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CASE REPORT ARTICLE

CARING FOR THE CARERS IN THE WORKPLACE: CASE STUDIES CUIDANDO DE QUEM CUIDA NO AMBIENTE DE TRABALHO: RELATO DE EXPERIÊNCIA CUIDANDO A LOS CUIDADORES EN EL LUGAR DE TRABAJO: ESTUDIOS DE CASO

Luciano Silva Pimentel¹, Wesley Marques Souza², Daniela de Mello Oliveira³, Elaine Andrade Leal Silva⁴,
Mariana Borge e Silva⁵

ABSTRACT

Objective: reporting about the experience of the implementation and the development of a project experienced by students of the 9th semester of nursing. **Method:** case report study. The target audience were the professionals of a team of a FHS in the city of Santo Antônio de Jesus-BA. There were carried out the following steps: Diagnostic, Collective construction of the intervention project, Identification of the problems presented by health workers, Intervention on the problems identified, Timely and progressive evaluation of the project. **Results:** in order to cover workers' health, the steps were done successfully, since the consultations held individually identifying pathologies. It was noticeable in the participants the satisfaction of the intervention carried out through comments and facial expressions. **Descriptors:** Family Health; Working Conditions; Vocational Training.

RESUMO

Objetivo: relatar sobre a experiência de implantação e desenvolvimento de um projeto vivenciado por discentes do 9º semestre de enfermagem. **Método:** relato de experiência. O público alvo foi de profissionais de uma equipe de uma USF do município de Santo Antônio de Jesus-BA. Realizou as seguintes etapas: Diagnóstica, Construção coletiva do projeto de intervenção, Identificação dos problemas apresentados pelos trabalhadores da saúde, intervenção nos problemas identificados, Avaliação pontual e progressiva do projeto. **Resultados:** com o intuito de abranger a saúde do trabalhador, as etapas foram contempladas com êxito, desde as consultas realizadas individualmente identificando patologias. Foi perceptível nos participantes a satisfação da intervenção realizada através de comentários e expressões faciais. **Descritores:** Saúde da Família; Condições de Trabalho; Formação Profissional.

RESUMEN

Objetivo: informar acerca de la experiencia en la implementación y desarrollo de un proyecto experimentado por los estudiantes del noveno semestre de Enfermería. **Método:** estudios de caso. El público objetivo eran los profesionales de un equipo de una USF en la ciudad de Santo Antônio de Jesus-BA. Llevado a cabo los siguientes pasos: El Diagnóstico, Construcción colectiva de proyectos de intervención, Identificación de problemas que presentan los trabajadores de la salud, Intervención en los problemas identificados, Evaluación puntual y progresiva del proyecto. **Resultados:** con el fin de cubrir la salud de los trabajadores, los pasos se concluyeron con éxito, ya que las consultas celebradas individualmente para identificar patologías. Fue notable en los participantes la satisfacción de la intervención llevada a cabo a través de comentarios y expresiones faciales. **Descriptor:** Salud de la Familia; Condiciones de Trabajo; Formación Profesional.

¹Student, Graduate Program in Nursing, Federal University of Reconcavo da Bahia. Santo Antonio de Jesus (BA), Brazil. Email: lucianopimentel88@hotmail.com; ²Student, Graduate Program in Nursing, Federal University of Reconcavo da Bahia. Santo Antonio de Jesus (BA), Brazil. Email: souzamwesley@yahoo.com.br; ³Student, Graduate Program in Nursing, Federal University of Reconcavo da Bahia. Santo Antonio de Jesus (BA), Brazil. Email: danielamerica@hotmail.com; ⁴Nurse, Professor, Graduate Program in Nursing, Federal University of Reconcavo da Bahia. Santo Antonio de Jesus (BA), Brazil. Email: ealealsilva@hotmail.com; ⁵Nurse, Family Health Unit/FHU. Santo Antonio de Jesus (BA), Brazil. Email: mariborges23@hotmail.com

INTRODUCTION

The Supervised Stage I of the Federal University of Bahia Nursing Course (UFRB) is some of its objectives insert the student in health facilities as the subject of the construction of a practice of transforming nursing process, as well as develop in students the ability critical to act within the context of the Unified Health System (SUS), based in public health policies and considering the ethical and legal bases and humanistic profession and also to enable students to develop educational activities, aid, management, search; among others.¹ In a perspective for extension from the observed reality, had become the manifesto for performing in intervention project directed to the health and disease of professionals working in the Health Unit of the Family (HUF) where he held the stage in question.

The scientific literature has portrayed numerous researches in the fields of Occupational Health and Occupational Health, whose results indicate the occurrence of studies related to the health of the health care professional.²

The National Primary Care Policy (NPCP) brings the HUF is characterized by a set of health actions that covers the individual and collective, focuses on the promotion and health protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and the maintenance of health in order to develop a comprehensive care that impact on health status and autonomy of individuals and the determinants and health conditions of communities. It is developed through the exercise of care and management practices, democratic and participatory, in the form of teamwork, aimed at populations of defined territories, for which he bears responsibility health, considering the existing dynamics in the territory in which they live these populations.³

It is worth mentioning as the Secretary of Labor Management and Health Education (SLMHE) which implements programs for policy development for training, continuing education, development for workers and democratization of labor relations in the SUS. Being as some of its powers to promote the arrangement of the development of human resources in health care, decreasing the workload for professionals as well as to plan, coordinate and support activities related to work and education in health and as the organization's management of education and health work, the formulation of criteria for negotiations and the establishment of

partnerships between SUS managers and planning responsibilities among the three levels of government, among other responsibilities.⁴

From there, adding to NPCP and SLMHE with their health actions covering individual and collective, focuses on the promotion and health protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, as well as actions for policy development for training, continuing education, development for workers and democratization of labor relations in the SUS promoted the need to create this theme to intervene with health workers.

The subjective meaning of work can be conceptualized as a cognitive structure, which has a strong impact on the perceptions, evaluations, assignments, and on the individual's own behavior at work.⁵

The intense social, economic, technological and political that have occurred in society ultimately determine changes in the biopsychosocial human. Thus, social activity of labor and the environment created by it has direct relevance to the health of the individual. This fact means that health conditions are also socially produced and processes that social relationships and work linked to this context, become decisive in the process of health and sickness, life and death of individuals.⁶ And as for work never is neutral in relation to health and can facilitate both the disease, the health.⁷

Health at work is characterized as a living situation of pleasure now now suffering.⁸ Suffering at work is configured as an experience of painful experiences, such as anxiety, fear and insecurity, from conflicts and contradictions arising from the confrontation between wants and needs of the worker and the characteristics of a particular production context.⁹ Have pleasure in work is viewed as an individual and/or shared experience for a group of workers, but the focus is on bonus experiences and that this is one way to health.⁷

The caregiver of primary health care faces several situations in their work activities that may affect their physical, mental and emotional health among them are the lack of leisure, routine work, working conditions, fragility of employment, experience in daily life, interpersonal relationships with other members of the professional staff and other factors that affect the well being of the caregiver. Therefore how they are organized work environments and their process can not favor self-care (caregivers). In this sense, it is a reality of institutional support for work

management is necessary, giving priority to health workers on various aspects, thinking of the quality of life and care of the caregivers in the existential context and work. However it is necessary that the managers of the HUF create and enable spaces for workers to exercise the practice of self-care and interpersonal relations within the team, making the environment a loving, caring, loving work, generating growth, safety, security and well-being.

Nursing is part of the process of building a society that acts and thinks of his health thinking the other, in the collective. Moreover, health professionals can through educational activities, contribute to new insights and perspectives on a particular health situation. The developed educational activities when associated with the extension character become critical to the health-building process and no doubt contribute in a unique way for the formation of academic and professional future, which fall within the most diverse environments in pursuit of its ideation.¹⁰

From the point of view of the health professionals in the HUF provide a service to their community and that often do not include this care yourself, thus came the project **Caring for the carers in the workplace: a proposal for action by promoting the required listening space**, hosting and development experiences triggered in the operation of Community Health Agents (CHA), nurse, dentist, nursing technicians and oral health and oral health aides HUF, enhancing their action with the views promotion of workers' health. The project consists of regular meetings with themes based on workers' health and each meeting journaled and individual records of workers HUF by enfermeirandos of UFRB.

Based on these, this paper aims to report on the implementation experience and development of a project experienced by students of the 9th semester of nursing.

METHODOLOGY

This report describes the experience of setting up and development of a project experienced by students of the 9th semester of nursing at the Federal University of Reconcavo da Bahia (UFRB) in a Health Unit of San Antonio de Jesus, Bahia county Family. The proposal was the construction of an extension project << **Caring for the carers in the workplace: a proposal for action** >>, which began in August 2013, the construction of this project took place in different stages. The first step, diagnostic, happened from the local

need, where the staff signals to nursing students through meetings and individual conversation, the lack of greater integration between the members and the recognition of co-morbidities and practice healthy life habits and physical activities among others.

The second stage, collective construction of the project among nursing students, teachers, health workers (nurses, ACS), was given by completing a worksheet containing data and specific objectives, actions/activities to be held responsible for the intervention, partners, runtime, expected results, evaluation indicator. To fill this worksheet an active search was used among these professionals than they wanted to discuss, and were observed by scholars, the need for some issues to be addressed. The dissemination of the project was through written and oral invitation to all workers of that unit. In this sense, there were strategies in order to sensitize the staff to take better care of their own health.

The third stage, identification of health problems for workers in the unit through individual nursing consultation. For the consultations were collected anthropometric measurements such as age, weight, height, vital signs (blood pressure, pulse) and blood glucose of health workers that comprise the HUF; the record of the data collected occurred in individual records for each team member achieved by nurses, as well as the BMI calculation of workers was also carried out surveys of vaccination cards, as well as the opening of a vaccine mirror card for every professional. At this point, also called for the submission of recent laboratory tests and was told exams for containing no.

The fourth stage, interventions, identified by nurses, there was collective and individually, with discussions and theoretical and practical questions about gymnastics with Core Physical Educator to Support Health (CPESH); conversation wheel with the nutritionist professional CPESH; community therapy among staff held by a Community Health Agent (CHA) unit; integrative time run by enfermeirandos with videos and dynamic approach to the host with the team; discussion with the theme "Promoting workers' health" directed by a nurse specialist in occupational health; stepping immunization in presenting outdated vaccination card; individualized multidisciplinary consultation for healthcare team members with a comprehensive and holistic approach; Request laboratory tests according to need.

Fifth and final stage, timely and progressive evaluation of the intervention

project, ie timely performed individually in the nursing consultations, in conversation circles with the speech of each individual, and progressive with a future assessment of the health disease because this project will be open for the next academic give continuity in caring for the caregivers and be able to continue this assessment of the health-disease process of professionals working in that unit.

RESULTS AND DISCUSSION

To better meet this working population highlights the importance of Workers' Health Surveillance (WHS) is will be continuous and systematic surveillance in order to detect, understand, search, and analyze the factors that influence and determine the linked diseases the working environment in order to eliminate or control them.¹¹

<< The intervention project Caring for the carers in the workplace: a proposal for action >> involved in union actions of the students of the 9th semester curricular component of Nursing Supervised I of the Federal University of Reconcavo da Bahia/UFRB promoting the link between the activities developed in academia and society, through mobilization actions of the participants with the encouragement of quality of life at work and healthy interpersonal relationships, with the integration of the participants in the activities developed by the students, with the participation thereof, always reaffirming the importance of active and voluntary participation of the team to help identify health problems as well as prevention and health promotion. Orienting as to healthy lifestyle, and from there to the multiplier participants of the advanced and supportive actions with family, friends and community.

As for the stages of the project, in the third step were performed 75% of nursing visits to the HUF professionals, giving to make all queries by lack of time, since the routine work was intense. Health issues have been identified both in the physical realm as the mental, it is noteworthy that all were from medical diagnostics brought by them, namely:

Systemic Arterial hypertension (SAH), diabetes Mellitus (DM), depression, occupational diseases (carpal tunnel syndrome), and analyzed the vaccination cards and immunization of those with outdated card at the time of consultation was reported as working conditions and that although they are care professionals had difficulty in gaining access to consult, lack of equipment and often act with limited resources and makes it more difficult to carry out its activities, intense workload, problems

that these somatize and often end up hurting the care in the community, as well as addressed as the fulfillment in your work when they were recognized for their role in their community and staff. At this time, from the observed individual needs were made referrals to specialized consultation with professionals of psychology, CPESH nutrition.

In the fourth stage, occurred at perceived needs, with a theoretical and practical point of CPESH with the physical educator, in which he conducted work activity for the unit staff and that in times of exercises performed the physical educator fostered some guidance as to physical activities to be performed daily, types of stretches that could be done among others, the show participants and contributed quite happy with this activity and always expressing the importance for them to engage in physical activity, physical education teacher was willing to bring a primer containing images and stretching activity which can be performed daily post attached to the unit.

There was also the fourth stage wheel conversation with the collaboration of professional nutritionist of CPESH and were exposed doubts about the power and the pace of work and what should be kept as healthy eating habits according to the intensity of work and from the there were guidelines made by the nutritionist as the food needs of the unit.

There was also a community therapy performed by a Community Health Agent (CHA) that unit, where he had the time of hug for participants to have a better integration and relaxation, emphasizing the importance of a hug for humans and further to the dynamic group with masks and each participant would draw on his mask as he felt acting in their day-to-day in that unit emphasizing fears, sadness, happiness, limitations, advantages and others. At the end of the mask elected by the people as the best represented the unit was the one that contained the pleasure and suffering at work with graphical representation of a umbrella emphasizing working conditions in the unit when it rains presents some points infiltrating water and cause flooding, as well as the malfunction of the bathrooms because they contain broken materials, among others, and that this same image contained a smile that represented the joy of the professional when he was recognition of his work by both the team and the community served. At the end professionals emphasized the idea of keeping this community therapy at least once a month

to improve integration between the team and have interactive moment.

During this same stage was a meeting with a professional nursing specializing in occupational health and expos this a reflection about the care at work, which would be a safe, work settings and promotion and disease prevention that they can lead through verbal presentation, and videos and reflective songs ending with some reports of listeners as to the problems identified as on workload, poor work conditions, as well as improvements that could happen.

The fifth stage with the evaluation was obtained successfully, at the general workers demonstrated satisfied with the intervention, had a better team integration, emerging even ideas to keep the community therapy once a month as a method to improve the interaction between the team and from there provide better care community. Showed fans the project undertaken since met the full team and noted a concern of the students as to the health of these disease and reinforced that this intervention is not anecdotal. Reported that they were renovated and motivated to work with more courage, as well as voiced phrases like "one morning we stopped is not lost but a time to recharge your energy to take care of themselves, to construct, deconstruct and reconstruct it from this power take care of the community is a caring for each other."

FINAL REMARKS

The greatest advances of the ESF are teamwork, promotion activities and prevention to health. But despite its power and its progress, the strategy is the contradiction of being at the same time, a policy of democratization of health services and certain cheapening of health practices for your worker.

Among the contributions that this proposed action brought in nursing students was the importance of listening and to meet the demands on the health-disease process of the ESF members, because from the first stage of the project starts listening to be cozy to be the most humane possible, therefore a strong strategy for the participation of all other education activities. Our learning through the words of some health workers they also need to be accepted by the local labor management and thus trigger a positive effect on quality of care to enrolled community.

As a teacher of Federal University of Reconcavo da Bahia our commitment is strengthened to carry the transforming

practice between the university and the community to which we have the partnership, in this case, health workers of primary care. The borders learning intervention in the reality of health care workers who take pleasure and suffering in the process of health care. So our job as a teacher is to go beyond the relationship between theory and practice is to contribute to the training of people able to look at yourself and the other from the context and the day to day work.

To punctuate still some limitations in the proposed: the departure of some professionals before the end of the activities and no part of the team reports; a worker who declined to participate in the project; the lack of physician during the month from August to October to make some referrals and high demands of the health service.

As a facilitator found on the action project was that we had a good team unity accession representing 93.75% of the total of the project participants; another plus point were employees in the project where there was a transdisciplinary work between HUF, CPESH, labor nurse, university; always working together and getting to obtain decisions and collective interests; another significant point was the possibility that the next stage of supervised groups 1 will continue this intervention project and from there be able to have the possibility of a continuous and progressive evaluation.

As students, we emphasize the importance of all professionals involved in improving the quality of life at work undertake encouraging the development of projects for the education of staff and participation. What will contribute to the formation of citizens aware of their role in society and the training of all professionals involved.

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Corresponding Address

Elaine Andrade Leal Silva
Rua travessa Viriato Lobo, 15
Bairro Cajueiro
CEP 44570-000 – Santo Antonio de Jesus (BA),
Brazil