124 - QUALITY OF LIFE AND BODY COMPOSITION IN NURSING PROFESSIONALS - A CASE STUDY

JOSÉ DE FÁTIMA JUVÊNCIO
Universidade Federal de Viçosa
Viçosa-MG
josefati@ufv.br

1. INTRODUCTION

One better quality of awaken life a bigger interest, as much on the part of researchers as of final consumers inside of the scope of the world of the work, administration, leisure, health and global planning. This interest, far from being a fashion, seems to be associated to an intense flow of information on the globalization where if it inserts the diligent human being at the current moment. Associated the expression "quality of life" it is the idea of health, and other forms of if defining what it is health. In accordance with the World-wide Organization of Health (WHO, 1958) "the health is complete physical, mental and social well-being and not mere the absence of illnesses or diseases". E based on this assertive one that the present research if delineated. However beyond these aspects it is taken in consideration, also, the proper conception of quality that person possess and, ally to the components that are part of this "its" conception, to form a general idea on quality of life. Nieman (1999) defines what it is "related physical aptitude to the health", as being a capacity to carry through the daily activities with vigor and is related to a lesser risk of chronic illness. It displays, still, the components that integrate it as being the cardiorrespiratory aptitude; the body composition; the musclesoesqueletic aptitude (flexibility, force, resistance). He seems, still same in a preliminary comment, that, beyond the inherent factors to each person, the modification of one or component of this aptitude, in particular, directly is related with transformations in the quality of life. The physical activity, then, in last analysis, influences responsible structures, functions and corporal processes for the functional capacities and can prevent or postpone musclesesqueletics illnesses, for example, lombalgies, osteoporose, breakings, as well as contribute for the whitewashing. In the world of the work some tasks depend very on this physical capacity of the operator, capacity this in carrying through tasks that demand energy expense and need balance enter the component factors for the health and quality of life. Whichever the exerted profession is important that the worker has physical, psychological, mental conditions and propitious spirituals to the performance of its position, beyond, at least, to present these components of the physical aptitude with regard to the health in enough amount and quality for the effective performance of the labor task. One of these professions, those that act in the maintenance, whitewashing and recovery of individuals that they are not well of health is the focus of this research. The contribution of these professionals specialized in these tasks becomes indispensable, that is, nursing professionals. If they take care of the health of the population expect that they have good conditions of health to play its functions with quality. The body composition is the existing relation between lean fat and fabric (not greasy muscles, bones, water skin, blood and other fabrics). It is one of the components of the related physical aptitude to the health, which involve still cardiorrespiratory aptitude and musclesesqueletic aptitude (flexibility, muscular force and muscular resistance). These two variable - body composition and related physical aptitude to the health - can directly influence the conditions of work, the operation ways of the diligent human being and its occupational health. To have a good flexibility, force, fortified muscular mass; adequate and compatible body composition and cardiorrespiratory aptitude with its work contribute in the performance and efficient accomplishment of the tasks.

2. OBJECTIVE

With the displayed one above one searched in this research to make a diagnostic survey of the body composition of the nurses and as this can intervene with its quality of life related to the health.

3. MATERIAL AND METHODS

The sample was composed for thirty (30) professional ones of nursing of hospital of the city of Viçosa - MG being twenty and four (24) of feminine sex and six (6) of the masculine sex. A compass of mark CESCORF® was used for measurement of the cutaneous folds (DC), with precision of 1 mm. To survey the corporal mass a digital scale of the KRATOS-Cas® mark was used, model LÍNEA®, year 2000, with precision of 5 g. E for measurement of the perimeter of the waist, hip and stature one looks metric inextensible of 1 cm of width and 1 m of length. The collection of the data was carried through in reserved room, in the proper workstation; day and schedule previously set appointments with the direction of the hospital, taking care of norms of the Committee of Ethics in Research with Human beings of the Federal University of Viçosa. The evaluated 0 variable had been: Corporal mass: gotten through digital scale in kilograms; Stature: verified through one it looks metric affixed to the wall; waist/hip relation (HWR): verified through the measure of the perimeter of the waist and the hip; Index of Corporal Mass (IMC): gotten through the relation it enters the weight in kilograms and the stature to the square in meters: IMC = corporal Mass in kg (stature in meters) 2; Percentage of fat (%G): gotten through the taking of the DC. For taking of the cutaneous folds (DC) the protocol of Guedes & Guedes (1994) cited by Fernandes was followed Filho (1999). This protocol is of Brazilian characteristic and easy use. For its calculation it is used table or formulas (below) case the values exceed of the table. To use the table thickness of the three cutaneous folds is added it and is looked at the direct result in this; being the vertical line the entire part and the horizontal line the part decimal. The result supplies the percentile or percentile fat of fat (G%).

Equations for calculations
Men: DENS = 1,17136 - 0,06706 log (TR+SI+AB)
Women: DENS = 1,16650 - 0,07063 log (CX+SI+SB)
where
DENS = predicted value of the corporal density; TR = thickness of the triciptal DC; ITSELF = thickness of the DC supplies-iliac; AB = thickness of the abdominal DC; CX = thickness of the DC of the thigh; SB = thickness of the DC to subescapular; %G = percentile of fat =
{G% = [(4,95 / DENS) - 4,5] * 100}

For final result, it of the 3 measures was become fullfilled average as being the value adopted for that point. From %G the protocol supplied through other formulas the calculation of the absolute fat (GA), of the lean mass (MM), of the ideal corporal weight (PCI) and of the corporal weight in excess (PCE).

GA = PC (G%/100)
MM = PC - GA
Men: PCI = MM/0,85
Women: PCI = MM/0,75
PCE = real PC - PCI
where real PC = weight in which if it finds the evaluated one.

The corporal weight (PC) was gotten through pass in scale and with the individuals having dressed the minimum of possible clothes and with bare-footed feet. The stature and the perimeters of waist and hip had been evaluated using a metric ribbon. For the stature the metric ribbon was fixed to the wall, exempt of baseboards or irregularities. The tested ones had remained erect, with heels, butt and head in contact with the wall and horizontally parallel the fixed eyes to the soil (Line of Frankfurt).

For measure of the perimeters the evaluated ones had remained in foot, with joined feet. The measure of the waist was made the 2 cm above of the umbilical line, and of hip carried through in the biggest butt lump, following standardized and validated orientations in the Laboratory of Occupational Ergonomics of the Federal University of Viçosa. To calculate the HWR the perimeter of the waist for the perimeter of the thus configured hip was divided:

HWR = waist perimeter perimeter of the hip

to attainment of the IMC the PC was divided in (kg) for the stature in meters to the square, thus configured:

IMC (kg/m2) = PC/est^2

4. RESULTS AND DISCUSSION

The data gotten in this work had provided a disgnostic evaluation of the sample allowing to get the percentage of fat (%G), the Index of Corporal Mass (IMC), the corporal weight in kilograms (PC), the stature in meters and Relation waist-hips (HWR) of the nursing professionals. Picture 2 presents the referring data to the age in years (31,8 ± 10,16), the PC (62.1 ± 12.71), the stature (1.61 ± 0,08), the IMC (31,8 ± 4,97), and the HWR (0,83 ± 0,08) of the total sample. When separating the sample in men and women the following results for the women had been gotten: PC (60,99±13,54); age (33,5±10,6); stature (1,58±0,06) IMC (24,3±5,4) and HWR (0,83±0,08). For the men the data had been: PC (66,06±8,25); age (24,7±1,36); stature (1,72±0,05); IMC (22,2±2,6) and HWR (0,80±0,06). The IMC - index that relates the weight and the stature - are a way to quantify the corporal fat. This indirect method has limited especificity because include inexact if correlated values with the total corporal fat (ROCHE et al, 1996). The sample included professional in such a way of how much feminine the masculine sex, being that n = 17 (5 men and 12 women) doing a total of 56,7% of the sample if had found in the recommendable and at risk very low band for the health; 2 individuals (6.7%) both women if had found with low weight and low risk the moderate one for the health; n =7 (23.3%) being 6 women and 1 man if had fit in the classification of overweight and low risk for the health; 3 individuals (10%) all women if were with obesity I and positive moderate risk and 1 woman (3.3%) if found with obesity II and high risk for the health. The IMC widely are used in nutricion evaluations for possessing high correlation with the PC and for predicting risks for patologies (JUVÊNCIO, 2002). In the interpretation of the data of Relation waist-hips (HWR) she adopted herself as parameter the values with HWR > 0,95 for men and women with values of HWR > 0,85 present increased risks to contract illnesses. Of the total sample the number of men (n=6) or 100% presented HWR < 0,95 if not finding in the classification of risk increased in contracting illnesses. Already the women (n=7) corresponding 29.2% had presented HWR >0,85 and the remain (n=17) doing the majority of the sample (70.83%) had presented HWR< 0,85 being fit is of the increased risk to contract illnesses. The OMS points the anthropometry (involving in this the corporal mass, the stature and the perimeters, in the case of waist and hip) as changeable of precaution control with respect to chronic illnesses (PEAR TREE, SICHIERI & MARINS, 1999). The overweight and the obesity directly are related to the increase of the mortality number. These numbers increase if the IMC to exceed the 30 in men and 27 in women. Such mortality includes cardiopathies, hipertension, certain types of cancer, colecistopaty and diabetes (WILMORE &COSTILL, 2001). Picture 2 presents the referring data to the taking of the cutaneous folds and the respective add of the same ones for attainment of the percentage of referring fat to the women.

Picture 1 - Age, body mass, stature, BMI and HWR.

	AGE (years)	Body Mass (Kg)	STATURE (m)	BMI (kg/est2)	HWR (cm)
01	20	51,50	1,56	21,2	0,88
02	41	50,35	1,56	20,7	0,96
03	21	51,60	1,64	19,2	0,79
04	28	49,35	1,68	17,5	0,73
05	24	56,70	1,58	22,7	0,72
06	22	50,55	1,63	19,0	0,75
07	26	46,25	1,56	19,0	0,71
08	38	87,10	1,54	36,7	0,88
09	42	61,80	1,53	26,4	0,85
10	37	56,65	1,68	21,1	0,83
11	48	58,60	1,55	24,4	0,88
12	21	49,53	1,60	19,3	0,81
13	38	88,50	1,61	34,1	0,76
14	22	77,80	1,68	27,6	0,80
15	47	68,40	1,59	27,0	0,81
16	24	42,50	1,59	16,8	0,83
17	23	51,65	1,57	20,9	0,81
18	45	77,10	1,58	30,8	0,92
19	38	61,95	1,52	27,9	0,80
20	40	49,40	1,45	23,5	0,83
21	39	76,25	1,63	28,7	0,88
22	29	55,80	1,65	20,5	0,78
23	59	62,80	1,51	27,5	1,06
24	33	81,70	1,63	30,7	0,92
25	27	69,50	1,72	23,5	0,75
26	23	57,90	1,69	20,2	0,76
27	25	58,85	1,65	21,6	0,91
28	24	80,15	1,76	25,9	0,83
29	25	67,20	1,74	22,2	0,79
30	24	62,80	1,78	19,8	0,79

Picture 2 - Skinfolds to subescapular (IF), it supplies-ilíaca (ITSELF) and thigh (CX) and its somatório in the women

	AGE (years)	SE	SI	CX	∑ skinfolds
01	20	21,3	27,4	30,7	79,4
02	41	29,4	16,4	32,4	78,2
03	21	11,7	10,7	25,4	47,8
04	28	12,4	11,0	27,7	51,1
05	24	17,9	17	37,3	72,2
06	22	10,7	16,9	21,9	49,5
07	26	11,1	11,2	29,3	51,6
08	38	56,4	31,6	57,1	145,1
09	42	36,2	28,2	41	105,4
10	37	22,5	18,3	30,2	71
11	48	35,6	28	51,2	114,8
12	21	12,4	12,1	26,2	50,7
13	38	33,8	24,9	46,1	104,8
14	22	33,2	35,6	45,6	114,4
15	47	29,5	27,8	51,7	109,0
16	24	10,2	9,5	26,7	46,4
17	23	19,4	14,6	29,4	63,4
18	45	43,2	34,3	55,9	133,4
19	38	28,8	28,5	44,8	102,1
20	40	25,4	19,4	36,5	81,3
21	39	39,2	40,2	47,5	126,9
22	29	16,4	11,9	20	48,3
23	59	33,9	31,8	34,7	100,4
24	33	38,5	39,4	50,6	128,5

Picture 3 - Skinfolds and the respective add of the same ones for attainment of the percentage of referring fat to the men.

	IDADE (anos)	TR	SI	AB	∑ DOBRAS
25	27	16,2	10,8	22,4	49,4
26	23	4,5	5,0	8,4	17,9
27	25	8,3	8,6	15,1	32,0
28	24	14,8	12,1	17,4	44,3
29	25	11,9	11,1	17,5	40,5
30	24	11,4	7,9	10,5	29,8

Pictures 4 - Percentage of fat (%G) gotten respectively in the women and the men and calculated from the protocol of Guedes and Guedes (1994) cited by FERNANDES FILHO (1999).

	% G	GA (Kg)	MM (Kg)	PI (Kg)	PCE (Kg)
01	29,5	15,19	36,31	48,41	3,09
02	29,29	14,85	35,5	47,33	3,02
03	22,38	11,54	40,06	53,41	-1,81
04	23,31	11,50	37,85	50,46	-1,11
05	28,15	15,96	40,74	54,32	2,38
06	22,87	11,56	38,99	51,99	-1,44
07	23,44	10,33	35,92	72,01	-1,64
08	38,0	33,09	54,01	55,21	15,09
09	33,0	20,39	41,41	57,33	6,59
10	27,92	16,65	43,0	50,79	2,32
11	35,0	20,51	38,09	50,77	7,81
12	23,2	11,45	38,08	50,77	-1,24
13	33,0	29,20	59,30	79,10	9,40
14	35,0	27,23	50,57	67,43	10,37
15	34,0	27,25	41,15	54,87	17,53
16	21,97	9,34	33,16	44,21	-1,71
17	26,32	13,59	38,06	50,75	0,90
18	37,0	28,52	48,58	64,77	12,33
19	33,0	20,44	41,51	55,35	6,60
20	29,84	14,74	34,66	46,21	3,19
21	36,0	27,45	48,80	65,1	11,11
22	22,53	12,57	43,23	57,64	-1,84
23	33,0	20,74	42,11	56,15	6,70
24	37,0	30,23	51,47	68,63	13,07

Picture 5 - Percentage of fat (%G), absolute fat (GA), lean corporal mass (MM), ideal weight (PI) and corporal weight in excess (PE) in the masculine sample.

	% G	GA (Kg)	MM (Kg)	PI (Kg)	PCE (Kg)
25	17,96	12,48	57,02	67,08	2,42
26	5,00	2,89	55,01	64,72	-6,82
27	12,43	7,31	51,54	60,63	-1,78
28	16,56	13,27	66,88	78,68	1,47
29	15,42	10,36	56,84	66,87	0,33
30	11,54	7,25	55,55	65,35	-2,55

For analysis of %G one used the recommendations of Nahas (1999). As this author "for young adults (18-35 years) considers recommendable the band of 10 16% of corporal fat (GC) for men and 14 23% for the women. From the 35 years, the band of 12-18% (men) and 16 - 25% is considered acceptable (women)". Considering the classification of obesity it can be evidenced in the total sample of the women who (n = 4) or 41.7% are obese whereas in the masculine sample (n = 6) none was not found obesity case.

5. FINAL CONSIDERATIONS

The carried through disgnostic survey with the professionals of nursing of this hospital allowed to establish the following considerations: - the relative data to the Index of Corporal Mass (IMC) had shown that the majority of the tested ones met in the band of weight recommended for the health and that in accordance with the cited bibliography already presented basses risks for the health. The remain of the sample with weight above or below of this band, for being fit with bigger risks must be intent to the control of weight and the deriving risks of this fact; therefore they are not classified with good indices of IMC; - the referring data to the Relation Waist/hips (HWR) in the masculine sample had been in its totality classified without increased risks to also contract illnesses and most of the feminine sample without risks. A small part of the women presented these relations

raised waist/hip, indicating one of the types of obesity standard (android or ginoid), being thus susceptible to the development of illnesses related to the overweight. When calculating the percentage of fat (%G) of the women, as much the G1 how much the G2 had presented greaters resulted in the band of fat above of the acceptable one before age; already in the masculine sample half of the tested ones was in the acceptable band of %G. These data had disclosed that in the sample in general most of the group presents %G favorable in accordance with the parameters established for literature. One suggests that those that if find with IMC, raised HWR and %G carry through a control of these 0 variable through increment of regular physical activities and nutricional accompaniment. Both are factors of health promotion that, proved, can generate quality of life better.

6. BIBLIOGRAPHICAL REFERENCES

ALLSEN, P. E.; HARRISON, J. M.; VANCE, B. (2001). Exercício e qualidade de vida: uma abordagem personalizada. São Paulo: Manole.

ALVAREZ, B. R. (1996) Qualidade de vida relacionada à saúde de trabalhadores. Dissertação de mestrado. Mestrado em Engenharia de Produção, Centro Tecnológico, UFSC, Florianópolis, SC.

CARUSO, Paulo. Peso corporal ideal para o desempenho físico. Disponível em <http://www.portaldovaletudo.com.br/pesocorp.htm>. Acessada em 28/03/2003.

COSTA, R. F. (1999) Avaliação da composição corporal. São Paulo: FGA Multimídia, 1999.

DANTAS, E. H. M. (1997) Aptidão física total. Revista Mineira de Educação Física, 5(1), 45-55.

FERNANDES FILHO, J. (1999) A prática da avaliação física: testes, medidas e avaliação física em escolares, atletas e academias de ginástica. Rio de Janeiro: Shape Editora.

GUEDES, D. P.; GUEDES, J. E. R. P. (1998) Controle do peso corporal: composição corporal, atividade física e nutrição. Londrina: Midiograf.

JUVÊNCIO, J. F. (2002) Abordagem ergonômica e aptidão física de trabalhadores do setor informal em Florianópolis: estudos multicasos dos fabricantes de prancha de surfe. Tese. Doutorado em Engenharia de Produção, Centro Tecnológico, UFSC, Florianópolis, SC.

NAHAS, M. V. (1997) Atividade física como fator de qualidade de vida. Memórias do Congresso Mundial de Educação física - AIESEP, 361-368.

_____. (2001) Atividade física, saúde e qualidade de vida: conceitos e sugestões para um estilo de vida ativo. Londrina: Midiograf.

NIEMAN, D. C. (1999) Exercício e saúde. São Paulo: Manole.

OLIVEIRA, R. C. (1999) Personal Training: uma abordagem metodológica. São Paulo: Editora Atheneu.

PEREIRA, R.; SICHIERI, R.; MARINS, V. M. R. (1999) Razão cintura quadril como preditor de hipertensão arterial. Caderno de Saúde Pública, 15(2), 333-344.

ROCHE et al. (1996) Human body composition. Champaign, IL, USA: Human Kinetics.

SILVA, M. A. D. Exercício e qualidade de vida. In: GHORAYEB, N.; BARRROS, T. (1999) O exercício: preparação fisiológica, avaliação médica aspectos especiais e preventivos. São Paulo: Atheneu.

SILVA, M. A. D.; MARCHI, R. (1997) Saúde e Qualidade de Vida no Trabalho. São Paulo: Editora Best Seller.

VIEIRA, A. (1996) A qualidade de vida no trabalho e o controle da qualidade total. Florianópolis: Insular.

WILMORE, J. H.; COSTILL, D. L. (2001) Fisiologia do esporte e do exercício. São Paulo: Manole, 2001.

World Health Organization (1958) The first ten years of the World Health Organization. Palais des Nations, Geneva, Switzerland. Constitution of the World Health Organization.

UNIVERSIDADE FEDERAL DE VIÇOSA
36.570-000 VIÇOSA - MINAS GERAIS
[31] 3899-2249 / 3899-2073
josefati@ufv.br

QUALIDADE DE VIDA E COMPOSIÇÃO CORPORAL EM PROFISSIONAIS DE ENFERMAGEM - UM ESTUDO DE CASO

RESUMO

O senso comum indica para que a vida seja de boa qualidade é primordial ter saúde. Tanto a atividade física como o condicionamento físico pode ser necessário para a saúde e longevidade. No mundo do trabalho algumas tarefas dependem muito da capacidade física do operador, capacidade esta em realizar tarefas que demandam gasto energético. Buscou-se com este trabalho fazer um levantamento diagnóstico da composição corporal das enfermeiras e como este pode interferir na sua qualidade de vida relacionada à saúde (QVRS). A amostra foi composta por trinta (30) profissionais de enfermagem. Utilizou-se um compasso da marca CESCORF®, com precisão de 1 mm; uma balança digital da marca KRATOS-Cas®, com precisão de 5 g; uma fita métrica inextensível de 1 cm de largura e 1 m de comprimento. A coleta dos dados foi realizada em sala reservada, no próprio hospital, em dia e horário previamente agendado. Os resultados relativos ao Índice de Massa Corporal (IMC) mostraram que a maioria dos testados encontrava-se na faixa de peso recomendada para a saúde e que de acordo com a bibliografia consultada apresentou baixos riscos para a saúde. Já os dados referentes à Relação Cintura/Quadril (RCQ) na amostra masculina foram em sua totalidade classificados sem riscos aumentados para contrair doenças e a maior parte da amostra feminina também sem riscos. Estes dados revelaram que na amostra em geral a maior parte do grupo apresenta %G desfavorável de acordo com os parâmetros estabelecidos pela literatura.

CALIDAD DE VIDA Y COMPOSICIÓN CORPORAL EM PROFISIONALES DE ENFERMERÍA - UN ESTUDIO DE CASO

RESUMEN

Para que se tenga calidad de vida es fundamental tener salud. La actividad física en conjunto al acondicionamiento físico, pueden ser importantes para la salud así como la longevidad. En el ambiente laboral, algunas tareas dependen de la capacidad física del trabajador, que demandan un gasto energético. Se estableció como objetivo realizar un diagnóstico en la composición corporal de enfermeras y como puede interferir en su calidad de vida relacionada con la salud (QVRS). La muestra estuvo compuesta por treinta (30) profesionales de enfermería. Se empleó un compás de marca CESCORF® , con fiabilidad de 1 mm, una báscula digital de marca KRATOS-Cas® , con fiabilidad de 5 g; una cinta métrica inextensible de 1 cm de ancho y 1 m de longitud. La toma de datos ocurrió en un despacho específico en el mismo hospital, en día y horario determinados con antelación. Los resultados relativos al Índice de Masa Corporal

(IMC) demuestran que la mayor parte se encuentran en el rango de peso recomendado para la salud y están de acuerdo con la bibliografía consultada presentando así bajos riesgos para la salud. Ya los datos para la Relación Cintura/Cadera (RCC), el grupo masculino fue en su totalidad, clasificados sin riesgos aumentados para desarrollar enfermedades y la mayor parte femenina también sin riesgos. Estos dados apuntan que el grupo evaluado en general, la mayor parte presenta porcentaje de grasa desfavorable teniendo en cuenta los parámetros establecidos por la literatura.

LA QUALITÉ DE VIE ET LA COMPOSITION CORPORELLE DES INFIRMIERS ET INFIRMIÈRES - ÉTUDE DE CAS

RÉSUMÉ

Le sens comun préconise que la qualité de vie est essentielle à la santé. Soit l'activité physique ou la condition physique sont importantes à la santé et à l'espérance de vie. Au monde du travail, certains travaux dépendent de la capacité physique de l'ouvrier, qui est la capacité de réaliser de travaux qui éxigent une dépense énergétique. Le but de ce travail a été analyser la composition corporelle des infirmiers et infirmières et son influence sur la qualité de vie par rapport à la santé (QVRS). L'échantillon a été composé de trente (30) infirmiers et infirmières. On a utilisé le compas de la marque CESCORF, avec le niveau de précision de 1 mm ; une balance digital de la marque KRATOS-Cas avec le niveau de précision de 5 g et un ruban avec 1 cm de largeur et 1 mètre de longueur. La récolte des données a été effectuée à l'ambiance du travail dans une salle réservée et sur rendez-vous. Les résultats de l'Indice de Masse Corporelle (IMC) a démontré que la plupart des infirmières se trouve dans la catégorie de poids sans risque à la santé. En ce qui concerne au rapport ceinture/bassin (RCQ) le groupe masculin dans sa totalité a été classé sans risque d'avoir de maladies, comme la plupart du groupe féminin. La plupart de l'échantillon a présenté une condition défavorable par rapport à la masse graisseuse basé sur les paramètres définis par la literature concernée.

QUALITY OF LIFE AND BODY COMPOSITION IN PROFESSIONAL NURSES - A CASE STUDY

ABSTRACT

The common sense indicates for the life to be of good quality it is primordial to have health. As much the physical activity as the physical conditioning it can be necessary for the health and longevity. In the world of the work some tasks depend a lot on the physical capacity of the operator, capacity this in accomplishing tasks that demand energy expense. It was looked for with this work to do a rising diagnosis of the nurses' body composition and as this it can interfere in your quality of life related to the health. The sample was composed by thirty (30) professional nurses. A compass (mark CESCORF®) was used, accurately of 1 mm; a digital scale (mark KRATOS-Cas®), accurately of 5 g; a measuring tape of 1 cm of width and 1 m of length. The data collection was accomplished in reserved room, in the own hospital, in day and time scheduled previously. The relative results to the Body Mass Index (BMI) they showed that most of those tested was in the weight strip recommended for the health and that in agreement with the bibliography already mentioned it presented low risks for the health. Already the referring data to the waist-rip index (WRI) in the male sample they were in your totality classified without risks increased to contract diseases and most of the female sample also without risks. These data revealed that in the sample most of the group presents unfavorable %G in general in agreement with the established parameters for the literature.

Key words: Nurses, body composition, quality of life, fitness, and workplace wellness.