ROLE OF THE FAMILY HEALTH STRATEGY IN HEALTHCARE WORKERS: AN EXPERIENCE REPORT

ABSTRACT

Objective: to discuss the importance of the role played by the Basic Attention in the workers health. Method: experience report, realized with workers of a textile factory located in a municipality of the state of Minas Gerais. Meetings of education in health about thematic of the own workers choice, using wheel talk as strategy were realized. Results: there is a need for health and information on everyday situations, related to grievances that affect worker health. It was evidenced the importance and responsibility that the Family Health Strategy has with the workers health. Conclusion: the utilization of wheel talks to treat matters related to health, and workers be given the opportunity to expose their own needs, through an open dialogical relation, without barriers between the scientific knowledge and the common sense, becomes primordial. In this sense it is expected to wake up changes in how makes health, taking into account the work world and its interferences in the lives of individuals and collectivity. Descriptors: worker health; primary attention to health; education in health; family health program; nursing.

RESUMO

Objetivo: discutir a importância do papel desempenhado pela Atenção Básica na saúde do trabalhador. Método: relato de experiência, realizado com trabalhadores de uma fábrica têxtil localizada em um município do estado de Minas Gerais. Foram realizados encontros de educação em saúde sobre temáticas de escolha dos próprios trabalhadores, utilizando-se as rodas de conversa como estratégia. Resultados: constataram-se necessidades de saúde e de informações sobre situações do dia a dia, relacionadas a agravos que acometem a saúde do trabalhador. O estudo contribuiu para a autonomia dos trabalhadores sobre sua saúde. Evidenciou-se a importância e responsabilidade que a Estratégia Saúde da Família tem com a saúde dos trabalhadores. Conclusão: a utilização das rodas de conversas para tratar de assuntos relacionados à saúde, dando a oportunidade para que os trabalhadores exponham suas reais necessidades, através de uma relação dialógica aberta, sem barreiras entre o conhecimento científico e o senso comum, torna-se primordial. Nesse sentido espera-se despertar para mudanças no modo de fazer saúde, levando em consideração o mundo do trabalho e as suas interferências na vida dos indivíduos e coletividade. Descritores: saúde do trabalhador; atenção primária à saúde; educação em saúde; programa saúde da família; enfermagem.

RESUMEN

Objetivo: discutir la importancia del papel desempeñado por la Atención Básica en la salud del trabajador. Método: relato de experiencia, realizado con trabajadores de una fábrica textil localizada en un municipio del estado de Minas Gerais. Fueron realizados encuentros de educación en salud sobre temáticas de escoja de los propios trabajadores, utilizándose las rodas de conversa como estrategia. Resultados: se habían constatado necesidades de salud y de informaciones sobre situaciones del día a día, relacionadas a agravos que acometen a la salud del trabajador. El estudio contribuyó para la autonomía de los trabajadores sobre su salud. Se ha evidenciado la importancia y responsabilidad que la Estrategia Salud de la Familia tiene con la salud de los trabajadores. Conclusión: la utilización de las rodas de conversas para tratar de asuntos relacionados a la salud, dando la oportunidad para que los trabajadores exponen sus reales necesidades, a través de una relación dialógica abierta, sin barreras entre el conocimiento científico y el senso común se torna primordial. En ese sentido se espera despertar para mudanzas en el modo de hacer salud, llevando en consideración el mundo del trabajo y las sus interferencias en la vida de los individuos y colectividad. Descriptores: salud del trabajador; atención primaria a la salud; educación en salud; programa salud de la familia; enfermería.
INTRODUCTION

In Brazil, with the promulgation of the Federal Constitution (CF) of 1988, the workers’ health becomes enhanced, even that of subtle form, by enunciating as regards the broad concept of health, as additional determinant factors - the questions of eating, habitation, education, besides many other determinants - the conditions such of food, habitation, education, income, environment, work, employment. Even on the subject of CF, it attributes to the Sistema Único de Saúde (SUS) the whole responsibility for coordinating the actions in health in the country. These attributions are expressed and regulated by the Lei Orgânica 8080 de 1990 that defines directives and principles for the formation of the public system of Brazilian health. Into this formation it consolidated itself, in the institutional and legal and formal plan, the field of workers health.1,2

Article 6 Law 8080/90 provides that the actions to be realized in national scope for the worker’s health, also requiring that these are followed and based on general principles that guide the SUS and as recommendations, specifically, to attend the worker victim of work accident, carrier of occupational disease or work disease; realization of researches, evaluations and risks control and grievances inherent to work; guarantee of information to the worker, trade unions and companies about the risks of accidents in work, as well as the result of actions of environmental, sanitary and epidemiological surveillance, admission, periodical and discharge exams, having the responsibility as regards the ethics.3,4

Accordingly, the worker’s health becomes focus of intense discussion in the context of the Brazilian public health, as the actions in health must be intersectorial and interdisciplinary. In this regard, the context of life and work where health-disease process of the individual and collectivities lies, it must be focused in order to reach the right to health, on approaching the dialogue with the several organized social movements.5

The basic attention (AB) is the preferential entry door in the health net and uses technologies of low technological density and high complexity, it is, the named soft technologies of low technological density and entry door in the health net and uses technologies of low technological density and high complexity, it is, the named soft technologies of low technological density and high complexity.6,7 In this regard, the education actions meets fertile space in the AB. The Ordinance nº 648/GM of March, 28, 2006 is the responsible for the National Politics of Basic Attention, beyond of proposing revision of directives and norms that orientate the AB in

the country. In it the work must prioritize actions that contemplate the promotion and health protection, grievances prevention and the diagnosis, treatment, rehabilitation and individual’s health maintenance and the collectivity guarantee. Having the ESF as important strategy for more effective actions in health, it is required for the SUS great responsibility, in order to it is responsible for the assistance to health of a great number of individuals, mainly when most are in the work world.

Taking into consideration the universality principle, the SUS has as one of its targets, as proposed by Law 8080/90, to assume the workers health in its integrity, having the AB and the ESF as the best strategies in the optimization of the populations health, reducing the effects of the existing inequalities among the groups of individuals, towards equity. In this respect, it can be considered that the actions in health are organized and defined from reference-based territorial and epidemiological factors, with emphasis in the most common problems of a population group and provision of services that prioritize the prevention of grievances, cure and rehabilitation, maximizing the health and the welfare of the individuals. This idea is directly related to the effective inclusion for the workers health in the SUS.8,9

The ESF is understood as important tool in the AB to health, as considers the subjects in its integrity, singularity, complexity and the social-historical context, enabling actions/strategies developed by the Family Health teams (SF). These are inserted in a territory having, each one, theirs particularities.10

In the list of the actions in health developed by the ESF, currently, it has a focus even centered on the curativist and biomedical model, as the actions in health to assist men and women are linked to the economical aspects and, furthermore, the disease is also in the assistance to the individual and collectivity.11 In worker’s health it is not different. Actions in health for assistance to worker’s health are still proposed in the 03 levels of attention, based on the grievances that relate to specific conditions of the developed work, like the typical work accidents and the professional diseases; diseases that depend on the change caused by the work, named diseases related to the work, and those common to the overall population, that are not directly related to the work, but may influence in the work process and aggravate the worker’s health.11
Unlike the traditional pattern of attention, still proposed by the Brazilian public health, with regard to the assistance to worker’s health by the ESF, it is urgent that the health professionals who work in a primary level of attention to health, understand the real dimension and complexity of the existing groups and taking into consideration the context lived and the territory of actuation. In this sense, it is essential that the teams realize broad diagnosis of local health, comprising all the existing groups, including the working class. To know the labor environments in that men and women are active is essential to that actions related to the promotion and health protection may be implemented and not only the grievances related to the work process or to the type of work that the individual exerts.

During the stage of Graduation in Nursing, in a Basic Health Unit (UBS), located in a county of Minas Gerais state, no activity of visits by the health community agents nor activities education in health was realized for the workers of two small factories and realize an evaluation of these, after solicitation of formal authorization to the managers of the referred emprises.

It was observed that the individuals’ medical registers that work in one of these factories was incomplete, as this do not include important data like vicinal scheme, among others. Faced with this observation an action of education in health in the own place of work was proposal, preventing the displacement of the workers of theirs labor spaces. The activities were planned having as focus the education in health, as it is believed that this is an important transforming agent, aiding in the free subjects’ formation, to discover its potential in the search of new knowledge, through measures that safeguard and ensure the improvement of the life quality of the female and male workers.

The activities initially developed into the factory were addressed to the questions related to work accidents and diseases related to work, mainly LER/DORT. The focus was in activities that prioritize the education in health, with due care being taken to plan them, taking into account the workers claims. This experience report has as objective to discuss the importance of the role played by the Nursing in the Basic Attention, for the worker health, using as strategy the education in health, in order to abbreviate the distance between the health professionals’ technical knowledge and the popular knowledge of these workers.

IT TREATS OF AN EXPERIENCE REPORT, OF QUALITATIVE AND REFLEXIVE APPROACH ABOUT AN ACTIVITY DEVELOPED DURING STAGE OF THE NURSING GRADUATION COURSE OF THE UNIVERSIDADE FEDERAL DE JUIZ DE FORA (UFJF). IT WAS OCCURRED IN THE PERIOD OF MARCH TO JUNE OF 2010 IN A HEALTH BASIC UNIT/FAMILY HEALTH STRATEGY (UBS/ESF), LOCATED IN A MUNICIPALITY OF THE MINAS GERAIS STATE. THIS UNIT HAS 03 TEAMS OF ESF IN THAT EACH TEAM HAS 06 HEALTH COMMUNITARIAN AGENTS, 01 NURSE, 01 DOCTOR AND 02 NURSING TECHNIQUES. EACH TEAM IS RESPONSIBLE FOR, APPROXIMATELY, 5000 INDIVIDUALS.

The activity occurred in a factory that had, during the period of realization of this study, 74 workers. Among these, 55 were women and were directly in the line of production, 10 employees (06 women and 04 men) in the administrative sector and 09 employees (04 women and 05 men) responsible for the machines maintenance, for the cleaning of the place and realization of external services.

The starting point was a review of clinical records of the Health Basic Unit, and it was detected that many were with incomplete information and/or did not contain annexes, like exams results, requests for exams, forwarding, leafs of development, dispensation among others relevant information. After survey of 288 clinical records in these conditions, it was observed that 44 pertained to workers (female) of the referred factory. After this initial diagnosis, telephonic contact was done with the employer, exposing the situation and a visit to the factory was solicited and, after, a reunion with the manager and employer. Then, the production line was visited, in order to observe the work process and the environmental conditions of its realization.

After the visit, in a meeting with health unit professionals, the development of activities to be developed next to the factory workers was proposed. Among which: evaluation of the employees health/disease profile; need of realization of education groups in health in the factory spaces; elaboration of a proposal for existence of 3rd shift for attendance in the health unit, in order to attend the workers out of its work time and active search of the workers (place of work or residence).

In that refers to the activities of education in health realized in the labor space, focus of discussion of this relate, these were developed from the workers demands, that is, a series of issues was listed and it was
suggested the workers elect those of best interest. Posteriorly, 04 thematic were detached by the workers: familiar planning, accidents prevention and ergonomic care, care with the woman health (preventive exam and climacterium) and chronic diseases (arterial hypertension, diabetes, HIV/AIDS). For each theme, three meetings in consecutive days were realized, with 02 hours of duration for each meeting. For each thematic, a guide of themes that oriented the activities was elaborated and the problematization methodology was used, looking to stimulate the collective dialog from “questions - problem”, by making the educator and student (in this case, health professionals and workers, assume these roles simultaneously) assume the position of unique subjects of a developing process together. The wheel talk methodology was chosen, as they allow that all the subjects are visualized and stimulate the life change of experiences.14

RESULT AND DISCUSSION

In proposing this work, an invitation for the workers collaborate in the activities elaboration was made, once it is believed that their participation aggregate technical quality and practical experience, bringing to the planning the workers knowledge. It collaborates for the contextualization of the technical observations, beyond providing information on the own territory, as constraints of the activities in focus.15

During the contacts with the workers, questions related to health, emergent and present in the daily, due to the common mode of life of the population in general were identified. The few availability of time to go to the health services and the few incentive, by the employer, in investing in the employees’ health became other evident situation in the meetings.

Great part of the activities proposed started with one dynamics called ideas storm, where the individuals could express in a free way theirs doubts with regard to the thematic approached. As the individuals expressed themselves, the information were rewritten to a leaf, as the biggest concern relates to produce more to get an additional productivity in the final wage; others related the exerted pressure, by the employer, when they had the need to miss work for a consultation in the post. According to some reports, the individuals were feeling coerced by the factory when they needed to go to the health unit, as even with the declaration of attendance signed and stamped by any professional not doctor, were discounted in their wage the hours in that they were not present in the work. As a result, most persons did not come to the medical consultations and/or nursing, for fear the lack of a comprovation that support them to earn the work day without the discount in the final wage.

Another point to emphasize, was the relevance that these activities represented for the workers, as they felt hear and valued insofar as they could express theirs anguishs, fears and doubts, without the fear of erring or hiding any information, as they were ashamed of sharing with the group. The themes that most raised questions were those of the familiar planning and of chronic diseases (mainly HIV/AIDS). In the group of familiar planning, realized in three meetings, the women raised important questions like the non-use of the male condom by the partners; the incorrect use of the emergency contraception; incorrect manipulation of the barrier methods, mainly with the type of lubricant utilized by the participants and use of the male and female condom at the same time.

With regard to the chronic diseases, the workers reflected apprehension with the HIV/AIDS thematic, where most had doubts between the difference between HIV and AIDS; the ways how this disease is acquired; the available exams and forms of prevention. Many myths and lies about this disease emerged in the workers statements, not by being aware of, but exactly because they have not had the opportunity to share theirs doubts. They, maybe, may have been constructed over time by the medicalization culture that, frequently, feed the stigmas around this disease and help in the support of information with little scientific and uncritical support.

In this sense, it aimed taking into account the workers previous knowledge, as, it started from the principle that, for the knowledge construction, it becomes relevant the individual start point, the way how each one perceives a reality. It aimed at being careful not to build the knowledge in a unidirectional way, but conduct the work in the sense of establishing dialogic relations, supported in the commitment of health promotion proposed in the ESF and in the National Politics of Worker Health.16 In this respect, it is relevant emphasize that these meetings must “offer opportunities for persons may conquer the necessary autonomy for the making decision about aspects that affect their lives “and” capacitate the persons to...
conquer the control on their health and life conditions". 17,152

Based on these facts it emphasizes the important role developed by the ESF in assisting the workers in their labor spaces and the relation that the life dynamics in the territory develop in the individuals’ way of live. The need of the health professionals who work directly with the individuals and collectivity to know the cultural social-economical context of each one is added to this, as in doing the ESF, the health education must be focused on educative practices that glimpse the Health Promotion and respect the life context of each one, through the set of activities that propitiate better conditions of well-being and access to goods and more varied health services. 18

From the perspective of ESF, the Health Promotion should be able to establish links of affectivities and ties of co-responsibility with the worker, that is the unique capable of decide what will be good for its life, in supporting it in its own beliefs, values, needs and expectancies.19,20 For that reason the professionals of the Elf’s actuation is needed to know the workers reality that live in the areas assigned to the Health Unities. This contact, much more than meet the health needs of this public, can contribute to stimulate the autonomy, as an autonomous person, naturally, allows to be recognized the important role developed in the dynamics of the territory in that occupies, either with its work or in its life out of the work.19,20 the autonomous individual needs of liberty to express its willingness, choosing the alternatives that are presented to him in the meetings of education in health, besides having the liberty of mentioning lived experiences that can, with these experiences, help the other subjects that can experience similar situations. As such, by participating actively of these moments, they will be able to understand the consequences of theirs choices.20

These activities provided the meeting of similar health needs among the workers, in addition to greater approximation with the knowledge, until that time, little worked in the meetings with the health services, by the media or unknown. In addition, by proposing the meetings forming “wheels of talk” everyone assessed positively and qualified as “something different from customary”, as thus it is possible to be face to face with the workmate, seeing it exposing its experiences, anguishs, fears, doubts before what was approached in the meetings and share information that help them, mutually.

Most workers reported that they had never been participated of activities that would take into account their participation in the elaboration of the proposal activities. The few activities developed by the company, according to some reports, they were linked only to the accidents prevention and did not take into account the workers’ integral health. This is justified, as many actions developed by the companies, concerning the worker’s health, are directly related to the work accidents prevention and of the grievances that may affect the worker and, as a result, prejudicing the work process and bring negative repercussions outside the work environment.

An important challenge for the health professionals of the ESF is to break away from the traditional assistance logic, as, unfortunately, the collective actions of health surveillance, of health promotion and protection, even so more effective, are still encountered in secondary plane, as is still prevalent the model centered in the medicalization paradigm and in the individual approach to worker, to the detriment of the collective actions and of the subject as protagonist in the self care. 21

Other workers asked for the representativity of the health services in the communities, that is, the responsibility that these have with the workers’ health. They emphasized the importance that this type of activity represents in the participants’ life, as, according to the majority, the access is them violated for the psychological pressure that they suffer in its work place, if they need to miss one day to resolve health questions or by the closing time of the Health Units. Moreover, an important observation was realized by some individuals, as regards to the visits realized by the ACS. The domiciliary visit in the residences was questioned, as, this same work also might be realized in the work places, in order to understand how the work process is organized and realized, in addition to its impact in the individual health, not only as a worker, but as citizenship, attending theirs rights of access to the health services offered by the SUS. 22

Therefore, the worker’s health exceeds the specific contracts rights, limiting; it is essential that the right to health be contemplated in an unrestricted way, in its full spectrum citizenship in its civil, economical and human aspects to that the others are subordinated. 22

It must be understood that the worker, within and outside its labor environment is an human being that has needs that are not only
the work; that theirs rights must be guarded and not only formally described in official documents, but translated in actions that attend the subjects in theirs diverse activity environments. In this case, outside the walls activities with users that, many times, by imposition of the capitalist model, can not leave theirs work environment for activities of health promotion are required from health professionals and, specially the nurses of the ESF to know the territory where work and develop. More than that, it must remove obstacles imposed by the work world and raise awareness of the human beings that manage the work world, showing them that everybody, without exception, have different needs and need of health care, different too.

CONCLUSION

This work contributes to the ESF professionals understand the importance and relevance that the activities developed in the Basic Health Units as these must be part of the context experienced by the individuals that live in the work world, where the actions in health may arrive to the more varied spaces, attending to the diverse realities that, in this case, the worker´s health was focused.

In this sense, an open communication about the interpersonal relations may be developed, as well as the interferences of the work world; this has aroused in the workers critical thinking from their values, the comprehension of its behavior and of its peer face to the adversities that involve its health inside and outside the work world, leading them to make responsible decisions, acquire knowledge, with the final purpose of change its behavior face to the obstacles imposed by the world work.

Moreover, It is urgent to understand that in the work world, it should not only address the planning and the form how the health services are organized, only to attend grievances to the worker´s health from work accidents and occupational diseases, but to the needs of the population´s health. It must be understood that the work world is complex and also requires high complexity care and low technological density.

Then the labor spaces utilization, of the meetings, of the wheel talk to deal with matters related to health, giving the workers the opportunity to expose theirs real needs, through an open, informal dialogic relation, without barriers between the scientific knowledge and the common sense. In this sense, this work is expected arouse in the health professionals and, among them, the nursing team, changes in its way of make health, taking into account the work world and the interferences that the events that there occur, has impact on the individuals’ life and collectivities.

REFERENCES


Role of the family health strategy in healthcare...
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