment. Nursing is depressed, the nurse, the professional becomes depressed, gets upset, does not believe he has the right to walk away because of that, this is a disease process and we will pushing it. (Grey)

[...] Sometimes I go home restless, I cannot explain, but it does not yet settle as a disease. (Navy blue)

These statements showed that stress can lead to problems in the health of these professionals, interfering from personal life even in the work environment, being one of the biggest problems that stress can generate is their way to affect the health of people in a negative way.

The diseases/problems related to stress and labor suffering may be installed if there are not discharge ways, as mentioned above. However, this will depend on the personality of each subject. There are people who create mental representations that are enough to discharge the inner tension (psychic route). Another one cannot relax in this way and should use their muscles: Trail, motor anger crisis, aggressive action, violence (motor pathway). However, when these ways are out of action, or are not part of the individual's personality in using them, the autonomic nervous system and the scrambling of somatic functions discharge power causing the disease.⁴

Therefore, it is concluded that depending on each individual's personality, a type of discharge will be held, which may be through violent changes resulting from stress in the work environment, or diseases properly installed, that both cases significantly affect the life of this professional.

Category 3: Relations of stress as a risk factor to the propensity to cancer on the health of nursing workers.

By the previous category based on theoretical references, it is seen the stress relation causing diseases, but for this category, after being identified that stress interferes and causes problems in life and environment, it was sought to identify whether stress is related as a risk factor for the development of cancer.

Despite the pressures at work are the same for the same group of workers, their consequences are very private because the pressures of work are unable by themselves, help to create a mass psychopathology.⁴

Thus, it can be understood that each individual will respond to sustained pressures and experienced in the workplace and may or may not lead to disease. However, being a continuous process the risk of development is great. When the anxieties and emotions that are psychic affections are not discharged, they have somatic translations: cramps,

dehydration of the mucous membranes, hyperglycemia, increased blood cortisol, among others. These clinical observations show that there is a relationship between the psychic and somatic sector, especially when ergonomists measure sinus arrhythmia, the record of the blinking of the eyelids, the electromyogram, among others. Fear, anxiety at work, but also frustration and aggression may increase cardiovascular, muscular, digestive loads, among others.⁴

Corroborating the previous paragraph, there are two kinds of suffering, the suffering creator, and pathogenic suffering. The pathogenic suffering only appears when all margins of freedom in the transformation, management and improvement of work organization have been used. This is when there is nothing fixed, rigid, compelling pressures, opening repetition and frustration, boredom, defensive resources, or the feeling of impotence. When all the defensive resources were explored, the not compensated residual suffering, continues its work and begins to destroy the mental apparatus and the psychic balance of the subject, pushing him to a decompensation (mental or psychosomatic) and for the disease.⁴

Faced with these reasons, it is evident the relationship of stress as a cause of various diseases. However, the question remains is, but what about the relationship with cancer?

It is known that stress directly affects the release of cortisol levels in the body, in this way one of the well-known effects of cortisol, either during stress as in the case of the therapeutic use of synthetic glucocorticoids is the regulation of migration of leukocytes into tissues of the body. After the stress, for example, there is a significant increase of blood neutrophils (leukocytes involved in the inflammatory response) and a significant decrease in the lymphocyte quantity (leukocytes involved in regulatory phase and triggering of the immune response)^{1,4}

Thus, several studies have linked chronic stress to a decrease in the body's defenses, leading to the development of diseases (cancer and others) and allergic reactions and increased susceptibility to infections such as herpes, cold and flu. Stress also causes consequences in different organs of the body such as the head, mood swings, anger, depression, irritability, sadness, among others; in the heart, increased blood pressure, heart rate frequency, among others; stomach: reflux, dizziness, feeling of heaviness; gut: diarrhea, constipation, among others; immune system: decreased defense capability.^{1,6}

Then, there is a relationship of the stress as the cause of several diseases as well as cancer, because due to release of cortisol - quoted above - and result in decreased immunity, cancer cells evade such a powerful immune system, causing its overlay to our immune system and subsequent proliferation, affecting various body tissues and then generating the cancer.¹

However, the stress that can be downloaded by one of the discharge ways (motor or psychic), while these mechanisms have not yet been exhausted, will not bring significant health risks to the professional.⁴

However, if these defense mechanisms have been exhausted, the individual can not unload because of their personality or because of the large amount of stress that is submitted. Then, they will be more likely to release large amounts of cortisol, and subject to development diseases, including cancer. Stress causes diseases due to somatization, thus, people end up unloading stress on the body.^{4,6}

CONCLUSION

The results showed there are many sources of stress that affect the nursing professional, whether by the hospital staff, such as a quantitative lower than necessary, lack of skills to perform the procedures that are under their jurisdiction, not complying their role in the sector, which overloads other professionals, including nurses; or else, intrinsic factor of the profession, as be dealing with situations of illness, life and death all the time, just sometimes overwhelm the psychic in this professional, affecting his mind and interior.

It could be seen then, that all these stressors, are inherent in the profession or resulting from extrinsic factors interfere in nursing workers, which as a result, becomes unmotivated, causing many problems for the professional, as also on the affected patient.

However, despite all these situations of stress, most professionals in this study, are not discouraged or unhappy with their job or profession, which characterizes the conviction of these professionals, who chose the profession by identifying themselves and know their importance in the workplace.

By all situations of stress reported by the professionals in the study, they did not develop any chronic disease, only symptoms like palpitations, depression, among others. It is noticed that the process of unloading the stress imposed by the situations of the hospital environment of these professionals, being able to avoid demonstrations/severe somatic translations, and favoring their motivation in adverse and stressful situations.

However, the permanence and continuity of all these stressors will result in these professionals in psychophysiological translations in the near future, which may compromise their health. To this end, it is worth mentioning the importance of improving the quantitative professionals, suitable places for professional rest, have lunch and relax among others. Thus, it may minimize the use of professional discharge ways, providing an environment and a dynamic pleasant working, which will minimize the stress that professional and will “save” the use of their discharge ways that prevent their exhaustion and with it the inability to unload accumulated stress.

Therefore, it is concluded that the ongoing stress and not downloaded is a risk factor for the onset of various diseases, generating psychosomatic translations, and subsequent development of chronic diseases, including cancer.

The limitations of this work are the lack of studies evaluating the worker's stress as a risk factor for the development of various diseases, including cancer. In research conducted at the Virtual Health Library, few studies linking these two issues as important for prevention and health promotion workers, particularly in nursing.

Thus, by the importance of the issue for workers, considering that it is the majority of the population, it is recommended further research within the workers' health, especially to illness related to stress and more specifically related to cancer. Once identified the factors that influence and adopted the necessary measures, the likelihood of illness of workers, in general, will decrease, thus avoiding future problems in health and subsequent minimization of government expenditures for sick leave.

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