Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

CARE PRACTICES USED BY EMPLOYEES OF FAMILY HEALTH STRATEGY

PRÁTICAS DE CUIDADO UTILIZADAS PELOS TRABALHADORES DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

PRÁCTICAS DE CUIDADO DE EMPLEADOS POR EMPLEADOS DE LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to investigate the practices of care by workers of the Family Health Strategy. ***Method***: exploratory, descriptive, qualitative study, conducted by Oral History Thematic interviews with five participants of the training course I multipliers in workshops - "Caring for the Caregiver" in João Pessoa/PB/Brazil. The technique that subsidized the collection was the interview recorded with permission of participants, previously scheduled. Upon careful review of the empirical material was identified thematic - Caring for the caregiver: revealing changes, which led to the discussion through a dialogue with the literature. Results: Among the care practices used, are present breathing exercises, physical activities, relaxation techniques, and community therapy biodance. ***Conclusion***: professionals need to be encouraged to look at themselves and each other in a manner reflective, realizing that when assisting others, are also taking care of itself, enriching itself at each meeting to the next. ***Descriptors***: Mental Health; Occupational Health; Primary Health Care.

RESUMO

Objetivo: investigar as práticas de cuidado utilizadas pelos trabalhadores da Estratégia de Saúde da Família. ***Método:*** estudo exploratório e descritivo, de abordagem qualitativa, conduzido pela História Oral Temática, com entrevistas com cinco participantes do I curso de Formação de multiplicadores em oficinas – "Cuidando do Cuidador", em João Pessoa/PB/Brasil. ***A*** técnica que subsidiou a coleta de informações foi a entrevista gravada com autorização prévia das participantes, previamente agendada. A partir da análise criteriosa do material empírico, foi identificado o eixo temático – Cuidando do cuidador: revelando mudanças, que conduziram à discussão através de um diálogo com a literatura. ***Resultados:*** dentre as práticas de cuidado utilizadas, estão presentes os exercícios respiratórios, atividades físicas, técnicas de relaxamento, terapia comunitária e biodança. ***Conclusão:*** os profissionais necessitam ser incentivados a olharem para si e para o outro de maneira reflexiva, percebendo que ao cuidar do outro, também estão cuidando de si, enriquecendo-se a cada encontro com o próximo. ***Descritores:*** Saúde Mental; Saúde do Trabalhador; Atenção Primária à Saúde.

RESUMEN

Objetivo: investigar las prácticas de cuidado de los trabajadores de la Estrategia Salud de la Familia. ***Método***: estudio exploratorio, descriptivo, cualitativo, realizado a través de entrevistas historia oral temática con cinco participantes del curso de formación de multiplicadores en los talleres I - "Cuidando al Cuidador" en João Pessoa/PB/Brasil. La técnica que subsidió la colección fue la entrevista grabada con el permiso de los participantes, previamente programadas. Luego de la revisión cuidadosa del material empírico fue identificado temáticas - Cuidando al Cuidador: cambios reveladores, lo que llevó a la discusión a través de un diálogo con la literatura. ***Resultados***: Entre las prácticas de atención utilizados, son ejercicios respiratorios presentes, actividades físicas, técnicas de relajación y biodanza comunidad terapéutica. ***Conclusión***: los profesionales deben ser alentados a mirarse a sí mismos y unos a otros de una manera reflexiva, consciente de que al ayudar a los demás, también el cuidado de sí mismo, enriqueciéndose en cada sesión a la siguiente. ***Descriptores***: Salud Mental; Salud Laboral; Atención Primaria de Salud.

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INTRODUCTION

The complexity of human life and the problems that affect the health of people seeking health care professionals positioned facing major challenges when it comes to doing your work.

Given the current changes in the working world, it has become essential to deepen the debate on the relationship between work and health, as well as on the recognition of this relationship, to ensure legal assistance to workers and, especially, provide subsidies for seeking changes in work situations.

At present it is necessary to review what has been working and why are possible associations working to unpleasantness, because the work was not judged as part of the set of significant aspects of people's lives in order to be considered also a factor important in the formation of psychological distress.

Arising from the capitalist system, the changes that have occurred over the decades with the growing process automation of work, characterized by the introduction of new technologies and intensifying labor, involve the excessive consumption of physical and spiritual energies of workers, thus favoring the possibility of new state health risks thereof. The laborization becomes increasingly prominent in the working world, intensifying the damage to the physical and psychological integrity of workers. With respect to mental health / illness, one must also consider that this is a process that expresses certain conditions of human life associated with the ability of individuals to face the challenges, conflicts and aggression shown by the reality in which they live.

In health, the establishment of the National Health System / SUS brought to practice professional a number of changes related to health management, linked to the Family Health Strategy / ESF with emphasis on health promotion and disease prevention and even redefinition of basic concepts such as health, illness and care. The psychological distress of workers, it is often due to excessive workload, the job instability and excessive competition in the workplace. This favors further increased levels of stress at work, leading to present some disorders such as phobias, panic disorder, depression and burnout.

Workers who work in primary care, specifically in the ESF are responsible for assessing the health indicators of its area, recognizing the reality of families under their responsibility, identification of health problems more common strategies to deal with these problems, development educational activities, besides providing direct assistance to users in the unit and also on home visits.

However, these caregivers are unable to care for. His health is often overlooked by both managers, who do not bother to care for their caregivers, as by professionals. Once the work category has been considered important in the individual's mental health by acting directly on the disease process has been noted with concern your research with healthcare professionals, especially considering the context of current transformations in this field. The perception and interpretation of the individual before a given situation as exceeding their personal resources or overloading it are too important for triggering the process of stress and burnout.

Burnout, also known as Syndrome or Syndrome Professional Burnout Burnout is a response to chronic job stress, either in the design of work and / or organizational, is the aspect of interpersonal relationships. The term burnout is used as an allegory to explain that reached the limit of effort and, due to wear and lack of energy that people are subjected, there is more physical and mental condition to work.

Said Syndrome often affects the health professionals, since these workers constantly dealing with individuals, harrowing and unpredictable situations involving conflict, constant care with sick people and tensions that can generate stress. The body triggers an emotional response continued when the individual is subjected to an excessive amount of stress. The nurses, in turn, is considered a profession that suffers great impact of stress at work, since agility, objectivity, ability to differentiate priorities and making fast and accurate decisions are part of their dynamic service.

Assess and monitor the health of these professionals becomes extremely important, as well as the need for meetings between the team with goals of exchanging experiences, conflict resolution and problem solving arising from the practice, targeting the care of physical and mental health of professionals in general, to avoid absenteeism and low productivity associated often chronic diseases. However, pay attention mainly to the professional "carer", which besides exposed to stress is also in the sights of burnout, which consequently brings countless damage to their quality of life and quality of life of another.

Every day, one realizes the importance of a caregiver to a person in need of health care services. In the process of care and be careful, attention turned to always be sick, leaving forgotten the needs of the caregiver. However, caution is essential for caregivers to provide effective care considering that when the caregiver feels good spiritually, physically and mentally, this becomes more accessible in the process of listening, meeting and therefore care.

The FHS is a modality reorganization and strengthening of Primary Health Care as the first level of health care, fully attuned to the philosophical principles of SUS: universality, fairness and integrity, with family, or the community, its focus of attention therefore considers that the individual can not be understood in isolation from their family context, as in the model biomedical.

In an attempt to provide these professionals, a therapeutic support to create space to care for the caregiver to care and thus better able to take care of each other so transformative was implemented ongoing training of trainers workshops - "Caring for caregiver "for these professionals of the health network in partnership with the Department of Municipal and health reference Center of occupational Health - CEREST.

We know that caring for the caregivers can prevent the disease process of health workers, ensuring a work pace that offers training and strengthening of ties between team members and the community and that can still stimulate professionals to develop a qualified hearing in words can enter through the ears and out the heart, making this relationship a real possibility of transformation for those who care and who care. There is a need to find alternatives to improve the mental health of these workers.

In this sense, the paper aims to highlight the risks to which caregivers are subjected when it comes to taking care of others without taking time to care for themselves and show the importance of seeking a space of care within the Health System - SUS for the carers themselves, which is not only a place of social exchange experiences, but also to promote physical and mental health and the prevention of illness generated by overwhelmed by the care with your username and family.

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OBJECTIVE

- To investigate care practices by employees of the Family Health Strategy.

METHOD

A descriptive, exploratory qualitative approach, supported by thematic oral history based on the assumptions listed by Good Meihy.

The study was conducted with the workers of the Family Health Strategy that I attended the Training Course for multipliers in workshops - "Caring for the Caregiver," built by five participants, all female, two supporters of health, a psycho, a psychologist and a nurse.

In January 2012 implemented from the interviews, a technique that subsidized the collection of information held by the recording system MP4 with permission of participants, locations and times previously scheduled with the collaborators.

The oral history projects need to be guided by questions cutoff, defined as issues that cut across all interviews and must relate to the destination community, marking the identity of the group analyzed.

The questions that guided cutting this study were: How do you, the caregiver has another care of yourself? What is the meaning of caring, carer? What are the practices used by you to care? What was the motivation that led him to participate in this course? What this course is causing repercussions in their day-to-day, as a person and worker health? What challenges have you encountered along the way to take care of themselves and each other? And what has changed with their

participation in this course multipliers for "caring for carers'.

The whole interview process was guided by three stages: the pre-interview, the interview itself and the post-interview until they build with some speeches and consistent approach to the setting of the study and the theoretical framework.

Upon careful review of the empirical material was identified thematic - Caring for the caregiver: revealing changes, which led to the discussion through a dialogue with the literature.

The research collaborators signed a Consent Resolution 196/96 National Health Recognizing that each study participant will have autonomy to choose to participate or not, respecting their freedom to withdraw from the study at any time.

This research is part of Project Practices Care System in Formal and Informal Health has already been submitted to the Ethics Committee of the Center for Health Sciences UFPB / CEP / CCS being approved with protocol number 0059 and complies with ethical and legal norms and guidelines laid down in Resolution 196/96 regulating human research, establishing the Code of ethics for Professional Nursing, to ensure the rights and duties with respect to the scientific community, to the study subjects and the State .

RESULTS

Main Topic - Caring for the caregiver: revealing changes

Taking care of yourself is a way to build the human being, getting in tune with yourself and the world. How to care for themselves, and the other is presented, reveals that the professional is because, if the care itself is little or even no, this is likely to disrupt professional, hurting themselves, and eventually , what or who is associated with it.

It is observed during the speeches, the participants recognize the importance of taking care of themselves to better care for others, stating that the course helped them understand and respect the limits of the body so as to strike a balance, as the following statements:

> *[...] I care for someone, I have to first take care of me [...] and when I say take care of myself, take care of my health is not only physical health, but mental, the spiritual, the psychological [...].*
>
> *[...] Is very easy to say that I am a caregiver, I'm working on taking care of the caregiver and not stop to take care of me [...] and so I can take care of each other I have to take care of me [.. .].*
>
> *[...] Also learned, namely that I need limits, I need to shut down, because it is very difficult to switch off from day-to-day affairs of [...].*
>
> *[...] We have a work pace that when we enter the service, we do not have time for anything more, is a demand upon the other, a lot of overhead power and energy that disconnected if you do not understand, do not have this care himself, just sick [...].*

Thus, we pointed out the main care practices used by these workers of the Family Health Strategy, as well as the difficulties encountered in this process, for example, the lack of time given the workload sometimes reveal that professionals neglect himself on account of the care of the other, as if an action to annul other.

Note that the experiences and practices experienced during the course of training of trainers workshops - "Caring for the Caregiver" benefited from the evolution of the process to take care of themselves, recognizing that these moments should be more prioritized.

> *[...] As far as possible I try to take care of me a bit too, but this runs runs the day to day responsibilities [...] gets a little complicated to arrange a time for me [...] when I have some time available, I try to enjoy this with my husband and my son and myself [...] is a beach, a farm, swim in the river and also really like doing those breathing techniques. Looking also at night when I lie down, listen to those songs on the course and try to listen to my heart beat, hear my breathing a little [...].*
>
> *[...] Some that are learned in the course, such as relaxation, breathing and also really like me feel good when I'm not doing these practices, I love going to the salon, nails done, hair, increase my self-esteem [.. .] I think during the day-to-day are minimal these days, are small and reduced [...] times that deserved much more [...].*
>
> *[...] I do therapy, I try to notice when I'm not well, so respect this limit, I dance, I found the best to take care of myself. I walk, breathing exercises work and when I come home at night to slow down, put a cd instrumental for relaxation and do understand that caring for others is a practice to take care of me [...] The challenge is to care for themselves be ever vigilant to the devices, what happens, what your body is speaking [...].*
>
> *[...] I worry much more on taking care of people, so I end up getting into the background, I have more instinct and desire to care for others [...] in situations of everyday life where work is very stressful I*

try to take care of me, but it's complicated. When I have time I usually practice leisure activities, going to the beach, chatting with friends, stay close to the people that make me well [...].

[...] I try to do what I like, either join a dance club, looking for a place to have a dance foot of the mountain, is therapeutic for me and care for me is [...] is trying to do something that gives you pleasure and satisfy you and bring your well-being [...].

Another point highlighted by the collaborators is about the changes that have occurred because of participation in this course, showing the repercussions successful in personal and professional. It is understood through the reports, a reflection on the importance of caring for the caregiver and among the reasons that led to attending this course was that many of them have worked with the prospect of caring for others, so that the course represents an increase as a person and professional.

[...] The impact that the course has caused as a person is in the psychotherapeutic process, often camouflage the therapeutic process, you lock yourself up and unconsciously think it was a leap into my therapy. I experienced moments in this course who came to heal my wounds was very rewarding. In part professional, came to bring me joy, I had this felling to realize that the team also needs care. For me, as a worker and see the team, know they need help, they also know I need to be helped, I realize, is very important! It is a growth [...].

[...] Significant change after completion of the course, was viewing on my person, I see, because I did not see me before [...] beyond to help me, I have spent it for other people in my family with the experience that I have lived these better habits of life [...].

[...] After this course, as a person and employee is that I've become really aware who really need a moment for me [...].

[...] Is the issue of same gratification, you can always be helping to improve the quality of life of people. For me is very important and has the issue of community therapy that house very well with caring for the caregiver [...] reflect many things in relation to care, because when we graduated in physical education have tried to care for others through physical activity and it came to the course to mature enough [...].

[...] The first impression I had was as a person, because through this course could do my self-reflection and to understand that in most cases the problem was not in the other, but in me [...] and in the work process he helped me a lot, because I have another vision with the workers [...].

Self care occurs, then, from the moment that there is an association between the act of caring and relating with others, enriching the encounter with others. In view of this, the professional can take care of himself, meeting the needs of their own personal and professional growth.

The narratives also attest, the responsibility of being a multiplier, providing workshops in the workplace directed staff and the community, working dynamics of self-esteem, relaxation and breathing exercises, dances, discussion of texts, among others. Note the gratification of being able to provide these people a moment to look back, relax, vent, leaving aside concerns and anxieties, so that when they leave these meetings are much lighter and renewed. Right now, some collaborators to recognize that caring for others, are also taking care of themselves, as shown in the following discourse:

[...] Take care of the caregiver is to realize that the other person needs to find while, then take care of each other is also taking care of me a bit because from the moment that you take care of someone, this desire to make the other one feel good, you have a better quality of life, also comes back to you [...].

[...] I also feel like I'm taking care of me right now, because it has many practices that touch us, it is within the context that we're going through at that time and very helpful. You already leaves much lighter [...].

DISCUSSION

Importantly, the size of assisting others to benefit himself so not to expect the return of those being careful, but to be doing a job that gives you pleasure, believing that doing for others what you would have them do it, showing that the human subject is recognized as the encounter with the other.

From this perspective contributes to discuss Silva (2011) stating that the characteristics of the care provided to the other (dedication, confidence, patience, humility, sincerity) apply to self care. To pamper yourself, you must feel like another look inwardly the same way as shown on the outside and feeling united with him. However, this attitude of observing the growth of the other, is possible only if the individual understands what it means to grow themselves and seek to satisfy their own needs, supporting the view that the relationship with the other happens in the same way as the person relates to himself.

When a human looks in the mirror, sees his image reflected from his perception. But it is

from the time looking for another openly and reflective, which may have an understanding about the other nodes, causing in this way the dependence of a constant against each other so that one can always be in process discovery of "another self" which is historical, temporal and intentional.

The professionals show their willingness to expand their horizons, however, have difficulties in the functioning of the structure and configuration of relations with each other. As evidenced in the speeches of employees, the challenges encountered in this path are related to the release and support from the management so that professionals can participate in these meetings, lack of resources for the actions of the workshops, available space for meeting them, availability time the organizers themselves and resistance of people are worked. It follows, therefore, that health work requires the professionals charged with a routine high degree of tension involving the entire team. Countless people moving and talking, constant complaints, anxiety, sadness, pain, death and long working hours are the most routine of these professionals. It is a fact that nobody can give the other what is not, this way we will be more effective in the task of caring if we are willing to promote the welfare of others without forgetting our own.

The care of the self and the other emerges as a relationship intensely lived bolstering an experience that is ambiguous in its core. Now how about the source of joy, sometimes to cause suffering. Unveils itself, so that professionals will show how fragile humans who perceive the encounter with people as a movement of discovery of self and other. This meeting shows a scene of intersubjective exchanges in which the "I" can find things in their "other" that are forgotten itself.

In this complex work process, occurring relations of coexistence, not only with the client but with the whole team, it becomes fundamental to action in the sense of understanding and attention to promoting health and wellness in a contextualized and individualized . Caring involves looking at each other, establish conditions for the other to grow, be available to see him and hear him, in order to comfort, soothe, protect.

In general, the physical states, mental and emotional consequences associated care can occur due to various factors, including: the exercise of care colliding with the individuality of caregiver tasks that entail physical wear, care activities that are carried out without help from other people or professionals beyond their own physical and emotional limitations that affect the physical well-being and psychological caregiver. It is important to be alert to the fact that it is common if the caregiver overload in their activities and forget that also needs care. The caregiver must take care of their health and well-being so that you can realize from exercising their functions in a balanced and healthy.

In an environment in which several people interact daily in professional development activities, it is necessary that there is a harmonious balance between them. Reflecting that concomitant care of themselves and the client, it is important to value the interpersonal relationships in the workplace, the care of his colleague, because we live in society, at work and in group form a team. In relations interpersonal communication need not necessarily occur verbally, non-verbally, too, can communicate to other care.

The direct and constant with people who are frail and fragile, makes professional experience contrasting feelings. On the one hand, they are happy and pleased to help, be caring and compassionate to the suffering of others, but on the other, the intensity and continuous contact with these situations lead to the wear and use different coping mechanisms.

The development of knowledge and praxis of human caring is essential principles that will promote growth, improvement and development of the caregiver, as well as who is careful, taking the view that to take care of themselves helps that the other also develops . When relating the practices of self-care with health promotion, adopt ethical behavior for life, awakening the responsibility and concern for the living.

Given this consideration, it is observed how relevant is the caregiver support caregiver and the cared for. But little will advance the holistic, individualized client to best meet their needs if the human maintainer of care stays out of that look.

CONCLUSION

The guiza of considerations, one can say that after the training course for multipliers in workshops - "Caring for the Caregiver" participants realized the importance of having a moment intended to take care of themselves, though such situations are considered minimal, constituting a great challenge in this process. It also lacks the perception that when assisting others, the

caregiver is also taking care of themselves, improving their quality of life.

It is inferred that professionals need to be encouraged to think about the actions involved in caring for others and, indispensably, in care of itself, and can thus benefit future to perform the exercise of care and to implement it not only the customers, but also among teammates and family.

So, the professional who can not articulate the process of caring for others and caring for oneself can turn this into a reason disarticulation stress generator and careless in the development of their activities.

The multidimensionality of human beings requires any health care professional, a range of knowledge required to inter-professional relations and personnel to seek a new culture is to think that care in its various human dimensions. We notice that you need a space to strengthen a "Caring for Caregivers" in the state, as well as greater support from management to the initiatives adopted to include the health of these caregivers, contributing in this way to minimize suffering these professionals, users and their families.

Discussions and studies on this topic are scarce, but extremely necessary, during the process of professional training in the area of health, in order to understand care as a process that has an essential dimension and complex, both in the experience of carers about who gets care.

Whereas the academic environment, in many cases, is the same professional performance, we conclude that we can tap into a wealth of contact with people and their experiences, which is reflected in the attitudes present in interpersonal relationships. Anyway, this is how, in the course of being encouraged and guided to perceive themselves as an important part for the proper development of the Health System, which will be able to enhance and promote understanding that health care and attention given to the other should be proportionate to care himself, building a great source of professional and personal development.

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Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/02/09
Last received: 2012/11/16
Accepted: 2012/11/17
Publishing: 2012/12/01

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