



INTEGRATIVE REVIEW ARTICLE

NURSING CARE ACTIONS IN OCCUPATIONAL HEALTH: AN INTEGRATIVE REVIEW

AÇÕES DE CUIDADO DE ENFERMAGEM À SAÚDE DO TRABALHADOR: REVISÃO INTEGRATIVA
ACCIONES DE CUIDADO DE ENFERMERÍA A LA SALUD DEL TRABAJADOR: REVISIÓN INTEGRATIVA
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RESUMO

Objetivo: analisar o cuidado de enfermagem ao trabalhador, retratado na produção científica da área. **Método:** revisão integrativa com vistas a responder à questão << *Como se configura o cuidado de enfermagem voltado ao trabalhador, retratado na produção científica da área?* >> Realizou-se a busca na biblioteca virtual SciElo, com recorte temporal de 2006 a 2010. Os artigos deveriam estar em português, disponíveis na íntegra e ter o descritor “saúde do trabalhador”. Selecionaram-se 38 publicações. Utilizou-se formulário estruturado para análise crítica dos dados, que foram apresentados em figuras. **Resultados:** os temas mais abordados foram: saúde mental, atividade laboral, biossegurança, condições de trabalho e saúde ocupacional. Não ocorreram intervenções. As pesquisas se resumiram à aplicação de escalas com o fim de coletar dados. **Conclusão:** o cuidado de enfermagem ao trabalhador não está sendo explicitado em publicações científicas. As pesquisas publicadas restringem-se à descrição de resultados estatísticos. **Descritores:** Enfermagem; Saúde do Trabalhador; Enfermagem do Trabalho.

ABSTRACT

Objective: to analyze the nursing care actions in occupational health portrayed in the scientific literature of the area. **Method:** integrative review aiming at answering the question << *How are the nursing care actions in occupational health portrayed in the scientific literature of the area?* >> We conducted a search in the Scientific Electronic Library Online (SciELO) within the time frame of 2006-2010. Inclusion criteria were: articles in Portuguese, available in full-text and with the descriptor "occupational health". 38 publications were selected. A structured form was used for the critical analysis of the data obtained, which were presented in figures and tables. **Results:** the most discussed topics were: psychological health, work activity, biosafety, working conditions and occupational health. There were no interventions. The studies were restricted to the use of scales for data collection. **Conclusion:** nursing care actions in occupational health are not being described in the scientific literature. All of the published studies restricted themselves mainly to the description of statistical results. **Descriptors:** Nursing; Occupational Health; Occupational Health Nursing.

RESUMEN

Objetivo: analizar los cuidados de enfermería al trabajador que son retratados en la producción científica del área. **Método:** revisión integrativa con el fin de responder a la pregunta de << *¿Cómo se configura el cuidado de enfermería dirigido al trabajador que es retratado en la producción científica del área?* >> Se realizó una búsqueda en la Scientific Electronic Library Online (SciELO), con recorte temporal de 2006-2010. Los criterios de inclusión fueron: artículos en portugués, disponibles en texto completo, e indexados con el descriptor "salud laboral". Se seleccionaron 38 publicaciones. Se utilizó un formulario estructurado para el análisis crítico de los datos, que fueron presentados en forma gráfica. **Resultados:** los temas más abordados fueron: salud mental, actividad laboral, bioseguridad, condiciones de trabajo y salud laboral. No hubo intervenciones. Los estudios se restringieron a la aplicación de las escalas con el fin de recolectar datos. **Conclusión:** el cuidado de enfermería al trabajador no se está siendo explicitado en las publicaciones científicas. Los estudios publicados se limitan a la descripción de los resultados estadísticos obtenidos. **Descritores:** Enfermería, Salud Laboral, Enfermería del Trabajo.

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INTRODUCTION

It is through work that individuals express and try to accomplish their desires, wishes and possibilities. Thus, work is central in the lives of individuals, either as a structural element or as a pathological one. It depends on the meaning and significance of work that is constructed in people's lives from specific situations, as well as on the type of psychic relationship that the individual establishes with his work.¹⁻²

Changes that have occurred in the world of work over the last decades, such as the increasing use of microelectronics, informatics, telematics and robotics, combined with a new and complex set of organizational innovations, have severely impacted the health of individuals and of the collective of workers. There have been changes in work organization, working conditions, and in labor relations. These caused an intensification of labor, which has led to the excessive consumption of physical and spiritual energy of workers. The insecurity generated by the fear of unemployment causes people to subject themselves to many different kinds of work schemes and work contracts.³

The development of work also led to the intensification of occupational diseases. The work-related musculoskeletal disease (WMSD, formerly named RSI - Repetitive Strain Injury), is currently one of the main occupational diseases in the various branches of production - from the traditional ones, such as clothing and footwear, to the modern ones, such as informatics. Although the use of machinery and robot systems alleviates, in some cases, the physical work load, they still require a small effort that must be repeated by hand and fingers at high speed over and over again. This generates, at the same time, a static posture and the overloading of body segments.⁴ The reproduction of capitalist social relations can also be found in healthcare, exposing workers to the risks of the work environment, resulting in accidents and occupational diseases. The hospital environment has a number of characteristics that can cause risks to health of workers. These risks arise from the very nature of work and its organization.⁵⁻⁶

In the 1970s and 1980s (especially after 1975) the job market in health care expanded significantly, becoming a branch of high absorption of labor force. However, the increase in the number of vacancies in the sector was not accompanied by improvements in working conditions.³

The hospital has, in the course of time, ceased to be a place where people were taken to die, transforming itself into a healing space. Besides the risks of accidents and physical diseases to which hospital workers are exposed, this environment concentrates psychic suffering and is recognized as a prime location for disease emergence.³

Nursing is a strenuous profession, exposed, from an etiological point of view, to physical, chemical, biological and psychological risk factors. The organization of work that permeates the daily lives of the nursing team is made up of long working hours; accelerated working rhythms; a repressive and authoritarian attitude of a rigid, vertical hierarchy; the fragmentation of tasks; lack of recognition of nursing as an essential activity; and inadequate legislation in professional practice regarding working hours and workload. The working conditions offered and their impact on personal life may be related to the occurrence of mental disorders such as anxiety and depression, which are common among assistant nurses. These variables may compromise the quality of the nursing care provided to patients and family members.^{3,6-8}

The understanding that health is the complete physical, mental and social well-being, together with the way in which the work in healthcare is performed, may have implications for the health professional/patient relationship. It could make health professionals cease being subjects and become mere doers of tasks, reducing the universe of needs and the specific knowledge required in this context. Nevertheless, the social, psychological and even physical well-being is not a stable state and there is no guarantee that it can be kept forever.⁹ Health professionals, who are exposed to all the problems described above, cannot leave their mental functioning at home, outside of work, because the psyche is indivisible. Even though they act as mere doers of tasks, their psyches suffer the actions of all the hardships of their work, inside or outside of it.

The field of knowledge that seeks to understand the relationship between work and the health/disease process is called Occupational Health. From this perspective, health and disease are dynamic processes, closely articulated with the productive development methods of humanity in a particular historical moment.¹⁰

In this context, we believe that analyzing the nursing care actions in occupational health portrayed in the scientific literature of

Oliveira DC, Moreira TMM, Santiago JCS.

Ações de cuidado de enfermagem à saúde do trabalhador...

the area can serve as a basis for improving nursing care actions in occupational health.

Thus, the objective of this study was: to characterize the scientific production of articles focusing on nursing care actions in occupational health; to identify the interventions and outcomes of nursing care in occupational health; and to provide the main recommendations of the authors regarding Occupational Health.

METHOD

Integrative review carried out according to the following steps: establishment of research objectives and inclusion criteria of articles; definition of the information that should be extracted from the studies; selection of articles; analysis of results and discussion of findings; and presentation of the review.

The study question was: How are the nursing care actions in occupational health portrayed in the scientific literature of the area?

Data collection was conducted in September 2001, in the Scientific Electronic Library Online (SciELO). SciELO is an online library developed in partnership between the Foundation for Research Support of the State of São Paulo (FAPESP) and the Latin American and Caribbean Center on Health Sciences Information (BIREME).¹¹ We chose the SciELO as a source of research for this study because we believe it provides visibility and accessibility of Brazilian scientific literature on the Internet, an important communication tool nowadays.

The literature search was conducted within the time frame of 2006-2010. The following journals provided articles in full-text for this period: Acta Paulista de Enfermagem (ACTA), Anna Nery School Journal of Nursing (ANNA NERY), Brazilian Journal of Nursing (REBEN), Latin American Journal of Nursing (RELAE), Revista da Escola de Enfermagem da USP (USP) e Text & Context - Nursing (T&CONT).

Thus, all of the numbers of the journals selected were accessed electronically in search of articles with the descriptor

"occupational health". A total of 48 articles were identified. However, in order to answer our research question, we used the following exclusion criteria: literature review, theoretical reflection or documentary articles including instrument validations, and other articles that did not involve situations where occupational health care intervention could be required. A total of 38 articles met these inclusion criteria.

A structured form was used for the extraction of data from the articles. The form was elaborated according to an existing model from another study¹². It addressed the following characteristics: year of publication, type of analysis used and the study design, professional groups addressed (sample/subjects), research question, actions of nursing care proposed, results and recommendations of the authors of each study.

After reading the articles, we entered the data into Microsoft Excel 2007 spreadsheets. The data were then analyzed using descriptive statistics, and presented in figures and tables. We performed a critical analysis of the articles, confronting them to the literature. Concerning the assessment of methodological quality and bias, all of the selected articles were classified as level IV (non-experimental design studies, such as correlational descriptive research and qualitative or case studies), according to the Agency for Healthcare Research and Quality (AHRQ) classification.¹³

RESULTS

38 articles were selected and distributed according to journal and year of publication, as seen below:

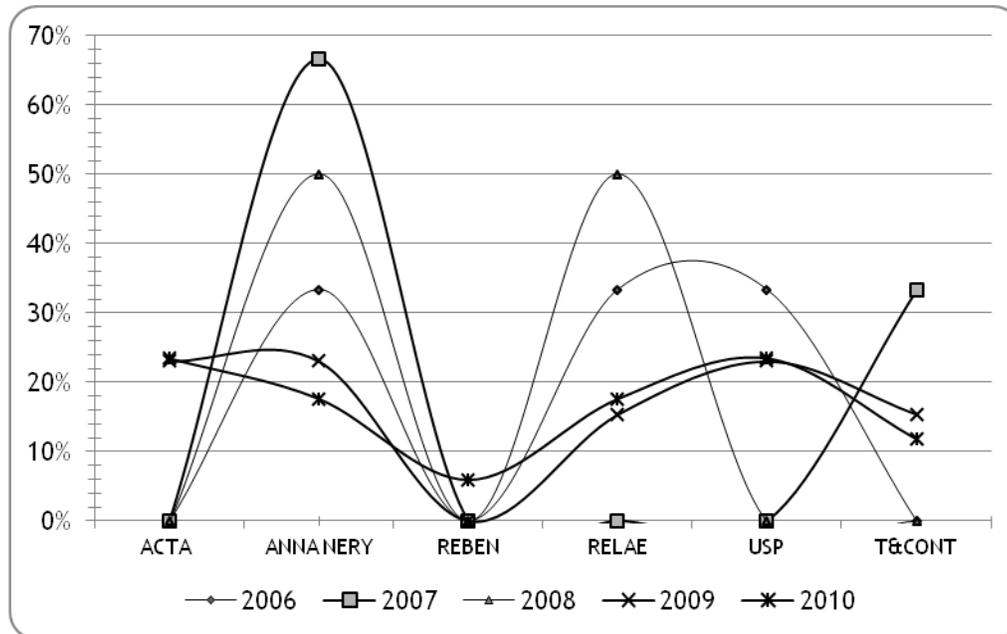


Figure 1. Distribution of articles in the sample according to journal and year of publication. Fortaleza-Ceará-Brazil, 2012.

Looking at the results in Figure 1, we can see that the journal that published more articles according to the pre-established criteria was the Anna Nery School Journal of Nursing with a total of 10 articles (26.3%), followed by the Revista da Escola de Enfermagem da Universidade de São Paulo with eight (8) articles, the Acta Paulista de Enfermagem and the Latin American and Caribbean Center on Health Sciences Information, with seven (7) articles each, the Text & Context Nursing with five (5) articles, and the Brazilian Journal of Nursing with one (1) article. There was a growth in the number of publications over the years studied, with 17 articles (44.7%) published in 2010.

It was not possible to identify whether there was any historically important fact that justified the increased number of articles in 2010. Nevertheless, we assume that the

increase in the frequency of occupational diseases in the last decades, together with a rising number of technological and organizational innovations, should have generated more concern about the health of workers in general.

The study design aims at answering the research problems. It determines how a researcher structures, implements or designs a study. First of all, the researcher has to choose between playing a passive role in the observation of the events that occur with the study subjects or applying an intervention and observing its effects.¹⁴⁻¹⁵ In the selected articles, no interventions were applied. As shown in Figure 2, the highest percentage of articles (47.3%) is of quantitative nature. This type of study focuses on the measurement of variables, while qualitative studies approach the human experience in a given context.¹⁴

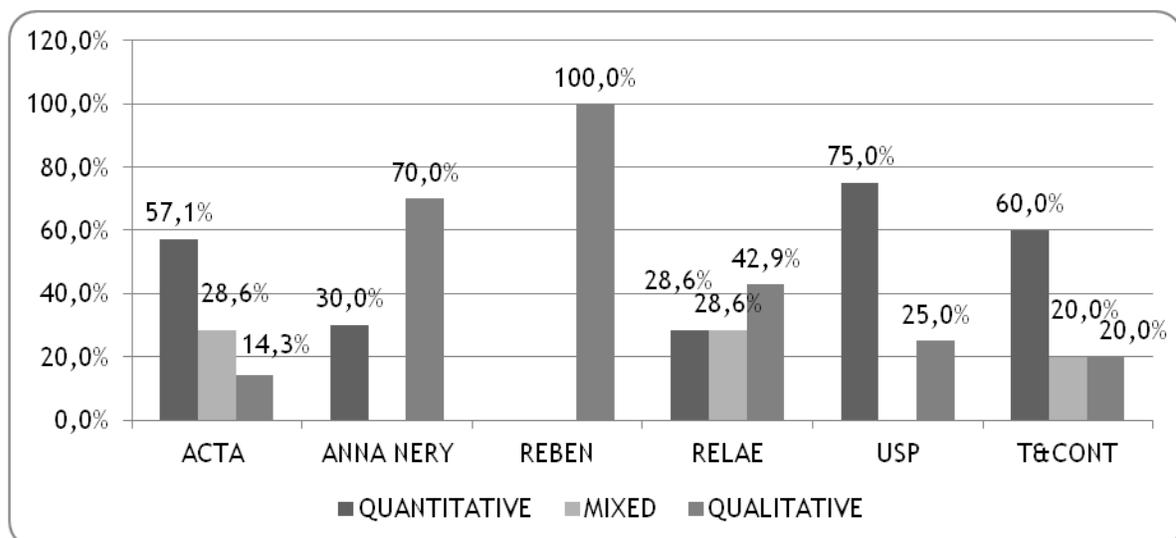


Figure 2. Distribution of articles in the sample according to the study approach, Fortaleza-Ceará-Brazil, 2012.

In the analysis of the nursing care actions in occupational health portrayed in the scientific literature of area, it was possible to describe the main nursing care areas in occupational health, highlighting the relationship between psychological health and work activity (Figure 3). Pleasure and suffering are feelings present in the working

context of the nursing staff, since these professionals deal with suffering, pain and witness the death of other human beings. These situations can cause feelings of anxiety in nursing professionals, which may directly influence their health and the quality of care provided.¹⁶⁻¹⁸

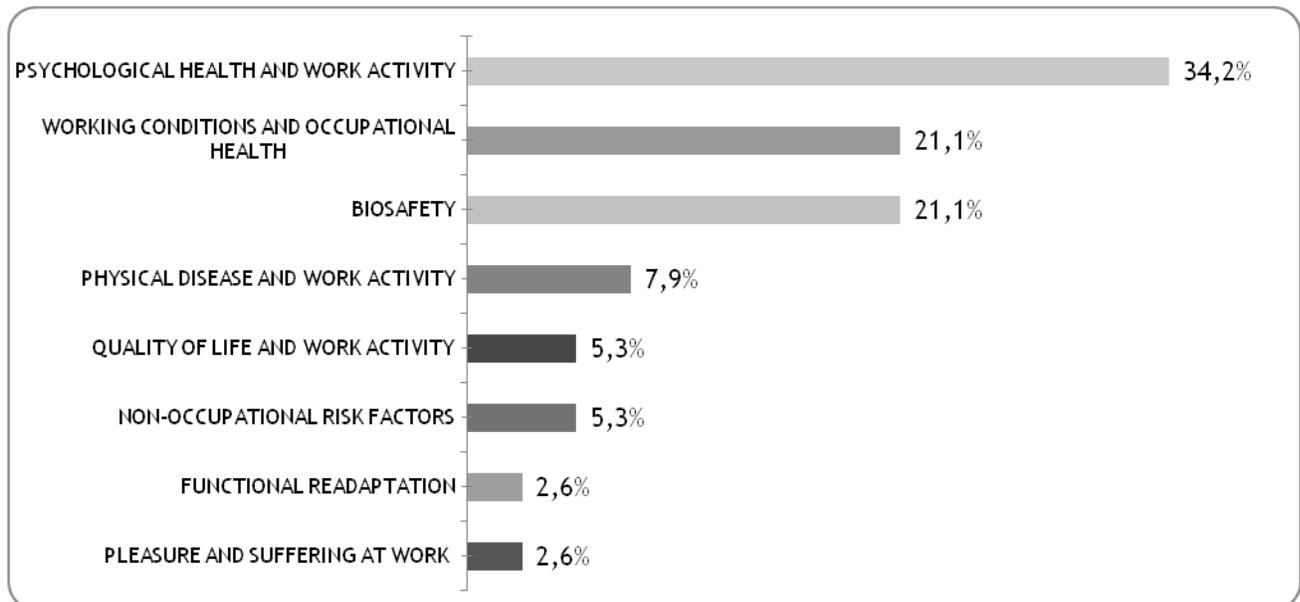


Figure 3. Distribution of articles in the sample according to nursing care areas in occupational health, Fortaleza-Ceará-Brazil, 2012.

Psychological distress seems to be on the increase, associated with the occurrence of mental disorders such as anxiety and depression. The origin of these diseases can be found in the way the subjectivity of each person and his/her working context are articulated, since the object of work of the nursing staff is pervaded by intense interpersonal relationships that take place in dynamic and overloaded working contexts. Thus, not all exposed to similar conditions get ill or wore out to the same extent. This relationship is multicausal and takes into account the various subjective dimensions of man's relationship with his work, such as devaluation, low wages or the possibility of helping other people, among others.^{3,19-20}

Next we consider topics that are also quite discussed in this context, such as biosafety and working conditions. Biosafety, according to the National Technical Commission on Biosafety (CTNBio), is the process aimed at the safety, control and reduction of risks arising from biotechnology. In order to avoid biological accidents, it is recommended that the worker should use the standard universal precautions whenever coming in contact with biological materials - in patient care and in the handling of his/her bodily fluids, as well as in the handling of contaminated materials and objects -, regardless of knowing the diagnosis or not. However, we know that, in practice, this is not always the case. Personal protective equipments (PPE) are most

commonly used in the care of patients whose diagnosis of transmissible disease is known. Occupational accidents involving sharps or the contact with mucous secretions are still very common among nursing professionals.²¹

The exposure to poor working conditions increases the chances of becoming ill. Since we associate health with the real possibility of caring for oneself and enjoying life, it is not difficult to understand that poor working conditions and problems in interpersonal relationships contribute to the burnout of nursing professionals. Among what we call "poor working conditions" we may include: shortage of material and human resources; working together with untrained personnel at specialized areas such as Intensive Care Units; professional devaluation; lack of labor rights; inadequate remuneration; conflicting hierarchical and interpersonal relationships at work.^{3,22-23}

The most common location for the conduction of studies was found to be the hospital (31), followed by other institutions (7). No studies were found to be performed in universities or research centers.

Working in a hospital environment presents a number of peculiarities that may cause health risks to workers, due to the specificities of the environment and the insalubrious activities performed. Work in a hospital environment is considered to be dynamic, stimulating, and heterogeneous. However, the division of labor reproduces the

Oliveira DC, Moreira TMM, Santiago JCS.

Ações de cuidado de enfermagem à saúde do trabalhador...

capitalist mode of production, and stand in an ambiguous relationship with the idealisms and the assistencialism generated by charitable spirit. Workers - exposed to the risks of the work process - experience and alternate feelings such as hopelessness and commitment, in a context of intense work and disguised in a discourse of teamwork. This scenario leads to occupational accidents and diseases, and may be aggravated by social, political, economic and cultural aspects related to the nursing work. This occurs particularly when incomes are insufficient to

maintain a dignified life and force the occurrence of double jobs, with long working hours and consequent psychological and emotional weariness.^{3,5,24}

Concerning the subjects involved in the researches, we observe the presence not only of the nursing staff, but also, in some studies, of the whole health team, from nurses to ambulance drivers. People who share (even if indirectly) the everyday dichotomy aforementioned. However, half of the articles address the nursing staff (Figure 4).

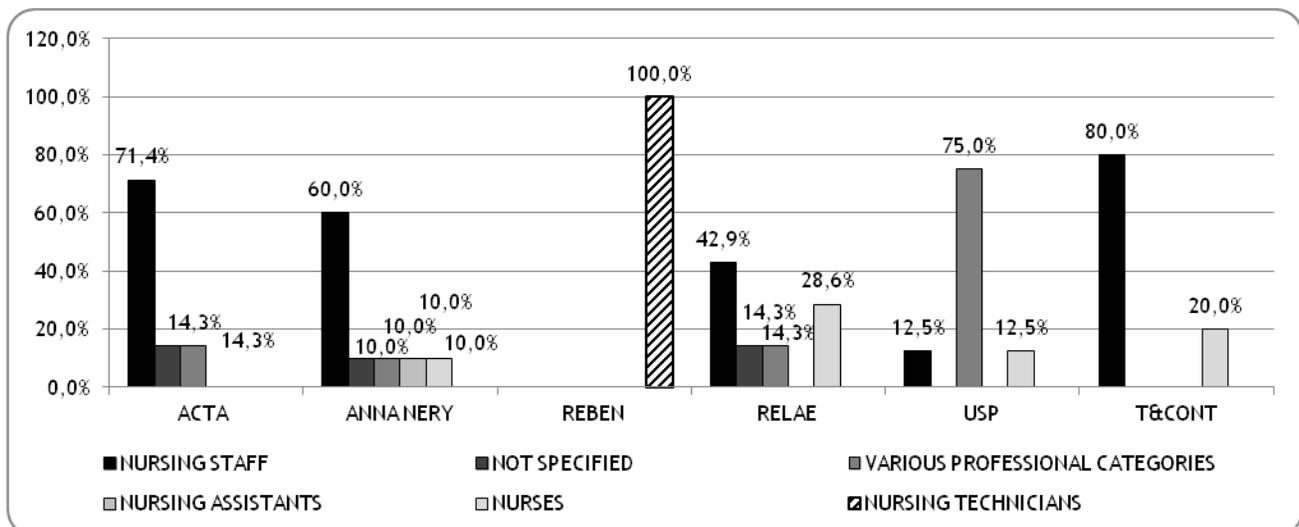


Figure 4. Distribution of articles in the sample according to the actors involved in the care actions mentioned in the articles, Fortaleza-Ceará-Brazil, 2012.

Members of the nursing staff are part of a multidisciplinary team that is responsible for the care delivered to patients and their families. Nursing work is characterized by an organizational process influenced by fragmentation (i.e. it follows Taylor's principles) and has sick subjects as its object of work. It is preserved by the historical construction of the idealization of care. This concept is also a kind of defensive strategy used to make nursing professionals feel useful and (in some way) valued, despite their hard and painful work, the occurrence of feelings of suffering, fear, conflict, tension, anxiety, stress, as well as the existence of power struggles, the fact that they have to deal with life and death issues, long working hours, lack of job organization and professional dissatisfaction, among many other factors that are inherent to their daily lives.^{3,9,23}

DISCUSSION

There were no interventions. The studies were restricted to the use of scales for data collection, i.e., no actions were implemented to intervene in some way in the occupational health of the research subjects and for later evaluation. Questionnaires, scales and interviews were administered to the groups of subjects with the single goal of data collection.

Thus, we observed that the studies selected restricted themselves to the establishment of diagnoses. No nursing care actions in occupational health were found in the selected studies.

Regarding the results obtained in this study, we observed that, in general, sociodemographic characteristics (being female, obese, smoker, at the extremes of age, with small children, and low education) and work characteristics (being a nurse technician or a nurse assistant, working night shifts, high physical demand at work) were associated with changes in physical health (pain in various parts of the body) and in psychological health (irritation, moodiness and work incapacity).^{21,25-27}

Inadequate working conditions have harmful effects on the health of nursing staff. These professionals develop collective defense strategies such as the emotional distancing in face of death, the distant attitude adopted when facing an overcrowded waiting room, or the depersonalization recognized through the coldness of their attitudes or their mood at work.^{26,28}

The occurrence of physical and mental health problems - resulting mainly from the stress and the weariness caused by their working conditions - affects their personal

lives and increases their chances of getting ill.³

These results corroborate data found in the literature that report that alone the gender issue (the fact of being a woman) and the practice of double shifts (economic work and household chores) already constitute a stress factor and cause greater physical workload. At the same time, paradoxical feelings experienced at work may contribute to the imbalance of mental health.

The authors believe it is important to invest in the motivational and educational process, as well as in the promotion of health in the workplace through training activities/courses and lectures, aiming at reducing risk exposure and preventing the development of occupational diseases. These actions should count with the active and collective participation of workers for better adherence.^{21,25-27}

With regard to the working conditions, since they are directly related to occupational health and to the prevention of diseases, it is necessary to think about planning and instituting actions that encourage the integration of nursing professionals and improve working conditions. Thus it would be possible to promote the physical and mental welfare of health professionals, considering that people who care for others need to be perceived as human beings with feelings and emotions, and who deserve better quality of life.^{21,27}

From this perspective, worker's mental health should not be overlooked, in order to ensure that they are able to provide respectful, dignified and high-quality care. For this purpose, occupational health should be recognized as a right of the worker and strategies for the reorganization of the work process should be developed in order to reduce sources of stress.²⁹

These recommendations go through the monitoring and observation of the working conditions of each service, so that an analysis of the factors that cause discomfort and stress, and may contribute to the production of occupational illnesses can be accomplished. In addition, educational measures and measures for monitoring the results of these actions are essential to a healthy work environment with healthy people.

CONCLUSION

After analyzing the nursing care actions in occupational health portrayed in the scientific literature of the area, we found that:

The nursing care areas in occupational health were mainly: Psychological health and work activity; Biosafety; and Working conditions and Occupational health. The main location was the

Regarding the location where studies had been conducted and the subjects involved in the studies, we found that the main location was the hospital and the main actors were the nursing staff (nurses, technicians and nursing assistants), followed by various professional categories and (registered) nurses.

We noticed that, in the articles examined, there were no interventions. The studies were restricted to the use of scales for data collection. No actions were taken after definition of the results/diagnoses.

Regarding the results obtained, we observed that, in general, sociodemographic and work characteristics were associated with changes in physical and mental health.

As for the main recommendations concerning the Occupational Health of workers, the authors consider relevant to invest in the motivational and educational process, and in the consequent health promotion in the workplace.

Thus, the study allowed a better understanding of the aspects that are mainly addressed in the nursing literature about occupational health. Although the published studies have not been limited to investigating physical and ergonomic issues, we believe it is necessary to expand the focus of discussion about working conditions and their consequences to occupational health. This may in the future contribute to raising the awareness of the authorities for the implementation of public policies for the safety and health of healthcare professionals (particularly the nursing team) at work.

Furthermore, we invite nurses, technicians and assistants to reflect on the need to analyze the work management models in which they operate and the aspects that negatively influence them, contributing to the production of illnesses.

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Ações de cuidado de enfermagem à saúde do trabalhador...

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Oliveira DC, Moreira TMM, Santiago JCS.

Ações de cuidado de enfermagem à saúde do trabalhador...

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