






ORIGINAL ARTICLE

PSYCHOSOCIAL RISKS OF FAMILY HEALTH STRATEGY NURSES*
RISCOS PSICOSSOCIAIS DOS ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA
RIESGOS PSICOSOCIALES DE ENFERMEROS DE LA ESTRATEGIA DE SALUD FAMILIAR

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ABSTRACT





Objective: to analyze psychosocial risks related to the load, pace and work hours of nurses in the Family Health Strategy. **Method:** this is a qualitative, descriptive, exploratory study, in which 18 nurses from the Family Health Strategy teams participated. Data were collected through semi-structured interviews and, subsequently, thematic inductive analysis was performed. **Results:** the misuse of function, the accumulation of activities, long working hours and an accelerated work rhythm were identified as psychosocial risks, leading to the physical and mental exhaustion of the professionals. **Conclusion:** it is necessary to promote the exercise of reflection by health managers on the workloads and hours imposed on nurses in the Family Health Strategy, rethinking participatory management models that assist them in facing this problem, encouraging compliance with current labor laws, in addition to suggesting possible personal and institutional strategies to eliminate or minimize the negative effects of risks. **Descriptors:** Occupational Risks; Work Load; Family Health Strategy; Nurses; Primary Health Care; Work.

RESUMO

Objetivo: analisar riscos psicossociais relacionados à carga, ao ritmo e à jornada de trabalho dos enfermeiros da Estratégia Saúde da Família. **Método:** trata-se de um estudo qualitativo, descritivo, exploratório, no qual participaram 18 enfermeiros das equipes da Estratégia Saúde da Família. Coletaram-se os dados por meio de entrevistas semiestruturadas e, posteriormente, foi realizada análise temática indutiva. **Resultados:** identificaram-se como riscos psicossociais o desvio de função, o acúmulo de atividades, longas jornadas de trabalho e ritmo de trabalho acelerado, acarretando a exaustão física e mental dos profissionais. **Conclusão:** deve-se promover o exercício da reflexão de gestores de saúde sobre as cargas e jornadas de trabalho impostas aos enfermeiros da Estratégia Saúde da Família, repensando modelos de gestão participativa que os auxiliem no enfrentamento deste problema, incentivando o cumprimento das leis trabalhistas vigentes, além de sugerir possíveis estratégias pessoais e institucionais para eliminar ou minimizar os efeitos negativos dos riscos. **Descritores:** Riscos Ocupacionais; Carga de Trabalho; Estratégia Saúde da Família; Enfermeiros; Atenção Primária à Saúde; Trabalho.

RESUMEN

Objetivo: analizar los riesgos psicosociales relacionados con la carga, el ritmo y las horas de trabajo de los enfermeros en la Estrategia de Salud Familiar. **Método:** este es un estudio cualitativo, descriptivo, exploratorio, en el que participaron 18 enfermeros de los equipos de la Estrategia de Salud Familiar. Los datos se recopilaban a través de entrevistas semiestructuradas y, posteriormente, se realizó un análisis inductivo temático. **Resultados:** el mal uso de la función, la acumulación de actividades, las largas horas de trabajo y un ritmo de trabajo acelerado se identificaron como riesgos psicosociales, lo que llevó al agotamiento físico y mental de los profesionales. **Conclusión:** es necesario promover el ejercicio de reflexión por parte de los gerentes de salud sobre las cargas de trabajo y las horas impuestas a los enfermeros en la Estrategia de Salud Familiar, repensar los modelos de gestión participativa que les ayuden a enfrentar este problema, alentando el cumplimiento de las leyes laborales vigentes, además de sugerir posibles estrategias personales e institucionales para eliminar o minimizar los efectos negativos de los riesgos. **Descriptores:** Riesgos Laborales; Carga de Trabajo; Estrategia de Salud Familiar; Enfermeros; Atención Primaria de Salud; Laboral.

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INTRODUCTION

It is known that the Family Health Strategy (FHS) is the model for reorganizing primary health care in the country, which aims to strengthen the national policy of integrative and complementary health practices. The FHS is composed of a multidisciplinary team and each worker performs a set of actions separately, seeking to articulate them with the actions of the other agents.¹⁻²

The nurse in the FHS is considered the team leader due to the multiplicity of tasks assigned to him. Among these attributions, the planning and execution of actions within the scope of public health, the carrying out of health promotion actions, disease prevention, healing and rehabilitation, when necessary, in addition to the mediation of intersectoral actions, stand out, management of health services, development of health education and continuing education.¹

Therefore, it is possible to affirm that these workers can face stressful situations on a daily basis related to the demands of their work, leaving them exposed to occupational risks and, among them, psychosocial risks. Psychosocial risks at work are those related to the conception, organization and management of work, which, when present, can generate physical, mental or social damage to workers.³

In the FHS, the nurse has a relevant role in the team with many assignments, which contributes to the acceleration of the pace of their work and, consequently, to the generation of work overload.^{4,5} This burden was identified in nurses' daily lives, in various spheres of activity, by national and international researchers.⁶⁻⁷ It appears that, in the FHS, this situation does not seem to be different and this professional has encountered situations that hinder his work process, such as long hours and fast pace of work due to the excessive demand from users, infrastructure of the committed units, human resources and insufficient materials, fragile labor contracts, dissatisfaction with wages, among others.⁸⁻¹⁰

The overload and the fast pace of work can have consequences for the care provided to the user and to the FHS worker. Nurses have been affected by emotional overload, physical overload, low levels of satisfaction with the service, mood swings, depression, anxiety, stress, infectious diseases, insomnia, osteoarticular pain, sprains, bruises, dislocations, fractures and motor disability, which lead to a high rate of absenteeism and accidents at work.^{9,11}

In the conception of work psychology and ergonomics, the workload can be defined as demands or psychobiological demands of the work process. It is warned that it deserves special attention, as this can generate physical and

mental strain on the worker.¹² It is known that the relationship between extensive workloads and working hours with the illness of nursing professionals is evidenced.⁹

Workloads can also be classified as Biological Loads - when the professional comes into contact with body fluids and chemicals; Physiological Loads - refers to ergonomics, such as the way in which professionals perform their work, sitting or standing, and the Psychic Load - which is directly linked to precarious working conditions, leading professionals to mental illness.¹¹

It is believed, when looking at the current conjuncture of national human resources and Occupational Health policies, specifically that of FHS nurses, in the relevance of problematizing the occupational risks of these individuals, those psychosocial ones related to the load, pace and journey of their work.

In this sense, it is questioned, considering the complexity of the relationship between work-health-illness and the Brazilian health reality: "Do nurses working in FHS teams feel overwhelmed? What is the pace of your work? Do they work long hours?"

Thus, this study should provoke reflection by nurses and managers on relevant aspects related to the work process of the FHS nurse, in the perspective of adopting measures or identifying strategies that promote fair and appropriate forms of work in order to avoid or mitigate wear and tear of this worker. It is also necessary to reflect on the role of training centers in preparing future nurses to work in the context of the FHS.

OBJECTIVE

- To analyze psychosocial risks related to the load, pace and working hours of nurses in the Family Health Strategy.

METHOD

It is a qualitative, descriptive, exploratory study. The study was developed according to the COREQ precepts (for qualitative research).

The study scenario was composed of 18 FHS units in a city in the interior of Minas Gerais, Brazil. It is revealed that nurses working in the FHS units of that city participated in the research, exercising their activities for more than three months from the beginning of data collection, since this working time should allow these professionals to have experiences to identify the working conditions present in their work context.

It is reported that 18 nurses working in the selected units participated in the research and, for data collection; semi-structured interviews were recorded in audio and later transcribed. Interviews were conducted to avoid bias in July 2018, with an average duration of 20 minutes.

A script for the interview was used, validated with six specialist nurses in the area, which contained two parts: the first, with questions related to the participants' characterization data, such as age, sex, year of graduation and length of experience at the institution, and, in the second part, there were open questions related to the investigation of the psychosocial risks related to the load, pace and working hours.

Data was analyzed according to inductive thematic analysis.¹³ It is noteworthy that, in order to identify the thematic unit related to the workload, pace and work hours of nurses, the speeches of the interviewees were taken into account in the light of the theoretical framework used, which was “Work and its relationship with man: specificities of health work and job insecurity ”and“ Psychosocial risks: causes and consequences”.¹⁴⁻⁵ Through the analysis of the interviews, it was allowed to group the data in the category entitled “Psychosocial risks related to workload, pace and working hours”, with its subcategories: “Overload and fast work pace” and “Double working hours and double function”.

The study project was approved by the Research Ethics Committee (REC) with CAAE 83419418.2.0000.5393 and the participants signed the Free and Informed Consent Term (FICT), ensuring their anonymity and confidentiality of responses. Thus, it was decided to preserve the anonymity of the participants in this research, by using the letter “E”, of the interviewee, followed by the numeral, according to the increasing chronological order of the interviews, for example, E1 (Interviewee 1) and so on.

RESULTS

♦ Characterization of participants

A total of 18 nurses were included in the study. It is noted that there was a predominance of women (89%; N = 16) and there was a greater concentration of professionals in the age group between 36 and 45 years (78%; N = 14); university training time ranged from six to 20 years and most professionals worked in the FHS for a period of more than 11 years (89%; N = 16); expressive portion of the professionals had a postgraduate level (67%; N = 12), of which 83% (N = 10) had *Lato sensu* specialization and 17% (N = 2) *Stricto Sensu* (Master's).

It is demonstrated, in relation to professional qualification, that FHS nurses have sought specializations that assist them in providing care to users of this service. Professionals with up to five specialization titles were found which reinforces the non-generalizing profile of nursing professionals, who seek to meet under the gaze of the diversity of challenges in which the FHS fits.

In the thematic analysis of the speeches, the presence of psychosocial risks related to workload,

pace and working hours was identified, which were grouped into subcategories: overload and fast pace of work; double work shift and dual function.

♦ Psychosocial risks related to workload, pace, working hours and function

♦♦ Overload and fast pace of work

Regarding the organizational issues of the nurse's work in the FHS, an intense number of activities performed in the routine of the evaluated units were detected. For the fulfillment of the activities and demands of the service, it was identified that nurses exceeded the daily workload contracted. Due to the intensity of activities developed by professional nurses in the context of Primary Care, in a context of scarcity of human and physical resources, an inadequate work pace. Due to this work overload, there is a significant impact for the worker, which can cause physical and mental stress, a feeling of helplessness, making them feel devalued, demotivated and forgotten by the system, as noted in the statements below.

Generally, my time to leave here is 4:30 pm, but I always leave at 5:00 pm or 6:00 pm; I feel super tired, I always take service home, especially at closing time. (E14)

[...]I feel extremely tired [...]. Do you know that day when you can't handle all your duties? It always happens to me [...]. I try [...]. I try [...]. But I can't, then, you already know, right. (E5)

[...]I feel very mental and physical tiredness. I feel devalued, tired [...]. I work at night to do preventives. With the bank of hours in the service, but it is difficult to take time off, it is always on the day that they want. (E18)

[...]I feel exhausted. We work, work, mess with paper, there is so much paper to fill, so much bureaucracy, that the direct assistance to the client ends up being impaired; then, we can't solve everything, the pace is very fast. (E12)

[...]the pace of work is very fast in the family's health [...]. So, I need to run really, really hard, to cope with all the demand, and when it comes to the end of the day, I'm dead, exhausted. (E15)

[...]everything is very busy. There is no time even for drinking water, I just stop for lunch. The FHS nurse needs to have a lot of rhythm to be able to handle everything. [E16]

It is warned that, although the workload in the FHS is 40 hours per week, the numerous activities and the level of complexity of these activities performed by nurses contribute to their illness. Note that they have been feeling tired and overwhelmed. In the following reports, the workload to be developed in the FHS and stipulated by the Ministry of Health is mentioned, reinforcing the importance of struggles and struggles in this category in search of better working conditions, including the need to reduce the workload.

[...]in family health, the Ministry of Health recommends 40 hours of work per week [...]. but

[...]. we always fight for 30 hours a week, we have to fight [...]. It's an endless fight. (E8)

[...]the workload of the family's health is very extensive, long and, in addition, the activities we carry out in the unit are very complex, it makes me very tired, physically and mentally. (E3)

[...]a workload of 40 hours per week is very long and heavy. Besides, I still have to do preventives at night and put them in the hour bank. In practice, this gives 50 to 60 hours a week. (E17)

[...]I stay in this unit 40 hours a week, it is too long, a very long workload and, even so, I still take work home [...]. Because there is a lot to do, the family's health embraced everything. (E1)

♦♦ Dual function and double working hours

The FHS was strategically thought and structured by the Ministry of Health with the aim of reorganizing the Brazilian health system. It refers to one of the strategies described for the creation of the bond between professionals and the population; however, this study identified a large number of nurses with dual work shifts and dual roles resulting from various labor bonds, which impairs the work of these professionals in the scope of the FHS.

[...]I feel exhausted. When my technique goes on vacation, I have a dual function [...]. In fact, I do the three functions, mine, the administrative and the technical. (E11)

[...]I have another job, I work at the UPA 24 hours on a 12X60 hour scale [...]. I am very tired, exhausted, I feel my health very impaired with this double journey. (E7)

[...]I feel very tired from my journeys. I work day and night at this unit, because I have to take Pap smears (preventive), together with a large bank of hours, but then it is difficult to take time off. (E18)

[...]I always take work home, it's a double journey [...]. There is no time to solve everything during the day [...]. And I only have this bond, but here in the city, most of the FHS nurses have more than one job. So, I feel privileged. (E14)

[...]I feel very overwhelmed. There is a role reversal, as I have a community health agent who is at the reception, so, in addition to all my duties, I still need to do home visits in her place. At the end of the day, I feel exhausted. (E2)

[...]I feel really tired. Mainly, the mind, there are a lot of people talking at the same time, a lot to solve, any employee who leaves or misses, I need to take care of his service, it tires and stresses a lot. (E6)

[...]I feel exhausted, extremely tired. This last time that my technique went on vacation and they didn't put anyone in its place, I had to run out of time to handle everything [...]. So, I didn't even have time to drink water, I had Pyelonephritis. (E10)

DISCUSSION

Based on the findings of this research, the theoretical framework of this study is corroborated with data from the current scientific literature, where work overload was also identified as a psychosocial risk in the daily work of nurses in various sectors, including in the context of the FHS.^{4,12,16} Studies have shown that the elements that increase workloads are related to the working conditions and the profile of the institution's management. These elements are constituted of: excess demand; work overload; deficits in physical structure; failures in the functioning of the care network of the Unified Health System (UHS); scarcity of human resources; administrative activities and dissatisfaction with salary.^{8,10}

Physiological and psychological workloads emerge, which affect nursing professionals in primary care, low wages, and lack of human and material resources, work overload, physical suffering and the relationship with the user.¹⁷

It is observed that, although Nursing represents the largest workforce of UHS, being fundamental for its full functioning, these professionals are constantly exposed to long hours and workloads, at different levels of health, including the FHS, in order to harm the assistance to the user, also contributing to their own illness. It is known that the workload of more than 30 hours can have direct consequences for workers and institutions, such as decreased ability to develop work, absenteeism, increased costs resulting from leave, impact on the morbidity and mortality profile of workers, in addition to negative impacts on direct customer assistance.¹⁷⁻⁹

The serious problem of overload, the fast pace and long working hours in Nursing reinforce the data of this study, especially in primary care, as this reality has been revealed in great proportions in several countries of the world.^{4, 19-21} Thus, nurses working in Primary Health Care (PHC) present high levels of emotional exhaustion, anxiety, depression and Burnout syndrome. Due to the stress of these professionals, there is a negative impact on mental health and quality of life, increasing absenteeism at work. It also highlights the influence of mental health on the quality and safety of nursing care, including a higher probability of occurrence of prescription errors and medication administration and other procedures, low collaboration with clients and multiprofessional team and low population satisfaction.²²⁻³

In this sense, there is still a multiplicity of researches mentioning the consequences of psychosocial risks related to the work hours and the fast pace of work on the health of FHS workers and, among FHS professionals, nurses stand out, as

these, in addition to being exposed to long loads and working hours, have a high level of complexity in their work activities, which contributes to the psychological suffering of these professionals. It is noticed that it has become common to find nurses unmotivated, stressed, with physical and mental exhaustion in this sector of activity.²³⁻⁴

In this devastating scenario, workers' health is a challenge for Brazilian and global public health. Thus, the number of nurses with a workload ≥ 40 h weekly has been increasing steadily since 2002.¹⁹ It is believed, then, in the importance of the role of training centers in the preparation of future nurses to work in the complex context of the FHS, in addition to compliance with labor laws in order to provide fair and adequate ways of working to nurses in this sector.

Nurses have usually presented a double workday through various labor links. It is known that the double work shift and the overload of activities within the scope of the FHS are a factor that generates stress and psychological suffering in these workers, in addition to compromising the principles of the FHS, as an example, the creation of the bond between professional - user.²⁵ It is known that the bond is one of the ways to achieve comprehensive care for the individual / user, being valuable in determining the success or failure of treatment or care.²⁶

The importance of the FHS for Brazilian public health is widely known. Its precepts based on UHS doctrinal principles are recognized internationally, however, difficulties in service management and predatory working conditions, such as dual functions and long working hours, have shown a sad reality of this sector in Brazil. It is emphasized, based on the theoretical framework and in this research, the need to provide dignified and satisfactory working conditions for nursing professionals working in the FHS.

The study pointed out, in this sense, the factors that led Nursing professionals to take on double and even triple working hours in different shifts, such as: professional devaluation; low wages; personal needs of the workers themselves and the socioeconomic needs of their families.¹⁹ In this way, the challenge and the need for Nursing to fight for the reduction of working hours, as in the case of other health professions in Brazil, become explicit.²⁰ Furthermore, it is believed that fair wage remuneration for professional nurses is highly relevant to guarantee the quality of assistance to users of health services.

It is necessary, in this direction, to rethink strategies aimed at eliminating and/or minimizing the negative impacts on workers' health resulting from the double function, double shift and long workloads, both in primary care and in other levels of care. In this chain, strategic actions and interventions to promote health and prevent

diseases and injuries to workers stand out, such as mindfulness, daily readings, spirituality, music and sharing of experiences.²²

It should be noted, therefore, that interventions aimed at improving the mental health of nurses working in PHC are considered highly effective in the perception of renowned researchers in the field. From these interventions, there is a reduction in the levels of emotional exhaustion and Burnout syndrome, in addition to improving the resilience of professionals, facilitating communication between the team members and the community, decision making and greater satisfaction of the professional.²²

Thus, it is believed that, in addition to contextualizing psychosocial risks in the work of FHS nurses, there is an urgent need to implement specific actions capable of eliminating them. For this, it is necessary to have a people management model that focuses on professionals, users' demands and the current Brazilian financial-political scenario, since public health is also characterized in the field of politics. This model must rethink the implementation of institutional strategies that guarantee working conditions free from occupational risks.

In this study, the exclusive participation of FHS nurses is presented as a limiting factor. It is believed that the inclusion of the other team members could potentially contribute to the discussion, considering that all act in the formation of a team that is, they are integrated within the work context.

CONCLUSION

Through this study, it was possible to identify psychosocial risks present in the work of FHS nurses related to workload, pace and working hours, such as: work overload; fast pace of work; long working hours; dual function and double working hours. It is a complex issue that deserves special attention from society, managers and researchers; as such risks are capable of seriously compromising the health of workers, in addition to impairing the health care offered to FHS users.

According to the findings of this research, in line with the wide specialized scientific literature, precariousness in relation to the working conditions of professionals in this sector, especially nurses. This precariousness results both from the excessive demands and complexity of the service offered and from the conditions of the work environment of this professional.

It is concluded that health managers should reflect on the need to provide dignified and satisfactory working conditions so that the nurse's work process in the FHS is free from risks that may harm their physical and mental health, avoiding consequences for the quality of the care provided to users of this service. It is hoped that further

studies can be conducted focusing on the implementation of strategies that mitigate or eliminate the psychosocial risks present in the work of FHS nurses.

CONTRIBUTIONS

All authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution, and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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