61 - PRESSURE LEVELS AND RISK FACTORS FOR SYSTEMIC ARTERIAL HYPERTENSION AMONG NURSES FROM A HOSPITAL IN ALTO SERTÃO PARAIBANO

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INTRODUCTION

The Systemic Arterial Hypertension (SAH) represents an independent, linear and continuous factor at risk to cardiovascular diseases and the main factor at risk to other complications commonly associated with, like the Cerebral Vascular Accident (CVA), the Acute Myocardial Infarction (AMI) and chronic renal disease. In last decades, it has been the responsible for a great number of deaths along the country, representing one of the main causes of permanent precocious retirement and the third cause of temporary disability. The consequence is the lost of years of productive life in young adults (SOUZA; SOUZA e SILVA, 2003).

In Brazil, it is estimated that 17 million people have SAH, and 35% of them are adults over 40 years, and 4% are children and teenagers. Nowadays, this is considered a serious public health problem all over the world due to its high morbidity and mortality. Another important aspect is that SAH is an asymptomatic disease in most part of its course, what becomes difficult the diagnostic. and neglecting the treatment because of low adhesion by the patient to the treatment which are generally prescribed (BRASIL, 2006a).

Some studies in the area mention that there is a direct association between stress at work and people submitted to labor processes of high exigency, which generally provokes negative repercussions about health. Among them, it can highlight alterations in the levels of systolic and/ or diastolic blood pressure (ALVES et al., 2009). In this context, the figure of nurse appears and, in many times, he accumulates many functions, increasing his workload. Also, there is the exposition to the daily stress that is part of his daily work routine. This way, he is seen under two relevant aspects: as a caregiver, performing a fundamental role in the SAH control, including actions in many levels of complexity and as a subject exposed to different risk factors which cause hypertension. Based on the described circumstances, the following question emerges: Can nursing professionals identify what are the risk factors to the hypertension at which they are exposed during the performance of their work activities and everyday life?

The execution of this study is justified because it highlights the importance of SAH among nursing professionals, not yet properly “explored”, emphasizing the nurse not only as a caregiver, but also as someone to be cared. It is unveiled the discussion about his/her work and daily activities, which are not always healthy, what can foster a bigger exposition to risk factors for SAH.

Therefore, the general objective of this paper was to investigate blood pressure levels and risk factors for the systemic arterial hypertension among nurses of a public hospital in a micro-region called Alto Sertão Paraibano.

METHODS

It is an exploratory-descriptive and field study with quantitative approach. The study was done at Deputado Manuel Gonçalves de Abrantes District Hospital (DMGADH), general hospital, medium-sized, with 84 beds and multidisciplinary team composed by 380 professionals. The study population was 66 nursing professionals. The sample was analyzed by convenience and it totalizes 40 people. The data collection used a structured questionnaire with information, identifying the subject of research and its correlation to hypertension and consequent risk factors. In this questionnaire was applied Likert scale, which evaluated the work activity based on the following thematic axes: social support, psychological demand, control of work process, and satisfaction at work. The data were collected on June, 2010, according to this logistic: 1. Approach of nursing, in the sector which he/she was working. Then, the research objectives were explained, to read and create opportunities to signing the consent form; 2. Previous scheduling with the professional; 3. Anthropometric measures (weight, height and abdominal circumference); 4. Blood pressure measurement (two measures were done, one before and other after the application of questionnaire and the scale, to respect the time between measures.

The descriptive data analysis was done from the absolute frequency of the evaluated variables, with the help of SPSS® software (Version 17.0). All the terms of the Resolution n. 196/96, of the National Health Council/ MH were followed, and this study was approved by the Research Ethics Committee of Federal University of Campina Grande – UFCG, under protocol nº 0185.0.133.000/10

RESULTS E DISCUSSIONS

From 40 nurses who participated of the research, most of them (80%) were women (n=32) and 20% men (n=8). This evidences that nursing continues to be exerted mainly by women. Most of professionals have until 5 years after graduation and had post-graduation lato sensu in Health Family Strategy. Among women, 65% have more than one employment besides the research institution.

Table 1 – Distribution of nurses according to the socio-demographic variables. Sousa-PB.

Variable	Sex					
	Masculine		Feminine		Total	
	n	%	n	%	n	%
Age (years)						
20+ 25	1	2.5	7	17.5	8	20
25+ 30	5	12.5	22	55	27	67.5
30+ 45	2	5	1	2.5	3	7.5
35+ 40	-	-	1	2.5	1	2.5
40+ 45	-	-	1	2.5	1	2.5
Ethnicity						
Yellow	-	-	2	5	2	5
White	5	12.5	17	42.5	22	55
Indian	-	-	-	-	-	-
Black	-	-	-	-	-	-
Brown	3	7.5	13	32.5	16	40
Marital Status						
Married	5	12.5	9	22.5	14	35
Divorced	-	-	-	-	-	-
Single	3	7.5	23	57.5	26	65
Stable Relationship	-	-	-	-	-	-
Widower	-	-	-	-	-	-
?	8	20	32	80	40	100

Source: Direct research (2010).

The socio-demographic data reveal that most of professionals are Young adults, White and, therefore, little exposed to SAH in relation to age and ethnics criteria. In relation to the civil state, there was a predominance for singles – 65% (n=26), and 57.5% of them were women (n=23). This implies that an important part of these professionals do not have responsibilities with matrimonial life, and they can dedicate themselves to activities which need a bigger exigency, mainly of time.

Moreover, in relation to the risk factors for the development of SAH, the results show that most of interviewees are eutrophic (60%), that is, distribution of weight by height in normal pattern. It is important highlight that cases of low weight were not registered, what means that the other 40% of the studied population are overweight (n=16), with five cases of obesity. These results corroborate the current epidemiologic tendencies of nutritional transition, in which the continuous changes in lifestyle favor the reduction of innutrition and the increase in number of people with overweight and/ or obesity (MONTEIRO et al., 1995; FRANCISCHI et al., 2000).

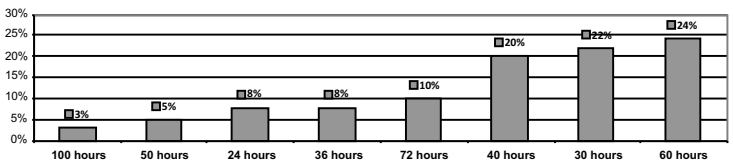
The abdominal circumference (AC), anthropometric measure used as parameter for evaluation of nutritional state and corporal composition, was also evaluated. To this one, the cutoff point recommended by WHO (200) was used. It classifies as 'increased' when the perimeter is greater than or equal to 80 cm for women and greater than or equal 94 cm for men, constituting a risk factor for metabolic complications and cardiovascular diseases (CVD). It is considered 'very increased' when AC is 88 cm for women and 102 cm for men, and the risk is still greater (WHO, 2000). The data evidenced that the abdominal circumference is altered in most of cases. Also, 40.6% (n=13) of women presented increased abdominal circumference and 28.1% (n=9) presented very increased one. Abdominal circumference is increased in 4 men (50%) and very increased in 2 ones (25%). These data evidence that a higher number of women present altered AC in comparison to the masculine universe. In the study of Barros et al (2009), it was observed the association between waist circumference and the elevation of blood pressure. Sixty percent of hypertensive individuals and 50% from those with borderline pressures presented AC increase in comparison to the 20% ones with no change in blood pressure.

In the evaluation of smoking, only 2.5% of the participant women were smokers and all the men were nonsmokers. In relation to the diet, 20% fed a high-fat diet, 12.5% had a low sodium diet in contrast to 17.5% who used salt in the diet. This inadequate food style may potentiate the risk for SAH and other associated morbidities. Smeltzer el al (2009) mentions that atherosclerosis is caused by an abnormal accumulation of lipids and fatty substances in the blood vessel walls. In relation to the oral contraceptives, 22.5% of women related the use, revealing that nurses are more exposed to risk factors for SAH with the use of fume and oral contraceptives. In the leisure criterion, 55% of the interviewees declared they enjoy of some form of weekly leisure.

Furthermore, the familiar history of SAH of the interviewees shows that 37.5% of them declared their parents have a history of hypertension, 47.5% their uncles and 70% their grandparents. Only 10% of the participants negate a history of familiar hypertension. The familiar antecedents of the hypertensive disease should be considered in relation to its prevalence because SAH is a disease in which the hereditary genetic component has great importance. According to Lopes (2000), the children of hypertensive parents are more likely to develop the disease in relation to those of normotensive parents. In addition, when both (father and mother) are hypertensive, the chance for their children in develop SAH is about 50%.

In relation to their lifestyle, the study verified that 55% of the interviewees are sedentary, 22.5% said that practice physical activities twice a week, 17.5% three times a week, and 4% affirmed they practice physical activities four times a week. It is known that sedentary lifestyle is a modifiable risk factor for SAH and CVD, and it is part of the reality of the participants. Sedentary lifestyle prevails in people who have exhaustive routines, intense workload and inadequate lifestyle due to limited time for exercise, once their free time is dedicated to rest.

Figure 1 – Distribution of nurses according to total weekly hours.



Source: Direct research (2010).

When questioned about the total weekly hours dedicated to nursing work, the answers were very heterogeneous. They varied from a minimum of 24 hours and a maximum of 100 hours (Figure 1). Most of them (24.0%) work until 60 hours per week, what means about 8 hours of work per day, if weekend are included. This datum may be an indicative to appearing of stress

in the participants with high total weekly hours, because they do not have a reasonable time for rest, leisure, physical activities and even training courses. Recent studies evidenced the effect of psycho-emotional stress in cardiovascular reactivity and in blood pressure, which may contribute to sustained SAH (BRASIL, 2006b).

Blood pressure was evaluated according two criteria: self-reference and measurement during the application of the questionnaire. Individuals with systolic pressure equal or greater than 140mmHg and diastolic one equal or greater than 90mmHg were considered hypertensive, according to the 6th Brazilian Guidelines of Hypertension of the Brazilian Society of Cardiology (SBC, 2010).

Table 2- Characterization of the participants with high blood pressure. Sousa, PB.

Variables	Sex					
	Masculine		Feminine		Total	
Self-reported	N	%	N	%	N	%
SBP =140	-	-	01	2.5	01	2.5
DBP = 90	-	-	01	2.5	01	2.5
Measured	N	%	N	%	N	%
SBP =140	02	5	-	-	02	5
DBP = 90	02	5	05	10	07	17.8

Source: Direct research (2010).

According to self-reference, only one participant was considered hypertensive. However, the results show 5% for men and 17.8% for women when BP is measured. This indicates that nurses who take care of others are neglecting their self-care. Researches show that from 15% to 20% of the Brazilian adult population, with age over 20 years, have arterial hypertension, what means that about 12 million of Brazilians are affected (SIMONETTI; BATISTA; CARVALHO, 2002). The study evidences that the participants with altered levels for SBP and DBP do not have clinical diagnostic for SAH. Nevertheless, it cannot be affirmed that these people are hypertensive and the same about the inexistence of others in the sample because BP was measured one time, only. However, it was realized that, during work, tensional levels may change due to work stress, high workload combined with long working hours, poor diet and sedentary lifestyle. This evidences that more and more people are submitted to modified and unmodified risk factors for SAH.

In relation to the opinions of nurses about their work activities, four variables were evaluated, according to Likert Scale: social support, psychological demand, control and satisfaction. The first one showed that 80% of the professionals consider work environment calm and pleasant some times, rarely or never. Relationship with colleagues and bosses, as well as the received support, were evaluated in a positive way because they always, or generally, were considered good by most of interviewees. In the second variable, 47.5% of the professionals declared that, in general, the execution of tasks is done in a hurry, and the work always presents many exigencies. Also, 80% of them affirmed they need high concentration to do their tasks. The third variable reveals that 55% of the interviewees generally have control and autonomy in the execution of tasks. Finally, “sometimes” was the most marked item when they were asked about the level of satisfaction in the work environment. These variables permit to observe that nurses, most of them, have social support due to interpersonal relationships which were built in the work environment. They consider they always have a big psychological demand and, generally, control and autonomy. Nevertheless, many of them were not satisfied with their work.

CONCLUSION

Nurses are professionals whose work is “take care” of people. They are more inclined to develop SAH due to their work routine with high psychological demand, excessive workload, some unmodified risk factors to systemic arterial hypertension, as familiar historic and sex, and other modified risk factors, such as diet, sedentary and abdominal circumference.

In relation to the obtained pressure levels, they demonstrate that the work activity of the participants did not elevate blood pressure. Nevertheless, the study showed that nurses have a considerable level of stress in their workplace. This stress can occur because of psychological demand at work, control in work activities, interpersonal relationships or dissatisfaction at work.

The results reinforce the need for a better knowledge by nurses about the risk factors for hypertension that exist in their work and personal environment, and avoid risk factors which may develop morbidities like arterial hypertension, and cardiovascular disease, improving, then, their quality of life and good performance at work.

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PRESSURE LEVELS AND RISK FACTORS FOR SYSTEMIC ARTERIAL HYPERTENSION AMONG NURSES FROM A HOSPITAL IN ALTO SERTÃO PARAIBANO

ABSTRACT

Cardiovascular diseases are common causes of morbidity and mortality all over the world. Among them, arterial hypertension is responsible for about 40% of cases of precocious retirement and absenteeism at work. Objective: to investigate blood pressure and risk factors to the systemic arterial hypertension among nurses. Methods: It is an exploratory-descriptive and field study with quantitative approach, developed at Deputado Manuel Gonçalves de Abrantes District Hospital (DMGADH). Population formed by 66 nurses, and a sample of 40 ones was selected according to the inclusion criteria. A structured questionnaire was applied to analyze clinical, demographic and socioeconomic characteristics. It was based on the 6th Brazilian Guidelines for Arterial Hypertension. With this questionnaire, the Likert Scale was applied and it evaluated work activity. A descriptive analysis of data was done with the SPSS® software (Version 17.0). All the terms of Resolution n. 196/96 of the National Health Council/ MH were fulfilled. Results and Discussions: the research evidenced that 80% of the interviewees were women, white, and at age group from 25 to 30 years old. In relation to blood pressure, only 2.5% of the group declared themselves as hypertensive, but when the blood pressure was measured, 17.8% presented high blood pressure. Among some risk factors, the study observed that 57.5% of the interviewees were sedentary, 40% were overweight, and 12.5% presented obesity. In relation to the opinions about the work activity, it was verified the existence of social support by interpersonal relations; exigency of a big psychological demand; presence of autonomy. However, many nurses demonstrated unsatisfied with their activities. Conclusion: Nurses have a work routine with high psychological demand, excessive workload and some risk factors – modified or unmodified, what become them inclined to the development of SAH.

KEY-WORDS: Risk factors. Hypertension. Work in nursing.

NIVEAUX DE TENSION ET FACTEURS DE RISQUE POUR L'HYPERTENSION ARTÉRIELLE SYSTÉMATIQUE ENTRE INFIRMIER D'UN HÔPITAL DU HAUT SERTÃO PARAIBANO.

RÉSUMÉ

Les maladies cardiovasculaires constituent des raisons ordinaires de morbidité et mortalité partout dans le monde où l'hypertension artérielle est responsable par, environ, 40% des cas de retraite precoce et d'absence au travail. Objectif: rechercher les niveaux de tension ET les facteurs de risques pour l'hypertension artérielle systémique parmi les infirmiers. Méthodes: Il s'agit d'une étude explorative-descriptive, de champs, avec une approche quantitative, réalisée à l'Hôpital Distrital Deputado Manuel Gonçalves de Abrantes (HDMGA). Le groupe est composé par 66 infirmiers, choisi par un échantillon de 40 sujets d'après des critères d'inclusion qui a répondu à un questionnaire structuré pour l'analyse des caractéristiques socioéconomique, démographiques et cliniques, selon la "VIe Directrice Brésilienne d'Hypertension Artérielle". Avec ce questionnaire Il y a eu l'emploi de l'échelle de Likert qui a évalué l'activité au travail. Une analyse descriptive des résultats a été faite avec l'aide de l'applicable SPSS (version 17.0). Tous les termes du décret no196-96 du Conseil National de Santé – MS ont été considerés. Résultats et Discussions: 80% des sujets appartenaient au genre féminin, de peau blanche, âgé entre 25 et 30 ans; 2,5% du groupe était hypertendu, mais au moment d'un examen 17,8% a presenté une augmentation de la tension. Parmi ceux qui appartenaient au groupe de risque, 57,5% étaient sédentaires; 40% avec surpoids et 12,5 obèses. Quant au travail, on a vérifié la présence d'un appui social pour la part des relations interpersonnelles; l'exigence d'une grande demande psychologique, présence d'autonomie, cependant quelques-uns se disaient insatisfait avec leur travail. CONCLUSION: l'infirmier a une activité de travail de grande demande psychologique, des heures de travail très chargées et quelques facteurs de risque modifiables et non modifiables ce qui les rendent vulnérables au développement de la HAS.

DESCRIPTEURS: Facteurs de risque – Hypertension – Travail d'infirmier

LOS NIVELES DE PRESIÓN Y FACTORES DE RIESGO HIPERTENSIÓN ARTERIAL SISTÉMICA ENTRE LAS ENFERMERAS EN UN HOSPITAL DE ALTO SERTÓN PARAIBANO

RESUMEN

Las enfermedades cardiovasculares son uma causa frecuente de morbilidad y mortalidad a nível mundial, entre La presión arterial elevada que es responsable de aproximadamente el 40% de los casos de jubilación anticipada y absentismo laboral. Objetivo: Investigar los niveles de presión arterial y factores de riesgo de hipertensión entre las enfermeras. Métodos: Este estudio es un campo de tipo exploratorio-descriptivo con abordaje cuantitativo, realizado en el hospital de distrito de D. Manuel Gonçalves de Abrantes (HDMGA). La población del estudio incluyó 66 enfermeras selecionó una muestra de 40 sujetos de acuerdo a los criterios de inclusión. Se aplicó un cuestionário estructurado para el análisis de las condiciones socioeconómicas, demográficas y clínicas, sobre la base de las directrices VI de Brasil sobre la hipertensión. Junto a él se ha aplicado a la escala de Likert, que evaluó las actividades de debajo. Se realizó un análisis descriptivo de los resultados con el programa SPSS Cumplimos® (versión 17.0). Cumplimos con todos los términos de la resolución N º 196/96 del Consejo Nacional de la Salud / MS. Resultados y Discusión: Se encontró que el 80% de los pacientes eran de sexo femenino, raza blanca, y sobre todo de edades comprendidas entre 25 a 30 años. En cuanto a la presión arterial, sólo el 2,5% de ellos estaban grupo de hipertensos, pero cuando se mide se encontró un 17,8% con presión arterial alta. Entre algunos de los factores de riesgo mostró que el 57,5% eran sedentarios, el 40% tenía sobrepeso y el 12,5% eran obesos. Con respecto a las opiniones de sus actividades de trabajo, se verificó la existencia de apoyo social de las relaciones interpersonales, las exigencias psicológicas de alta demanda, la presencia de la autonomía, pero muchos no estaban contentos con su actividad demostrada. Conclusión: La enfermera tiene una rutina de trabajo con altas demandas psicológicas, la carga de trabajo excesiva y algunos factores de riesgo modificables y no modificables, lo cual los hace propensos a desarrollar hipertensión.

PALABRAS CLAVE: los factores de riesgo. La hipertensión. El trabajo en enfermería.

NÍVEIS PRESSÓRICOS E FATORES DE RISCO PARA A HIPERTENSÃO ARTERIAL SISTÊMICA ENTRE ENFERMEIROS DE UM HOSPITAL DO ALTO SERTÃO PARAIBANO

RESUMO

As doenças cardiovasculares são causas comuns de morbidade e mortalidade em todo o mundo, dentre estas se encontra a hipertensão arterial que é responsável por cerca de 40% dos casos de aposentadoria precoce e de absenteísmo no trabalho. Objetivo: investigar os níveis pressóricos e fatores de risco para a hipertensão arterial sistêmica entre enfermeiros. Métodos: Trata-se de um estudo de caráter exploratório-descritivo, de campo, com abordagem quantitativa, realizado no Hospital Distrital Deputado Manuel Gonçalves de Abrantes (HDMGA). População composta por 66 enfermeiros, selecionada uma amostra de 40 sujeitos de acordo com os critérios de inclusão. Aplicou-se um questionário estruturado para análise das características socioeconômicas, demográficas e clínicas, fundamentado na VI Diretrizes Brasileiras de Hipertensão Arterial. Junto a este foi aplicada a escala de Likert, que avaliou a atividade laboral. Foi realizada análise descritiva dos resultados com o auxílio do aplicativo SPSS® (Versão 17.0). Foram cumpridos todos os termos da Resolução Nº 196/96, do Conselho Nacional de Saúde/MS. Resultados e Discussões: Evidenciou-se que 80% dos sujeitos eram do gênero feminino, predominantemente da raça branca e com faixa etária situada entre 25 a 30 anos. Em relação à pressão arterial, apenas 2,5% do grupo relataram ser hipertensos, mas quando aferida encontrou-se 17,8% com níveis pressóricos elevados. Dentre alguns dos fatores de risco observou-se que: 57,5% eram sedentários, 40% encontravam-se com sobrepeso e 12,5% com obesidade. No tocante às opiniões sobre sua atividade laboral, verificou-se a existência de apoio social por parte das relações interpessoais; exigência de grande demanda psicológica; presença de autonomia; porém, muitos demonstraram insatisfeitos com sua atividade. Conclusão: O enfermeiro possui uma rotina laboral com uma alta demanda psicológica, excessiva carga horária de trabalho e alguns fatores de risco modificáveis e não modificáveis, o que os tornam propensos ao desenvolvimento da HAS.

PALAVRAS-CHAVE: Fatores de risco. Hipertensão. Trabalho em enfermagem.