

# THE INFLUENCE OF NURSE'S WORK OVERLOAD ON THE QUALITY OF PRENATAL CARE

*A influência da sobrecarga de trabalho do enfermeiro na qualidade da assistência pré-natal*

*La influencia de sobrecarga de trabajo del enfermero en La calidad de la atención prenatal*

Original Article

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## ABSTRACT

**Objective:** To check whether nurse's work overload influences prenatal care provided to pregnant women according to both point of views. **Methods:** Descriptive and qualitative study conducted in 2010 in Guarapuava/PR with 10 low-risk pregnant women and 10 nurses in charge of 5 basic health care units. Interviews were carried out using a semi-structured questionnaire containing the characterization of the sample and questions on prenatal care received and provided. Data underwent content analysis. **Results:** Nurses are in the age group between 25 and 47 years, have 3-21-year experience after graduation and the time spent at the job ranged from 6 months to 7 years. Pregnant women were between 21-30 years old, single, multipara and have been attending the unit for more than one year. Nurses report work overload that negatively affects the prenatal care provided to pregnant women, and the number of activities carried out exceed the time they have to perform them. Pregnant women presented different opinions and it became evident that the care could be improved and that the short time spent on the consultations interferes in the quality. **Conclusion:** For the nurse, the work overload influences the quality of care provided to pregnant women, and pregnant women notice that the poor quality of care provided by this professional is associated with the large number of activities they need to perform.

**Descriptors:** Occupational Health Nursing; Work Hours; Prenatal Care; Pregnant Women.

## RESUMO

**Objetivo:** Verificar se a sobrecarga de trabalho do enfermeiro influencia na consulta pré-natal prestada às gestantes, sob a visão de ambos. **Métodos:** Estudo descritivo e qualitativo, realizado em Guarapuava/PR, em 2010, investigou 10 gestantes de baixo risco e 10 enfermeiras responsáveis de 5 unidades básicas de saúde, utilizando entrevista com questionário semiestruturado, contendo caracterização da amostra e questões sobre o atendimento pré-natal recebido e prestado. Os dados receberam análise de conteúdo. **Resultados:** Os enfermeiros tem entre 25 e 47 anos, possuem de 3 a 21 anos de formados e o tempo de trabalho na unidade variou de 6 meses a 7 anos. As gestantes possuíam entre 21 – 30 anos, são solteiras, múltiparas e frequentam a unidade há mais de 1 ano. Os enfermeiros relatam possuir sobrecarga de trabalho que influencia negativamente no atendimento pré-natal à gestante e o número de atividades realizadas ultrapassa o tempo que dispõem para executá-las. As gestantes exibiram divergência de opinião, ficando evidente que o atendimento poderia ser melhorado, e que o pouco tempo dispendido para os atendimentos interfere na qualidade. **Conclusão:** A sobrecarga de trabalho para o enfermeiro influencia na qualidade da assistência que é prestada às gestantes. E as gestantes percebem que a baixa qualidade do atendimento prestado por este profissional está ligada ao grande número de atividades que esse precisa desenvolver.

**Descritores:** Enfermagem do Trabalho; Jornada de Trabalho; Cuidado Pré-Natal; Gestantes.

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## RESUMEN

**Objetivo:** Verificar si la sobrecarga de trabajo del enfermero influye en la consulta de prenatal ofrecida a las mujeres embarazadas a partir de ambos puntos de vista. **Métodos:** Estudio descriptivo y cualitativo realizado en Guarapuava/PR en 2010 con 10 mujeres embarazadas de bajo riesgo y 10 enfermeras responsables por 5 unidades básicas de salud a través de una entrevista con cuestionario semi-estructurado con la caracterización de La muestra y cuestiones de la atención prenatal ofrecida y recibida. Los datos fueron analizados a través del análisis de contenido.

**Resultados:** Los enfermeros tienen entre 25 y 47 años, entre 3 y 21 años de licenciatura y el tiempo de trabajo en la unidad varió entre 6 meses y 7 años. Las mujeres embarazadas tenían entre 21 y 30 años, solteras, multíparas y frecuentan la unidad hace más de un año. Los enfermeros relatan una sobrecarga de trabajo que influye de manera negativa en la atención prenatal de las mujeres embarazadas y el número de actividades realizadas sobrepasa el tiempo que tienen para hacerlas. Las mujeres embarazadas mostraron opiniones distintas quedándose evidente que la atención prenatal podría ser mejor y que el poco tiempo utilizado para Ella influye en su calidad. **Conclusión:** La sobrecarga de trabajo Del enfermero influye en la calidad de la atención ofrecida a las mujeres embarazadas. Las mismas perciben que la baja calidad de La atención de parte de este profesional está asociada al gran número de actividades que el mismo necesita realizar.

**Descriptor:** Enfermería del trabajo; Horas de trabajo; Atención prenatal; Mujeres embarazadas.

## INTRODUCTION

Prenatal care aims to embrace the woman since the beginning of pregnancy and ensure a safe pregnancy and the birth of a healthy child. A qualified and humanized care requires the adoption of strategies for user embracement without unnecessary interventions in order to allow the access to quality health care services with integrated actions at all levels of care: the health promotion, prevention and care of the pregnant woman and the newborn, and the primary outpatient care and hospital care for high-risk pregnancy<sup>(1)</sup>.

According to the *Programa de Humanização no Pré-Natal e Nascimento* (Program for Humanization of Prenatal Care and Childbirth), regulated by the Minister's Office Ordinance No. 569, effective June 1, 2000, one of the major priorities is to adopt actions to ensure improved access, coverage and quality of prenatal, childbirth, neonatal and puerperal care<sup>(2)</sup>.

For being the gateway to the health care system, primary health care has the Family Health Strategy (FHS) as a priority for its organization and, according to the

guidelines of the *Sistema Único de Saúde – SUS* (Brazil's Unified Health System), it is characterized by individual and collective health actions for health promotion and protection, prevention of harms, early diagnosis, treatment, and the rehabilitation and maintenance of health<sup>(3)</sup>.

The nurse's work in the FHS includes: the follow-up of health status during individual or group care; the analysis and monitoring of health problems, focusing on the risk and vulnerability and articulating intervention actions for pathologies; and the performance of a communicative nursing practice concerning risks and care, enhancing the subject's knowledge and autonomy. Therefore, it is noteworthy that nursing practices assume that Nursing, as a social practice, should meet the social and health needs of certain social space and time<sup>(4)</sup>.

It can be noticed that nurses have many functions as members of the FHS team; however, the nursing work is precarious and leads to physical and mental overload since these professionals work with little chance of performing their work according to the professional parameters, hampering the utilization of the *Sistematização da Assistência de Enfermagem – SAE* (Systematization of Nursing Care), which deals with the organization of information on the activities developed by nurses in favor of individual, comprehensive and resolute care, sometimes undertaking other roles<sup>(5)</sup>.

It is important to highlight that the aim of prenatal care is to ensure a healthy pregnancy and the birth of a healthy child without any impacts on mother's health, including psychosocial aspects. After assessing the need of each user, pregnant women must be guaranteed access to other health care services by the nurse through the diagnosis of symptoms and risk situations, like the provision of clinical and psychological care to victims of violence and women vulnerable to postpartum depression, requiring the nurse's availability from the beginning of pregnancy to the puerperium<sup>(6)</sup>. In Brazil, adherence to prenatal care has been identified in 75% of pregnant women, a factor favoring a labor free of complications and the birth of a healthy newborn<sup>(6)</sup>.

Given the fact that the demand for public health services increases every day, nurses are influenced to accumulate tasks and, therefore, their work is overloaded. Since prenatal care is an activity performed by this professional, the present study questions whether the work overload of nurses influences prenatal care provided to pregnant women.

Thus, the present study aimed to verify whether the work overload of nurses influences the prenatal care provided to pregnant women from both points of view.

## METHODS

This is a qualitative descriptive field research. This methodology was chosen because the qualitative research is able to incorporate the meaning and intentionality as inherent to the actors, to the social relationships and to social structures<sup>(7)</sup>.

The present study was conducted in the municipality of Guarapuava/PR, located in Mid-southern Paraná, with a population of 167,328 inhabitants in the year 2010, distributed over a territorial area of 3,117.011 km<sup>2</sup>. This municipality has 95 health care facilities: 51 private facilities, 42 municipal facilities and 2 State facilities. There are no federal health care facilities<sup>(8)</sup>.

A total of 10 women with low-risk pregnancy were assessed in five *Unidades Básicas de Saúde – UBS* (Basic Health Units: *Clínica da Mulher, Centro Integrado de Atendimento Santa Cruz, Vila Carli, Xarquinho and Santana*), two women in each unit and the nurses in charge of them. The UBS selected provide care to circa 70% of the pregnant women in the municipality. The pregnant women assessed in this study were drawn from the total number of women attending the UBS on the day of data collection; the nurses participating in the study were the only nursing professionals of each UBS.

Inclusion criteria were: women with low-risk pregnancy aged 20-40 years who attended two or more prenatal consultations before data collection. The nurse should be in charge of the UBS, and she should have performed the patient's consultation.

Data were collected in November 2010 by a trained researcher who obtained information through a 30-minute interview with the two pregnant women of each UBS and the nurse in charge of them after the prenatal consultation. The interviews were recorded. Pregnant women and nurses answered a semi-structured questionnaire containing open-ended and close-ended questions about the characterization of the sample and the prenatal care received (for women), and the prenatal care provided (for nurses).

The material underwent Content Analysis<sup>(9)</sup>. Names of flowers were used for nurses and names of colors were used for pregnant women in order to ensure anonymity.

The data underwent a pre-analysis, when authors skimmed the material and gave each subject a code. After that, the transcribed text underwent a detailed reading followed by the categorization and interpretation of the content, and the discussion of the data found<sup>(9)</sup>, giving rise to the following categories: 1. Work overload of nursing professionals; and 2. Quality of prenatal care.

The study was approved by the Research Ethics Committee of the *CENECT - Centro Integrado de*

*Educação Ciência e Tecnologia S/C - PR* (Integrated Center of Education, Science and Technology of Paraná) under protocol No. 098/10.

## RESULTS AND DISCUSSION

The data on the identification of the research subjects will be presented here followed by the thematic categories.

### Data on the identification of research subjects

Regarding the professionals who participated in the research, one is a man, and the rest are women (9); they are aged 25-47 years and have one to 21 years of graduation. They have worked in the unit from six months to seven years. With regard to professional qualification, three nurses had no majors, one had a major in Public Health, and one in had a major in Audit. They were employed by the municipal government, work 40 hours per week and receive between R\$ 1,300.00 to R\$ 2,500.00. They also worked outside regular working hours in the *Serviço de Atendimento Móvel de Urgência – SAMU* (Mobile Urgent Medical Services) of the city, receiving extra money, and as professors of technical professionalization courses.

The pregnant women who participated in the research are aged 21-30 years (07), and six of them are single; seven are multigravida and have been attending the unit for more than one year.

The categories that emerged in this study are presented below.

### Work overload of nursing professionals

Nurses are assigned many tasks as members of the healthcare team and hence have a large number of activities that need to be performed, which sometimes exceeds the available time they have to do them. This information can be seen in the following speeches:

*“Sometimes I have many things to do, and I end up not doing anything right [...]” (Lily)*

*“Some patients go home because they do not have time to wait and talk to me [...] that is a pity” (Rose)*

*“When it's time to deliver the reports I don't have time to go to the toilet, there is much work to do [...]” (Violet)*

*“I don't work with groups of pregnant women, there's no time to be there talking to them, community agents talk to them when they have doubts [...]” (Tulip)*

According to the nurses' speeches, it becomes evident that they have little time to perform many activities. A study<sup>(10)</sup> conducted with five nurses of an outpatient clinic of a University Hospital assessing the nursing consultation revealed that the educative action performed by the nurse

during the prenatal consultation is a little participative and predominantly informative routine action. The same study shows that despite the idea of education in the consultation, it presents aspects related to the assistential, structural and organizational model of the institution that becomes a barrier to health education. It also suggests a reformulation of the nursing service provided to women, the structuration of an adequate physical space for the nursing consultation and the participation of pregnant women in groups<sup>(10)</sup>.

The lack of time verified in the present research corroborates a study that aimed to identify and analyze the planning, coordination and supervision tasks performed by the nurses within the Family Health context aiming to achieve the goals. It revealed that nurses develop the planning of actions for the organization of the care in addition to the coordination of the Basic Health Unit, which results in work overload<sup>(11)</sup>.

Considering the aspects pointed by nurses and the speech of Daisy, the present research can corroborate the affirmation that the prenatal care is rather a mechanic routine action than an educative action<sup>(10)</sup>.

*"I can only assist pregnant women on Thursday afternoons, each consultation lasts circa 10 minutes, sometimes it lasts longer, when they have doubts or when I leave the room to check other things and take some time to come back [...]" (Daisy)*

It was possible to verify that pregnant women also notice the work overload of nurses as it can be seen in the speeches below:

*"Always when I need to talk to the nurse, I have to wait at least 30 minutes. She never receives me when I get there. She's always rushing around [...]. (Blue)*

*"Several times, when the nurse is examining me or we are talking, she had to leave because someone else was calling her to see other things [...]" (Yellow)*

*"One day there were no doctors in the unit and I had to go to the urgency service because there were a lot of people waiting to talk to the nurse before me and I had a strong backache [...]" (Lilac)*

Patients can notice the lack of time of professionals, which results in users' complaints about the service. This is different from the priority established by the policy targeted at this population. A research assessing the *Programa de Humanização do Pré-Natal e Nascimento* (Program for Humanization of Prenatal care and Childbirth) showed differences between women's recommendations, desires and needs and the program guidelines, leading pregnant women to seek another service flow. This affects the bond between the women and the health care facility and

hampers the service control of the real segment that is being offered. An analysis made by the authors of the program based on the perspectives of the women assisted identified aspects that if considered during the assessment could result in a greater effectiveness and humanization of the prenatal control offered<sup>(12)</sup>.

### Quality of Prenatal care

The word quality refers<sup>(13)</sup> to the achievement of the results expected by the company and the costumers' satisfaction with the services offered. Quality of health care is achieved by associating the maximum possible benefits with the minimum possible risks through desirable resources<sup>(14)</sup>.

The Family Health Strategy seeks excellence in the quality care of patients and is guided by the same principles of SUS. This excellence is achieved through managerial, sanitary, democratic and participative actions; teamwork concerning the populations of well-defined territories; the use of high-complexity and low-density technologies to solve the most common health problems in its territory. It is the users' favorite form of contact with the health care systems<sup>(3)</sup>.

When the professionals are asked about the definition of quality regarding the care offered, they are uncertain about the answer.

*"Is it to give the patient what she needs? [...]" (Rose)*

*"If you solve their problems it's alright [...]" (Daisy)*

*"You have to do things right [...]" (Lily)*

The aforementioned speeches clearly show an apparent medical malpractice in the service offered to patients, leading them to drop out from prenatal consultations, which may result in complications for the mother and the fetus. A study<sup>(15)</sup> on the quality of labor care in SUS revealed that women with low-risk pregnancy undertake unnecessary interventions while women with high-risk pregnancy do not receive appropriate care. Therefore, the perinatal results are unfavorable, and rates of cesarean delivery and maternal mortality are incompatible with the investments and technology available.

Another study<sup>(16)</sup> on the quality of care from the perspective of nurses of a Maternal and Infant Nursing Department of a University Hospital revealed that for a continued improvement of quality it is necessary to identify the problems in order to implement efficient actions, to monitor their process and execution, and, finally, to encourage the evaluation of services in order to achieve the ideal pattern of quality excellence. Quality management requires several strategies and tools. However, it is necessary the collaboration and commitment of people

because the collaborators are the people directly involved in the workflow and dynamics, revealing the group's potential<sup>(16)</sup>.

*"I think it's good, when I have time I inform and clarify any doubts, but if the time is short or there are many people to examine I listen to the baby and inform about the most important cares [...]" (Rose)*

*"I think it is very good, I work hard to make the best I can, but it's not always possible [...]" (Tulip)*

*"If I had more time it would be better. Today I do what I can, it depends on the demand and the problems that appear [...]" (Lily)*

Pregnant women had different opinions when they were asked about the quality of the care offered to them. It became evident that the care could be improved, and the short time spent on the consultations interferes in the quality, as it can be seen in the following speeches:

*"I think it's good, but it could be better, [...], they should have more time for us" (Red)*

*"I think it's bad, I have many doubts and there's no time to clarify them, [...]" (Gray)*

*"I like it very much, I love the nurse, but sometimes she only listens to the baby and check my exams, but I like it. She knows what's important, right?" (Green)*

Pregnant women complain about the quality of the service; however, they do it in a subjective way, which hampers the clear evaluation of the service. Thus, it would be possible to plan the development of an instrument to assess the quality of prenatal care received by pregnant women and foster the discussion with managers in order to encourage its implementation and ensure a better quality care. It is important to highlight the need for planning educative actions to develop nurses' critical and reflexive capacity towards the activities they need to perform and also to help them implement the *Programa Nacional de Humanização do Parto e Nascimento* (National Program for Humanization of Delivery and Childbirth), which would ensure a better quality care and a decrease in the maternal/infant mortality rates<sup>(17)</sup>.

## FINAL CONSIDERATIONS

The present study was able to show that the work overload of primary health care nurses influences the quality of care provided to pregnant women. The pregnant women assessed in this study notice that the poor quality of the service offered by this professional is associated with the large number of activities performed by them.

The professionals should be more committed to assisting the pregnant women of their area and encourage prenatal consultations. The pregnant women respond to the service offers according to what they think about their health needs. The boost in this information in the assessment actions reveals the inclusion of different subjects of a program as "self-assessment subjects" and not only as "analytical target", resulting in a more realistic approximation of the health needs of the population and an opportunity to reflect and strengthen this actor. Therefore, when a health team is not worried about the establishment of bonds with the pregnant women the chance of dropping out or missing consultations is increased. Pregnant women are encouraged to look for people who can provide them with more safety in a natural attempt to obtain the best possible conditions for the growth and development of their child.

There is a need for further studies on the work overload of nurses in order to show the need for recruiting more professionals and hence improve the quality of nursing consultations. This would be better for the patients also.

This study suggests a reformulation of the nursing care provided to pregnant women, the structuration of an adequate physical space for the nursing consultations and the participation of pregnant women in support groups.

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