

Work Ability Assessment in Nursing Workers

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Abstract

Objective: To identify the nursing staff of a university hospital's work ability index and point out which factors interfere in the quality of the work of these workers. **Method:** This is a cross-sectional, descriptive and analytical survey, quantitative, composed of 54 nursing professionals from the medical clinic ward sector of a large hospital in Uberlândia (Minas Gerais, Brazil). Data collection was carried out in the months of May and June 2019, and was performed using two tools: sociodemographic questionnaire and Work Ability Index (WAI). The G-Test by Williams was applied to assess the significant association between sociodemographic and occupational variables and those related to the work ability index. It was used the BioEstat® version 5.3 program to perform all analyzes with a significance level of 0.05 (5%). **Results:** The research showed that nursing professionals had a predominance of good work ability (40,7%), the prevalence of young adults, the highest percentage between 31-40 years, 81,5% are women, 50% are in a marital relationship, 63% are civil servant, and they had no back injuries. It was also found that the only professionals who had a low work capacity were nursing technicians, corresponding to 5,6% of the total percentage. **Conclusion:** It is known that a hospital environment is a place that favors the illness process of nursing workers. The worker who owns and maintains adequate physical and mental health can perform his duties better and have a better capacity for work, therefore taking better care of the patient.

Keywords: Nursing team. Workload. Work Capacity Evaluation. Occupational Health. Working conditions

1. Introduction

Nursing workers correspond to the majority of health professionals who are daily exposed to the psychobiological processes and conditions of the work process that cause, over the years, the quality of life wear.¹ From the health of worker point of view, the concept of work capacity is proposed to understand the ability of workers to perform job activities, which are related to the daily needs of the work environment, physical and mental health.^{2,3}

The work ability is the result of mutual relationships between the worker lifestyle and the work environment, and from the point of view of the worker's health it depends on several aspects, such as lifestyle, sociodemographic aspects, and factors basics of the activities carried out.^{4,5,6} Tuomi *et al.* conceptualizes Work Ability (WA) as “how well the worker currently is or will be in the near future and how much he is able to perform his work, based on his abilities, state of health and the demands of the work”.⁵ This can undergo changes throughout life and results from the relationship of labor attributes and human resources, which can be repaired or sustained if measures for improvement and precaution to the employee's health occur.⁷

During the 61st Conference of the International Labour Organization (ILO), in the 1970s, it was discussed the unsatisfactory situations of the nursing work, such as long hours of work, duty shifts, carrying out activities that cause fatigue, and a lack of decision-making power. These conditions remain current and have a negative and personal influence on the health of workers.⁸

It is worth mentioning that the work of nursing workers is composed of singularities, in addition to being complex, they carry out long working hours, continuous and daily care for the sick, creating interpersonal bonds with the patient, family members and colleagues, compliance with predetermined regulations, rules and routines for each function, division of services, the hierarchy of the team and the lack of employee.⁹

The low remuneration and late payment are agents that discourage health professionals, in addition to excess hours of work, due to the number of personnel that is reduced, or due to actions to reduce expenses, they become a problem for health workers and that is exacerbated in several countries.¹⁰ These workers, in the workplace, dedicate their time, zeal and dedication to the patient, and are in direct contact with pain and anguish. In addition to paying attention to their own physical and mental needs, this can impact the physical and intellectual commitment of these professionals, who, in most cases, renounce their personal satisfaction and social life in favor of the sick who are being cared them, thus contributing to the decrease in the quality of life and the ability to work.⁹

It is observed that aging also interferes with the quality of work of several professional classes.⁵ Functional aging is related to the characteristics of the work and emphasizes the need to improve it to ensure the maintenance of these workers in their work activities and to reduce the number of premature absences due to disability, as well as, with the improvement of the work capacity, functional deficits of workers are reduced, which delays retirement.⁴

The ability to work can be influenced by health problems related to work. Therefore, it is clear that the Work Ability Index (WAI) measures several aspects related to physical health, mental health, personal capacity and quality of work, which are considered decisive factors in the quality of life of nursing workers. Therefore, it is a basic health indicator, which can be used in institutions. The use of this health indicator

to analyze and monitor the ability to work proves to be effective, thus allowing the premature realization of assistance and benefits under labor and health conditions.⁸

The loss of nursing workers' ability to work may be related to the quality of the work, that is, great physical and mental demands, added to the terrible general work situation that is frequent in the hospital's daily life.⁵ Several other factors contribute to the worsening ability to work, such as excessive use of muscle strength, repetitive and constant tasks, inadequate posture, static muscle work, lifting and driving loads, the danger of having an accident on the spot, inadequate number of workers, and others.⁷

There is a need to verify the work capacity of health professionals, especially nursing workers, as they are exposed to stressful, demotivating conditions and situations that compromise their health, and may also be exposed to errors during care for the patient, in addition to having a deficit in the performance of functions. Thus, it is believed that the ability of nursing workers to act in the development of their functions is compromised. Therefore, when conducting the study and measuring work capacity, it will assess the physical and psychological skills of these workers.

2. Objective

To identify the nursing staff of a university hospital's work ability index and point out which factors interfere in the quality of the work of these workers.

3. Method

This paper is a transversal, descriptive and analytical research, with quantitative methods. The participants were nurses, technicians and nursing assistants, conducted in the Medical Clinic ward, of a large public university hospital in the city of Uberlândia, Minas Gerais, Brazil. This hospital is reference for medium and high technological density for the municipalities of Triângulo Mineiro and Alto Paranaíba, it is composed of a physical structure with more than 50 thousand square meters of built area and composed of 520 hospital beds.¹¹ The research sector has 60 employees; 9 nurses, 36 nursing technicians, and 15 nursing assistants.

After submission and approval by *Comitê de Ética em Pesquisa da Universidade Federal de Uberlândia* (CEP-UFU), data collection was carried out in the months of May and June 2019. The document number is 3,273,391 and CAAE: 08829219.1.0000.5152 (CEP - UFU). All nursing staff in this sector were invited to participate in the survey, however, one employee did not complete the questionnaire in full, 04 were on sick leave during the data collection period, and 01 was on maternity leave, being thus, excluded from the research. Overall, 54 employees participated in the survey, who signed the Informed Consent Form (ICF). To obtain the necessary information for the research, two questionnaires were applied, one with a sociodemographic and occupational characterization elaborated by the researchers themselves, which contained variables such as age, gender, marital status, professional category, working time in the profession, workload, quantity employment, employment relationship, family income, and presence of chronic disease.

The second questionnaire applied was the Work Ability Index (WAI), from the Finnish Institute of

Occupational Health (FIOH)^{6,12} which was translated and validated in 2005, in Brazil.³ The Brazilian translation was carried out from the English version.⁵

The WAI is a motivational tool to promote the quality of life at work and helps to preserve the worker's health.¹² Shows the worker's ability to perform their duties, taking into account the physical and mental work processes, the worker's health status, and capacity.⁵

It consists of seven items, each of which is assessed by one or more questions. Being evaluated by the total sum obtained for each item, described as follows: 1) it refers to the capacity of the current job in relation to the best moment in life; 2) ability related to job requirements; 3) number of diseases currently diagnosed by doctors; 4) estimate of the loss to work due to illness; 5) absences from work due to illness in the last 12 months; 6) prognosis for the ability to work in two years and; 7) prognosis of intellectual.⁵

The documents were applied on the premises of the sector itself, where the employees were approached at the beginning of each shift, when it was explained about filling it out, according to availability and so that it did not disturb the service in the sector, the questionnaires were left with each employee and collected at the end of each shift.

All responses were inserted in spreadsheets, grouped, and analyzed in a quantitative way. Descriptive statistics were used to demonstrate the frequency of occurrence among the associated variables in this research. The G-Test by Williams (GTW) was chosen to assess the significant association between sociodemographic and occupational variables and those related to WAI. Furthermore, the BioEstat® version 5.3 program was used to perform all analyzes with a significance level α of 0.05 (5%). The results are displayed in the form of tables and graphs, created in *Microsoft Word 2007*® and *Excel 2010*®.

4. Results

The research analyzed the factors that affect the health worker's ability to work based on the statistical results of the study and other research previously carried out. When using the WGT, it found that there is no significant correlation between sociodemographic and occupational variables and the work ability index. Regarding sociodemographic variables and WAI (Table 1) of the 54 nursing professionals who participated in the study, women represented 81,5% of the sample, 31,5% with good Work Ability (WA), and a moderate WA of 25,9%, in addition to evidencing that the number of men corresponds to a minimum quantity of 18,5% and that 9,3% shows a good capacity for work.

As well as found out that 50% of the workers were in a marital relationship, that is, they are married or in a stable relationship, and 35,2% are single, 11,1% are divorced, and 3,7 % are widowed. These data found that workers who had a stable relationship, and the singles had a good capacity for work.

The age group between 31- 40 years old accounts for a greater proportion of 46,4%, while those between 41 to 50 years old are equivalent to 25,9% of the total population selected. It is observed that people between 31 - 40 years old have higher rates of good and moderate work capacity, 20,4% and 13,0% respectively.

Table 1. Distribution of people who participate the study according to sociodemographic variables and WAI, Uberlândia –MG, Brazil, 2021.

Variables	WAI									
	Poor		Moderate		Good		Excellent		Total	
	N°	%	N°	%	N°	%	N°	%	N°	%
Sex										
Male	0,0	0,0	3,0	5,6	5,0	9,3	2,0	3,7	10,0	18,5
Female	3,0	5,6	14,0	25,9	17,0	31,5	10,0	18,5	44,0	81,5
Marital status										
Married	3,0	5,6	4,0	7,4	6,0	11,1	6,0	11,1	19,0	35,2
Divorced	0,0	0,0	3,0	5,6	0,0	0,0	3,0	5,6	6,0	11,1
Stable relationship	0,0	0,0	2,0	3,7	5,0	9,3	1,0	1,9	8,0	14,9
Single	0,0	0,0	8,0	14,8	10,0	18,5	1,0	1,9	19,0	35,2
Widower	0,0	0,0	0,0	0,0	1,0	1,9	1,0	1,9	2,0	3,7
Age										
18 - 30	0,0	0,0	1,0	1,9	3,0	5,6	0,0	0,0	4,0	7,4
31 – 40	1,0	1,9	7,0	13,0	11,0	20,4	6,0	11,1	25,0	46,4
41 – 50	2,0	3,7	6,0	11,1	4,0	7,4	2,0	3,7	14,0	25,9
51 – 60	0,0	0,0	2,0	3,7	2,0	3,7	2,0	3,7	6,0	11,1
>60	0,0	0,0	1,0	1,9	2,0	3,7	2,0	3,7	5,0	9,2
Total									54,0	100,0

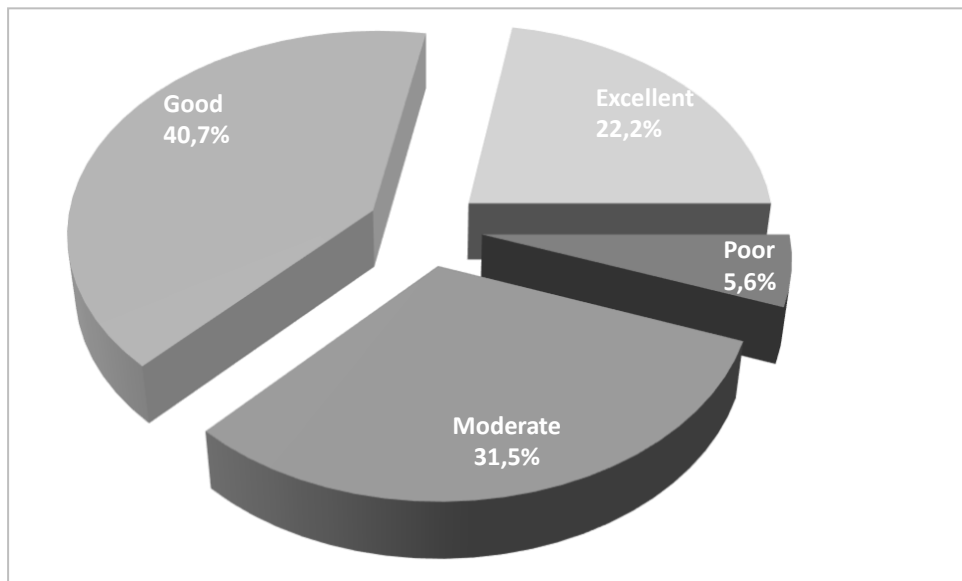
According to occupational variables and the WAI, the Table 2 indicate that the predominant working time of professionals in the function was 6 to 10 years, equivalent to 27,8%, 6 months to 5 years, and from 16 to 20 years, both equivalent to 16,7%. Based on the workers' monthly income, it was shown that 24,1% of the participants had an income between R\$ 4.100,00 to R\$ 5.000,00 reais; and greater than R\$ 6.100,00. In addition, 63% of the interviewed professionals did a public competition at the level of Single Legal Regime and exercise a weekly workload of 36h/week; while 37% are hired by the *Fundação de Assistência, Estudo e Pesquisa de Uberlândia* (FAEPU), and are submitted to a celetist regime, and work 44-hours per week.

The workers who did a public competition make additional hospital shifts as a way of improving wages by exceeding their 36-hour work weekly. In terms of the number of employment contracts, only one job represented 85,2% and two jobs represented 14,8%.

Table 2. Distribution of people who participate the study according to occupational variables and WAI, Uberlândia –MG, Brazil, 2021.

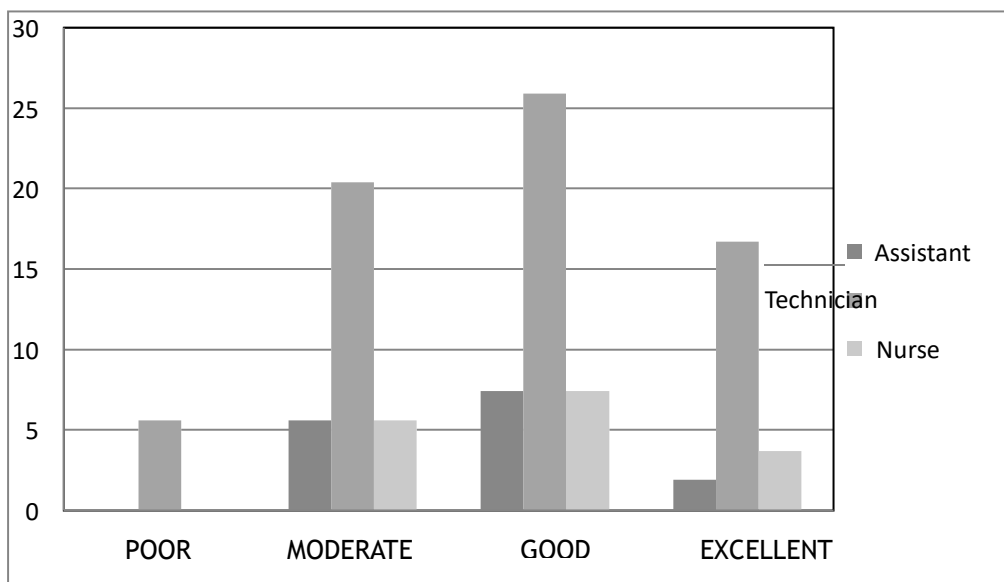
Variables	WAI									
	Poor		Moderate		Good		Excellent		Total	
	N°	%	N°	%	N°	%	N°	%	N°	%
Employment										
Bond										
Public tender	2,0	3,7	11,0	20,4	13,0	24,1	8,0	14,8	34,0	63,0
CLT	1,0	1,9	6,0	11,1	9,0	16,7	4,0	7,4	20,0	37,0
Workload										
36h	3,0	5,6	10,0	18,5	14,0	25,9	9,0	16,7	36,0	66,7
44h	0,0	0,0	7,0	13,0	8,0	14,8	3,0	5,6	18,0	33,3
Quantity of job										
1	2,0	3,7	14,0	25,9	21,0	38,9	9,0	16,7	46,0	85,2
2	1,0	1,9	3,0	5,6	1,0	1,9	3,0	5,6	8,0	14,8
Working time										
6months - 5 years	0,0	0,0	3,0	5,6	5,0	9,3	1,0	1,9	9,0	16,7
6 - 10 years	0,0	0,0	5,0	9,3	6,0	11,1	4,0	7,4	15,0	27,8
11 - 15 years	1,0	1,9	2,0	3,7	3,0	5,6	2,0	3,7	8,0	14,8
16 - 20 years	2,0	3,7	2,0	3,7	3,0	5,6	2,0	3,7	9,0	16,7
21 - 25 years	0,0	0,0	3,0	5,6	0,0	0,0	1,0	1,9	4,0	7,4
26 - 30 years	0,0	0,0	1,0	1,9	4,0	7,4	1,0	1,9	6,0	11,1
>31 years	0,0	0,0	1,0	1,9	1,0	1,9	1,0	1,9	3,0	5,6
Salary (R\$)										
1800 – 2000	0,0	0,0	2,0	3,7	0,0	0,0	1,0	1,9	3,0	5,6
2100 – 3000	0,0	0,0	2,0	3,7	6,0	11,1	1,0	1,9	9,0	16,7
3100 – 4000	1,0	1,9	2,0	3,7	4,0	7,4	1,0	1,9	8,0	14,8
4100 – 5000	1,0	1,9	5,0	9,3	4,0	7,4	3,0	5,6	13,0	24,1
5100 – 6000	1,0	1,9	3,0	5,6	4,0	7,4	0,0	0,0	8,0	14,8
>6100	0,0	0,0	3,0	5,6	4,0	7,4	6,0	11,1	13,0	24,1
Total										54
										100,0

According to the classification of the work capacity index (Graphic 1), the average score of the WAI was 38, with the proportion of good capacity was equivalent to 40,7%, excellent was 22,2%, moderate was 31,5%, and the low work ability was 5,6%.



Graphic 1. Distribution of Work Ability Index rating, Uberlândia – MG, Brazil, 2021.

Regarding the classification of the ability to work index by professional category (Graphic 2), 68,5% are nursing technicians, of which 25,9% have good WA and 20,4% moderate WA, and in compared to other professionals it was the only category with low WA (3 people, 5,6%). It was, also, found that 14,8% were nursing assistants and 16,7% were nurses, these two categories being responsible for the same percentage, 7,4% of good WA and 5,6% of moderate WA.



Graphic 2. Distribution of Work Ability Index rating by professional category, Uberlândia - MG, Brazil, 2021.

Another important factor was the presence of chronic diseases and WAI, pointed out by the interviewees (Table 3). The study revealed that 57,4% of the participants reported that they did not have any type of disease, and a significant number of professionals, 42,6%, reported having some type of disease:

Hypertension (22,2%), gastrointestinal diseases (20,3%), respiratory diseases (16,6%), emotional disorders (14,8%), injury to arms/hands (14,8%), obesity (12,9%), and musculoskeletal diseases (12,9%), were the most cited.

Table 3. Distribution of respondents with chronic diseases according to the WAI, Uberlândia- MG, Brazil, 2021.

Variables	WAI									
	Poor		Moderate		Good		Excellent		Total	
	N°	%	N°	%	N°	%	N°	%	N°	%
Chronic diseases										
Yes	1,0	1,9	10,0	18,5	9,0	16,7	3,0	5,6	23,0	42,6
No	2,0	3,7	7,0	13,0	13,0	24,1	9,0	16,7	31,0	57,4

This research presented statistical evidence to prove the existence of interdependence related to good WA and the absence of a back injury in a proportion of 35,2%, G-Test by Williams 22.6687 and the p-value 0,0001, indicating that the variable contributes to this classification (Table 4).

Table 4. Distribution of respondents with back injury according to the WAI, Uberlândia – MG, Brazil, 2021.

Variables	WAI										Test	
	Poor		Moderate		Good		Excellent		Total		G(Willians)	p-value
	N°	%	N°	%	N°	%	N°	%	N°	%		
Back injury												
Absent	0,0	0,0	7,0	12,9	19,0	35,2	12,0	22,2	38,0	70,3	22,6687	<0,0001
Present	3,0	5,6	10,0	18,5	3,0	5,6	0,0	0,0	16,0	29,7		

It was observed that 29,7% of people has presented this type of injury and 70,3% reported not having.

5. Discussion

The work ability may change, which may improve or worsen throughout the individual's functional life and lifestyle,⁵ and factors such as age, sex, physical activity, occupational diseases, education, index body mass, number of children,¹³ working conditions - overload, stress, double shifts, low wages and number of employees) can alter the ability to work of these individuals.

The aging process causes changes in the body and a gradual loss of ability to work. The people reach the peak of mental, physical, and sensory development at 30 years old, being able to achieve excellence in their performance. However, due to some peculiarities, this action can impair the ability to work and advance the aging process.¹⁴

The working time in the profession is related to the ability to work in such a way that, the longer the time of professional exposure to work requirements, the greater the functional aging process may be. And it may also be related to the chronological aging process.³ Older people exhibit a reduced WA, pointing to a need to analyze the work capacity and its relationship with work characteristics, in order to preserve the health of this worker while working, avoiding the process of premature aging and the incapacity to work.¹³

The study showed that the only professionals who had a low capacity for work were nursing technicians, corresponding to 5,6% of the total percentage. This fact may be related to working conditions such as work overload directed to these professionals, work stress, pressure from managers, execution of repetitive and intense activities during the exercise of their daily functions, which is related to the hierarchy and verticalization of nursing work.

The execution of activities that are often performed by nursing technicians and assistants, who have low decision-making autonomy in relation to the work itself, intense pace of work, repetitive activities, and short time to perform them.¹⁵

The most technically qualified activities and those derived from medical practice are performed by nurses, who are responsible for directing, organizing and supervising the work of nursing technicians and assistants; who are responsible for carrying out less qualified activities, dedicating more time to patients. The activities developed by nursing technicians and assistants are considered more intense and repetitive, in addition, they are socially devalued and having less valued salaries.^{16,17}

In relation to working conditions, several factors can collaborate to reduce the ability to work, for example, abuse of muscle strength, lifting and carrying loads, repetitive movements, inadequate postures, risks of accidents, absence of opportunities to grow and be recognized in the workplace.¹⁸

Excessive workload is determinant conditions that can exacerbate the processes of physical and psychological exhaustion due to the intensified use of the workforce and, therefore, can impair the ability to work.¹⁹ The study has shown that a good percentage of nursing workers are well-able to work, it is observed that the mean of the WAI score, 38 point, was close to the limit of the points referring to moderate WA (28-36 points). Therefore, one should be concerned with these employees even if they have a good WA, so that they can keep themselves in full exercise of their functions, avoid the emergence of presenteeism and/or absenteeism, and early retirements.

Workers who have a good work ability should receive guidance on how to maintain their performance. Professionals with excellent WAI should be advised about the main conditions related to lifestyle and work that influence the maintenance and impairment of their working condition, and workers with low and moderate WAI should take measures to assist them in restoring WA, and measures to improve the performance of their functions.⁵

Although the marital relationship and gender variables do not present a significant correlation with the WAI, there is a predominance of females and a higher index of workers who are in marital relationships. Women do double hours of work; they do not fail to carry out household chores and care for their children. This double work can lead to physical or intellectual stress, especially when it involves the social and family life of the worker. Since work in the hospital requires the availability of time on holidays, weekends, and shifts for the performance of the function, delimiting the coexistence with family members and leisure hours.^{16,20}

It is emphasized that this group, due to the excessive loads of domestic activities and the workplace, is more predisposed to direct impacts on the ability to work, and that the accumulation of related activities can lead to a decrease of WA.¹⁹ Nevertheless, the presence of males in the nursing field is still considered minimal when compared to females, but their participation is so important.⁹

According to occupational variables, among the professionals who reported not exercising any other paid activity, the proportion of good WA was higher, with a predominance of nursing professionals in only one job; which may be the reason for the high score of the WAI. The fact that most workers have only one job may be due to the different salaries of these workers, because they are public exams (63%) and because they are able to supplement the monthly salary income with the completion of additional hospital shifts.

The workers who have more than one job stay in the hospital environment for long periods and for a large part of their productive life, thus, they are exposed to the risks present in these work environments, due to the high exposure. However, those professionals who have only one job are less likely to be sick due to low exposure to pathogens and less permanence in the work environment, thus being able to spend more time in family life, creating emotional and social bonds with their families, families, and friends, collaborating significantly to improve health and prevent diseases.⁹ It appears that the double or triple employment bonds are generally related to the low salaries of the professional workers hired, that is, those submitted to the Consolidation of Labour Laws regime (*Consolidação das Leis do Trabalho, CLT*).²¹

A study pointed out that the public sector represents 58,9% of the entire workforce, being the largest and most important employer in the nursing area. However, half of these professionals are working in precarious conditions; 62,5% of nursing professionals receive a salary of up to R\$ 3.000,00 reais, and 14,4% of these professionals receive a salary equal to or less than R\$ 1.000,00. 31,6% of these workers work in the private sector, of which 40% are in a situation of precarious employment; 68,2% have a salary of up to R\$ 3.000,00 and 22,1% have a salary equal to or less than R\$ 1.000,00. In addition, the philanthropic sector accounted for 15,4% of these professionals, unstable jobs represented 40%, salaries equal to or less than R\$ 3.000,00 represented 70,1%, and salaries equal to or less than R\$ 1.000,00 represented 23,7%.²²

In 2013, the Brazil's Federal Council of Nursing (*Conselho Federal de Enfermagem - COFEN*), through its CEO, emphasized the existence of nursing workers who receive only a minimum wage to perform tasks that imply patients' lives. This also points out that the low salaries make many workers look for other jobs, exercising a double work shift, and may have two or three jobs in health institutions. She also says that this condition can facilitate some errors in the wards.²³

When relating the WAI to the presence of diseases, the study showed interdependence between the variable of good WA with the absence of a back injury. Thus, it is observed that this variable directly interferes with the work performance of these workers. The presence of a low percentage of professionals with the presence of back injuries may have contributed to a better assessment of the study workers' work ability. However, many studies showed a reduced capacity for the work of nursing workers and related this reduction to the presence of musculoskeletal diseases. The high demands for work, combined with great psychological demands and low control, are obviously harmful to the health of the nursing team, and the existence of musculoskeletal diseases can be directly related to the decline in the work capacity of the professionals.¹⁵

A research carried out with nursing workers justifies a higher prevalence rate in the study of musculoskeletal disease in workers with reduced WA, due to the fact of physical and emotional overload in the performance of nursing professionals' activities.¹⁸

The musculoskeletal disease is present in the daily lives of nursing workers, even in those who presented good WA. This justifies the need for preventive and interventional measures carried out by the professional and the administrators of the institutions of health.¹⁵ This study had some limitations because it was carried out in a specific group and sector of a hospital.

6. Conclusion

During the period of active work, the ability to work will change, because the work environment and life habits can contribute to the wear and tear of the workers' ability to work. For this reason, it is perceived the importance of carrying out maintenance measures and supporting the work capacity and performance of these workers in their functions.

A hospital environment is a place that favors the illness process of nursing workers conditions such as long working hours, low salaries, repetitive effort, reduction in the number of employees, carrying out activities that cause fatigue, lack of autonomy, continuous work, unhealthy conditions, and double jobs can lead to physical and psychological exhaustion of workers. As a result, they can reduce work capacity and a worsening of the quality of life of these workers. However, changes in lifestyle and working conditions, both on the part of workers and managers, are extremely important for maintaining and improving work ability, which indirectly contributes to patient care.

These workers should be encouraged to practice physical exercises, have moments of leisure, self-care, and improve eating habits. In addition, measures aimed at improving the work environment must be implemented, so that they can result in the reduction of musculoskeletal diseases, reduction of repetitive exercises, investment in the health and quality of life of these professionals, collaborating for the promotion and improvement of work ability.

It is concluded that the worker who has and maintains adequate physical and mental health can perform their functions better, have a better work capacity, therefore, take better care of patients. In addition, these results can be used as a basis for further studies in the field of occupational health that aim to assess the ability of other professionals to work, independently of the location or activity performed.

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