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ORIGINAL ARTICLE

WORK, SICKNESS AND MANAGEMENT: THE USE OF THE ANEROID EQUIPMENT TRABALHO, ADOECIMENTO E GESTÃO: A UTILIZAÇÃO DO APARELHO ANEROIDE TRABAJO, ENFERMEDAD Y GESTIÓN: LA UTILIZACIÓN DEL APARATO ANERÓIDE

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ABSTRACT

Objective: to analyze the use of aneroid sphygmomanometer equipment by nursing technicians. **Method:** qualitative study, of the descriptive type, with nine nursing technicians. A semi-structured questionnaire was used, with data transcribed and analyzed using the Content Analysis technique. **Results:** after the analysis of the speech, the following categories emerged "The routine sickens the worker"; "In the blacksmith's house, the skewer is made of wood" and "The House Saint does not work miracles". A worker is affected by the lack of compliance with the worker's health policy in which an ergonomic intervention is necessary. **Conclusion:** the worker understands his rights, but, somehow, does not require them in relation to improvements in working conditions. As for the management institution, it is necessary to adopt improvement measures and absorb the participation of the workers so that the necessary changes in their work scenario happen. And it is necessary to replace the aneroid apparatus with digital for the benefit of the worker's health. **Descriptors:** Occupational health; Occupational Health Nursing; Health Centers; Occupational Risks; Health Personnel; Occupational Health Policy.

RESUMO

Objetivo: analisar a utilização do equipamento de esfigmomanômetro aneroide pelos técnicos de Enfermagem. **Método:** estudo qualitativo, do tipo descritivo, com nove técnicos de Enfermagem. Utilizou-se um questionário semiestruturado, com dados transcritos e analisados pela técnica de Análise de Conteúdo. **Resultados:** após a análise das falas, emergiram as categorias "A rotina adoecce o trabalhador"; "Em casa de ferreiro, o espeto é de madeira" e "Santo de casa não faz milagre". Percebe-se um trabalhador adoecido pela falta do cumprimento de política à saúde do trabalhador em que se faz necessária uma intervenção ergonômica. **Conclusão:** o trabalhador entende dos seus direitos, mas, ainda sim, de alguma forma, não os requer em relação às melhorias nas condições de trabalho. Quanto à instituição gestora, cabe adotar medidas de melhorias e absorver a participação dos trabalhadores para que aconteçam as devidas mudanças no seu cenário de trabalho. E se torna necessária a substituição do aparelho aneroide pelo digital em benefício à saúde do trabalhador. **Descritores:** Saúde do Trabalhador; Enfermagem do Trabalho; Unidade Básica de Saúde; Riscos Ocupacionais; Pessoal de Saúde; Política de Saúde do Trabalhador.

RESUMEN

Objetivo: analizar la utilización del equipo de esfigmomanómetro aneroide por los técnicos de Enfermería. **Método:** estudio cualitativo, del tipo descriptivo, con nueve técnicos de Enfermería, se utilizó un cuestionario semiestructurado, con datos transcritos y analizados por la técnica de Análisis de Contenido. **Resultados:** después del análisis de las conversaciones, surgieron las categorías: "La rutina enferma al trabajador"; "En casa de herrero, el asador es de madera"; "Santo de casa, no hace milagro". Se percibe un trabajador enfermo por la falta del cumplimiento de política a la salud del trabajador en que se hace necesaria una intervención ergonómica. **Conclusión:** el trabajador entiende de sus derechos, pero sí, de alguna forma, no los requieren en relación a las mejoras en las condiciones de trabajo. En cuanto a la institución gestora, cabe adoptar medidas de mejora y absorber la participación de los trabajadores para que ocurran los debidos cambios en su escenario de trabajo. Y se hace necesaria la sustitución del aparato aneroide por el digital en beneficio de la salud del trabajador. **Descritores:** Salud Laboral; Enfermería del Trabajo; Centros de Salud; Riesgos laborales; Personal de Salud; Política de Salud Ocupacional.

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INTRODUCTION

This study emerged from the interest of the researchers during the practical activities of graduation in the health units when observing the work of Nursing workers in the sorting and reception room. Positive stances, type of equipment and repetitive movements were refined, and scientific evidence was obtained by reading articles about the occupational risks that the performance of the blood pressure checking activity could generate, in the long-term health of workers.

The repetitive movements are part of the routine of several professional categories. For some authors, occupational diseases in general are predictable and preventable complications. The adoption of inappropriate, repeated and / or prolonged postures due to the characteristics of equipment, materials and furniture is a factor that can affect the physical and mental health of these workers. In the daily routine, professionals usually handle the aneroid sphygmomanometer for the measurement of blood pressure. This activity may, in the course of time, compromise professional performance in several aspects, since there are no measures to prevent and protect the health of the worker at the place searched and, in addition, there is still the overload of the high demand.¹

It is observed that the procedure is performed for many times in their work day and for years in a row. Some authors have studied health and work relations as an illustrative model of the iniquities manifested in the musculoskeletal system, in relation to exposure to risk factors and their effects, a major cause of temporary and permanent withdrawal.²

Thus, the following concerns arise: What is the role of the State in preventing the health of the nursing professional worker under the impacts generated by the use of the aneroid sphygmomanometer? The consistent use of conventional devices (aneroid sphygmomanometer) for blood pressure measurement may compromise the health of the nursing professional?

It was observed the Nursing technicians in the performance of this function in a Municipal Health Unit of the Municipality of Belém with the scientific support and the ergonomic logistics behind the technique of handling the aneroid sphygmomanometer.

Such measurement was a previous measure in all consultations for the purpose of monitoring, controlling and preventing diseases related to Systemic Arterial

Hypertension, one of the ways of taking care of the users' health. However, it is noticed that, when taking care of the health of others, the Nursing professional harms his or her own health.

OBJECTIVES

- To analyze the use of aneroid sphygmomanometer equipment by nursing technicians;
- To identify the understanding of the nursing technicians about the sickness due to the use of the aneroid sphygmomanometer.

METHOD

Qualitative, descriptive study using a semi-structured questionnaire. The scenario of the chosen study is the screening room and anthropometric measurements of the Municipal Cremation Health Unit - Belém Municipality / PA founded to attend the residents of the neighborhood from the perspective of prevention, promotion and treatment of health. The participants of this research were Nursing technicians who work in the triage room of said Municipal Health Unit.

The selection criteria adopted were: to be a Nursing professional with experience of more than 12 months in the primary care service and not to be a Nursing student in a supervised stage. The data collection was done by means of observation and individual interview, using the questionnaire with personal information, by means of a Free and Informed Consent Term and with the proper authorization of the institution following the Norms of Resolution 466/2012 of the National Council and CAAE: 75575617.9.0000.0018.

The accomplishment of this research was in three phases: observation of the routine of work of the professional of the triage room; characterization of the participants of the research regarding sex, age, marital status, time of action, daily work and activity in another establishment and application of semi-structured questionnaire with open questions.

The collection method used was the audio-recording, transcription and subsequent analysis of content by themes³, which consists in discovering the sense nuclei that make up a communication whose presence or frequency means something for the intended analytical objective. In order to preserve the privacy of study participants, we chose to use codes according to the components of the aneroid sphygmomanometer and stethoscope: cuff,

pear, olives, bellman, manometer, cuff, valve, tube and needle.

RESULTS

For the accomplishment of this research, nine nursing technicians collaborated, being seven women and two men. This demonstrates how the professional activity of Nursing has been deeply socially linked to roles considered as feminine. Regarding age, it was observed that the age range varied between 29 and 54 years. As for the daily workday, it varied from six to 18 hours. As for another employment relationship, five interviewees have one.

◆ Routine sickens the worker

This category emerges from the need to discuss the situation of ergonomics and work environment that Nursing workers face in their daily practice. It can be noted, in the statements of the interviewees, regarding the type of equipment.

I only use the pressure device on my night scale in the other job (Oliva)
When it has the digital one we use, when it does not have the same conventional (Tube)
The two of us use the two devices (Needle)

It is observed the predominance of the use of the aneroid sphygmomanometer by eight Nursing technicians from the health unit surveyed, being that only one uses this equipment and the digital one. In addition, they emphasize the availability of only one sphygmomanometer in the screening room.

Most striking in this study is the number of times that workers handle the aneroid apparatus, ranging from 15 to 50 times a day.

Some days I check up to 15 times (Olive)
We check the pressure of everyone, because they have to pre-consult, and we also check weight, temperature, breathing (Campanula)
I think more than 40 times a day. All of the consultation pass here, besides the spontaneous demand (Manometer)
It is common to check blood pressure in patients (Clamp)
13 to 15 times, depending on the flow (Valve)
Depends on the clientele here, a 15, do everything right (Tube)

As if it were not enough, they still perform this activity on foot and with the body curved for the patient who is sitting in the chair. This fact was mentioned by a nursing technician as being a posture that generates health problems.

Standing, right, I stand! (Sleeve)
Standing. And that gives me low back pain, because we get a little crooked (Valve)
My upright position (Oliva)

In the blacksmith's house, the skewer is made of wood

The reports show that one interviewee points out lumbar and cervical discomfort and four workers refer to wrist problems.

I even had a wrist injury for repetitive effort and I was away for more than 6 months, doing rehabilitation and physiotherapeutic treatment (Oliva)
Due to inflating quite often, every day, we feel pain in the shoulder and wrist. I had to stay attested for 10 days (Mangote)
Very handy, because I am a carrier of Carpal Tunnel Syndrome (Campanula)

It is observed that the worker needs to perform the treatment and this often requires a recovery time. For this, the professional should move away from work activities for a certain time and communicate to management about the health problem presented. In this survey, of the nine interviewees, only three reported having reported to the management about the problems mentioned above. It is known that two had temporary removal and one had no response whatsoever.

Yes, they know about my problem. But no initiative (Campanula)
Already, but as they say that this is an activity of the technician, we have to do. For they claim that when we rendered the contest, we knew of the risks (Manometer)
At the time, yes (Tube)

◆ The House Saint does not work miracles

As a child, people are sometimes heard saying, "Saint from home does not do a miracle." This saying makes inference about something that is being done or living, but there is no reciprocity. In a clearer and more real example, it's like the workers who participated in this study. When questioned about the health care they receive, seven said they have a health care plan and two said they seek their own means (UHS or private) when necessary, a fact confirmed in the following statements.

Yes, I have two public health plans. But I turn first to my orthopedic friend in private (Oliva)
Yes, I have a private plan (Pear)
The city hall gives our plan, the IPAMB and the State also gives us. And when I need to go on my own, they do not solve (Campanula)
Yes, but I go behind the doctor without the unit knowing (Manometer)
I have health assistance from the State and Municipality, usually I use the State (Clamp)

It is understood that this process happens through a two-way street where the worker must impose himself to be part of this process

of changes and construction of his own quality of life. It is necessary to work together in order to promote the promotion of an area where rights are respected. When this happens, it also implies the improvement of the service that the worker offers.

DISCUSSION

It is identified the lack of knowledge by the nursing technicians of the deleterious effects of checking blood pressure with the aneroid apparatus to worker health such as otitis and carpal tunnel syndrome.

Although there is a digital device with a similar price to the aneroid on the market, it is not found in the researched unit, denoting the employer's lack of concern about replacing the manual device with digital because the professional does not need to inflate repeatedly a day or risk of using the stethoscope. It is an investment that would generate less expenses for the treatment of workers, as their quality of life would be preserved and, as a result, it would influence the quality and agility of care, and thus fewer clusters of users in the triage room of basic health units.

For some authors, the practice of the nursing professional is based on caring for others and forgetting self-care, associated with the lack of changes in the Nursing work scenario, shows that this professional did not obtain the necessary qualifications that subsidized good practices in the accomplishment of the worker activities.⁴

The non-communication to the management and the non-collection of investment in digital devices also happen due to the need for clarification and organization of the category.

Another author concludes with regard to this lack of work organization, which entails ergonomic and psychosocial risks attributed to this bad attitude adopted in his work routine, as well as the comfort in fulfilling the job, which often leads the worker to become ill and need to move away or be relocated to another service sector.⁵

It is at this moment that management should intervene in the process of organization of work in Nursing in order to meet the needs of the worker and reduce the impacts caused by this constant adaptation to the environment. And, in that way, it would increase the quality of life of this worker by promoting improvements in the work environment. It is understood that the employer will not intervene while the Nursing activities are being performed to the

satisfaction, because this is the logic of capitalism.⁶

It was also recorded the removal of workers due to the discomfort caused by the aneroid apparatus. Two of the interviewees developed Carpal Tunnel Syndrome and the other three reported that they stopped exercising other daily activities due to the discomfort generated by the aneroid apparatus.

This syndrome occurs due to hypoxia in nerve tissue caused by a median nerve pressure resulting in decreased carpal tunnel space.⁷ And this, in turn, impacts the health of the worker due to the work incapacity that can happen if not treated in time.

The sickness and the consequent removal of a worker compromise the health of others of workers due to an overload in the attempt to fulfill the demand of work. Therefore, others will get sick and management will not take action.⁵

This would be an indicator of alert to the management as the time to begin to happen improvements, but, in reality, there is little change in the organization of the work to prevent damages to the health of the other workers who do not have complaints.

Historically, the exchange of the labor force for material goods has been won by those who hold such goods. Thus, the Nursing worker is at the mercy of those who control the exchange process. Some authors compared Taylorism where the worker has little importance in the production process. Note the existence of the Regulatory Norms of the Ministry of Labor (RN) that require the health service to adopt occupational safety measures.⁴

This fact corroborates an author who invites reflection: "How to promote the offer of humanized care to the users of a health service, if the Nursing workers themselves do not feel that they are treated with humanization?"⁸

Instinctively, this leads us to search for a solution to the problem, in which it must be verified in what way this maintenance is happening the quality of life of the worker.

CONCLUSION

From now on, the worker of the unit surveyed understands his rights, even if not yet in its entirety, but it should be noted that work without a temporary employment bond intimidates the worker in search of better working conditions for fear of possible retaliation.

It is up to the management institution to adopt improvement measures and absorb the

participation of workers as the most qualified people to propose the appropriate changes in their work scenario, adopting participative management models in which the employee is considered as participant, instead of the theoretical models of traditional and classical administration, incorporating good practice in the service, considering that health is not a commodity to pay attention to production and demands. You have to take care of the health of those who work for the health of others. It is very important to create this bond of reciprocity and affection. Well-managed and well-trained professionals are able to perform their activities efficiently and effectively.

It is suggested that there be an evaluation on the use of another device such as digital, which would minimize the health problems mentioned as findings of this research. Note the importance of worker empowerment so that, in this way, fight, question and claim less disabling devices, rotation of activities, among others. This is why this work will be sent to the class organs, in this case the Regional Nursing Council and the Federal Nursing Council, so that there is a strengthening of this struggle for the health conditions of the worker, putting pressure on administrations in the acquisition of adequate technologies in the development of professional activities.

Finally, it is left to the scientific community a possible continuation of this study since it is necessary to investigate more about worker's health, with suggestions for the organization of the Nursing work process and consequent optimization of the service, reduction of occupational risks and promotion of the quality of life of nursing professionals.

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