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## CASE REPORT ARTICLE

### THE HEALTH WORKER IN PRIMARY CARE: THE EXPERIENCE IN CARE HEALTH O TRABALHADOR DA SAÚDE NA ATENÇÃO BÁSICA: A EXPERIÊNCIA NO CUIDADO À SAÚDE EL TRABAJADOR DE LA SALUD EN LA ATENCIÓN PRIMARIA: LA EXPERIENCIA EN EL CUIDADO A LA SALUD

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#### ABSTRACT

**Objective:** reporting the experience of students in the development of actions on promotion and protection of workers' health in the context of Family Health. **Method:** a descriptive study, type case studies, experienced with health workers in Primary Care (AB), after running the extension project "Caring for the carers in the workplace". The intervention included a multidisciplinary team consisting of a physiotherapist, doctor, nutritionist and health workers of a Family Health Unit. **Results:** labor gymnastics practices in the sectors of work; conversation circle with nutritionist guided a reflection on healthy eating; assessment of the health profile: average age of employees was of 32 years old, 53,33% are of normal weight, 66,66% are normal blood pressure and 26,60% practice physical activity regularly. **Conclusion:** achievement activity contributed to the protection and promotion to the health of AB workers. **Descriptors:** Occupational Health; Primary Care.

#### RESUMO

**Objetivo:** relatar a experiência dos estudantes no desenvolvimento de ações de promoção e proteção à saúde do trabalhador no contexto da Saúde da Família. **Método:** estudo descritivo, tipo relato de experiência, vivenciado com trabalhadores de saúde na Atenção Básica (AB), após a execução do projeto de extensão "Cuidando de quem cuida no ambiente de trabalho". A intervenção contou com equipe multidisciplinar composta por fisioterapeuta, médico, nutricionista e trabalhadores de saúde de uma Unidade de Saúde da Família. **Resultados:** práticas de ginástica laboral nos setores de trabalho; roda de conversa com nutricionista pautada numa reflexão sobre alimentação saudável; avaliação do perfil de saúde: idade média dos trabalhadores foi de 32 anos, 53,33% estão com peso normal, 66,66% estão com a pressão arterial normal e 26,60% praticam atividade física regularmente. **Conclusão:** realização da atividade contribuiu para a proteção e promoção à saúde dos trabalhadores da AB. **Descritores:** Saúde do Trabalhador; Atenção Básica.

#### RESUMEN

**Objetivo:** presentar la experiencia de los estudiantes en el desarrollo de la promoción y la protección de la salud de los trabajadores en el contexto de la Salud de la Familia. **Método:** un estudio descriptivo, del tipo relato de experiencia, con trabajadores de la salud en la Atención Primaria (AB), después de ejecutar el proyecto de extensión "Cuidar a los cuidadores en el lugar de trabajo". La intervención incluyó un equipo multidisciplinar formado por fisioterapeuta, médico, nutricionista y trabajadores de la salud de una Unidad de Salud de la Familia. **Resultados:** las prácticas de gimnasia laboral en los sectores de trabajo; rueda de conversación con nutricionista guiada por una reflexión acerca de la alimentación saludable; evaluación del perfil de salud: la edad media de los empleados fue de 32 años, 53,33% son de peso normal, 66,66% tienen la presión arterial normal y 26,60% la actividad física práctica con regularidad. **Conclusión:** la actividad contribuyó a la protección y promoción a la salud de los trabajadores de la AB. **Descriptores:** Salud en el Trabajo; Atención Primaria.

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## INTRODUCTION

At the present time there has been growing interest in investigating the Occupational Health (ST). Traditionally, studies of these professionals were concentrated in hospital work environments, but in recent decades there has been a virtuous growth of inquiries with workers of Primary Health Care (PHC). There is an understanding that human resources in PHC are strategic elements in the quality of care provided to the population and the effectiveness of policies. I notice also that the characteristics in the PHC work organization can bring important physical repercussions, mental and psychosocial.

PHC is presented on the world stage as a health care organization's strategy directed to respond on a regional basis, continuous and systematic most health needs of a population, with the integration of preventive and curative actions, as well as attention to individuals and communities.<sup>1</sup> In Brazil, PHC incorporates the principles of the health reform, leading the Unified Health System (SUS) to adopt the designation of primary health care, to emphasize the reorientation of the care model, from a universal system and integrated health care.<sup>2</sup>

In the province of KwaZulu-Natal, South Africa, a survey was conducted addressing the importance of integration of health services within primary care. The study was based on the premise that all countries understand that primary health care should be integrated; there would be a breakthrough to promote health equity in all rich and poor countries. Resulting then in the promotion and human and national development.<sup>3</sup>

The action in the PHC begins with the act of welcoming, listening and offering answer to most of the population's health problems, minimizing damage and suffering and taking responsibility for the effectiveness of care, thus ensuring its entirety.<sup>4</sup> In this sense, professionals need to develop quality work, able to stimulate the population in search for better health. Thus, they should note the aspects that involve the community, without forgetting the social, economic, cultural and spiritual conditions around them.<sup>5</sup>

Health facilities in basic attention are considered the main SUS input ports being configured as environments where there are frequent tensions, where workers face different situations and factors affecting them physically, mentally and emotionally, as it is duty of the health team hosting the population, paying attention to its many needs and demands. Thus, it is common to deal with various health problems, not always of quick and easy resolution, implying accountability for health care of users over time. It is therefore necessary attention to health as well for whom provides, as health professionals should be prepared and the biopsychosocial conditions satisfactory to work, making the place more interesting and humane work, valuing everyone involved in the production of health.<sup>6</sup>

Currently, health work has required greater attention because of the poor working conditions which impact on quality of life and especially in ST. With the expansion of the Family Health Strategy (FHS), particularly with the special features to its functioning in large cities are increasingly growing dissatisfaction at work and claims teams. As regards as "precarious", the Ministry of Health found in a study that up to 80% of workers are not provided by basic rights due to labor relations are flexible.<sup>5</sup> The precariousness encompasses issues ranging from failing to strengthening ties and rights uninsured, to more complex issues involving working conditions and generating conflicts.

The family health team workers found many factors that endanger their physical and mental health, encompassing biological hazards, such as exposure to toxic or contaminated agents, and other factors related to the functioning of labor, in which exert influences on worker well-being and can provide a possible illness in their life.<sup>7</sup> The family health team is in a work process directed by two aspects, one is the management which requires effective targets and production, and the other is user Unified Health System (SUS) requesting better conditions in nursing. Working environments are structured in a way that does not contribute to the care of caregivers, in contrast, are means where there is physical and mental exhaustion, faced with a dichotomy between caring for others and not take care of themselves.

For these reasons, it is necessary that health institutions provide care settings to caregivers. "After all, the realization of actions that promote self-care of the caregiver in the workplace certainly promote caregiver wellness and improving the quality of services"<sup>8:101</sup> in order to offer these professionals with a support to their health, to create a moment to take care of themselves, and as a result, be able to take better care of each other, the caring extension project grew out of carers in the workplace, designed by students from the 9<sup>th</sup> semester of Nursing course of the Federal University of Reconcavo da Bahia.

There is a great relevance experiencing an extension project, because it provided perspectives that address the possibility of the students understand the principles, guidelines and strategies in relation to Occupational Health, through the study of the Workers National Health Policy and the worker, enabling so understanding about the full attention to workers' health, with emphasis on surveillance, aimed at promoting and protecting the health of workers. Under this policy should ensure the SUS worker to health care in the health facility where he works and/or reference service, in order to promote health, improve performance at work, the quality of their lives and care for the society.<sup>9</sup>

Faced with this situation and aware of the role in supporting the SUS to develop promotion, prevention, diagnosis, treatment and rehabilitation in ST, it is understood that it is a social practice that aims to contribute to the modification of ST reality.

The objective is to report the experience of students in the development of promotion and protection of workers health in the context of Family Health, evaluation and analysis of the health profile and nutritional status of workers, strengthening actions aimed at promoting workers' health and prevention of illness.

## METHOD

This is a descriptive study of case studies type, experienced by the authors in Primary Care of the Bahian Reconcavo. Portrays the experience of a further extension project between nursing students and health workers in primary care, where he sought to integrate teaching and service of UFRB and FHU.

The construction of this project, started in August 2013, took place in several stages. The first stage was the diagnosis through a survey of the health needs of workers at FHU. It was later built an intervention sheet with the team, which contained the essential aspects of planning, implementation and evaluation of the project. The next step was to identify health problems of workers through individual nursing consultation, based on the actions of promotion and protection of health, disease prevention, diagnosis, treatment, rehabilitation, reducing health damage and maintenance as the National Policy Basic Care (BANP).<sup>8</sup> Through a process evaluation the health of the workers involved, punctuated the importance of the actions of the project and the continuity of the same.

As a supporter, the physiotherapist of NASF (Support Center for Family Health), in partnership with authors and health workers, experienced the health of the health worker with gymnastics in different work sectors, in order to promoting quality of life at work and lessen the damage caused by repetitive efforts.

The sequential step aimed at evaluating the health profile of employees of BHU, by completing a form containing general information (name, date of birth, weight, height, BMI, vital signs, blood glucose, allergies and immunization status); predisposing factors (genetic influence and personal history); eating habits; social history (diet, physical activity, smoking, alcohol consumption). Later workers have been consulted on the medical BHU, aiming to trace the health needs of each worker in its particularity and to continue the care.

In order to understand the team's nutritional status, a conversation circle was made with a nutritionist from NASF, with guidance on healthy food and eating habits in the workplace, aimed at promoting healthy eating habits, prevention and control of nutritional disorders and diseases associated with food and nutrition.<sup>10</sup>

In the quarterly closing of the intervention project had a breakfast as a way to honor the birthdays of the first quarter of 2014, enabling integration of staff and celebration of life. Then it took place: a data display through charts and tables depicting the health profile of employees of BHU; a conversation wheel

driven by the teaching master in Public Health, which addressed the theme: Pleasure and suffering at work, providing a moment of reflection on work and health, with the objective of promoting active participation of the group, organized a dynamic which workers portrayed through drawings the workplace who wished to have. By late morning there was exposed a video of personal motivation and reflection to the right choices at work and in life.

## RESULTS AND DISCUSSION

Nursing is part of the process of building a society that acts and thinks of his health thinking the other, that is, the collective, thus developing intervention projects such as the extension project whose theme "Caring for the carers in the workplace"; which aims care to the BHU team, aiming at a comprehensive approach on the health of its employees and identifying their needs as human beings as well as workers.

The activities of the extension project during the four-month period beginning in 2013 were: performing nursing consultations with a coverage of 75% of BHU professionals; updating the vaccination card, and 99% of workers are with the full vaccination schedule; labor activity with the physical educator of NASF through stretching practices; educational activity with the NASF nutritionist addressing issues about healthy eating; collective activity with community therapy for the purpose of group integration, enabling interactive moments and reflection with a professional expert in ST based on a discussion of the care that can be done at work. After four months of intervention, the first evaluation was performed. The result of this culminated in the continuity of the project, as health workers detected the importance of caring for their health.

"Considering that self-care is an attitude and personal action that depends on the beliefs, values and objectives that have the forms used to promote or perform self-care can be the most varied possible." <sup>8:102</sup> So, we tried to develop various activities in the workplace. Stretching was the first activity to be held with the team through the exercise in different body parts such as trunk, head, arms and legs according to the function performed by the worker. The nursing students settled in every job sector images with stretching exercises related to

the task performed as a means of memorizing and reminder. The long-term expected results with this action are: relieve stress, improve posture, ease tensions acquired at work, prevent injuries, increase motivation, reduce accident rates at work, reduce absenteeism, stimulate job as a team and improve productivity.

The evaluation of the health profile of employees and meeting the individual needs done through consultation with the doctor allowed the identification of needs, demands and workers' health problems, with individual actions of assistance and rehabilitation of injuries in order to promoting and preventing workers' health.

The conversation circle with the nutritionist enabled a collective reflection on the self-care in nutrition, going the question to obtain that quality of life is necessary to combine balanced diet with frequent physical activity. Workers reflected that to change their eating habits they need a self-assessment, understanding that really is a challenge that requires effort and discipline, and achieve tangible when the ultimate goal is health and quality of life.

An opinion survey conducted with 21 participants evaluated the beliefs about healthy eating in individuals at risk for heart disease. Factors such as regular physical activity, diet rich in fiber and protein, no sodium and fat in foods eaten were the factors that people were more sure of the answers, but when they were asked whether they performed this type of care with their health, said no. And so it was no different with the majority of employees of FHU, all they understand what a healthy lifestyle, but have not yet joined a healthy diet.<sup>11</sup>

The celebration of birthdays of the first quarter of 2014 promoted group integration, more solidified emotional ties, support networks between themselves and co-workers for the promotion of quality of working life.

The completion of the intervention project in this quarter it proceeds through the health profile analysis of workers FHU, based on the completion of a specialized chip. The main outcome of the project was to understand how the health of workers is. Thus, the average age of the FHU workers was of 32, ranging from 30 to 40 years of age. In relation to nutritional status in



specific BMI, 53,33% are of normal weight (BMI between 18,5 and 24,99) but do not have a healthy diet. Most of these workers are with normal blood pressure (less than 130/85 mmHg); however it was found that most of the workers interviewed have genetic influence of Hypertension (SAH) and associated with this, only 26,60% practice regular physical activity. In accordance with the survey data, points out that the conditions in general are unfavorable, for the development of hypertension is directly related to risk factors such as genetic influence, inactivity and poor diet. In relation to these diseases with medical diagnosis, there is in addition to hypertension, asthma, glaucoma and Hashimoto's thyroiditis. Another important fact is that 7% of workers are not updated vaccination schedule.

A study conducted during the period 2007 and 2008, with 14 family health teams in the city of Belgrade, Serbia, analyzed the competence of the teams in the management in primary health care. The teams were asked before and after the training in management, being analyzed six competency categories (gender, education, experience and responsibility exercised). It was detected that women managers have developed higher levels of competence after training in communication skills and problem solving. The survey also brought as a result the fact that the health care team that is satisfied in their work environment, the ability to solve health problems becomes more enjoyable, and when you have a training to help developing these skills to workforce becomes even greater. Thus, these skills are considered crucial to achieve high quality health care in the current approach to primary health care.<sup>12</sup>

The health status of the FHU workers brought to the fore the importance of changes in lifestyle, these reflections referenced by them. The plans drawn up by the workers for the future were related to changes in habits focusing on quality of life, even in the face of difficulties in reconciling work, family and self-care. The dynamic interaction provided the team, enabling a collective discussion of what can be done to have a more pleasant and humane working environment. With motivational video display individual workers reflected the way they were leading their lives and then through

gestures and words expressed the importance of self-value and take care of their own health. At the time of evaluation of the intervention project, said they were very satisfied with the actions taken, as they felt truly awakened to the importance of promoting care for their health. Thus, the workers requested the continuation of the project for the next four months, based on workers' health actions.

The extension project was limited to a single aspect: not absolute membership of workers, as some were on vacation and other medical license. Thus, the analysis of the health profile of FHU workers could not be done in its entirety. Regarding experience in another intervention project, it is clear that when it is intended for users, the community of membership happens more intensely, which is a strong point for care facing the population. Still, one should not fail to take care of who provides the care, ie the workers, as they are essential elements for producing an assist qualified and humanized health.

## CONCLUSION

The Occupational Health integrates health policy set axis within the SUS, considering the cross-cutting in the health care worker and work as one of the determinants of health-disease process, through promotion and health protection of workers and the reduction of morbidity and mortality resulting from development models. The realization of this intervention project was a unique and enriching experience, as provided closer nursing students with the FHU team.

Knowledge and growth provided by this project were many: to take care of the staff, the students were able to know better and have awareness of the roles as nurses, may go beyond the technical limits to enter the human dimension of care in its many nuances. With this, there is the conviction that no matter how difficult and complicated the way forward may seem, it is worth conquer it when that is the aim.

In view of the FHU nurse's intervention project aroused health professionals of self-care and a more attentive look at the health of co-workers, thus providing integration among the team. With routine care of the other, the professionals tend to forget to take care of themselves, so the construction idea of the health profile of

the unity of the workers was innovative and encouraged colleagues to seek more partnership, by conducting walking groups and exercise practices, promoting health on a community basis.

The University of the twenty-first century has experienced the extension beyond the knowledge sharing between universities and community. The extension experiment has aided teaching, research in the training of scholars and workers with speech and ethical actions, human, able to understand the other in his uniqueness. Thus, the extension project entitled "Taking care of Who Cares in the Workplace" allowed the opportunity to experience the processes of construction and deconstruction of unconscious practices or not in relation to ST's health. The result of health in the workplace will surely bring benefits to all academics, workers, service users and health managers, as they were awakened to a relentless pursuit for healthy living habits, self-responsibility, self-care and autonomy.

As the promotion and protection of health of workers are established, happiness, satisfaction and pleasure at work boost teamwork and humanization in health services. Essential attributes for qualified effectiveness of health actions in the SUS.

It is essential that research and extension projects with primary care health workers are developed in order to give visibility to their conditions of life and health in view of the importance of these workers to society and especially for primary care.

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