

# HOT FOOTBATH THERAPY: TAKING CARE OF THE NURSING AT THE CENTRE FOR MATERIAL AND STERILIZATION

*Escalda-pés: cuidando da enfermagem no Centro de Material e Esterilização*

*Escaldado de pies: cuidando de enfermería en el Centro de Material y Esterilización*

Carla Aparecida Spagnol<sup>1</sup>, Natália Carine Soares Colem<sup>2</sup>, Bárbara Kellen Souza Oliveira<sup>2</sup>, Aline Danielle Silva Pereira<sup>3</sup>, Rafael Henrique Lourenço Silva<sup>4</sup>, Ivone Coutinho Mussel<sup>5</sup>, Rosângela Oliveira Santos<sup>6</sup>, Vanda Custódia Felipe Manoel<sup>5</sup>, Poliana Alves Barbosa Figueiredo<sup>5</sup>, Andreia Rodrigues Moreira<sup>5</sup>

**ABSTRACT: Objective:** To report and analyze the use of hot footbath therapy as strategy for promotion of quality of life at work (QLW) for the nursing staff of the Center for Supply and Sterilization (CME) of a University Hospital. **Method:** Experience report with a qualitative study of the use of hot footbath therapy technique in 18 nursing professionals at CME, from August to December 2010, once a week, totaling 11 meetings. The technique of response analysis was content analysis. **Results:** Two thematic categories were identified. The reports showed that this strategy provided well-being at work and led the professionals to reflect on the concept of ambience, their working conditions, and the importance of self-care. **Conclusion:** It is hoped that QLW becomes an institutional policy at hospitals, for the appreciation and care of employee reflecting in lower rates of absenteeism and improved service quality. **KEYWORDS:** Nursing. Quality of Life. Sterilization.

**RESUMO: Objetivo:** Relatar e analisar a utilização do escalda-pés como estratégia de promoção de qualidade de vida no trabalho (QVT) para a equipe de enfermagem do Centro de Material e Esterilização (CME) de um hospital universitário. **Método:** Trata-se de um relato de experiência com abordagem qualitativa da aplicação da técnica do escalda-pés em 18 trabalhadores de enfermagem do CME, no período de agosto a dezembro de 2010, uma vez por semana, totalizando 11 encontros. A técnica de verificação das respostas obtidas foi a análise de conteúdo. **Resultados:** Identificaram-se duas categorias temáticas. Os discursos evidenciaram que a adoção dessa estratégia proporcionou a sensação de bem-estar ao trabalhador e o fez refletir sobre o conceito de ambiência, suas condições de trabalho e a importância de se autocuidar. **Conclusão:** Espera-se que a QVT se torne uma política institucional no hospital em questão e em outros, pois a valorização e o cuidado com o trabalhador refletirão significativamente na diminuição das taxas de absenteísmo e na melhoria da qualidade do serviço prestado. **PALAVRAS-CHAVE:** Enfermagem. Qualidade de vida. Esterilização.

**RESUMEN: Objetivo:** Relatar y analizar la utilización de la escalda de pies como estrategia de promoción de calidad de vida en el trabajo (QVT) para enfermería del Centro de Material y esterilización del Hospital Universitario. **Método:** Relato de experiencia con un enfoque cualitativo. Realizó el escalda de pies y dos reuniones de evaluación del proyecto. El análisis de las respuestas fue el análisis del contexto. **Resultados:** Se identificó dos categorías temáticas. Los discursos evidenciaron que la estrategia proporciono la sensación de bienestar del trabajador y hicieron reflexionar sobre el concepto de ambientar sus condiciones de trabajo y la importancia de auto cuidado. **Conclusión:** Espera que la QTV se transforme una política institucional en el HC-UFMG, pues la valorización y el cuidado con el trabajador hará reflexionar significativamente la disminución de las tasas de ausentismo y la mejoría de la calidad del servicio prestado. **PALABRAS CLAVE:** Enfermería. Calidad de vida. Esterilización.

<sup>1</sup>Nurse, Associate Professor at the Nursing School of Universidade Federal de Minas Gerais (UFMG). Post-doctoral researcher at Université Cergy-Pontoise (França). E-mail: spagnol@ufmg.br Avenida Alfredo Balena, 190 Santa Efigênia, CEP 30130-000, Belo Horizonte, MG, Brasil. Telephone: (31) 3409-9846.

<sup>2</sup>Nurse at the Nursing School of UFMG. Scholarship of the Dean Extension of UFMG during the project. E-mail: nataliacolem@yahoo.com.br; barbarakelen@hotmail.com

<sup>3</sup>Nurse at the Nursing School of UFMG. Scholarship of the Dean Extension of UFMG, volunteering during the project. E-mail: alinedape@yahoo.com.br

<sup>4</sup>Nurse at the University Center of Belo Horizonte (UniBH). Extension scholarship, volunteering during the project. E-mail: rafaelhenriquels@yahoo.com.br

<sup>5</sup>Nurse at the Material and Sterilization Center (CME) of Hospital das Clínicas at UFMG. E-mail: ivonecme@yahoo.com.br; vandacfm@ig.com.br; polianaabf@hotmail.com; andreiarom@yahoo.com.br

<sup>6</sup>Nursing Coordinator at CME of Hospital das Clínicas at UFMG. E-mail: zaniols@hotmail.com

Received: 30 July 2014 – Approved: 25 Feb. 2015

DOI: 10.5327/Z1414-4425201500010007

## INTRODUCTION

This study aimed at sharing the experience of the use of hot footbath therapies as a means to promote quality of life at work (QLW) for the nursing staff at the Material and Sterilization Center (MSC) of the Hospital of Universidade Federal de Minas Gerais (HC-UFGM). This experience was lived in the outreach project “Strategies to promote awareness of the quality of life at work,” linked to the People Management Laboratory (LAGEPE) of the Nursing School of UFGM.

The LAGEPE is an outreach program created in 2008 that seeks the effective integration of teachers and students with the service professionals through interventions in nursing practices, constituting a permanent space for analysis and reflection of interpersonal relationships, professional practice, and QLW.

This work is key in people’s lives as it represents a growth element, personal fulfillment, and a means of survival, also dignifying, assigning status, and generating recognition<sup>1</sup>. When working conditions are at odds with the workers’ expectations and needs, one may face intense suffering and even illnesses, both represented by increasing absenteeism.

In addition, the abuse of rules, routines, and requirements in the work environment prevents the worker from transforming and re-creating their practices. Thus, just as the work environment can generate pleasure, it may also reflect negatively on the workers’ health, causing suffering, tension, conflicts, stress, wear, and illnesses<sup>2</sup>.

It is, therefore, responsibility of the organization and management team to create a favorable working environment, ensuring the structure and organization necessary for a productive and feasible work process. We highlight the importance of considering the human being as a “thinking being” full of subjectivity, rather than only “muscle being”<sup>3</sup>.

Thus, a work space where people can express themselves and listen to others can bring benefits, hence reorganization of the work process. Awareness of factors causing satisfaction and suffering can be the starting point for organizations and workers themselves to boost their practices into a more pleasurable, collaborative, and therefore human direction, targeting QLW<sup>2</sup>.

QLW is a complex concept due to its subjective, composite, and multidimensional nature<sup>4</sup>. It comprehends satisfaction, motivation, health, and safety at work, also depending on intrinsic and extrinsic factors. Its meaning varies from person to person, but it is directly related to the work process organization and the technologies used in it.

When it comes to nursing, a profession characterized by the care to others, quality of life in health-care routine is extremely important. The absence of conditions contributing to a work environment that provides workers with satisfaction and well-being can change the final product of this work: (direct or indirect) assistance to patients.

The work environment in nursing is marked by factors that cause physical and mental overload, such as stressful and tiring tasks, repetitiveness and monotony, uncomfortable and incorrect positions, working hours divided in several shifts, fast-paced work, long working hours, and pressure of productivity and time to perform tasks. In addition, professionals encounter conflicting interpersonal relationships, no career or wage planning in most organizations, reduced possibility of professional growing, low wages, fragmentation of manual and intellectual work, strongly hierarchical structure, and insufficient quantitative and qualitative sizing<sup>5</sup>.

Exhausting work routine can result in eating, sleep, and physiological elimination disorders; fatigue; problems in body systems; decreased alertness; stress; familial disorganization; and neuroses, causing work accidents and large number of leaves for health reasons<sup>5</sup>.

Absenteeism, that is, absence from work justified for disease with certificate, sick leave, removal for private reasons supported by law, and delay or abandonment of service before completion of the work load, is present in nursing routine<sup>1</sup>.

The work environment is also a determining factor for quality of life and the health-disease process of professionals, as elements such as excessive noise, poor lighting, extreme temperatures, hygiene, aesthetics, and others can directly affect productivity and well-being<sup>5</sup>.

MSC, a unit that is linked to virtually all sectors of the hospital to supply them with sterile products (Surgical Center, inpatient and outpatient units, emergency, etc.), is characterized by a fragmented, mechanical, uncreative

work process, similar to that of an industry, based on a sequential form of processing materials and demanding productivity<sup>6</sup>.

In addition, this important sector has the responsibility of allocating workers with health problems and outdated knowledge, that is, who are unable to work in other units requiring more theoretical and practical training. This leads this sector to be recognized as a place of low complexity and less prestigious by nursing staff itself.

MSC at HC-UFMG adopts the same work process of most MSCs in Brazil, with work routine split in three shifts, production scale, productivity requirement, and repetitive and fragmented activities in a closed environment. Despite the fundamental importance of the work in this sector, activities are not valued by professionals from other sectors of the hospital. This results from several factors: little emphasis on nurse training; work characterized as indirect patient care; similarities to housework, which has been historically devalued in the labor market; indoor environment, isolated from other hospital departments; and staff allocated due to physical or psychological problems, therefore unable to perform direct care activities. Given this situation, many workers who are assigned to work at MSC regard this decision as a punishment, which portrays the stigma carried by the sector.

Concurrent to the professional profile of workers hired/relocated to MSC of HC-UFMG, one may note that this department has working conditions that should be studied and may interfere with work development, such as high temperatures; poor air circulation; noisy equipment; insufficient chairs, so that workers can work in sitting position; and small number of hearing protectors. These working conditions were also found in others MSCs<sup>6</sup> where workers are exposed to physical, chemical, biological, ergonomic, and psychosocial occupational hazards.

In this context, absenteeism is an important issue to be studied at MSCs because high absence rates show problems with the department and the nursing staff. Data regarding absenteeism in MSC of HC-UFMG show rates above those recommended by the Federal Nursing Council (COFEN), which is currently 6%. In 2008, the average rate was 8.52%; in 2009, 11.46%; in 2010, 9.50%; and in 2011, 8.23%, showing a decrease from 2009 onwards, but still above the ideal range<sup>7</sup>.

Facing these factors that affect the work process and cause illnesses to workers, besides the lack of an institutional QLW policy, members of the LAGEPE implemented the outreach project “awareness strategies for the promotion of quality of life at work” as a micropolicy at MSC, without losing sight of the issues concerning the institutional macropolicy. In this perspective, we adopted hot footbath therapy as a strategy to break from work and provide relaxation to the nursing team, aiming at reducing daily work stress.

Hot footbath is the practice of resting the feet in a basin of warm water with herbs or aromatized oil to relax and slow down their daily routine, once it can relieve the feeling of feet tiredness and effort. The technique consists of soaking your feet in a basin of hot water for 15 minutes, followed by a 5-minute massage with moisturizing cream or oil. Water is added with some herbs, bath salts, or essences to help reduce stress<sup>7</sup>.

The choice of footbath technique is justified by the fact that nursing employees stay for many hours in standing or sitting positions, without moving their legs. It is therefore natural that at the end of the day they feel fatigue on the legs and feet.

However, most people forget basic and simple precautions that can help revitalize the body and allow the relaxation required to replenish energy. Few remember, for example, that the feet are the body support base and by treating them correctly, one can get a feeling of well-being and benefits for the whole body. The feet hold approximately 70,000 nerve endings or spots associated with the various organs of the human body, and pressuring and heating such spots immediately impact on the energy balance of the body<sup>8</sup>.

Reflexology has been used for centuries by different cultures, and nowadays it is used to rebalance the body, reduce stress, achieve relaxation, and improve blood circulation through pressure on reflex zones of the feet. This technique is based on the idea and practical perception of tangible points that, when stimulated, boost energy to specific parts of the body related to the functioning of organs, especially the nervous system<sup>8</sup>.

This article is aimed at describing and analyzing the use of hot footbaths as a means to promote QLW for the nursing staff of MSC, HC-UFMG, as a micropolicy.

## METHOD

This is an experience report with qualitative approach that was carried out with the nursing staff at MSC, HC-UFGM.

The project was initiated in August 2010, and its disclosure has been prepared in the form of an informative text on footbaths, containing information about a workshop for the nursing staff. This workshop aimed to present the project and represented a moment of negotiations with employees as to day and time for the activities, so that all decisions could be made collectively. In parallel, a wall was produced and posted in a location visible to all employees to provide them with all the project information.

Ethical requirements were in accordance with the ethics committee of UFGM, as required by Resolution 466/12 of the National Health Council, with protocol number 481/07, and the signing of the informed consent.

The footbath technique was applied in the nursing room, during working hours, from August to December 2010, in a total of 11 meetings in which the project coordinator and three fellows assisted an average of 18 employees in approximately 20 minutes each, once a week. In addition, two meetings were planned to review the project in October and December 2010. All meetings were recorded in an institutional diary, with detailed account of the events and issues observed during the activities.

The evaluative meetings aimed to identify the perception of employees regarding the QLW project, considering criticism and suggestions, and to raise demands related to their work conditions at MSC, such as air-conditioning installation, number of chairs available, support for feet, noise reduction, and alternation of work scales. At these meetings, the method used for evaluation was open question and time to speak about their perceptions of the project, with speeches recorded and fully transcribed. A total of 27 employees participated in the meetings and responded to the assessment tool.

The technique for verification of responses was content analysis, and data were decoded and categorized according to repetition, being given significance to enable inferences. Thus, we sought to conduct a thorough and critical reading of the data collected to analyze the content of the responses<sup>9</sup>. These were identified by the letter "W," as of

worker, followed by a number to preserve confidentiality and anonymity of the subjects.

To organize the data collected, all the written and oral answers were first read for an overview. Second, words and significant excerpts related to subject matter were extracted. These keywords and excerpts were then grouped, with a view to meaning convergence and divergence<sup>9,10</sup>. Organization of the data allowed the identification of two thematic categories to describe and analyze the staff's perception about the QLW project.

## RESULTS AND DISCUSSION

In this study, we chose to present the results followed by discussions related to the themes emerging from the workers' speeches.

### **Caring for people and the environment to take care of each other: the importance of creating moments of break and more comfortable and enjoyable working environments**

The workers' responses showed the importance of providing moments of breaks at work to professionals who provide nursing care directly or indirectly to the public. In addition, when workers were cared for by members of the LAGEPE while participating in the footbath technique, they reported feeling valued and the need of more moments of relaxation at MSC to reduce daily stress.

These health-care professionals had a precious time to reflect on their self-care as a requirement to be a caregiver in nursing, that is, a professional who cares for the individual and for the materials necessary in this process.

The project gave me a moment of rest from our activities, which sometimes leave us stressed and tired; the foot bath technique allowed me to experience a bit of care we should deliver to ourselves because we often care about our tasks and forget to take care of us. (W13)

[...] It is the moment of a person to be in the company of others, a moment of peace, tranquility;

let us say a moment to clean our souls, simple things [...] I hope that we can always have this moment to take care and think of us. (W02)

In order to take good care of others, one must take good care of oneself first, and this project is providing us with this self-care. It is a feasible idea that values the worker. (W01)

The relationship between health professionals and the organizational processes should favor their aspirations, respect their subjectivity, and meet their needs because then the work can bring experiences of pleasure and satisfaction. Therefore, it is essential to promote transformative actions so that these professionals can be taken care of and have a positive impact in their quality of life<sup>2</sup>, once properly caring for oneself makes one able to relate to and care for other persons.

When a human being performs a mechanized task, without personal care, their needs and desires are denied. For this reason, it is important that caregivers can be supported by someone, so they can carry out their activities smoothly, in a reflective and cautious manner, while optimizing interpersonal relationships at work<sup>11</sup>. Therefore, for professionals to incorporate the function of caregivers, they must be cared for by themselves or by people around them<sup>12</sup>.

Institutions should care for their professional caregivers, as the quality of services provided by a particular service is directly linked to the quality of life of employees<sup>13</sup>. Feeling good and rested is, therefore, vital for caregivers to have their biopsychosocial–spiritual demands fulfilled for an effective professional performance.

Therefore, we reaffirm the need for organizations, especially health-care units, to promote breaks at work, using simple strategies such as footbaths that can provide moments of reflection and relaxation.

However, currently health professionals are subjected to a loaded work routine, with high levels of tension involving all team members<sup>11</sup>. Factors such as noises, constant complaints, sadness, deaths, pain, anxiety, high demanding activities, poorly paid work, double shifts to ensure better wages, and failure to consider their

biopsychosocial–human–spiritual demands are examples of the everyday life of these workers<sup>13</sup>.

Currently, these professionals live in working environments fragmented by specialization, and bureaucratic, mechanistic, ruled routines and requirements that become stressful and painful<sup>2</sup>. The corporate environment, working conditions, and how they impact relationships between people can result in dissatisfaction, exhaustion, anguish, and displeasure, thus triggering physical and mental illnesses<sup>13</sup>. Such disorders not only affect professional tasks but also, in social life, prevent the caregiver from a healthy living.

In this perspective, the reports of the nursing team of HC-UFMG showed the importance of creating comfortable and pleasant work conditions as key to productivity and harmonious interpersonal relationships.

Due to repetitive and heavy workload in a hot and noisy environment, I experienced footbaths and enjoyed it. It was relaxing and very comforting. I would love to continue. (W08)

Finally a project focused on the care of the nursing staff, a suffered group, often with adverse working conditions; a break to take care of ourselves, makes all the difference. (W24)

Participating in the foot bath groups shows the needs of the nursing team to have a more human look over co-workers. I believe ideas like this are likely to contribute to a more decent and less stressful work. (W26)

On the basis of the speeches of workers in this study, it is a must to understand the concept of ambience in health, which has been defined in the Humanization Policy of the Ministry of Health<sup>14</sup> and studied by some authors in recent years<sup>15</sup>.

Ambience in health consists of the conditions applied to physical environment, comprising social and professional spaces, as well as interpersonal relations, and should promote welcoming and efficient human attention. Ambience is beyond technical, simple, and usual arrangements of environments, for it describes the situations built and experienced

by a collectivity, with all of its cultural and social characteristics in a given time and space<sup>14</sup>.

The concept of ambience primarily covers the union of comfort factors, production of subjectivities, and facilitation of the work process, with privacy of subjects and appreciation of the environmental factors interacting with people (color, morphology, lighting); meeting of the subjects through work and reflection on the work process; favoring of resources; and humane, warm, and decisive treatment<sup>14</sup>.

This outreach project, by adopting the footbath strategy, also led the workers of MSC to make a reflection about their working conditions and the need to produce pleasant and comfortable moments like the one experienced with the members of the LAGEPE. These moments led workers to think about the factors intrinsic to the concept of ambience and in micro-actions that can be developed in various fields of work when all the staff is involved, including managers, who should contribute with macropolicy actions.

### **Footbaths: strategy for awareness and promotion of quality of life at work**

This section is intended to present the perceptions, thoughts, and feelings experienced by nursing professionals with the use of footbaths as strategy for awareness and promotion of QLW. The statements raised in meetings showed the workers' satisfaction with their functions and brought benefits both individually and collectively, easing the unfavorable conditions and contributing to the quality of life of professionals.

Work is part of our human life; it is our means of survival. So we need to work with dignity in order to have dignity. Quality of life is what keeps us in good harmony while promoting health [...], and the footbath technique has favored our quality of life. (W04)

A project like footbath came to add us something that was missing for our quality of life, because we stay at work the biggest part of our days [...]. (W15)

The quality of life is directly related to health and closely related to several factors, including the QLW. Work currently occupies a central place in people's lives and can therefore bring

several positive or negative consequences<sup>6</sup>. Therefore, to have quality of life, the employee must be provided with a healthy and harmonious work environment, where the employees themselves perceive the influence of work on their quality of life.

The statements below show how footbaths made the workplace a more harmonious and interactive site, positively interfering with the production of the staff, which feels valued and reports better performance.

The project was very important for interaction and brought a new atmosphere for the sector. We can say it was a success. I relaxed at these moments and forgot I was in a production line for a while. (W06)

Very relaxing, also promoting interaction between workers. MSC needs and deserves more projects like this. (W09)

[...] This project helps us to relax and improve productivity. (W21)

The difficulty of institutions to adhere to programs aimed at improving the QLW is related to the additional expenses generated. However, one should think of the humanization of work and workers, as well as cost-effectiveness, because the more satisfied with their work and healthier, the more productive the professionals become<sup>16</sup>.

In addition to some changes in the workplace, reports showed a sense of well-being during the workday, and feelings of recovery, relaxation, and tranquility. These factors help to protect the workers from work-related diseases resulting from occupational exposure to chronic stress, thus reflecting negatively on their lives when it achieves the social, professional, individual, and familial levels.

As a result of work-related illnesses, we identified decrease in productivity and professional quality of life, increased absenteeism and occupational accidents, negative view of the institution by the employee, and so on causing damage to the institution's reputation and reducing the quality of service<sup>17</sup>.

Therefore, it is important to study absenteeism, to identify working conditions, and to diagnose diseases related to work environment as early as possible to develop a macropolicy of QLW and to implement micropolicies by using simple strategies similar to the one mentioned in this paper.

The study subjects considered footbath as a strategy that provided pleasant moments and brought a new atmosphere to the sector, contributing to the well-being of all the nursing staff. In their reports, the project described as innovative because one hardly sees activities aimed at QLW in health-care organizations, even though studies show the benefits of such practices.

This project brought life, transformation and joy to all of us. Nursing professionals always deal with pain and suffering. We never take care of our joy. Starting with the feet was the best way to give us affection. (W16)

I would like to continue this project, because it is very good for self-esteem. I feel very well, this was the best thing that happened here at MSC recently. (W18)

I believe that the project is innovative and contributes to professional well-being during our workday. (W05)

Workers of MSC also pointed out the need to expand these moments of breaks and relaxation at work, with techniques such as footbaths, to other sectors and institutions. They also brought about the importance of implementing such projects focused on nursing professionals, who face poor working conditions daily.

The footbath project [...] is a great initiative and should be adhered to by the other sectors of the institution, for it provides us a moment of relaxation, and makes us reflect on how important it is to take care of ourselves first to then take care of others. (W27)

The establishment and continuation of QLW programs in health services, developed through a number

of intervention proposals, will only be feasible when the organizational culture is changed, starting from the awareness and involvement of managers and employees in organizational policies<sup>18</sup>.

Thus, this outreach project is expected to become reference for the establishment of an institutional policy to keep providing the necessary incentive for the nursing staff to develop self-care and create work environments with comfort, professional satisfaction, and productivity as a basic premise to provide quality service to the population.

## CLOSING COMMENTS

The outreach project “strategies to promote humanization and quality of life at work,” through the footbath technique, created moments of relaxation and care for the nursing staff of MSC at HC-UFMG. Results showed that the adoption of such a strategy provided workers with the feeling of well-being and caused them to reflect about self-care.

This experience raised a reflection on the working conditions of nursing professionals at MSC, and their impact in daily work. A question on the importance of QLW was also raised as a startup to an environment favorable to productivity, without neglecting the human condition of the employees, with all of their biopsychosocial–spiritual demands, thus showing the need to develop a dyad work-worker with actions to promote QLW.

In this perspective, it is important to create opportunities for workers to discuss the work processes, macropolicies, and micropolicies of the institution, so there may be pros and cons, as well as suggestions to improve their work and quality of life.

In this process of collective construction, the management teams play a key role in the implementation of quality of life programs, as the appreciation of work reflect significantly in absenteeism rates and quality of service.

## REFERENCES

1. Costa FM, Vieira MA, Sena RR. Absenteísmo relacionado a doenças entre membros da equipe de enfermagem de um hospital escola. *Rev Bras Enferm.* 2009;62(1):38-44.
2. Martins JT, Robazzi MLCC, Bobroff MCC. Prazer e sofrimento no trabalho da equipe de enfermagem: reflexão à luz da psicodinâmica Dejouriana. *Rev Esc Enferm USP.* 2010;44(4).
3. Svaldi JSD, Lunardi Filho WD, Gomes GC. Apropriação e uso de conhecimentos de gestão para a mudança de cultura na enfermagem como disciplina. *Texto Contexto Enferm.* 2006;15(3):500-7.
4. Rocha SSL, Felli VEA. Qualidade de vida no trabalho docente em enfermagem. *Rev Latino-Am Enfermagem.* 2004;12(1):28-35.
5. Becker SG, Oliveira MLC. Estudo do absenteísmo dos profissionais de enfermagem de um centro psiquiátrico em Manaus, Brasil. *Rev Latino-Am Enfermagem.* 2008;16(1):109-14.
6. Santos RGS, Santos MSS. Indicativos da qualidade de vida no trabalho da equipe de enfermagem na central de material e esterilização. *Rev Enferm Herediana.* 2008;1(2):80-6.
7. Spagnol CA, Freitas MEA, Neumann VN. Uma maneira sensível de cuidar dos cuidadores. In: *Quem cuida de quem cuida? Quem cuida dos cuidadores? As teias de possibilidades de quem cuida.* Costenaro RGS, Lacerda R (Orgs.). Porto Alegre: Moria Editora; 2013.
8. Lourenço OT. *Reflexologia Podal: Primeiro Socorros e Técnica de Relaxamento.* 1ª ed. São Paulo: Editora Ground; 2002.
9. Minayo MCS. *O desafio do conhecimento- pesquisa qualitativa em saúde.* 12ª ed. São Paulo: Hucitec; 2010.
10. Pope C, Ziebland S, Mays N. Analisando dados qualitativos. In: Pope C, Mays N. *Pequisa qualitativa na atenção em saúde.* 2ª ed. Porto Alegre: Artmed; 2005. p. 87-99.
11. Damas KCA, Munari DB, Siqueira KM. Cuidando do cuidador: reflexões sobre o aprendizado dessa habilidade. *Rev Eletron Enf.* 2004;6(2):272-8.
12. Costenaro RGS, Lacerda MR. Quem cuida de quem cuida? Quem cuida do cuidador? Santa Maria: Centro Universitário Franciscano; 2002.
13. Baggio MA, Formaggio FM. Profissional de enfermagem: compreendendo o autocuidado. *Rev Gaúcha Enferm.* 2007;28(2):233-41.
14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. *Ambiência.* 2ª ed. Brasília: Ministério da Saúde; 2010.
15. Kantorski LP, Coimbra VCC, Silva EM, Guedes AC, Cortes JM, Santos F. Avaliação qualitativa de ambiência num Centro de Atenção Psicossocial. *Cienc Saúde Colet.* 2011;16(4):2059-66.
16. Talhaferro B, Barboza DB, Domingos NAM. Qualidade de vida da equipe de enfermagem da central de materiais e esterilização. *Rev Ciênc Méd.* 2006;15(6):495-506.
17. Ezaias GM, Gouvea PB, Haddad MCL, Vannuchi MTO, Sardinha DSS. Síndrome de Burnout em trabalhadores de saúde em um hospital de média complexidade. *Rev Enferm UERJ.* 2010; 18(4):524-29.
18. Spagnol CA, Villa EA, Valadares VM, Freitas MEA, Silveira APO, Vieira JS, et al. O yoga como estratégia para promover a qualidade de vida no trabalho. *Rev Conexão UEPG.* 2014;10(1):80-91.