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ORIGINAL ARTICLE

PSYCHIC SUFFERING IN WORKERS OF THE FAMILY HEALTH STRATEGY SOFRIMENTO PSÍQUICO EM TRABALHADORES DA ESTRATÉGIA SAÚDE DA FAMÍLIA SUFRIMIENTO PSÍQUICO EN TRABAJADORES DE LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to investigate the psychological distress in health care workers who participated in the Training Course for Multipliers Workshops - Caring for the Caregiver. **Method:** quantitative, exploratory, descriptive, conducted with participants of the Training Course for Multipliers Workshops - Caring for the Caregiver, the city of João Pessoa/PB/Brazil. Two instruments were used for data collection: The Stress Symptom Inventory (ISS) and the SRQ-20, and a sociodemographic questionnaire, and data analysis was performed using SPSS. This study was approved by the Ethics and Research of the CCS / UFPB, protocol 0059. **Results:** the data revealed 52 people stressed these, 1 in alert phase, 36 and 15 in resistance in the exhaust. Regarding the SRQ-20, 30 people were at risk of psychological distress. **Conclusion:** the majority of workers are stressed out and worrying phase, moreover, is largely young with little time to work. **Descriptors:** Occupational Health; Psychic Suffering; Stress.

RESUMO

Objetivo: investigar o sofrimento psíquico em trabalhadores da saúde que participaram do Curso de Formação de Multiplicadores em Oficinas - Cuidando do Cuidador. **Método:** estudo quantitativo, exploratório, descritivo, realizado com os participantes do Curso de Formação de Multiplicadores em Oficinas - Cuidando do Cuidador, na cidade de João Pessoa/PB/Brasil. Foram utilizados dois instrumentos para a coleta de dados: O Inventário de Sintomas de Estresse (ISS) e o questionário SRQ-20, além de um questionário sócio demográfico, e a análise dos dados foi realizada pelo Programa SPSS. Estudo aprovado pelo Comitê de Ética e Pesquisa do CCS/UFPB, protocolo 0059. **Resultados:** os dados revelaram 52 pessoas estressadas destas, 1 na fase de alerta, 36 na de resistência e 15 na de exaustão. Com relação ao SRQ-20, 30 pessoas apresentaram risco de sofrimento psíquico. **Conclusão:** a maioria dos trabalhadores está estressada e em fases preocupantes, além disso, grande parte é jovem com pouco tempo de trabalho. **Descritores:** Saúde do Trabalhador; Sofrimento Psíquico; Estresse.

RESUMEN

Objetivo: investigar el malestar psicológico en los trabajadores de la salud que participaron en el Curso de Formación de Multiplicadores Talleres - Cuidando al Cuidador. **Método:** cuantitativo, exploratorio, descriptivo, realizado con los participantes del Curso de Formación de Multiplicadores Talleres - Cuidando al Cuidador, la ciudad de João Pessoa/PB/Brasil. Se utilizaron dos instrumentos para la recolección de los datos: El Inventario de Síntomas de Estrés (ISS) y el SRQ-20, y un cuestionario sociodemográfico y el análisis de los datos se realizó con el programa SPSS. Este estudio fue aprobado por el Comité de Ética e Investigación de la CCS / UFPB, el protocolo de 0059. Resultados: Los datos revelados a 52 personas destacaron estos, 1 en fase de alerta, 36 y 15 de la resistencia en el escape. En cuanto a la SRQ-20, 30 personas estaban en riesgo de trastornos psicológicos. **Conclusión:** la mayoría de los trabajadores está estresado y preocupado fase, además, es mayoritariamente joven, con poco tiempo para trabajar. **Descriptores:** Salud en el Trabajo; El Sufrimiento Psíquico; Estrés.

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INTRODUCTION

Changes occurred in recent decades in the working world have reflected heavily on the health of their workers. The emergence of microelectronics and computer technology, added to a new and complex set of organizational innovations strongly altered production of the capitalist countries, causing profound changes in conditions, in relationships and in work organization.¹

Increased labor is a feature of the current phase of capitalism and has caused a high expenditure of physical and spiritual energies of workers. The fear of unemployment has caused insecurity among workers, so that they are conniving with schemes and the precarious employment contracts, realizing low wages and high hours.¹

Currently, it is known that some professional activities expose workers to situations that cause emotional costs arising from stress. This is the case of health professionals who live daily with various factors that endanger their physical and mental health.²

Every day, these workers are forced to deal with situations that cause distress and obstacles before the acts of different people I encounter in practice. Moreover, they are obliged to accept loads strenuous physical and mental, for dealing with suffering and with the impending death of the other, besides the risks of catching diseases.³

Coping with grief client causes often the memory of moments of personal pain. I.e., grief causes suffering. Includes up to this the fact that, often, the professionals do not have access to appropriate resources for dignified care. Thus, the trader must decide between being unemployed or refusing to work in bad conditions and either taking the job and suffer with the conditions imposed.³

The way of life can be faced by the company responsible for the main causes of physical and mental illnesses and generate high levels of stress. This is blamed for creating negative consequences for the community and the individual.²

The influence of work on changing the mental health status of individuals takes place from wide range of aspects. Therefore, not only linked by the labor aspect, but also by the context of the social life of this individual, arise Mental and Behavioral work-related.⁴

The Mental Disorder causes changes in thoughts, emotions and / or behavior. Within the classification of Disorder Mental Disorders are the Psychic Children (TPM) that designate

people with clinical symptoms of anxiety, depression, somatization and do not meet all the criteria of mental illness according to the International Classification of Diseases (ICD-10). They occur when there are significant organic changes through the presence of the stimulus as a stressor evaluated.⁴

Now with regard to stress, the World Health Organization (WHO) is regarded as a global epidemic, due to the constant updating of information, which can interfere in the quality of the life of individuals, resulting in losses of family order, social, lack of motivation for activities in general, physical and psychological illnesses, and problems at work.⁵

In health, the first to use the word stress was the doctor Hans Selye, defining it as a non-specific response of the organism to a condition that impairs internal homeostasis, therefore, necessary awareness to face the event that caused the change in biopsychosocial level.⁵

Stress is a situation that orders the fitness of the organism to an external or an internal condition that somehow is changing the perception of well-being of the individual. The reaction of people before the stress is distinct. A normal response to stress is to prepare the person for "fight or flight". The degree of stress observed is not related only to the situations that caused it, but also with how the individual perceives and reacts to the stressful situation.⁵

Due to the consequences of psychological distress or the occurrence of mental and behavioral disorders in the working field of health, the Federal Council of Medicine (CFM), a national survey, created a scenario to assess how good the health of doctors in Brazil and revealed worrying data, including that of mental and behavioral disorders, such as anxiety, depression, stress and burnout, affecting more than half of the physicians surveyed. He also showed a picture of suicidal ideation: "In every 100 physicians, five feel hopeless, unhappy and have thought of ending his own life".^{6:153}

Based on the above, it is clear that health workers, as well as individuals who are cared for them, demand the need for assistance, support and protection, facilitating performance, sharing, somehow, their task. Therefore, the caregiver demands reciprocity. However, it is clear that the health of health professionals, it is often overlooked by both managers, who do not bother to care for their caregivers, professionals like themselves, who avoid removal to not go through wage loss due the feeling of not being able to get sick by

being responsible for the health of the other. The situation is most serious in relation to psychopathology because of the stigma generated by society.

In an attempt to provide these professionals, a therapeutic support to create space to care for the caregiver to care and thus better able to take care of another way of transforming the Group of Studies and Research in Community Mental Health, Federal University Paraiba began implementing the training course for multipliers in workshops - "Caring for the Caregiver" for these professionals of the health network in partnership with the City Department of Health and the Center for Occupational Health Reference - CEREST.

Therefore, with the above question is: do the health workers of the city of João Pessoa exhibit psychological distress? What are the signs and physical and emotional symptoms of anxiety, depression and stress that affect?

To address these concerns, this study aims to:

- To investigate the psychological distress in health care workers who participated in the Training Course on Multipliers Workshops - Caring for the Caregiver.
- Investigate signs and physical and emotional symptoms of anxiety, depression and stress in health care workers who participated in the Training Course for Multipliers Workshops - Caring for the Caregiver.

METHOD

This research this is a quantitative, exploratory, descriptive study in the city of João Pessoa, Paraiba, Brazil, between August 2011 and July 2012. The population comprised all health workers of the city of João Pessoa who participated in the 2nd and 3rd Training Course for Multipliers Workshops - Caring for the Caregiver in 2011, totaling 80 subjects. Participant professionals of both sexes and of various professions, such as psychologists, nurses, social workers, therapists, teachers, and others.

Inclusion criteria for the study were: to present older than 21 years and participate in the Training Course for Multipliers Workshops - Caring for the Caregiver. Of the total, we excluded those who did not provide all the information necessary, requiring the exclusion of a person. Thus, the study sample resulted in 79 participants.

To investigate signs and physical and emotional symptoms of anxiety, depression and stress among health workers used two

instruments: The Stress Symptom Inventory (ISS) and the SRQ-20, and a sociodemographic questionnaire.

Data from the questionnaires were statistically analyzed. Once the questionnaires, the data collected were properly coded and entered in the spreadsheet program Microsoft Excel data and then received treatment from the statistical program Statistic Package for Social Sciences (SPSS) version 18.0. In this perspective, building the corpus of analysis, some steps have been traveled, having been organized around three poles chronological: 1) pre-analysis, 2) exploration of the material, 3) the treatment of the results, inference and interpretation.

This study met the requirements proposed by Resolution 196/96, which sets forth the standards and regulatory guidelines for research involving humans. The study was an outgrowth of the master project << Practices Care System in Formal and Informal Health >> approved by the Ethics and Research of the CCS / UFPB under the protocol number 0059.

RESULTS

Regarding the profile of the health professionals interviewed, data showed large predominance of females over males (71, 89.9%), young professionals, aged between 22 and 29 years old (27, 34, 2%). The variable profession was quite diverse, being composed mainly by psychologists (15, 19%), nurses (14, 17.7%) and social workers (12, 15.2%). Regarding the role these professionals play, most supporters act as matrix (21, 26.6%). The health districts (22, 27.8%) prevail as the workplace of the participants. In reference to the time variable holding the function, note that most of the workers is less than a year (36, 45.6%) in that role.

The following results were obtained from the questionnaire ISS, whose goal is to identify stress symptoms in adults, type of symptom (physical or psychological) and the stress phase in which the individual is. The data obtained show the frequency with which they identified among survey participants the occurrence of stress. Of the 79 (100%) participants, 52 (65.9%) had stress.

Regarding the results obtained with respect to stress phases, it was found that 1 (1.3%) was in professional alerting phase 36 (45.6%) in resistance phase, and 15 (19%) in Phase exhaust showing a high incidence of stress in the second phase.

Regarding the prevalence of symptoms of alert phase according to ISS, the most frequently mentioned symptom was muscle

tension (muscle pain) to 51 (64.6%) positive responses, followed by a sudden urge to new

projects and insomnia, difficulty sleeping.

Table 1. Affirmative answers of the questionnaire ISS - Alert phase. João Pessoa, 2012.

Questions of ISS - Alert phase	Participants n	Participants %
Hands and/or cool feet	10	12,7
Dry mouth	8	10,1
Node or stomach pain	12	15,2
Increase of sweating (a lot of	6	7,6
Muscle tension (muscle pain)	51	64,6
Tightness in jaw/gnashing of	10	12,7
Brief diarrhea	12	15,2
Insomnia, difficulty sleeping	25	31,6
Tachycardia (accelerated	7	8,9
Panting, intersected	11	13,9
Sudden and transient	8	10,1
Change in appetite (too much or	20	25,3
Surge of motivation	12	15,2
Sudden enthusiasm	9	11,4
Sudden urge for new projects	33	41,8

Below, in table 2, we visualize the prevalence of the symptoms of resistance phase. The question that got more affirmative answer was **Problems with memory, oblivion**

with 41 (51.9%) of frequency. As a result most cited responses were **feeling physical constant, constant Fatigue and execive Irritability.**

Table 2. Affirmative answers of ISS - Resistance phase. João Pessoa, 2012

Questions of ISS - Resistance phase	Participants n	Participants %
Problems with memory, forgetfullness	41	51,9
Widespread malaise, without cause	10	12,7
Tingling extremities (feet/hands)	10	12,7
Constant physical wear sensation	36	45,6
Change in the appetite	16	20,3
Appearance of dermatological problems	18	22,8
Hypertension (high blood pressure)	7	8,9
Constant Tiredness	30	38,0
Prolonged gastritis = burning in the stomach	19	24,1
Dizziness-feeling of floating	9	11,4
Excessive emotional sensitivity	23	29,1
Doubts about yourself	18	22,8
Thoughts on a subject only	22	27,8
Excessive irritability	29	36,7
Decreased libido = sexual desire	18	22,8

In table 3 it is possible to observe the outcome of the most frequent responses from exhaustion. The most cited was symptom Distress or anxiety daily with 40 (50.6%)

affirmative responses, followed by excessive Fatigue symptoms, Irritability and Insomnia without apparent cause.

Table 3. Frequency distribution of the questionnaire answers ISS - exhaust Phase. João Pessoa, 2012

Questions of ISS - Exhaust phase	Participants	Participants
	n	%
Frequent diarrhea	5	6,3
Sexual Difficulties	10	12,7
Tingling extremities-hands/feet	5	6,3
Insomnia	25	31,6
Nervous tics	2	2,5
Hypertension confirmed	6	7,6
Prolonged skin problems	13	16,5
Extreme change of the appetite	10	12,7
Tachycardia (fast heartbeat)	8	10,1
Frequent dizziness	5	6,3
Ulcer	0	0
Inability to Work	1	1,3
Nightmares	12	15,2
Feeling of incompetence in all areas	7	8,9
Want to get away from it all	22	27,8
Apathy, nothing will do, depression	13	16,5
Excessive tiredness	34	43,0
Constant thinking about the same subject	19	24,1
Irritability without apparent cause	26	32,9
Daily anxiety or distress	40	50,6
Emotional hypersensitivity	18	22,8
Loss of sense of humor	14	17,7

Below you can view the results from the SRQ-20. It consists of 20 questions and has as one of its goals to track the presence of minor psychiatric disorders, such as depression and anxiety.

Compared with the frequency of psychological distress, the data revealed that the 79 (100%) participants, 30 (38%) were positive for mental suffering under the cutoff

adopted in the study, which was established as 7 or more positive responses.

Table 4 is to present the proposal distributions of frequency of positive responses from the SRQ-20 mentioned by research participants.

Table 4. Frequency distribution of the questionnaire answers SRQ-20. João Pessoa, 2012.

Questions of SRQ-20	Participants	Participants
	n	%
Have frequent headaches?	39	49,4
Has poor appetite?	8	10,1
Sleeps badly?	32	40,5
Frightens easily?	27	34,2
Has tremors in his hand?	7	8,9
Do you feel nervous, tense or worried?	64	81
Has poor digestion?	25	31,6
Has difficulty thinking clearly?	18	22,8
Have been feeling sad lately?	38	48,1
Has wept more than usual?	21	26,6
Feel it difficult to realize with satisfaction your daily activities?	29	36,7
Has trouble making decisions?	28	35,4
Has difficulty in service (your job is painful, it causes suffering)?	12	15,2
Is unable to play a useful role in your life?	4	5,1
Has lost the interest in things?	13	16,5
Do you feel a useless person, without utility?	2	2,5
Has had the idea of finishing your life?	1	1,3
Do you feel tired all the time?	29	36,7
Have unpleasant feelings in your stomach?	38	48,1
You get tired easily?	34	43

When doing an investigation of the responses, we realized that the issue that got the most positive response with regard to feel nervous, tense or worried with 64 (81%) responses. As a result, frequently asked questions were: Has frequent headaches and then you felt sad lately and has unpleasant sensations in his stomach.

DISCUSSION

With regard to gender, the prevalence of females in healthcare has been found in other studies. This predominance of gender in the workplace can be related in the sense that the health sector is linked to actions aimed at caring woman and has at its core this inclination. The commission comes to the care

of women since the dawn of human history in which the women were charged with caring for their offspring and provide the man power. Consequently, when women began to engage in other activities outside the home, were you aiming activities similar to those formerly held as caring for children and elderly, educate and teach, among others.^{9,8}

In terms of age, women between 18 and 25 years old are more likely to have anxiety and tend to alcoholism and smoking, and the age group of 25 to 30 years old is more prone to manifest fatigue, while in the age group between 35 and 45 years old is most commonly depression.

A survey of mental health professionals found that the higher the age, the lower the emotional impact at work, indicating that the experienced worker has to make decisions more secure and easier to control on the demand for labor, reducing stress and exhaustion emocional.¹¹ Thus, it is evident that the sample of current research presents greater risk of psychological distress and stress, since the age of highest prevalence was up to 30 years.

In reference to variable profession, studies are similar to this, with regard to the diversity of professions in healthcare, where nursing has predominado.^{8, 10} professionals who deal and constantly interact with people in need of assistance are the most susceptible to mental health problems, such as social workers and psychologists, which agrees with the result of this research.¹²

Regarding the function engaged, the limitations that health workers need to face to resolve the problems encountered, either for lack of professional qualification, improper management model, scarcity of material resources, among others have been in constant action of various professions. We notice that you are delegated many tasks with a high degree of charges and responsibilities, which, depending on the environment, the organization of work and preparation to play its role, can create stress for themselves and the community attended.

It was evident that the services of the Family Health Strategy (FHS) has prevailed as the workplace of the participants of the Training Course for Multipliers Workshops - Caring for the Caregiver seen that this has as its main focus the FHT professionals. In the case of primary care services, studies have discussed about the poor working conditions in these institutions. Some of these conditions relate to: lack of preparation and training, function overloading, long working hours, conflict in teamwork, difficulty balancing

work and family, lack of human and material resources.

Regarding the variable working hours, a study found that most professionals had more time to work, differing in this study that most professionals working in that office less than a year. The author states that workers with longer job are more likely to be at risk for psychological distress due to wear proper time greatest performance.⁸

This wear may be due to difficulties in the labor process, as attributes of bureaucratic institution and service, social misery, among others, leading to frustration these professionals to realize the impossibility of achieving their objetivos.⁸ Thus, one can contact a positive factor for the sample, as this does not fit with this risk factor.

All the factors mentioned above can result in, among practitioners, physical exhaustion, abnormal heart rhythm, insufficient sleep time, which cause a reduction in cognitive ability and task execution, favoring the occurrence of accidents and work-related diseases.⁸

With respect to the ISS, for describing the occurrence of stress among professionals surveyed followed the recommendations of an author, whereby for each stage of stress is defined criteria. They are: 6 present more than 15 symptoms of proportionate to 24 hours, or more that 3 of the 15 symptoms for the last month or even more than 22 8 symptoms of the last 3 months.

Results of studies using the same instruments revealed that 62% of the study population was in situation of stress. It is clear, therefore, the similarity between the results of current research and the study mentioned above.

The presence of stress and inability to cope with it can result in both physical and mental illnesses, such as minor manifestations such as dissatisfaction and demotivation in the workplace.

In a study of health teams, the authors assessed the care provided to the community is tolerable, examining stress and physical and mental exhaustion that affect the mental health of staff assisting. The results showed that the team was experiencing high levels of stress and physical and mental exhaustion due to stress at work. Considering the relevance of job satisfaction for the self-esteem of a person, an individual with occupational stress can cause problems in your family life and vice versa, feeling, for example, unsure as to their contribution to the maintenance family.

¹⁵

Research shows that irritability brought about by occupational stress is likely to be felt by the family, causing conflicts and interpersonal tensions. Thus, affective and social areas, as well as health-related, are affected and weakened as it is contaminated by work stress, thereby altering their quality of life.¹⁵

How to stress phases, one study found that 30.2% of subjects with stress were in the resistance phase, and 1.6% in alert phase. Other studies also reported that the predominant phase of symptoms was the resistance, confirming the result of this research.¹⁶⁻⁷

Stress can occur in two ways, the first of acute nature and very strong, but it stops quickly and the second chronic in nature and not as strong and may take longer to stop, with few resources used by the individual to face it.

Selye described the three phases of stress: Stage Alert (FA) Phase Resistance (FR) and Phase Exhaust (FE). The phase of alert is considered the positive phase of stress, energizes the human being through the production of adrenaline, survival is conserved and a feeling of fullness is achieved constantly.

In the second phase, called resistance, the body seeks to rebalance through the use of large amounts of energy and can cause a feeling of general wear, seemingly without cause. The greater the force exerted for adaptation and restoring inner harmony, the greater the wear suffered. Many physiological changes occur primarily in terms of the functioning of the adrenal glands: a spinal reduces its production of adrenaline and its cortex steroids produces more, and then there is the possibility that the immune system is affected, and thereby raise the probability of the person sick. However, when the organism can adapt completely, the stress process is stopped and the symptoms disappear, leaving no sequelae.

However, if there is continuity of stressful stimuli with frequency or intensity, occurs a break in the individual's resistance and he passes to a stage of exhaustion. At this stage serious diseases can arise in the organs most vulnerable, such as stroke, ulcers, psoriasis, depression and others.

The professionals have evaluated thus a high chance of getting sick due to energy expended to deal with the stressors of the day. Moreover, the symptoms of stress expose a worrying since; can impair the performance of health workers while performing their activities, causing damage to the entire

community. The impact of lack of sleep, constant tiredness and irritability, particularly among health professionals, is extremely worrisome, because the need for attention and emotional control in the performance of this activity. Thus, it is emphasized that the planning and execution of an intervention aimed at controlling stress could be very beneficial.¹⁶

Regarding the SRQ-20, similar results to this study were found in two studies, in which the first found that 42.6% of health professionals in primary health Botucatu were at risk for psychological distress and the second showed that the prevalence of PMS found in the study population was 43.3%.¹⁹⁻²⁰

The prevalence of PMS varies between 7% and 30% and Brazilian studies describe rates between 22.7% and 35%, below the results found in this study (38%).²⁰ Other research shows that anxiety, depression and stress triggered the poor working conditions are the main responsible for the psychoactive substance use by nursing staff.²¹

In contemporary note to the psychological distress of workers, often due to excessive workload, the job instability and excessive competition in the workplace. This favors further increased levels of stress at work, leading to present some disorders such as phobias, anxiety, depression and burnout.²²

Among the various diseases that affect the mental health of health workers, it is possible to mention depression and anxiety as one of the most frequent. The first has been conceptualized as a disorder of the body as a whole, which affects the individual in their entirety, with no separation between the mental, social and physical.²³

The author states that "despair about life, the anguish, the desire for an end to death as presence, fear as an ally of existence, the abandonment of self-esteem, suicide as proposed, among other signs expressing pain depressed."^{23:87}

According to WHO (2011), it is estimated that by 2020, depression is among the diseases that most affect the world's population, making it a leading cause of disability in the workplace. It can be considered a syndrome, a reaction, an emotional state or a severe clinical disease, Unadapted and disabling.

In reference to anxiety, one can consider it as responsible for the presence of diffuse feelings of isolation and insecurity that leads a person to feel threatened in their hearts. It is an emotion manifested without a specific goal, caused by something unknown that precedes the new experiences in a person's life. It is presented by repeated emotions

typically experienced by individuals experiencing transformations intense and often live in warning sign facing new situations that often establish themselves as a threat to his life.²³

Regarding the distribution of the frequency of positive responses from the SRQ-20, the onset of symptoms such as headache, stomach problems or sleep disorders, may be signaling a hard worker, dealing with aspects related to their professional activity and signaling one mental health impairment.²⁴

These symptoms appear as a result of disease processes at work, where the worker sometimes unable to cope with the organizational requirements in the workplace, generates feelings of frustration, wear and / or discouragement on organic form of disturbances in the body.

CONCLUSION

The study also corroborates this assertion since revealed that most workers are stressed and worrying phase in a stress, the resistance phase, and also a high rate of people in the last phase.

It was noticed, too, that most were young people with stress and with little time to work showing that these are more likely to present psychological distress, aggravating and worrying when it comes to health care workers, whose main focus improving the quality of life of people.

Given this, it is recommended the implementation of the Training Course for Multipliers Workshops - Caring for the Caregiver in other municipalities of Paraíba and Brazil as a new way to restore the mental health of these workers, since it will contribute significantly to the well-being of caregivers who deal directly with the health of others.

The results of studies with health professionals point to the need for improvement in the conditions and work organization, since it becomes very difficult for these subjects offer a quality service when you do not have the physical, psychological and material for performance their functions. Also, show the importance of studies that investigate the association between stress, PMS and working conditions. It is important to have the possibility of qualifying for the health worker team work, community, and health promotion and prevention of illness. In this perspective, we also defend the existence of spaces of care in the SUS intended for the worker, since it must be seen as essential for the consolidation of SUS.

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