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PSYCHOSOCIAL RISKS RELATED TO WORK: PERCEPTION OF NURSING PROFESSIONALS

RISCOS PSICOSSOCIAIS RELACIONADOS AO TRABALHO: PERCEPÇÃO DOS PROFISSIONAIS DE ENFERMAGEM

LOS RIESGOS PSICOSOCIALES RELACIONADOS CON EL TRABAJO: PERCEPCIÓN DE LOS PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: to analyze the perceptions of nursing workers, family health teams, about the presence of possible psychosocial risks in the performance of their work activities. **Method:** an exploratory study of qualitative approach, carried out in health facilities of Ceará/CE family. The research consisted of nurses and nursing technicians, totaling 10 professionals. Data collection consisted of a semi-structured interview, the testimonies of the participants were transcribed in full, after being subjected to content analysis. **Results:** the study showed psychosocial risks related to the work of family health teams, such as: lack of preparation and training; overload of roles; long working hours and insufficient material resources. **Conclusion:** it is emphasized that psychosocial risks in the workplace are potentially compromising worker welfare, with consequences for service and the assisted community. **Descriptors:** Psychosocial Aspects; Family Health Strategy; Nursing Staff; Stress.

RESUMO

Objetivo: analisar as percepções dos trabalhadores da enfermagem, de equipes de saúde da família, sobre a presença de possíveis riscos psicossociais no desempenho de suas atividades laborais. **Método:** estudo exploratório, de abordagem qualitativa, realizado nas unidades de saúde da família do Ceará/CE. A pesquisa foi constituída por enfermeiros e técnicos de enfermagem, no total de 10 profissionais. A coleta de dados constituiu-se de uma entrevista semiestruturada, e as falas das participantes foram transcritas na íntegra sendo, posteriormente, submetidas à análise de conteúdo. **Resultados:** o estudo revelou riscos psicossociais relacionados ao trabalho das equipes de saúde da família, como: falta de preparo e capacitação; sobrecarga de papéis; longas horas de trabalho e recursos materiais insuficientes. **Conclusão:** destaca-se que os riscos psicossociais no ambiente de trabalho são potencialmente comprometedores do bem-estar do trabalhador, trazendo consequências para o serviço e para a comunidade assistida. **Descritores:** Aspectos Psicossociais; Estratégia Saúde da Família; Equipe de Enfermagem; Estresse.

RESUMEN

Objetivo: analizar las percepciones de los trabajadores de enfermería, equipos de salud de la familia, la presencia de posibles riesgos psicosociales en el desempeño de sus actividades. **Método:** estudio exploratorio de enfoque cualitativo, llevado a cabo en unidades de salud de la familia de Ceará/CE. La encuesta estaba compuesta por enfermeras y técnicos de enfermería, para un total de 10 profesionales. La recolección de datos consistió en una entrevista semiestructurada, las palabras de los participantes fueron transcritas en su totalidad, siendo posteriormente sometido a análisis de contenido. **Resultados:** el estudio mostró los riesgos psicosociales relacionados con el trabajo de los equipos de salud familiar, tales como: falta de preparación y entrenamiento, sobrecarga, largas horas de trabajo y recursos materiales suficientes. **Conclusión:** se destaca que los riesgos psicosociales en el trabajo son potencialmente comprometer del bienestar del trabajador, trayendo consecuencias para el servicio y la comunidad asistida. **Descriptor:** Aspectos Psicosociales; Estrategia Salud de la Familia; Equipo de Enfermería; Estrés.

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INTRODUCTION

The Family Health Strategy (FHS) aims at the reorganization of primary care in the country, according to the precepts of the Unified Health System (UHS), and is taken by the Ministry of Health (MOH) and state and municipal managers, as strategy expansion, qualification and consolidation of primary care by encouraging a reorientation of the work process with the greatest potential to deepen the principles, guidelines and fundamentals of basic care, to expand the resolution and impact on the health status of individuals and communities, and provide a important cost-efetivity.¹ the guidelines and standards for the organization of basic care and FHS are governed by decree No. 2488 of October 21, 2011, which establishes attention of the Basic National Policy.²

In Brazil, Primary Care is developed with the highest degree of decentralization and capillarity occurring in the nearest of people's lives. It should be the preferred contact of users, the main gateway and communication center with all the Health Care Network. Therefore, it is essential that it be guided by the principles of universality, accessibility, link, continuity of care, comprehensiveness of care, accountability, humanization, equity and social participation.¹

The work of the family health teams is the key to the ongoing search for communication and exchange of experiences and knowledge among team members. Thus, in this care model, the team is the only producer of health services, in which each professional performs a given set of actions, separately, but seeking, constantly and continuously, to link them to actions taken by other agents.⁵

It is in the multidisciplinary team that the situations raised in the diagnosis of health must be addressed, valuing the sum of looks from different professionals who make up this team, obtaining thus a greater impact on the different factors that affect the health-disease process. Therefore, it is imperative that the structuring of work in the FHS, consolidates the principles of health surveillance, thus breaking with the medical centered dynamics.³

From the foregoing, it has been the nurse as an important member of the multidisciplinary team, which has played a growing field and social recognition of this professional, because they are an active component in the strategy consolidation process as integrative and humanizing health policy. It is perceived in this way expanding the visibility and looks on the practice of

these professionals, as the growing number of studies that address this theme.⁴

Thus, it is observed that multiple tasks are delegated to these professionals with a high degree of requirements and responsibilities, which, depending on the environment, work organization and preparation to play its role, can create stress for themselves, staff and the assisted community⁵. Therefore, professional experience in a family health team showed that, acting in the community, dealing with their problems closely, and the presence of various barriers to professional practice, in addition to difficulties in the development of industrial activities, expose workers to risks that may trigger occupational stress.

Occupational stress was conceptualized in 1978, specifically, in the case of perception, the worker, the imbalance between existing demands at work and their skill and / or ability to answer to them.⁶ They can be considered also a set psychological disorders or psychological distress associated with work experiences. So, this is caused by the problems caused in work.⁷

It is observed that stress arises from a reality, often contradictory to what is called for. While that requires professional preparation and training, a dispensable structure is not found in the workplace. Therefore, when contacting the patients themselves deal with the lack of human resources, work environment and favorable structure, factors that are incompatible with a performance of a competent and decisive humanized work.

Working in an environment where the structural conditions are minimal, insufficient material resources, the existence of various problems and with little resolution of power, makes the professional have a physical and mental strain, resulting in frequent absences and turnover of workers. Moreover, it is observed that the factors related to work, with regard to the organization, planning, implementation of activities and management of the work of family health teams, assuming exposure of its members to psychosocial risks in the workplace and judges if it is appropriate to direct this study to the knowledge of these aspects. Thus, this study aims to:

To analyze the perceptions of nursing workers, family health teams in relation to the presence of possible psychosocial risks in the performance of their work activities.

METHOD

An exploratory study with a qualitative approach, carried out in family health units located in a municipality in the state of Ceará / CE. The local health system is composed of three family health units and a reference hospital. In total there are two family health units in rural and in urban areas. Professionals working in these units are: doctors, nurses, dentists, nursing technicians, hygiene technicians in oral health and community health workers. The teams are maintained by the Municipal Health and qualified by the Primary Care Information System (PCIS).

Study participants were three nurses (Nurse) and seven nursing technicians (Tec), constituting a total of ten study participants. The characteristics for study participation were: being a nurse or nursing technician active in one of the three teams and more than a year of work, regardless of age, race, color, residence and who agreed to participate. The study lasted from November to December 2012. It was used as a technique for data collection, semi-structured interviews with the purpose of identifying psychosocial risks related to work, from psychosocial risk categories established by specialists.⁶

The approach of the participants took place in the workplace, in the range of the activities performed. On this occasion, members of the nursing staff were invited to participate in the study and were also provided all the information about the way in which the survey was conducted.

The speeches of the participants were transcribed in full, after being subjected to content analysis. In this sense, based on the material collected and the categories of psychosocial risks established, they were detached thematic units, as perceived by the participants of this research. At the stage of processing and interpretation, the data was organized, analyzed and interpreted in the light of the literature, the researcher experience and expertise of the interviewees.

The research project was submitted to the Ethics Committee of the State University of Ceará, was approved on 12 November 2008, with Opinion 08350098-7 FR 210 057, within the rules governing research with human beings, the Council national Health, Ministry of Health, Resolution No. 196 of October 10, 1996 of the national Health Council - Ministry of health.⁸

RESULTS

Identification	Age	Gender	Marital Status	Profession	FHS: rural are our urban	Time of service
1	44	Female	Single	Nursing Technician	Urban-Team 1	1 year and 6 months
2	36	Female	Married	Nursing Technician	Urban-Team 1	3 years
3	24	Female	Single	Nurse	Urban-Team 1	1 year and 2 months
4	46	Female	Married	Nursing Technician	Rural-Team 3	2 years
5	40	Female	Married	Nursing Technician	Rural-Team 2	2 years and 6 months
6	36	Male	Single	Nursing Technician	Rural-Team 2	3 years and 4 months
7	31	Female	Married	Nursing Technician	Rural-Team 3	2 years and 9 months
8	29	Female	Single	Nursing Technician	Rural-Team 2	1 year and 9 months
9	26	Female	Single	Nurse	Rural-Team 2	1 year and 1 month
10	26	Female	Married	Nurse	Rural-Team 3	1 year and 6 months

Figure 1. Characterization of study participants regarding sociodemographic data. Fortaleza /CE, 2008, Brazil.

It is noticed that professionals are relatively young and in full active and predominantly female life. Thus, it appears that nursing remains a profession characterized by the presence of women, because its essence comes from caring, activity in society was an essential role of women. An example of this is the fact that it is the second female profession in Brazil, second only to teaching.¹⁰ It is noticed that in

their integration into the labor market, having to reconcile the housework and working life. There is no doubt that in recent years women are increasingly present in the labor market and this global phenomenon has occurred in both developed and developing countries, and Brazil is no exception.

Today the profile of women is very different from the beginning of the century. Besides working and occupy positions of

responsibility as well as men, it coalesces the traditional tasks: being a mother, wife and homemaker. Working away from home is a relatively recent achievement of women.¹¹

When we analyzed the nurses professional service time, we identified a relatively short time of work in the institution. This shows the high turnover of professionals existing in this area and place, which leads to question the working conditions provided, housing sites since all nurses are residents of another municipality. Regarding technical, service time comprised a larger range, probably because of all the professionals being of the municipality residents and therefore can be settled with the working conditions, thereby experiencing a decrease in turnover rates in employment.

♦ Presence of psychosocial risks in labor activities

The psychic loads are observed when workers are subjected to constant attention and strict supervision, the pressure heads and other professionals, on overtime and on-call folds; lack of communication; tension; stress and fatigue; dissatisfaction; the fast pace of work; monotonous and repetitive work and also to factors such as the lack of creativity and autonomy and those that lead to abuse of alcohol and drugs, and the lack of articulation of collective defenses.¹²

Studies conducted by the International Stress Management Association - ISMA in nine countries pointed out the Brazilian workers are among the most stressed in the world in the category of burnout. Brazil is the second country where Burnout Syndrome is most mentioned, below only Japan. The term *Burnout* is a composition of *burn* = burning and *out* = outside, suggesting that the person with this kind of stress is consumed physically and emotionally, they are going to present an aggressive and angry behavior. It was observed originally in professions predominantly related to a more demanding interpersonal contact, among them nursing.¹³

From the analysis of the speeches, psychosocial risks were identified in work activities, among them: lack of preparation and/or training; overload of roles; working hours and insufficient material resources. Thus, thematic units were constructed from the interviewees' statements and risk categories established by the theoretical framework.

♦ Training of workers

Empowering is enabled to make the performance of a function, it is to qualify the person for a particular job. The importance of

vocational training to people's lives is the possibility of access to job opportunities, which in turn, have their characteristics modified every day¹⁴.

The transformations of the working world materialized in the provision of the public health services sector, through the constant need for workers adapting to diverse and complex situations present in the health situation, which in turn can trigger the professional stress.

The providers of health care institutions should have their defined goals and skilled workers to work in activities that concern them. For a better quality of care in the face of changes taking place in the health sector, which today require even a more humanized care, it is necessary that the institutions be concerned about the training of their professionals.⁵

Thus, this work is the element - key for the FHS to take place, and thus it is essential to make this content professional, motivated and trained, in order to improve their professional development.

Currently, the analysis of the labor market and the different areas of nursing work, it is clear, that professional competence is a basic requirement, since we live in the era of information and knowledge, seeking standards of excellence, reached- if better organizational results and increasing competitiveness.

The notion of competence enables the development of thinking nurses, capable of social critical reflection and choice of posture subject constructors of knowledge in, with, and for, professional nursing practice in different areas and social places that takes place.¹⁵

Thus, the formation of nursing professionals with a view to the proposals of the UHS, the FHS has an important commitment to reorienting the care model and health education an indispensable tool for autonomy of the subjects, the key to achievements and advances in relation to users- professionals, reflecting changes in treatment plans. Nurses training processes need to support new health education practices; especially in the development of technologies for the prevention and promotion practices in order to overcome the biomedical model.¹⁶

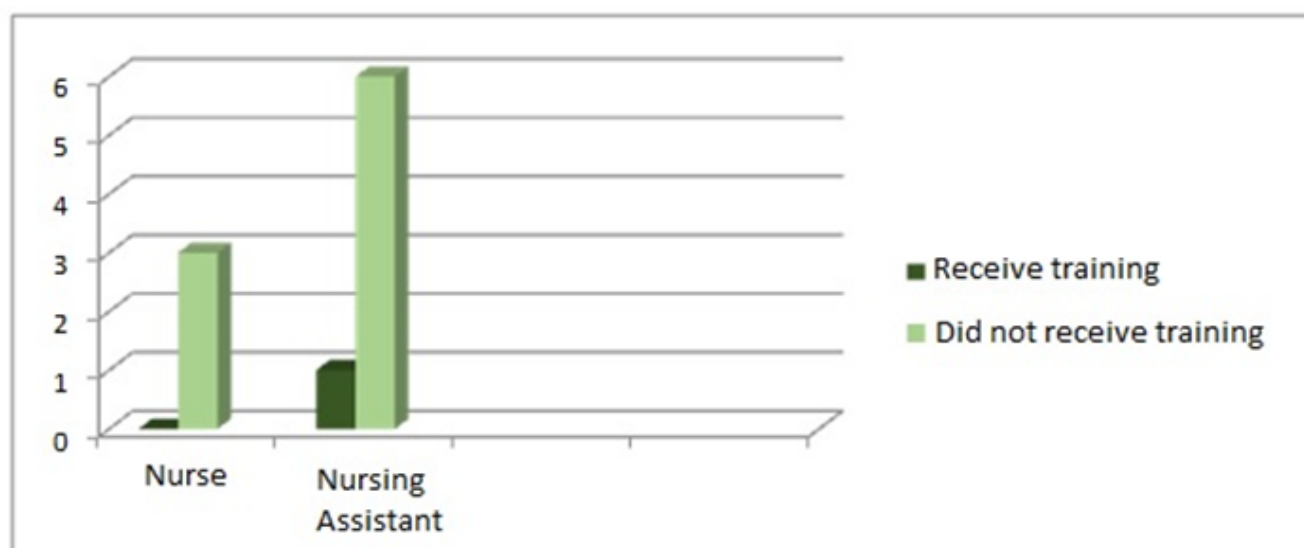


Figure 1. Training of active nurses in family health teams. Fortaleza /CE, 2008, Brazil.

During the interviews, the nursing professionals were asked to talk about the training provided to work in the FHS. It was found that most workers received no preparation or even training courses to work in certain areas. This shows a very present risk in our midst. Thus, it is observed that vocational training is an important aspect of providing assistance and necessary to all workers.

Of the respondents, it is identified that none of the nurses received preparation/training courses, while in relation to nursing technicians, only one of the respondents reported having done a training course.

In this sense, continuing education, beyond its obvious educational dimension, should also be seen as an important "management strategy" with great provocative potential changes in daily services in its micro, quite close to the actual effects of the health practices in the lives of users, and as a process that takes place "at work, for work and to work" ¹

From the interviews, note the lack of preparation/training to work in their respective roles.

[...] Well, as soon as I graduated I took over the family health program and before that I had just college knowledge, and to this day I have not received any guidance or training to work in my area, I look for information on my own account ... (Nurse - team 1)

[...] Look, I was not prepared to work in the health center, before I worked in the hospital and then they needed an assistant at the health center, the way was to go... and to this day I have never heard of training here (nursing technician - team 1).

Given the above, it is understood that the deficiency in the training of nursing of family health teams professionals should be eliminated as institutions promote training

through a lifelong learning process, because we know that nursing is fundamental to the functioning of program, and the lack of preparation for the development of their duties may harm not only the community but also to the very exposed professional.

♦ Overload of roles

The Family Health teams work is the key to the ongoing search for communication and exchange of experiences and knowledge among team members and those with popular knowledge of community health agents. The teams are composed of at least a general practitioner or specialist in family care or family doctor and community, general nurse or specialist in family health, assisting or nursing technicians and community health workers (CHW) and may add this composition as part of the multidisciplinary team, the oral health professionals. Each team should be responsible for up to 4000 people, with an average of 3000 recommended, respecting equity criteria.¹

The work process, the combination of working hours of professional teams and schedules and BHU of working days should be organized so as to ensure the widest possible access, the link between users and professionals, continuity, coordination and longitudinality of care.¹

International evidence beckons to the importance of the professional role of nurses in public health, both in the home space and within the Community or in community health centers. Nursing has the ability to operate creatively and independently, at different levels of health care, whether through health education, is the promotion or rehabilitation of the health of individuals. This process occurs particularly in the effort by raising critical situations and systematic intervention of a care plan, able to overcome the

fragmentation and ensure continuity and the resoluteness of care in health.¹⁷

In this context, it is observed that the nurse is an extremely important professional, along with the team, the construction of this new health care model, as it develops its assistance, management activities and supervises the nursing professionals and CHWs and it is technical reference for some vital sectors of the health center, as the immunization sector and the dressing, in addition to knowing the internal flow of health facilities, among other activities. Similarly, the nursing technician within its powers, it is essential for the fulfillment of nursing work and team as a whole.

Care management is an essential component of the paper that is covered in different rules of professional practice. It is a process of mobilization of human resources in the workplace. Thus, the role of the nurse manager is to lead and support carers and promote their visibility, and support premised on the work done by a team of nursing and relying on independent professional practice, expressed by a legal backing to enable it to take ownership with the decisions and actions of nursing.¹⁸

Thus, the analysis of discourse in the perception of respondents identified as psychosocial risk related to their role in the institution overload papers.

I get stressed with so much to do, besides giving account of attendance at the post, I have to do these home curatives ... which is often far and to complete there is no car, then I lose a lot of time (Nursing Technician - staff 1).

The nurse as always has many functions, as well as assisting the patient we also have to worry about the paperwork that the family health program requires ... that to me is exhausting, because at the end of the day I still have several roles to fill [...] we know that paperwork lies with only the nurse practically (nurse - team 1).

In this logic, the nurse begins to assume important functions as an educator, caregiver, consultant, headphone/identifier of community problems, articulator, integrator, planner and political interlocutor, giving variable forms the central axis of the work building.⁶⁻⁷

What can be seen is the overload roles reported by all the nurses of the three teams. It is known that the accumulation of functions poses several problems, both for the professionals exposed themselves as well as for the assisted community. Among the major problems, there is lack of time to perform

tasks properly, as well as the loss in quality of work.

Analyzing the statements of nursing technicians, it is emphasized that only the professionals who work at the station's headquarters is that they feel overworked, while others consider not having excess functions. This condition occurs due to an increased demand for care, as this is the reference for the majority of the population.

♦ Working hours

In addition to the burden of papers, the accumulation of tasks associated with the pace of work implemented in family health units can generate work overload that is a psychosocial risk⁶. In relation to this risk, the authors describe conditions of the working environment, as its scheme, generating burden on the worker. There are still related conditions such as work shifts and lack of flexibility, and excessive working hours.

From the analysis of the speeches, the presence of long working hours was observed. It notes that the workload was raised by all the professionals interviewed.

The job requires a lot and it is often necessary to continue the work at home ... (Nurse - Team 2).

Due to the great demand for care, sometimes we end up stretching a bit, especially in areas of difficult access, where the frequency of visits is less. (Nurse - Team 3).

Although the workload of the FHT work is 40 hours per week, the intense number of planned activities for professionals in specific nursing causes often, these workers do not fulfill their duties during the work, as is the case of nurses, they need to take work home with regard to bureaucratic issues. Therefore, this practice can generate a high level of anxiety in the work, since it refers to family matter too. This interface work/family is considered today as psychosocial risk for very important work.

As I work at the headquarters health center, I can say that I always end up working at home because the demand at the headquarters is high, in addition to the complexity of the cases and the issue of home visits that also takes time and is sometimes even impaired due to lack resources ... (Nurse - team 1)

The study revealed that respondents workers noticed an intense and diverse number of activities to be performed in their everyday occupation, requiring long hours of work for its realization. This may be one of interference factors in the relationship work/family as well as in professional

development. The accumulation of tasks associated with the pace of work implemented in units, is perceived by some nurses and nursing technicians as exhausting factor, which can lead to stress.

We nurses serve from children to adults, ie, we serve all the FHS programs, child care, prenatal care, cervical prevention, care for diabetes, hypertension, family planning, besides all this we still have home visits. There are many functions ... and obligations. We provide consultations at all levels, that is, we are 10 in 1. And ... to top it off our work is not yet recognized (Nurse - Team 1).

My day job gets to be exhausting, especially because I have to walk back to the community to make dressings, or check blood glucose levels, and the worst is that I will walk there is no car. When I arrive at the station, tired and late I still have a lot of work to do (Nursing Technician - Team 1)

The workload associated by respondents to long journeys, is a psychosocial occupational risk ⁶. It is observed by the testimonies a dissatisfaction of professionals, whether due to work overload, or lack of material resources. This leads us to reflect on personal issues, needs and valuation. These are issues that can trigger stress within and outside the workplace.

♦ **Material resources in the unit**

Psychosocial risk conditions identified in the literature and that are related to this thematic unit are the high demands and insufficient resources.

In the analysis of the interviews were identified as psychosocial risks, insufficient material resources for the activities of this care model. These could be causing physical and mental strain on workers.

Lack material here is constant, it is hard to work this way, so we end up doing what we can (Nursing Technician - Team 2).

The working conditions are not very good since there is not always the physical structure of the locations we serve at is right, sometimes we serve in schools and churches and there is not always transportation to the place (Nurse - Team 3).

It is known that, in the public sector, there is a lack of equipment and little control. The professionals have to deal with these issues every day, because the consequences fall on the work unit, not ruling out the possibility of harm to patients and workers. The scarcity with which you work in the health services ranges from material resources (permanent material and consumption) to dissatisfaction and drain of professionals.

The reality of the FHS shows, in practice, the lack of material resources influencing both in care and in interventions.

Routinely lack transportation to carrying out home visits in this way, many families are left without assistance, without care, even without medication. This situation saddens me because I know how much these people need it(Nurse - Team 2).

A recent study in the FHS professionals showed dissatisfaction results like this. The survey revealed that the items that make up the material resources reflect the beliefs that professionals have about the availability of inputs for carrying out their work, as well as vaccines, drugs and contraceptives to distribute to users. It was found that 23.3% of professionals said that material resources are "never" or "rarely" available. More specifically, 36.8% of respondents said they do not have gauze, and 59.8% of professionals said they have no remedies available to the community.¹⁹

Nursing has expanded its space in the health area, which allows its essential characteristics to remain with the technological changes. But you can see that their practices include health planning, the solvability of services, extramural activities in the pursuit of comprehensive care. But the lack of support staff and system can be seen as points that deserve attention, prompting reflections directly linked to the work process in health.²⁰

The evaluation of the role of demands or environmental stimuli in stress responses is growing in investigations of work-related stress. Stress is produced in situations whose demands exceed the capacity of the individual to respond to stimuli, thus, this theory is based on the evaluation of the responses of the body to the demands of the external environment, ²¹. So it is clear that much remains to be done in the field of health and that it is for professionals working in services, as well as managers, not just reflecting on this theme, but take responsibility as employees of this change process.

FINAL REMARKS

The ESF is a new tool taken by MH for the reorganization of primary health care. For the implementation of this practice assistance, structuring professional groups that meets people's needs and act taking into account social, economic and biological clientele is required.

The nursing team takes on multiple tasks with a high level of care and responsibility, for which, depending on the environment,

organization and planning of work, training and preparation of these professionals to play their role, exposes the psychosocial risks that can lead to stress.

Psychosocial risks were identified in the work, such as: lack of preparation and training; overload in roles; long working hours and insufficient material resources. These risks are routinely present in the workplace, may compromise the health not only of workers but also of the whole community attended.

It appears that the identified psychosocial risks are factors that hinder the activities recommended by the MH, because through their perceptions and experiences they can influence workers' health, performance and job satisfaction. Therefore, measures should be taken to avoid and/or minimize the occurrence of such risks thus providing better performance of industrial activities.

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