Violence in the Family Health Strategy: repercussions for the worker

La violencia en la Estrategia de Salud Familiar: repercusiones para el trabajador

Violência na Estratégia de Saúde da Família: repercussões para o trabalhador

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Abstract

The present study has as its object "violence related to the work of the health team of the Family Health Strategy". Objective: To identify the repercussions of work-related violence on the health of workers in the Family Health Strategy. Methodology: Integrative review carried out in the Virtual Health Library, Latin American and Caribbean Literature in Health Sciences and Nursing Databases. Results: Among the repercussions for the health of the identified workers, the following stand out: fear, insomnia, anxiety, nervousness , depression, demotivation, stress, somatization and other physical, psychological and mental illnesses. Conclusion: There is a need for studies that highlight the relevance of actions aimed at monitoring violence, as well as those of a preventive nature and related to health promotion in the work spaces and the surroundings, in order to minimize the repercussions of violence related to work in the Family Health Strategy for workers.

Descriptors: Health Team; Family Health Strategy; Worker's Health

Resumén

El presente estudio tiene como objeto "la violencia relacionada con el trabajo del equipo de salud de la Estrategia de Salud de la Familia". Objetivo: Identificar las repercusiones de la violencia relacionada con el trabajo en la salud de los trabajadores en la Estrategia de salud familiar. Metodología: Revisión integradora realizada en la Biblioteca Virtual en Salud, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Bases de Datos de Enfermería. Resultados: Entre las repercusiones para la salud de los trabajadores identificados, destacan los siguientes: miedo, insomnio, ansiedad, nerviosismo , depresión, desmotivación, estrés, somatización y otras enfermedades físicas, psicológicas y mentales. Conclusión: Se necesitan estudios que resalten la relevancia de las acciones dirigidas a monitorear la violencia, así como aquellas de naturaleza preventiva y relacionadas con la promoción de la salud en los espacios de trabajo y los alrededores, a fin de minimizar las repercusiones de la violencia relacionada con trabajar en la estrategia de salud familiar para trabajadores.

Descriptores: Equipo de Salud; Estrategia de Salud Familiar; Salud del Trabajador

Resumo

O presente estudo tem como objeto a "violência relacionada ao trabalho da equipe de saúde da Estratégia de Saúde da Família". Objetivo: Identificar as repercussões da violência relacionada ao trabalho para a saúde dos trabalhadores da Estratégia de Saúde da Família. Metodologia: Revisão integrativa realizada na Biblioteca Virtual de Saúde, Literatura Latino-Americana e do Caribe em Ciências da Saúde e Bases de Dados da Enfermagem. Resultados: Dentre as repercussões para a saúde dos trabalhadores identificadas destacam-se: medo, insônia, ansiedade, nervosismo, depressão, desmotivação, estresse, somatização e outras doenças de ordem física, psicológica e mental. Conclusão: Há necessidade de estudos que coloquem em evidência a relevância de ações voltadas para o monitoramento da violência, bem como aquelas de cunho preventivo e relacionadas à promoção da saúde nos espaços de trabalho e no entorno no intuito de minimizar as repercussões da violência relacionada ao trabalho na Estratégia de Saúde da Família para os trabalhadores.

Descritores: Equipe de Saúde; Estratégia Saúde da Família; Saúde do Trabalhador

Introduction

This study has as its object "violence related to the work of the health team of the Family Health Strategy (FHS)". Violence is understood as any event represented by actions taken by individuals, groups, classes, or nations that cause physical, emotional, moral, and / or spiritual damage to oneself or to others[1].

Violence is seen as a public health problem and, in its definition, is associated with contents linked to intentionality with the practice of the act itself - intentional use of physical force or power to its target, to whom or what group that force / power is directed - "against oneself, another person, group or community" - and on the types of suffering / damage that would result or could result in injury, death, psychological damage, developmental disability or deprivation[2].

Since the 1990s, there has been an increase in concern about violence at work, when, in the field of Occupational Health, looks have also turned to the problem. Until then, workplaces were generally seen as relatively safe from violence[3]. In the new models of analysis of violence at work, its physical and psychological manifestations are also considered and the idea that it includes uniquely personal factors is rejected[4]. Thus, several factors can contribute to its occurrence: the precariousness of establishments, lack of inputs, overcrowding, deprivation of labor and social security rights, individual characteristics of workers and the function they perform, difficulties they present in relating to the team and others[5,6].

Among health workers, those who work in the FHS are subject to situations of violence in their daily lives. As the users' gateway to the health system, the FHS meets the demands arising from different social strata. This is coupled with the fact that services are preferably located in areas of greater vulnerability and social risk[7-9]. Since this context involves daily contact with fragile people, these professionals assess their work as stressful and most of them have high levels of stress[10]. The frequent occurrence of this problem can have repercussions for your health, causing suffering and illness, and can vary, from demotivation and absenteeism, to stress and physical, psychological, or mental illnesses[11,12].

Given the above, this study aims to identify the repercussions of work-related violence on the health of workers in the Family Health Strategy through the following guiding question: What are the repercussions of work-related violence on the health of workers in the Family Health Strategy?

Methodology

It is an integrative literature review, where for better elaboration of the study, it preceded six phases: elaboration of the question, literature search, data collection, critical analysis of the studies, discussion of the results and presentation of the integrative review[13].

To identify the production of knowledge about work-related violence in the FHS, the search took place in the following databases: Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Database (BDENF).

The selection of material comprises between March 2017 and March 2018, and the following theme words were used: violence and work, violence and collective health, violence and nursing, violence, and the Family Health Strategy. The criteria in the selection of material were: all types of article, texts available in full in Portuguese, English or Spanish, published between 2012 and 2017, with authorship or co-authorship of nursing, excluding studies carried out by other areas of knowledge, outside the time frame and that were not available in full-text.

Results and Discussion

As for the time frame, 96 productions were identified referring to the theme of violence, with 12 articles (Chart 1) produced by nursing being selected. Regarding the year of publication, 1 article is from 2012 (8.3%), 3 articles are from 2013 (25%), 1 is from 2015 (8.3%), 4 are from 2016 (33.4 %) and 3 are from 2017 (25%), there were no publications in 2014. Of the selected material, 8 studies (66.6%) refer to "violence and work", 2 (16.7%) to "violence and collective health ", 2 (16.7%) to" violence and nursing "and in all of them there was a correlation with the word theme" violence and Family Health Strategy ". Regarding the type of study, 2 (16.7%) were reflection articles and 10 (83.3%) were original studies, where the field of interest of all research was the Basic Health Units. About the instruments, 4 (33.3%) articles used structured instruments and 8 (66.7%) used an interview with a script.

Chart 1. Studies that address work-related violence in the Family Health Strategy, 2012 to 2017. Rio de Janeiro, RJ, Brazil, 2018.

Year	Publication Title	Author	Study	Results
2012	Percepções sobre a violência no cenário de uma Unidade de Saúde da Família	BUDO, M.L.D.	Qualitative	The trivialization of violence can be seen in the context of the work of the FHS.
2013	Violência relacionada ao trabalho das equipes de saúde da Família	OLIVEIRA, L.P.; CAMARGO, F.C.; IWAMOTO, H, H.	Transversal descriptive	The most vulnerable to forms of violence were: CHA and the nursing team. Verbal aggression was the most recurrent violence.
2013	O enfrentamento da violência na estratégia saúde da família: uma proposta de intervenção	HOLANDA, V.R.; HOLANDA, E.R.; SOUZA; M.A.	Experience report	Promoting the prevention of violence in the FHS must form the priority lines of action for primary health care.
2013	Enfermeiras desafiando a violência no âmbito de atuação da Estratégia de Saúde da Família	POLARO, S.H.I.; ALVAREZ, A.M.; GONÇALVES, L.H.T.	Qualitative	There is fear and professional frustration due to the constraint and limitation of their functions, although they continue to challenge the obstacles encountered in their daily work.
2015	Assédio moral: estudo com enfermeiros da estratégia saúde da família	SILVA A.F.; COSTA, S.F.G.; BATISTA, P.S.S.	Quantitative	As a result of harassment, stress stands out. A significant number of nurses were victims of bullying in their work environment, in a repetitive and systematic way.
2016	Agressões sofridas por pessoas que trabalham em atenção primária na Comunidade de Madri	RINCON-DEL TORO, T.	Multicenter cross-section	The consequences of violence affect the delivery of health services and can lead to a deterioration in the quality of care and even lead workers to abandon their profession.
2016	A abordagem da violência na atenção primária à saúde	RAMOS, R.C.S.; et al.	Qualitative	The incorporation of the theme of violence in family health teams finds more weaknesses than potentialities. The presence of individualistic work actions is verified.
2016	A visão dos profissionais de saúde sobre a violência no cotidiano de trabalho em uma Unidade Básica	VELLOSO, I.S.C.; ARAUJO, M.T.; ROCHA, A.M.; ALVES, M.	Qualitative	Professionals recognize the risks to which they are exposed. However, they believe in the recognition, support, and protection of the FHS by the community in the development of its activities, although they are insufficient to contain the risk.
2016	Violência urbana e repercussão nas práticas de cuidado no território da saúde da família	MACHADO, C.B.; et al.	Study case	Professionals perceive urban violence as something negative and that compromises their care actions.
2017	Saúde mental e atenção básica: território, violência e o desafio das abordagens psicossociais	PRATA, N.I.S.S. ET AL.	Qualitative	The data collected pointed to specific trends such as accelerated expansion of the FHS with impacts on the work process due to the violent daily life.
2017	O enfrentamento à violência no âmbito da estratégia de saúde da família: desafios para a atenção em saúde	SANTOS, M.S.; SILVA, J.G.; BRANCO, J.G.O.	Qualitative	The performance of assistance in areas vulnerable to violence represents the exposure of professionals to adverse situations, with the need for resilience in the face of adversity and, above all, the support of managers and public authorities so that they can develop strategies that facilitate assistance to users.
2017	Estratégia saúde da família e violência urbana: abordagens e práticas sociais em questão	BENICIO, L.F.S.; BARROS, J.P.P.	Reflection study	It is observed that situations of violence generate turnover of professionals, discontinuity in work processes and weakening of the bond between user and professional.

When discussing work-related violence and its repercussions for the health of ESF workers, it is important to note that there is a possibility of illness. The high demands of work combined with fragile social support can lead to a fall in productivity and interference in the provision of services, due to the low commitment of the worker due to health problems[11,14,15]. Since work plays a fundamental role in the individual's social and psychological organization, the interface between mental health and the risks present in the physical and social environment of work must be considered, which, when not prevented, can cause physical illness, psychological distress and accidents[16]. In this sense, it should be considered that work environments marked by fear can generate a subjective experience of psychological suffering[17].

Work-related violence in the FHS can trigger a series of feelings in professionals[18]. Its magnitude interferes with the dynamics of the operation of the units, causing, for example, cancellations of activities of assistance nature, such as home visits and others previously scheduled. Thus, professionals experience and suffer violence directly and indirectly, as they are also witnessing of the residents' reports of suffering[19]. Other feelings referred to are sadness, anger and humiliation, fear, insecurity, stress, anxiety, nervousness, tiredness, tension, and discouragement, resulting in the loss of job satisfaction[20].

Such exposure can also generate health problems for workers such as anxiety, phobias, post-traumatic stress disorder and substance abuse[1], in addition to the appearance of other nonspecific psychic symptoms such as depressive disorders, insomnia, mood swings and disturbance of sexual activity[21,22], in addition to somatization through physical symptoms, such as tremors, sweating, muscle tension, cardiac arrhythmias and psychoemotional changes, such as depression and eating disorders. This is due to the fact that the issues that make them suffer decrease their quality of life and affect their mental health, because the processes of production of mental exhaustion and psychological suffering have been transformed and the configurations of the diseases challenge social policies and, special way, health professionals[23-25].

Another issue surrounding the repercussions of work-related violence concerns the trivialization[26]. It is noticed that these workers take positions that go through this trivialization, which can be understood as a defensive modulation adopted in the face of violence. However, since he is forced to accept his mission at any cost, it is believed that this posture denies suffering, and further distances him from building humanized relationships at work. Thus, this acceptance in the face of conflict in the work environment, although it is a defense strategy, can generate more suffering for the worker[26-28].

Professionals experience various activities in their daily lives and violence causes this professional's frustration when their work process is interrupted or impaired. A service organization model based on socio-political, material, and human conditions that makes quality work feasible for both workers and users is essential. Failure to meet this structure is to run the risk of letting the professional's demotivation arise, causing repercussions for their health as well as discrediting the proposal for comprehensive care before health professionals and society[29,30].

Conclusion

Violence in the FHS generates greater turnover of professionals, causing discontinuity in the work processes and weakening the bond between the user and the health team. Discussions of this issue are necessary between managers, workers and users who participate in the intersectoral care network to propose preventive strategies in favor of safety, health and the quality of the service offered.

When identifying the repercussions for workers' health, they can reflect on their participation in the entire process, in the sense of creating protective mechanisms against this problem. In this way, they will be able to develop coping strategies considering the ethical, moral and legal dimensions involved in the context of work-related violence, planning safer, healthier and healthier environments, as well as actions and guidelines aimed at the physical and social environment of the work of women. teams working in the FHS.

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