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WORK AND HEALTH CONDITIONS OF COMMUNITY HEALTH AGENTS

CONDIÇÕES DE TRABALHO E SAÚDE DE AGENTES COMUNITÁRIOS DE SAÚDE

CONDICIONES DE TRABAJO Y SALUD DE AGENTES COMUNITARIOS DE SALUD

Juliana da Silva Oliveira¹, Adriana Alves Nery²

ABSTRACT

Objective: to identify scientific productions that demonstrate how working conditions influence the health of community health agents in Brazil. **Method:** it is a bibliographical study, integrative type review of articles published from 2002 to 2016, in English, Spanish and Portuguese languages, entered in the Virtual Health Library database was performed reading the titles, abstracts and complete articles that met the proposed objective. The results were presented in figure form. **Results:** we selected 20 articles that were evidenced, from the analysis of the articles, various forms of illness, both physical and psychic. Work conditions were intimately related to the impairment of the quality of life of these workers and to exposure to illnesses and diseases. **Conclusion:** it is pointed out the need for immediate interventions in the working conditions of the community health agent, by the managers, aiming at reducing the morbidity and mortality of these health professionals. **Descritores:** Occupational Health; Health Personnel; Community Health Workers; Working Conditions; Health Status; Multimorbidity.

RESUMO

Objetivo: identificar as produções científicas que demonstram como as condições de trabalho influenciam a saúde dos agentes comunitários de saúde do Brasil. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa, de artigos publicados no período de 2002 a 2016, nos idiomas inglês, espanhol e português, inseridos na base de dados da Biblioteca Virtual em Saúde. Realizou-se a leitura dos títulos, resumos e artigos completos que atendessem ao objetivo proposto. Apresentaram-se os resultados em forma de figura. **Resultados:** selecionaram-se 20 artigos que se evidenciaram, a partir da análise dos artigos, diversas formas de adoecimento, tanto de ordem física, como psíquica. Relacionaram-se intimamente as condições de trabalho ao comprometimento da qualidade de vida desses trabalhadores e à exposição aos agravos e doenças. **Conclusão:** aponta-se a necessidade de intervenções imediatas nas condições de trabalho do agente comunitário de saúde, por parte dos gestores, visando à redução da morbimortalidade desses profissionais de saúde. **Descritores:** Saúde do Trabalhador; Trabalhadores da Saúde; Agente Comunitário de Saúde; Condições de Trabalho; Condições de Saúde; Multimorbidade.

RESUMEN

Objetivo: identificar las producciones científicas que demuestran cómo las condiciones de trabajo influyen la salud de los agentes comunitarios de salud de Brasil. **Método:** se trata de un estudio bibliográfico, tipo revisión integrativa, de artículos publicados en el período de 2002 a 2016, en inglés, español y portugués, insertados en la base de datos de la Biblioteca Virtual de Salud. Se realizó la lectura de los títulos, resúmenes y artículos completos que atendieran al objetivo propuesto. Se presentaron los resultados en forma de figura. **Resultados:** se seleccionaron 20 artículos que se evidenciaron, a partir del análisis de los artículos, diversas formas de enfermedad, tanto de orden físico, como psíquico. Se relacionaron íntimamente las condiciones de trabajo al comprometimiento de la calidad de vida de esos trabajadores y a la exposición a los agravios y enfermedades. **Conclusión:** se señala la necesidad de intervenciones inmediatas en las condiciones de trabajo del agente comunitario de salud, por parte de los gestores, objetivando a la reducción de la morbimortalidad de esos profesionales de salud. **Descriptores:** Salud Laboral; Personal de Salud; Agentes Comunitarios de salud; Condiciones de Trabajo; Estado de Salud; Multimorbilidad.

¹Master, State University of the Southwest of Bahia / UESB. Jequié (BA), Brazil. Email: juli.silva.oliveira@gmail.com
ORCID iD: <https://orcid.org/0000-0002-8233-5802>; ²PhD, State University of the Southwest of Bahia / UESB. Jequié (BA), Brazil. Email: aanery@gmail.com ORCID iD: <https://orcid.org/0000-0002-1093-1437>

INTRODUCTION

It is known that health work is permeated by live work in the act, which is expressed by the relationships, which is always a collective act and aims at the construction of care with the user. It is necessary, for health work to come to fruition, the existence of three interrelated technological strands: hard technology, light-hard technology and light technology.¹

It is pointed out that this live-in-work, which is work in health, can constitute, for these workers, a source of pleasure, as well as suffering, leading them to illness. It is understood that work happens in the existence of the activity triad, working conditions and results of activity.² It should be emphasized that, often, one of the tripods of this triad, working conditions, is not conducive to the realization of professional activity, allowing workers to be exposed to various risks in the work environment.

Among these health workers, the community health agents (CHA), who, because they are inserted and work in the community in which they live, are exposed to several factors that lead to overload at work, such as working conditions salary, gender, marital status, family / community interface, interpersonal relationship, emotional load, stress, unhealthy environments, pressures, demands, and meeting goals.³⁻⁴

It should be emphasized that the management of the Taylorized work in which these workers work, the Family Health Strategy (FHS), the inadequacy and insufficiency of human and material resources to perform daily work can contribute to the physical, cognitive and affective, as well as stress, frustration and insecurity,⁵ which, therefore, may make the work of CHA a means of acquiring comorbidities.

In studies, the impact of work on the life of the CHA is pointed out. In an integrative review study, several forms of illness in CHA have been demonstrated, including circulatory, muscular, infectious diseases, common mental disorders (CMD), stress, professional exhaustion syndrome, depression, anxiety and fear.⁶ It was revealed in another study that 42% of the CHAs surveyed reported a health problem, highlighting diseases of the circulatory, musculoskeletal and connective tissue, and 16% referred to CMDs.⁷ It was verified in another study that 35.7% of the informants reported having some comorbidity, and the most frequent complications were hypertension and heart and kidney diseases.⁸

Despite this situation, these findings are still inconclusive and often scarce, and further studies are needed to identify the relationship between work and health of these health workers in order to provide the work of the CHA's in the face of the existing gaps in this field of knowledge. It is argued that this would enable managers, managers and other health policymakers to use better tools to improve the development of their effectiveness and organization, including proposals for coping, reorganization and appropriate adjustments for performance compatible with the level required by the Ministry of Health, Unified Health System (UHS) and FHS, favoring the achievement of changes in work, in order to promote a better quality of life for the CHA's and, consequently, for the community that is under the responsibility of these workers.

It should be emphasized that the discussions regarding the working and health conditions of community health agents express their relevance, since these workers are the link between the community and the health unit. Therefore, it is necessary to understand how the work affects the health / illness process of these workers, to seek elucidation of issues related to caregivers that help in the operationalization of prevention, promotion and rehabilitation of community health.

OBJECTIVE

♦ To identify the scientific productions that demonstrate how working conditions influence the health of community health agents in Brazil.

METHOD

It is a bibliographical study, an integrative review, that aimed to identify the scientific productions that demonstrate how working conditions influence the health of community health agents in Brazil.

Bibliographic information was obtained through the search of the Virtual Health Library (VHL) database, which groups the scientific productions of other databases, such as Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), MEDLINE, among others.

In order to respond to the objective proposed in this study, the steps that constitute the integrative review were followed: establishment of the study problem, through the formulation of the guiding question; realization and definition of the

criteria for inclusion and exclusion of articles; characterization of the studies, defining the information that will be collected, using clear criteria, having a guiding instrument for the collection of information; analysis of the results found, seeking similarities and conflicts on the proposed theme, and presentation and discussion of the results obtained.⁹

Data collection was performed in February and March 2016, using the Health Sciences Descriptors (DeCS), combined with Boolean operators OR or AND: community health agents, working conditions and health conditions. The inclusion criteria were: articles that dealt with the theme proposed in the study; published in Portuguese, English or Spanish, from 2002 to 2016; available for online reading; publications in national and international journals and indexed in the VHL database.

In order to perform data collection, a guiding instrument was used to systematize data on publications (title, author, year, periodical, study objectives, methodology, main results concerning the working conditions and health of community health agents).

54 articles were found, of which eight were repeated, remaining 46. Twenty articles were selected after reading the articles, remaining the same amount after reading the article in its entirety, the adequacy of inclusion criteria of the study and the fulfillment of the proposed objective, according to figure 1.

The included studies were classified by the level of evidence, namely: level one - meta-analysis of multiple controlled studies; level two - individual experimental study; level three - a quasi-experimental study, as a study without randomization with a single group before and after the test, case-control or time series; level four - non-experimental study, such as descriptive and qualitative research or case studies; level five - report of cases or data obtained in a systematic, verifiable quality or program evaluation data; level six - authorities' opinions based on clinical competence or opinion of expert committees, including non-research based information.¹¹

After the data collection, the corpus was constituted, analyzed exhaustively, being compared and grouped by similarity of the content. It was based the discussion of the results presented in the literature pertinent to the proposed theme.

Figure 1. Flowchart of the study selection. Jequié (BA), Brazil, 2016.

RESULTS

The bibliographic research was carried out between February and March 2016, the

articles found and selected are in Portuguese and English, in the VHL database, published between 2002 and 2015, with a total of 20 publications, shown in figure 2.

Year	Title	Author	Journal	Methodology	Level of evidence
2015	Occupational risks and injuries: perceptions of community health agents	Gomes, Lima, Feitosa, Pontes Netto, Nascimento, Andrade	Journal of Research Fundamental Care Online	Qualitative research, descriptive and exploratory	IV
2015	Work capacity, musculoskeletal symptoms and quality of life among community health agents in Uberaba, Minas Gerais	Paula, Marcacine, Castro, Wals	Health society and	Field research with cross-sectional design and descriptive character	IV
2014	Labor stressors in community health agents	Santos, Varga, Reis	Psychology journal: Organizations and work	Survey	IV
2014	The community health agent as a resident, worker and user in São Carlos, São Paulo	Menegussi, Ogata, Rosalini	Work. Educ. Health	Qualitative research	IV
2013	Factors associated with the quality of life of Community Health Agents	Mascarenhas, Prado, Fernandes	Science and Collective Health	Cross-sectional study	IV
2013	Relationship between voice and work disorder in a group of Community Health Agents	Cipriano, Ferreira, Servilha, Marsiglia	Co DAS	Quantitative study	IV
2013	The work of community health agents in evidence: an activity-focused analysis	Binda, Bianco, Sousa	Health society and	Qualitative research	IV
2012	Forms of illness by the work of community health agents and management strategies	Camelo, Galon, Marziale	Journal of nursing UERJ	Integrative review	V
2012	Musculoskeletal disorders in workers in the health sector of Belo Horizonte, Minas Gerais, Brazil	Barbosa, Assunção, Araújo	Public Health Boo.	Cross-sectional study	IV
2012	Musculoskeletal pain and quality of life in community health agents	Mascarenhas, Prado, Fernandes	Rev Pública Salud	Cross-sectional descriptive-analytical study	IV
2012	Psychological distress of community health agents and their relationships with work	Rosa, Bonfanti, Carvalho	Health society and	Qualitative research	IV
2011	Burnout syndrome in community health agents: aspects of their training and practice	Maia, Silva, Mendes	Bras. Jour. Occ. Heal.	Theoretical reference research	V
2010	The community health agent in the family health strategy: an investigation of working conditions and quality of life	Ursine, Trelha, Polo, Nunes	Bras. Jour. Occ. Heal.	A descriptive, cross-sectional study with a quantitative approach	IV
2010	Satisfaction and limitation in the daily work of the community health agent	Oliveira, Chaves, Nogueira, Sá, Collet	Electronic Journ. Nurs[Internet]	Qualitative research	IV

2009	The work of the community health agent: factors of overload and coping strategies	Wai, Carvalho	Journ. UERJ	Nurs.	Qualitative exploratory approach	IV
2009	Community health agent: perceptions in family health strategy	Santana, Vasconcelos, Martins, Barros, Soares, Dutra	Cogitare Nurs		Descriptive, qualitative, phenomenological inspiration	IV
2009	Subjective aspects of living and working in the same community: the reality experienced by the community health agent	Jardim, Lancman	Interface		Qualitative research action research	IV
2008	Risk assessment in the work of community health agents: a participatory process	Nascimento David	Jour. Nur. UERJ		Methodological triangulation	IV
2008	Evaluation of the quality of life of the community health agents of Lagoa Santa MG	Vasconcellos, Costa-Val	PHC Journ.		Cross-sectional study, descriptive and analytical	IV
2007	Vulnerability and suffering in the work of the community health agent in the Family Health Program	Martines, Chaves	Scho. Journ. USP	Nurs.	Qualitative research	IV

Figure 2. Distribution of publications related to work and health conditions of the CHA's, from 2007 to 2015. Jequié (BA), Brazil, 2016.

It is pointed out that the published articles are from national magazines and some with international coverage. The most frequently used keywords are selected in the selected articles: community health agent; Worker's health; occupational health; health personnel; work conditions; family health program; stress; mental health; work overload; risk factors and quality of life.

The objectives of the study were presented in a clear way, which made possible the understanding, as well as the selection of the articles. It is known that the main objectives were the evaluation of work capacity, work process, working conditions and quality of life, musculoskeletal and musculoskeletal symptoms, stress assessment, physical and psychological symptoms, association between the occupational factors and the health and the forms of illness of the CHAs.

It was identified, when analyzing the type of methodological approach used in the selected articles, that thirteen articles had a qualitative and eight quantitative approach. We highlight the methods used, referring to the qualitative methodological approach: descriptive; exploratory; theoretical reference; phenomenological; methodological triangulation; action research and integrative review. Descriptive and analytical types were found in the quantitative studies, which used

the cross-sectional and survey methodological delineations. It should be emphasized that, although there is a convergence of studies regarding the qualitative approach, the object of study analyzed here can be weighted by the different types of studies.

Work x health of community health agents

It is pointed out that there are several ways that CHA can lead to suffering and / or illness; among them, the political-administrative discontinuity, the lack of recognition of their functions, the lack of recognition of work, the valorization of work, the need to improve work-related training, the demands of the unmet population, among others.^{3,11-4}

It is known that, daily, the CHA's are exposed to occupational risks in the development of their work activities. It is pointed out that the CHA work in unhealthy environments, since several urban areas have a history of violence, mainly assaults, rapes, drug trafficking, homicide, prostitution, illness, misery and death, which may lead to awakening feelings such as frustration and impotence, as well as health risks.¹⁴⁻⁸

The authors point out the risks related to the exercise of this profession and, among them, the professionals identify the physical risks, such as solar irradiation, since the external work causes the CHA's to be exposed to the climatic conditions in their day day,

which could lead to the development of skin cancer, as well as the risks of contact with infectious diseases, such as leprosy and tuberculosis, and attacks on animals, such as dogs, during the exercise of their profession and at home visits.¹⁷⁻⁸

It is pointed out in studies that the fact that they reside in the same community where they work facilitates the creation of the bond and the development of activities, and can be considered a non-stressful work,^{14,19} however, the fact that the CHA's reside in the same area that users are continuously being sought in their homes to perform assignments outside of work hours, often engaging emotionally with community social problems and even personal ones, making the workload worked longer than as recommended by the Ministry of Health, which would be 40 hours per week.^{11-2,14,16,18-21}

It was found in a theoretical reference study that aimed to analyze the manifestation of Burnout in CHA's, that the fact of exercising a link function between the team and the community, the physical and emotional proximity with the population and the direct contact with the problems of the territory are potential sources of stress that could lead to repercussions such as the appearance of diseases.¹³

It is revealed, in studies, that these professionals have an overload of work, since they develop other duties that are not within their competence, such as administrative functions, reception and nursing care, in addition to a large number of families,^{12,14,18,21-2} and it may be considered that, due to their attributions, time is insufficient to carry out their activities.¹⁸

Another point is related to these attributions: the shelter implemented from the National Program for Improving Access and Quality of Primary Care (PMAQ) in the Family Health Units (FHU). It is evaluated that the host proposal as an organizational guideline increased the responsibility of the CHA, and the assignment of receiving the users in the unit and / or directing them generates discomfort and anxiety to the CHA's.¹⁸

There is also an inadequacy and / or insufficiency of materials for the execution of the CHA's activities, either due to lack of human resources or lack of material resources; among them, the most outstanding are the absence of personal protective equipment, the absence of identification and the lack of supply of the clothes, making these professionals more exposed to the diseases or to the development of diseases.^{12,18-9,22-3}

As regards health conditions, in some articles, complaints about the musculoskeletal system, musculoskeletal disorders,²⁴⁻⁶ cardiovascular changes and dermatological complaints, such as scabies, skin patches and pediculosis, as well as psychological and allergic complaints.¹⁸ Often, injuries such as exposure to contaminated water and soil and the unavailability of adequate protection, such as personal protective equipment, clothing and sunscreen, among others.¹⁸

It is emphasized that the majority of the community agents are composed of women and that they present inadequate working conditions, as well as musculoskeletal symptoms.²⁵⁻⁶ In a study that evaluated the prevalence of musculoskeletal pain in the last seven days, regardless of the affected body region, 84.8% of the CHAs surveyed reported pain with a duration of one to 360 months. The lower limbs, with 60.1% of the occurrences, were found in the body region with more complaints of pain, with 59.8% and upper limbs, with 41.8%.²⁰

Psychological stress is stressed, since many feel the lack of support from the institution, which reaffirms that the psychic overload generated by work interferes both in the health of these workers and in their way of acting, thinking, feeling and doing.¹⁸⁻¹⁹ It was also verified that the CHAs who are smokers have a greater commitment in the psychological domain.¹⁹

One of the causes of stress pointed out in studies to the interpersonal relations existing with the managements is related, since they are often constructed in an authoritarian way, without autonomy, unmotivated, stressed and/or unprepared for the function.¹⁹ There is a prevalence of chronic symptoms related to the psychological nature, such as insomnia, excessive tiredness and irritability,¹⁹ which can be caused by situations that can lead professionals to stress, such as working conditions, salary issues, gender, family-work interface and emotional load.³

In a study carried out in São Paulo, it was demonstrated that the CHA's present voice disorders, evidenced by reports of dry throat, fatigue in speech and burning of the throat. These disorders of voice were associated in the following way: to carry out the work activities at home, police intervention, violence against the employees; not having time to develop all activities, difficulty getting out of work, inadequate furniture, intense physical exertion, material theft in the workplace, manifestation of racism and tiredness in talking, dust, job dissatisfaction, stress at work, depredations, problems with

drugs and the vocal burning sensation in the throat. There is thus one more grievance that can be presented by CHA's due to the difficulties experienced in the work environment and in the organization of the work process.²³

It is stated in some articles that the working day and working conditions of the CHA were referred to as a worsening of diseases related to the cardiovascular system, such as hypertension.^{18,21} It is also emphasized that CHAs refer to the health limitations they have, which prevents them from exercising their duties adequately. It is also emphasized that CHAs refer to the health limitations they have, which prevents them from exercising their duties properly.^{18,26}

The discomfort and anguish were shown in dealing with problems that are often not solved, such as forms of illness.^{12,14,18,21}

It was also shown in a study that many CHA considered work as a passenger and pointed to low wages, overload, devaluation of work and non-valuation of the pain produced by work as causes of demotivation in relation to the profession.^{3,8,12,17}

Studies indicate that there is a commitment to quality of life and working conditions, which makes these aspects closely related because of the physical, emotional and mental requirements to which these workers are exposed.^{8,21-2,25-27} It is reported, by other authors, that the CHAs have a negative satisfaction regarding their quality of life.²⁵

It was pointed out, however, by another study that, despite working conditions being precarious and suffering, CHAs assess their quality of life in the physical, psychological and social domains as positive, and understand how intermediate to the environmental domain.⁸ It is stated in another study that the quality of life assessment of CHAs is positive regarding the physical, social and psychological relations, and a negative evaluation for the environmental domain.²⁸

It is known that CHAs, despite the adversities of the work, use strategies to deal with situations that can cause suffering, such as: looking at difficulties referring to learning; share problems with the team; have more professional and less emotional behaviors; request the worker's mental support from the coordinator; impose limits on the community; active participation of CHA activities; do psychotherapy; be aware of the limitations as a professional; to look at difficulties as a challenge that must be overcome; belief in God; ward off head problems; cry; developing

leisure activities such as physical exercise or attending church; seek the support of people; the use of medicines; the meditation; apply for leave and/or health leave.³

It is evident, despite all the adversities, that CHAs like to exercise their profession^{12,17,19,29} because they have the possibility of having lunch at home and seeing their children grow up, they report that work is a source of pleasure in the face of recognition of the community, through the expressions of affection, affection and gratitude of the users for the work developed by these professionals, because they are decisive when they reach the improvement of the health status of the population, by the team work and by the possibility of carrying out the activities through the use of creativity,^{12,22} nonetheless, these professionals express that their work has a social sense and solidarity, which strengthens them and makes them feel proud of their profession.²¹

CONCLUSION

It was possible, through the analysis of the selected studies, to highlight that the work of the CHA makes them more susceptible to the development of occupational diseases, both physical and psychic, which ends up reducing their quality of life, productivity and, consequently, influences the assistance provided to users.

It reinforces the need to perceive these professionals as users of the health unit that require care. It is suggested, therefore, that local managers should initiate a work to prevent and promote the health of CHAs, aiming at reducing risks and harms from their working conditions.

It is observed the need to discuss and implement health promotion policies, as well as the development of measures that promote better working conditions for CHA's. It should be noted that the Unified Health System provides for the adoption of actions in the area of worker's health and, in this way, these professionals can also perceive themselves as citizens who have guaranteed rights and claim, to the managers, for your health.

There is a lack of knowledge regarding studies that refer to the adoption of strategies carried out and / or used, both by managers and by the CHA, so that risks arising from the development of the work of these professionals can be minimized. It is considered, moreover, that the studies are scarce with respect to the impacts and repercussions that the work of the CHA has

during the years of exercise of that profession.

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Correspondência

Juliana da Silva Oliveira

Rua Moisés Caroso, 512

Bairro Jequiezinho

CEP: 45208-257 – Jequié (BA), Brazil