

STRATEGIES USED BY NURSES IN THE FUNCTIONAL READJUSTMENT OF NURSING WORKERS

ESTRATÉGIAS UTILIZADAS POR ENFERMEIROS NA READAPTAÇÃO FUNCIONAL DE TRABALHADORES DE ENFERMAGEM

LAS ESTRATEGIAS UTILIZADAS POR LOS ENFERMEROS EN LA READAPTACIÓN FUNCIONAL DE LOS TRABAJADORES DE ENFERMERÍA

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ABSTRACT

Goal: To know the nurse's strategies upon receiving the Nursing worker in functional readjustment. **Methodology:** A qualitative exploratory descriptive research performed in a teaching hospital in the southern region of Brazil. The data were collected through semi structured interviews with 19 nurses between May and July 2016. It was used Minayo's operative proposal for the data analysis and interpretation. **Results:** The information merged in two categories: User embracement and worker in functional readjustment care at the work setting; planning of the readjustment process for the Nursing worker. **Conclusions:** The nurses perceived the user embracement, the negotiation and the communication process as strategies to be utilized for a better readjustment of the Nursing worker returning to work, alongside the care and respect to the work limitations, requiring integration between the staff and the readjusted employee.

Keywords: Nursing; Health Management; Occupational Health; Employment, Supported; Qualitative Research.

RESUMO

Objetivo: conhecer as estratégias de enfermeiros ao receber o trabalhador de enfermagem em readaptação funcional. **Metodologia:** estudo qualitativo, descritivo exploratório, realizado em um hospital universitário no Sul do Brasil. Os dados foram coletados por meio de entrevista semiestruturada com 19 enfermeiros, entre maio e julho de 2016. Para análise e interpretação dos dados, optou-se pela proposta operativa de Minayo. **Resultados:** as informações convergiram para duas categorias: acolhimento e cuidado com o trabalhador em readaptação funcional no cenário laboral; planejamento do processo de readaptação do trabalhador de enfermagem. **Conclusões:** os enfermeiros perceberam o acolhimento, a negociação e o processo de comunicação, como estratégias a serem utilizadas para melhor readaptação do trabalhador de enfermagem que retorna ao trabalho permeado pelo cuidado e respeito às limitações laborais, requerendo uma integração entre a equipe e o membro readaptado.

Palavras-chave: Enfermagem; Gestão em Saúde; Saúde do Trabalhador; Readaptação ao Emprego; Pesquisa Qualitativa.

RESUMEN

Objetivo: conocer las estrategias de los enfermeros para recibir a los trabajadores de enfermería en readaptación funcional. **Metodología:** estudio cualitativo, descriptivo y exploratorio realizado en un hospital universitario del sur de Brasil. Los datos se recogieron en entrevistas semiestructuradas a 19 enfermeros, entre mayo y julio de 2016. Para el análisis e interpretación de datos se optó por la propuesta operativa Minayo. **Resultados:** las informaciones se agruparon en dos categorías: la acogida y la atención al trabajador en readaptación funcional en el entorno laboral; planificación del proceso de readaptación del trabajador de enfermería. **Conclusiones:** los enfermeros entienden que la acogida, la negociación y el proceso de comunicación son estrategias para mejorar la readaptación del trabajador de enfermería que regresa al trabajo caracterizado por la atención y respeto a las limitaciones laborales, lo cual requiere la integración entre el equipo y el miembro readaptado.

Palabras clave: Enfermería; Gestión de la Salud; Salud del Trabajador; Empleos Subvencionados; Investigación Cualitativa.

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INTRODUCTION

Health organizations are seen as complex work environments involving the participation of several workers, so, they also require processes to optimize resources, particularly in hospital institutions, since they are committed to providing the population with health, curative and preventive care, under diversified service regimes.¹

The current changes resulting from globalization and new technologies have caused an increase in the search for quality and productivity in organizations. In this reality, the protagonists of this scenario are the people who are part of the institution, that is, the workers. In this way, people management contributes to the efficiency of the organization, adding values and generating positive feedback for all involved, when it is proposed to contribute to the achievement of goals and objectives for market competitiveness, training and motivation of people and, mainly, providing satisfaction to the workers and ensuring the maintenance of quality of life at work.²

Regarding the management of people, a study reveals that about 6% of the nursing workers of a federal university hospital institution was in the process of readaptation.³

In this context, employees of federal university hospitals are linked to the institution by the Unique Legal Regime (RJU) providing for the rehabilitation of the server after a period of leave of work for health reasons, in which the employee presents partial, temporary or permanent physical or mental health that incapacitates him or her for the exercise of his or her function.⁴ The functional readjustment of the federal public servant, by virtue of the reduction of work capacity, according to Federal Law N° 8.112/1990, "is the investiture of the server in charge of attributions and responsibilities compatible with the limitation that has suffered in their physical or mental capacity, verified in medical/dental inspection."⁴

Thus, nursing management is the most affected, and it can develop educational actions, and with the intention of improving workers' quality of life, in actions planned with the team. To do so, it can count not only on the nurse-manager competencies, but also on the articulation of several sectors, such as the responsible service for people management, the worker's health commission, and also the direction of the institution.⁵

Also, the reception, as well as the recognition of the suffered process faced by the worker, can contribute to improving the self-esteem and the self-confidence of the professional in the process of re-adaptation. Moreover, by providing a suitable working environment, it contributes to the prevention of new diseases or recurrences. Thus, efficient articulation among the various actors involved, such as systems and services, provides satisfactory conditions for the return to work of those in readaptation.⁶

In this way, it is sensible for management to develop activities to open spaces for the exchange of knowledge, to raise the needs

of the team, since, rather than providing adequate facilities, it is necessary to rethink humanization at work, in a way that seeks appreciation and support for professionals. Therefore, it is important that managers pay special attention to the availability of mechanisms aimed at promoting and protecting the health of nursing workers.⁷

In view of the above, it is justifiable to carry out studies that address the functional re-adaptation of nursing workers, due to the importance of the subject, as well as the need to broaden their eyes on these professionals, since the quality of the service provided to the related to worker health. Thus, the organizational work process needs to be reviewed in a way that instills respect, appreciation, and sensitivity towards workers who return to their work activities, considering potentialities and limits.

Thus, there is a challenge in promoting changes, in the face of behavior, both by the organizations and in the valuation of this individual in the adaptation in the work scenario, becoming, then, important to carry out studies that approach the subject and to deepen the reasons for removals and the process of retraining the worker. This study aimed to add scientific relevance in relation to the theme, since it was an extension of existing knowledge, besides to socially contributing to the understanding of the complexity that involves functional re-adaptation and its relation with work organization.

It is believed that the opportunity to know strategies used by nurses, who receive workers in functional re-adaptation, can bring contributions to broaden discussions, develop appropriate actions to the problem and reinforce scientific dissemination. When considering the importance of the process of functional re-adaptation, it is encouraged that the nurse qualifies for the exercise of a management that is adequate to the restrictions presented by workers and consistent with the legislation, as well as contributes to the development of nursing knowledge.

Faced with the need to better understand the thematic, the following question was outlined: what strategies did nurses employ when they received the functional change over nurse? In this sense, the study was developed with the purpose of knowing the strategies of nurses when receiving the nursing worker in functional re-adaptation.

METHOD

This was a qualitative, descriptive exploratory study carried out in a university hospital in the South of Brazil, a reference in different specialties in the region.

Nineteen nurses from a total population of 21 nurses participated in the study, with two professionals refusing to participate in the study. Those who agreed to participate in the study were workers from different services or support units, represented by outpatient clinics, Surveillance Service in Health and Patient Safety, Surgery Unit, Diagnostic Service, Home Care Service, Ra-

diotherapy Service, Hygiene Service and Cleaning, Blood Center, Material and Sterilization Center, Child Cancer Support Service.

For the selection of the participants, the nurses linked to the Single Legal Regime were considered, who worked in units of action in which there were workers allocated with health restrictions. It is worth noting that nursing management reported on these sites, indicating the participant who had been working for the longest time in the unit to indicate the next one to be interviewed, a technique is known as a snowball.

The "snowball" technique is a nonprobabilistic sample form used in social research, where the initial participants in a study indicate new participants who, in turn, indicate other participants and successively until the proposed goal is reached, that is the saturation point. This is achieved when the new interviewees begin to repeat the contents already obtained in previous interviews, without adding new information relevant to the research.⁸ Exclusion criteria adopted were nurses who were on leave work of any nature at the time of data collection or having a period of fewer than six months in the sector.

The semi-structured interview was chosen as a method of data collection, with items related to the nurses' characterization and open questions, guiding the theme under study.

The interviews took place at the work place, in a reserved room, at a scheduled time with the participants. These meetings were marked on the occasion of the invitation to the nurse to participate in the study when the researcher was personally invited to each of the participants. Two nurses were refused to participate in the research, but indicated a colleague from the unit to participate, thus maintaining the rigor of the chosen technique.

The interviews were conducted between May and June of 2016, with an average duration of approximately 40 minutes, the recorded audio is fully transcribed. Subsequently, they were evaluated through the analysis of the thematic content of Minayo's operational proposal⁹, divided into the phases of pre-analysis, material exploration, treatment and interpretation of the results obtained.

In the first stage, pre-analysis, there was the floating reading of all the material, after the organization of the corpus of the research, the formulation, and reformulation of hypotheses and objectives. It ended with the preparation of the material, that is, the reorganization of the data, already codified, listening and review of the transcribed speech, until impregnate of its content. Next, different ideas were differently colored, always focused on the purpose of the study.

In the second stage, exploration of the material, it was tried to reach the understanding of the text from the construction of categories, consisting of a process of reduction of the material. It should be noted that, in this process of data categorization, keywords were then created to group the data, according to the emerging theme.

The third and final stage was the treatment and interpretation of the results obtained. In this, the research results were interpreted, which allowed the researcher to understand the structures of relevance and the central ideas, with the elaboration of a synthesis for the construction of a final report.

The research was approved by the Ethics Committee in Research, under the opinion 1,452,316 and CAAE, nº 53557916.4.0000.5346. Also, the study participants were only part of the study after agreement with the Free and Informed Consent Form, in accordance with Resolution 466/2012 of the National Health Council of the Ministry of Health, regulating the standards of research with human beings.¹⁰ The participants were named by the letter E to preserve the confidential nature of the research, referring to the word nurse and by Arabic numerals, according to the interview order, composing codes N1, N2, N3, N4, and so on, according to the chronological order of the interview transcripts.

RESULTS AND DISCUSSION

Of the 19 participants, it was found that 18 were female. They were aged between 31 and 40 years old (three nurses), 41 to 50 years old (five nurses), 51 to 60 years old (10 nurses) and with a nurse over 60 years old.

The nurses who participated in the study had five to 10 years working in the area (four nurses); from 11 to 20 years (four nurses); 21 to 25 years (six nurses); more than 26 years working in HUSM (five nurses). Of this group of professionals, 18 had postgraduate degrees, being: three studied doctorates, five were masters and ten had specialization.

From the exploitation of the material and interpretation of the results, the thematic categories emerged: reception and care with the worker in functional re-adaptation in the labor scenario; planning the process of rehabilitation of the nursing worker.

RECEPTION AND CARE WITH THE WORKER IN FUNCTIONAL RE-ADAPTATION IN THE LABOR SCENARIO

In the face of the issues addressed by nurses, the reception, communication, and value of the work perceived by the nursing professional in functional re-adaptation emerged from the reports, and the nurses' concern to manage the activities respecting the restrictions of this worker. For this, some nurses assume the responsibility of welcoming and stimulating the team so the worker is well received, as follows:

The first thing is to try to get well, try to get the team to accept the health worker well. (N2)

That he (the one working in re-adaptation), feel welcomed, well received because he will start a new life in the sector, the first impression has to be good. (N3)

First, I host, even because I come from another training, where the reception is very serious for me, whether the user, or professional, I welcome. (N5)

These reports show that there is a concern of the nurse in preparing the team that already develops activities in the sector, as well as the adequate reception of the newcomer, treating the process of re-adaptation with due seriousness.

The process of functional re-adaptation happens and it is shaped according to the way in which the work team welcomes the professional in this situation and offers socio-affective support, recognizing this support as an important element in the relationships for the reintegration process.¹¹ Therefore, it is up to the nurse to act as moderator and facilitator of this relationship as a team manager.

The reception is felt as a facilitator on return to work. Thus, the feeling of belonging to the group is added to the fact that they feel able to establish dialogues with their colleagues, as reported by workers in the process of re-adaptation to work, in a study carried out at a reference center on worker health in the city of São Paulo.⁶

As a leader and manager of the team, the nurse needs to encourage and establish integration strategies with a view to improving working conditions.¹² The readapted workers inserted in the health services impact the coordination of the nursing team that requires skills and abilities to drive the team in an inclusive way.³

Thus, among his strategy for the better integration of the re-adapted worker, the professional defines the planning, the dialogue and his preparation in the expectations of this new member.

We talk, what expectations he has for the service, what he wants to do, according to his abilities, and of course, according to his function, and I'm already thinking about how to insert that person into the activities.(N3)

I try to talk to the re-adapted worker, respecting what he wants to say, seeing what his difficulties are and trying to think how I will insert him into the unit.(N6)

Upon returning to work, the nursing professional requires a mediator in his or her re-adaptation, and nurses are expected to perform this leadership role, using communication, among other skills. Dialogue requires nurses to use words appropriately so they are effective.¹³ In this sense, it is recommended the nurse be skilled, creative, but above all able to listen, allowing the worker to explore all of his or her potential in the execution of the activities. In this way, the communication process can be perceived more clearly, applied and developed with quality.¹⁴

Besides to the communication process, the need to establish a true dialogue, was expressed by two participants, as a strategy, in the process of re-adaptation emphasizing the tasks to be developed in the sector, associated with the willingness to listen to the expectations of the nursing worker in their return to work activities, counting on the participation of other professionals of the institution.

On the first day, we'll talk to the psychologist and the worker so we can listen to him and tell him what to expect at work and say he's there to help. Then we talk to the team, asking that the team get well, help and that the difficulties are passed on to us, nurses, we are there for that. (N10)

The head of nursing communicates, calls, warns and then makes contact with us and I always do before they start, I talk to them about the sector, even to see if that's what they want. (N16)

The work of the nursing team can be influenced by the organizational climate, whether by professional, individual factors, or related to the institution and its valuation.¹² As for the impact of individual factors on collective work, when using instruments for the control of conflicts, such as empathic listening, honest and transparent communication, and leadership managers can contribute to the negotiation process.¹⁵ To this end, nurses are considered the leader of the team, which plays a prominent role in negotiation processes.¹⁶ Also, the nurses need to be clear about what objectives are targeted during each negotiation, since the success of negotiation depends on those involved and the preparation of the environment. These factors can be expressed through the following speech:

We need to have a lot of patience and negotiation, especially in a sector where the most are [sic] readapted people. I think people are not disposable. (N6)

In managing, nurses need to set norms and behaviors compatible with the institution among their various responsibilities to equip the team to strengthen interpersonal relationships and to encourage spaces where the team shares responsibility for the negotiation process.¹³ Also, some nurses recognized the importance of realizing the skills and aptitudes of the returning professional and extracting the best of these people, as indicated in the testimonials:

So, my posture is always to get everything good from the worker in re-adaptation, what he likes to do, what he knows how to do, what he can do. (N3)

I perceive all these people (worker with functional limitation) with skills and good things to offer, get closer, observe and then work with the group. (N13)

Therefore, nursing is a human science that involves people in a health-disease process, based on the theoretical foundation and practice of caring for human beings, and the working people must be prepared and motivated.¹² It is necessary that the employees in their daily lives feel motivated and satisfied to have a good performance in the workplace, so they can be committed to the values of the profession and the institution and, consequently, to the quality of the assistance.

Then, faced with the return of the nursing worker, the concern not to embarrass this person is lack to be present. Thus, the nurse showed concern in caring for the other, as stated in the following statements:

I take care not to show too much that person has a health problem or has a restriction, that the person feels no different. (N2)

I make it possible, at the moment of presenting to the team, to be as discreet as possible, to expose the least of the difficulties. (N3)

We should not introduce ourselves to people saying, look, he's got this and that problem, no, he's the new colleague we're getting, he's going to work in some areas a bit different in this new reality, but he's going to work with us. (N7)

By avoiding being exposed, the nursing worker experiences illness in another way, because it brings up the conflict of being a caregiver and, at the same time, in need of care. As a consequence, this professional develops a particular way of living with the imposed limitation, re-elaborating the meaning of his life, often leading him to rethink his way of caring for the other.¹⁷

Another care that nurses interviewed, N11 and N12, pointed out they are vigilant to avoid prejudice in relation to the re-adapted worker.

I try not to be prejudiced. (N11)

I think we have to be careful not to be prejudiced, [...] not to think and now look what they are telling me, I am careful a lot. (N12)

I try to always have a certain sensitivity with the person in re-adaptation, as a nurse, I try to understand her as a human being and think that she has health problems to respect, I try to understand. (N17)

When returning to work, the nursing professional needs to adjust to his routine and adapt to his new functions in the service. This is facilitated when staff and management are faced with re-adaptation in a natural way. It is also believed that interpersonal relationships influence the resumption of daily activities and feelings about this process. However, spaces and working conditions are not yet adequate, as workers are not respected in their uniqueness and limitations.¹¹

Also, nurses need to manage the activities of their unit, including the functional rehabilitation worker, so their health restrictions are preserved, as recommended by the medical expert. Following these premises, an interviewee reports that he wants to receive well, delegating actions to the worker according to the professional's possibilities:

I get well without problems, I just take care when distributing activities, respecting the limitations. (N11)

For the development of work activities, the official medical health board shall provide the health restrictions that the nursing worker has and suggest according to the duties attributed the items that can be performed by the server and those that cannot be performed. Thus, it is avoided to expose him to situations that may aggravate his health situation or put on risks to the third parties¹⁸. This fact allows the nurse to plan the actions of this worker in line with legislation and work restrictions.

Therefore, when receiving the re-adapted worker, the nurse seeks to welcome him, using integration strategies with the team; of communication, through listening and establishing a true dialogue; leadership, negotiation and conflict management; and respect for the restrictions presented by the worker in re-adaptation, not restricting and avoiding prejudice.

PLANNING THE PROCESS OF REHABILITATION OF THE NURSING WORKER

This category is based on the statements about planning that nurses need to perform based on the health restrictions of the nursing worker in re-adaptation and the strategies used by them to reinsert that person into the team, with the reuse of skills.

Planning is the basic function of management since it provides workers and organizations with the necessary mechanisms to operate in dynamic and complex environments in constant transformation. Thus, planning is the starting point of the managerial process, in defining which objectives are to be achieved, the means to achieve them in a feasible way, besides being the main guide for the development of other actions.¹⁹

In this follow-up, careful planning for the reintegration of the re-adapted nursing worker becomes a concern, as the work activity may aggravate or generate new health problems in this

professional. Corroborating, the interviewees of N8, N14, and N19 inform to care about the health of the re-adapted worker:

I'm going to look for a nurse in the sector to be adapting, contemplating the restrictions of this worker, because it's important for his health. (N8)

I think that it will also depend on the health problem that he [the worker] had or is having, from the restrictions, for example here, if someone arrives for my sector with a column problem, I would say: look, the sector is not indicated for you, it will even make your problem worse [...] I know the precise service to say that it will not adapt, to avoid further problems.(N14)

Receiving like any other employee, you will readapt this worker, within that person's health conditions. (N19)

In this understanding, the nurse plays an important role in the return of this worker to his activities, as he knows the health history and can plan and adapt measures of precautions for occupational risks, with the objective of promoting, preventing and health rehabilitation.²⁰ Therefore, the need to know the health history of this worker was verbalized by the participants N4 and N9 of the research:

I go in HR [HR] to take a look at the process. (N4)

First, I get along with the head of the nursing service, I analyze the person, I try to talk and understand why the person needs to re-adapt. (N9)

Thus, the nurse perceives the need to know the worker that will receive, obtaining information with the service of management of people about the actual health situation, as well as seeking to understand the experience that the professional passed and how he is perceived in the return to work. Probably, the nurse feels more confident to plan the activity that will be proposed for this worker, since, when recognizing the health needs, the establishment of strategies of promotion, intervention, and recovery of the autonomy of this professional are allowed.^{14,21}

Another important factor is patient safety, that is, a careful look at the limitations presented by the professional becomes a concern in the nursing care provided to minimize the risks to patient safety and, in a way, to preserve the patient's safety. worker's health, seeking, in this way, to combine the activities that the worker will carry out with his restrictions.²²

Reception planning for the re-adapted professional also includes the understanding that social support is important in this process of adaptation, as mentioned by two of the participants:

You're not going to put someone in a place where he's not functional because he's not going to adapt, he's going to be running, turning and stigma coming, I'm not going anywhere and it just gets worse.(N5)

First, we need a profile of this worker, to be able to insert properly this worker and not already put on a production line, which may suddenly not work. Although we have periodic examinations, in no way are they sufficient to receive a worker. (N18).

Social support finds an important place in functional re-adaptation, since, in general, this support can be understood as a mutual aid between the actors who live together, who builds meaning in their everyday experiences and contexts.²³ In the excerpt, it is perceived that the nurse understands that the adaptation of this professional in a new sector involves several issues, among them the difficulty in adapting to functions, often of less complexity, away from direct care to the user and how much this can lead to the feeling of devaluation of their work.²⁴

Thus, the nurse's concern to provide a situation that involves the person returning to work is aimed at promoting better job satisfaction. This perception confirms the study,²⁵ by demonstrating that workers with better job satisfaction, life satisfaction, and good social support presented a better evaluation of their health status.

Associated with the support provided, there is an institutional commitment to this process to readapt this worker, according to their labor restrictions and legal aspects, meeting the demands of the service. This is precisely what is said by some participants, who declare to consider the worker, but also to meet the demands of the hospital sector:

If it is a physical restriction, then we also have to examine the issue and know whether or not the person can meet the demands of the service because the goal is for you to receive a person who can meet the needs of each sector, we have very specific needs.(N15)

I evaluate the skills conditions of that employee and taking learning. (E9).

The process faced by the worker in functional re-adaptation involves the planning and preparation of the team that will receive it, so the adaptation of this worker is the least traumatic possible, and he can continue contributing in a productive way with the institution, without aggravation or further harm to their health. The nurse is responsible for the planning and management of this process since he is the leader of the team and responsible for the sector.

The planning of the process of rehabilitation of the nursing worker is transversal to the reinsertion of the professional in the team, proving to be the main strategy of the nurse when receiving the nursing worker in functional re-adaptation. In planning, the design of work restrictions occurs based on the health history of the rehabilitated worker to avoid the worsening of limitations or new health problems and compromising with patient safety. With this, it is sought to provide the rehabilitated worker with the social support necessary for the reintegration, allied to the professional's involvement in this process, with the use of their skills.

FINAL CONSIDERATIONS

In the study, the reception, negotiation, control of conflicts, listening and true dialogue were highlighted as strategies for the functional re-adaptation of the nursing worker. That is an efficient communication process with the worker who returns to work permeated by planning and respect to labor limitations, requiring an integration between the team and the re-adapted member, without constraints and avoiding prejudice.

In this sense, planning the work of the worker who returns to work professionally, considering the limitations imposed by his illness or injury, based on recommendations made by medical expertise, arises as the nurse's task. This is because the nurse plays the role of manager and leader of the nursing team, being the planning transversal to the whole process of re-adaptation.

In this way, knowing the strategies adopted by nurses to receive the nursing staff in functional re-adaptation provides qualification for the nurse's management, keeping the restrictions presented by the workers and in keeping with the legislation converging. With this, the research contributes to the development of nursing knowledge, especially regarding the management of readapted people.

Thus, this research may offer theoretical subsidies to assist health professionals in relation to the process of functional rehabilitation of nursing workers, especially those who hold positions of managers in federal public hospitals and teaching.

It is considered as a limitation of the study that the investigation was carried out in only one health institution, precluding generalizations, as well as being a specific group of professionals, having a working link through the Single Legal Regime.

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