



Continuing Education in workers' health: reality in a secondary care center

Nathália Henriques Veiga¹, Yan Zi Li Tem², Magda Guimarães de Araujo Faria³, Carla Tatiana Garcia Barreto Ferrão⁴, Cristiane Helena Gallasch⁵

ABSTRACT

Objective: to identify how topics related to workers' health are included in the continuing education strategies among nursing workers in a secondary care center, in the city of Rio de Janeiro - Brazil. **Method:** cross-sectional, non-experimental, descriptive, and qualitative study. The study setting was a health center focused on Secondary Care, in the form of a polyclinic. A total of nineteen nurses participated in the study and data was collected from March to April 2020 using an electronic form. Data analysis was based on descriptive statistics and graphical interpretation generated by the data collection platform named Survey Monkey. **Results:** professionals do not see themselves as producers of knowledge on workers' health, perceiving this as a specialized area. In addition, health promotion actions were not indicated, as necessary. Activities were restricted to prevention activities, especially related to risk management. Strategies associated with Health Continuing Education (HCE) such as conversation circles were observed as the methodological choice for educational activities. **Conclusion:** there is an emerging need to create educational spaces and activities addressing workers' health from the perspective of HCE, providing a space for sharing experiences and knowledge and encouraging health promotion activities as much as prevention actions, which are already present in the theoretical paradigm of occupational health.

Descriptors: Occupational Health; Education, Continuing; Secondary care

¹ Acadêmica de enfermagem. Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. E-mail: nathaliahveiga@gmail.com. ORCID: <https://orcid.org/0000-0003-4348-0713>

² Acadêmico de enfermagem. Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. E-mail: yanziliten@gmail.com. ORCID: <http://orcid.org/0000-0002-8587-6460>

³ Enfermeira. Doutora em Enfermagem. Professora adjunta do Departamento de Enfermagem de Saúde Pública da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. E-mail: magda.faria@live.com. ORCID: <http://orcid.org/0000-0001-9928-6392>

⁴ Enfermeira. Doutora em epidemiologia. Enfermeira da Policlínica Piquet Carneiro da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. E-mail: carlatgbarreto@gmail.com. ORCID: <http://orcid.org/0000-0002-2973-8135>

⁵ Enfermeira. Doutora em Enfermagem. Professora adjunta do Departamento de Enfermagem Médico-cirúrgica da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. E-mail: cristiane.gallasch@gmail.com. ORCID: <https://orcid.org/0000-0002-0823-0818>

Corresponding author

Magda Guimarães de Araujo Faria

Avenida Boulevard 28 de setembro, 157, 7º andar. Vila Isabel.

CEP: 20551-030. Rio de Janeiro, RJ, Brasil

E-mail: magda.faria@live.com

Submission date: 20/08/2020

Approval date: 30/10/2020

How to cite this article:

VEIGA, N. H. et al. Continuing Education in workers' health: reality in a secondary care center. *Advances in Nursing and Health*, v. 2, p. 48-58, Londrina, 2020.

INTRODUCTION

Worker's health (WH) is an area of public health associated with occupational health whose focus is to identify objective and subjective relationships between the illness process and the work routine. It is based on the conception that work organizes social life and determines people's life and health conditions^(1,2). In addition, it has a multidisciplinary nature, with participative management and intersectoral action, which demonstrates its presence in all sectors and levels of health care, including secondary care⁽³⁾.

Secondary care is formed by specialized services, with outpatient and hospital care, an intermediate technological density, between primary and tertiary care, and procedures historically considered to be of medium complexity. Professionals at this level work with specialized medical services, diagnostic and therapeutic support and urgent and emergency care⁽⁴⁾.

The implementation of activities on worker's health in secondary care is urgent and in accordance with the guidelines established by the National Health Policy for Workers (NHPW)⁽³⁾. To this end, actions that

must be developed include individual and collective assistance and injury recovery, promotion, prevention, surveillance of work environments, processes and activities, intervention on the determining factors of workers' health, planning actions, and evaluation of health practices. Therefore, the development of educational activities for workers at this level of care is necessary for complying with public policies and improving the health levels of professionals.

Despite the priority of these actions, there are some challenges for complying with the NHPW, such as the absence of a culture of WH in public health, the difficulty of using resources even when already available, an insufficient technical staff with specific training, the perception of the workers who provide care and exclude themselves of their practices, among others⁽⁵⁾. Furthermore, educational activities on WH follow the theoretical and methodological logic of health continuing education (HCE), which requires participatory and reflective activities, based on the experience of the professionals themselves⁽⁶⁾.

In this sense, this study aimed to identify how subjects related to worker's health are included in continuing education

strategies among nursing workers in a secondary care unit located in the city of Rio de Janeiro - Brazil.

The relevance of the present study is based on the need to address the theme to assess the application of the public policy that provides for educational activities on worker's health in secondary health care⁽³⁾. The present study identifies similar gaps in knowledge in other sectors, which can enable the construction of new policies and intervention strategies.

METHOD

This is a qualitative, cross-sectional, non-experimental, descriptive study. The study setting was a health unit focused on secondary care, in the form of a polyclinic. It is a public institution that provides specialized outpatient services to the population of the entire state of Rio de Janeiro, including allergology and immunology, cardiology, geriatrics, general surgery, plastic surgery, vascular surgery, integrated/specialized clinics, voiding dysfunction, endocrinology, stomatherapy, gastroenterology, gynecology,

comprehensive medicine, neurology, pediatrics, pneumology, infusion center, rheumatology, men's health, mental health and urology.

The universe of research participants consisted of 31 nurses who worked at the institution. The following inclusion criteria were established: having a statutory employment bond and having worked in the service for at least six months. Nurses who were away from the service during the data collection period were excluded from the study.

Data was collected from March to April 2020, using an electronic form with 21 questions distributed in four specific blocks, including the following variables: socio-demographic data, experience with professional qualification strategies in the area of worker's health, knowledge on professional qualification strategies in the area of worker's health, opinion of professionals on continuing education activities on worker's health. Data analysis was based on descriptive statistics and graphical interpretation obtained through the data collection platform called Survey Monkey⁽⁷⁾.

The data were quantified, arranged

and analyzed after approval by the Research Ethics Committee of the State University of Rio de Janeiro (UERJ), under CAAE no. 26545119.3.0000.5282 and protocol #3.783.969, following the requirements of Resolution 466/12 of the National Health Council⁽⁸⁾.

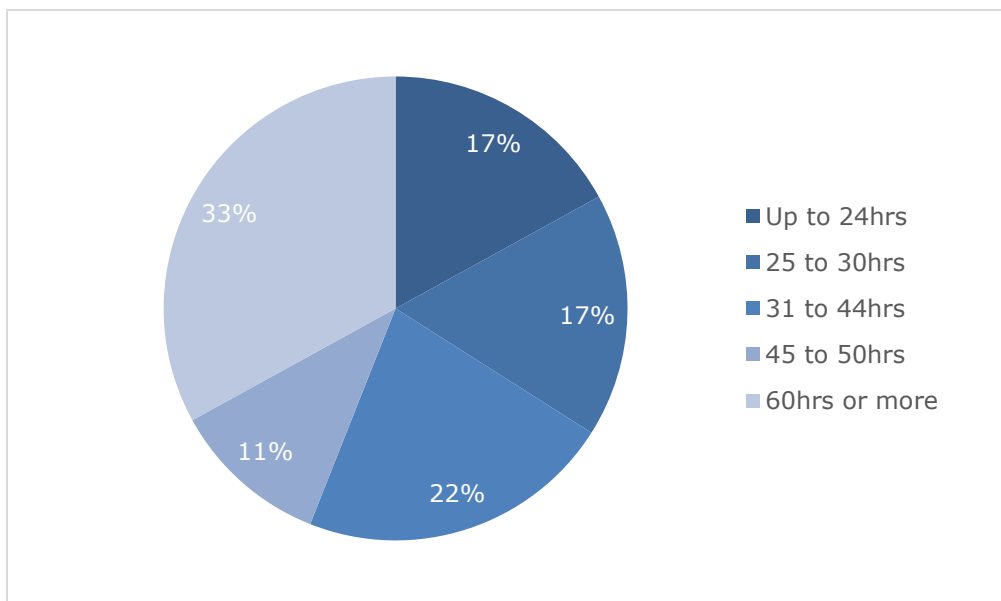
RESULTS

Nineteen nurses participated in the study, with a 62% response rate to the electronic questionnaire. Participants

belonged to the following sectors: surgical and outpatient center, pediatrics, gastroenterology, management, men's health, stomatherapy, nursing supervision, psychosocial care center (PCC), rest and worker's health.

Regarding the work profile of the participants, the time worked at the institution varied between 1 and 12 years ($\mu = 5.5$ years), 76% of the participants had a workload of 30 hours a week at the institution and, regarding the total workload, about 44% of nurses worked more than 45 hours a week, as shown in Figure 1.

Figure 1: Total weekly workload of nurses participating in the research – Rio de Janeiro, RJ, Brazil, 2020



Regarding participation in educational activities on worker's health, 42.86% of the participants reported never having participated in activities of this type at the institution. Those who had participated in such activities reported that the topics addressed were biosafety, work accidents with biological material, presenteeism and absenteeism.

Regarding the process of elaboration of educational activities on occupational health, 38.46% of the participants had already elaborated activities of this nature for their teams. However, after investigating the themes, it was noticed that only three nurses addressed content related to worker's health. In addition, all participants who had never carried out activities of this nature indicated the absence of specific specialization in worker's health or equivalent as the reason. In addition, 60% of nurses who had performed educational activities perceived the team's resistance to participate in the activity.

Regarding the strategies used for these educational activities, 80% of nurses indicated the use of "conversation circles". In addition, 100% of the participants reported

that closeness to the team was a facilitating factor for the activity. However, only 40% assessed the participant's understanding on the content of the activity.

In addition, 100% of the professionals indicated the need for educational strategies on worker's health and 65% answered that they were able to coordinate such activities, even though only half of this percentage had actually carried out activities of this nature. The themes pointed out as necessary were emotional intelligence and conflict management, accident prevention, ergonomics, illnesses and mental health of the worker, use of personal protective equipment (PPE), biosafety, laws that protect the health of the worker, exposure to specific situations such as the correct dispensing of immunotherapy. Therefore, the participant's answers indicated lack of need for educational activities addressing health promotion actions, as topics cited were restricted to prevention.

Thus, participants were asked what the purpose of the training action in workers' health was. The answers obtained indicated an intrinsic association with actions such as safety training related to the work process,

psychological illness, and risks in the work environment.

DISCUSSION

Currently, the use of electronic forms has been a major facilitator to scientific research. This method allows data to be collected more quickly and at a lower cost⁽⁹⁾. In addition to the reduction of environmental damage, the virtual questionnaire has several other characteristics that make it more effective compared to the printed model. It is observed that, when electronic questionnaires are used, the response rates and use of responses increase considerably⁽¹⁰⁾. It is noted that more than 60% of the professionals answered the questionnaire, a result similar to the response rates of other studies, as the scientific literature identifies that the response rates to online nursing surveys vary from 8.4%⁽¹¹⁾ to 89%⁽¹²⁾.

The professionals participating in the study had a high weekly workload, which has already been observed in studies with the category, which point out that most

nurses work more than 50 hours a week⁽¹³⁾. The workload affects worker's health, leading to physical and mental stress. In addition, it is worth mentioning that workers extend their working hours by carrying out domestic activities in their daily lives, which directly affects their leisure and rest time⁽¹⁴⁾.

Historically, the struggle for the dignity of nursing work is intrinsically related to the recognition of a 30-hour workload limit. In Brazil, this workload still has not been approved, despite of a proposal that has been running in the Chamber of Deputies for more than 20 years. It is worth noting that in Rio de Janeiro the law that guaranteed a 30 hour weekly workload⁽¹⁵⁾ for the category was suspended, which marks the category's political struggle against precarity. Nurses are involved in an arduous and tiring reality, with problems such as poor working conditions, irregular rest, insufficient staff, back-to-back shifts, the need to be versatility and multifunctional and multi-employment due to the low wages of the category. These factors can compromise the worker's psychological and physical integrity^(16,17).

Regarding the elaboration of

educational activities of this nature, it was evident that there is no comprehensive nor adequate knowledge about workers' health, which reflects the nurses' difficulty to incorporate the topic as a field of collective health, aiming at promotion, prevention and surveillance of workers health⁽⁵⁾. This situation has already been observed in other setting described in the literature. Professionals do not see themselves as a being that must be cared for, indicating the need for a specialized outlook, which contradicts the perspective of workers' health as a field of collective health⁽¹⁸⁾.

In addition, the participants indicated they tried to incorporate HCE strategies that could bring the participants closer to the activity, such as conversation circles. This method allows collective discussions about certain themes by providing democratic spaces for dialogue, sharing and exchange of reflections and experiences. This approach contributes to the construction of the subjects' autonomy, breaking with the vertical teaching approach⁽¹⁹⁾.

Furthermore, there are several obstacles for the implementation of HCE that

make it difficult to modify professional practice in the complex context of health work, such as the reluctance to address content that favors health⁽²⁰⁾. Some factors related to this situation are work overload, schedules of activities, organizational culture and personal motivation⁽²¹⁾.

Despite all efforts to incorporate HCE strategies to guide educational activities, participants still have a misconception on WH, which is usually associated with occupational health practices. Occupational health is related to health activities carried out in companies with multi-professional activities with an emphasis on hygiene and control of environmental risks⁽²²⁾. However, this approach is no longer sufficient to meet the countless demands and subjective needs involved in the illness process, considering work as a social determinant and not just a source of environmental risks⁽²³⁾.

CONCLUSION

It was observed that nurses have difficulties to include knowledge on WH in educational activities, since they consider this to be a specialty, disconnecting it from the

perspective of public health. Educational activities on WH are in line with the recommendations of the NHPW, since they involve, above all, educational strategies related to HCE, with reflective and dialogical processes, such as conversation circles.

There is an emerging need to create educational spaces and activities addressing WH under the perspective of HCE, providing a space for team engagement and for sharing experiences and knowledge. Thus, health promotion activities should be encouraged as much as prevention actions, which are already present in the theoretical paradigm of occupational health. It is important that nurses can perceive themselves as co-responsible for their own health, in a constant combination of caring and being cared for.

REFERENCES

1. Faria MGA, Gallasch CH, Martins ALX. Inserção de graduandos de enfermagem em serviços de saúde do trabalhador: relato de experiência. *Cogitare Enferm* [Internet]. 2016 [cited 2020 Jul 9];21(4):1–7. Available from: <http://dx.doi.org/10.5380/ce.v21i4.45245>
2. Souza D de O, de Mendonça HPF. Trabalho, ser social e cuidado em saúde: Abordagem a partir de Marx e Lukács. *Interface Commun Heal Educ* [Internet]. 2017 [cited 2020 Jul 10];21(62):543–52. Available from: <https://doi.org/10.1590/1807-57622016.0482>
3. Ministério da Saúde (BR). Política Nacional de Saúde do Trabalhador e da Trabalhadora. Portaria nº 1.823, de 23 de agosto de 2012 Brasília; 2012.
4. Brasil, Ministério da Saúde. Portaria nº 4.279, de 30 de dezembro de 2010. *Diário Oficial da União* 2010.
5. Gomez CM, Vasconcellos LCF de, Machado JMH. Saúde do trabalhador: aspectos históricos, avanços e desafios no Sistema Único de Saúde. *Cien Saude Colet* [Internet]. 2018 [cited 2020 Jul 9];23(6):1963–70. Available from: <https://doi.org/10.1590/1413-81232018236.04922018>

6. Ministério da Saúde (BR), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde. Política Nacional de Educação Permanente em Saúde: o que se tem produzido para o seu fortalecimento? [Internet]. 1ª Ed. Brasília; 2018. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude_fortalecimento.pdf
7. SurveyMonkey. O que é SurveyMonkey? [Internet]. 2020. [cited 2020 Jul 9]. Available from: <https://pt.surveymonkey.com/>
8. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução Nº 466 de 16 de dezembro de 2012. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília; 2012.
9. Salvador PTC de O, Alves KYA, Rodrigues CCFM, Oliveira LV e. Online data collection strategies used in qualitative research of the health field: a scoping review. *Rev Gaúcha Enferm* [Internet]. 2020 [cited 2020 Jul 9];41:e20190297 Available from: <https://doi.org/10.1590/1983-1447.2020.20190297>
10. Faleiros F, K  ppler C, Pontes FAR, Silva SS da C, de Goes F dos SN, Cucick CD. Use of virtual questionnaire and dissemination as a data collection strategy in scientific studies. *Texto e Context Enferm* [Internet]. 2016 [cited 2020 Jul 9];25(4):e3880014. Available from: <https://doi.org/10.1590/0104-07072016003880014>
11. Casey M, Rohde D, Higgins A, Buckley T, Cashin A, Fong J, et al. "Providing a complete episode of care": A survey of registered nurse and registered midwife prescribing behaviours and practices. *J Clin Nurs* [Internet]. 2020 [cited 2020 Jul 9];29:152–62. Available from: <https://doi.org/10.1111/jocn.15073>
12. Henni SH, Kirkevold M, Antypas K, Foss C. Perceptions of the scope of practice of nurse practitioners caring for older adults: level of agreement among different healthcare providers. *Scand J Caring Sci* [Internet]. 2020 [cited 2020 Jul 9]; Available from: <http://dx.doi.org/10.1111/scs.12861>
13. Vieira MLC, Oliveira EB, Souza NVD de O, Lisboa MTL, Xavier T, Rossone F de O. Precariza  o do trabalho em hospital de ensino e presente  smo na enfermagem. *Rev Enferm* [Internet]. 2016 [cited 2020 Jul 9];24(4):e23580. Available from: <http://dx.doi.org/10.12957/reuerj.2016.23580>
14. Souza RF, Rosa RS, Pican  o CM, Souza Junior EV, Cruz DP, Guimar  es FEO, et al. Repercuss  es dos fatores associados   qualidade de vida em enfermeiras de unidades de terapia intensiva. *Rev Salud*

14. Pública [Internet]. 2018 [cited 2020 Jul 9];20(4):453–9. Available from: <https://doi.org/10.15446/rsap.V20n4.65342>
15. Governo do Estado do Rio de Janeiro. Lei nº 8.315 de 19 de março de 2019 [Internet]. Rio de Janeiro: Estabelece o piso salarial dos empregados, integrantes das categorias profissionais da saúde; 2019. Available from: <https://www.normaslegais.com.br/legislacao/leirj-8315-2019.htm>
16. Oliveira BLCA de, Silva AM da, Lima SF. Carga Semanal de Trabalho para Enfermeiros no Brasil: desafios ao exercício da profissão. *Trab Educ e Saúde* [Internet]. 2018 [cited 2020 Jul 9];16(3):1221–36. Available from: <https://doi.org/10.1590/1981-7746-sol00159>
17. Dias MO, Souza NVD de O, Penna LHG, Gallasch CH. Percepção das lideranças de enfermagem sobre a luta contra a precarização das condições de trabalho. *Rev da Esc Enferm da USP* [Internet]. 2019 [cited 2020 Jul 8];53:e03492. Available from: <http://dx.doi.org/10.1590/s1980-220x2018025503492>
18. Valente PM, Faria MG de A, Silva D, Gallasch CH, Perez Junior EF, Daher DV. Educação permanente em saúde do trabalhador no contexto de enfermagem: realidades de um hospital universitário. *Saúde Coletiva (Barueri)* [Internet]. 2018;8(43):622–5. Available from: http://revistasau decoletiva.com.br/revista/ed43/Educao_permanente_saude.pdf
19. Moretti MMS, Barcellos R de A. Rodas de conversas como estratégia de educação permanente em saúde na construção de protocolo assistencial. *Res Soc Dev* [Internet]. 2020 [cited 2020 Jul 9];21(1):1–9. Available from: <http://dx.doi.org/10.33448/rsd-v9i8.5395>
- Sena RR de, Grillo MJC, Pereira L d. Á, Belga SMMF, França BD, Freitas CP de. Educação permanente nos serviços de saúde: atividades educativas desenvolvidas no estado de Minas Gerais, Brasil. *Rev Gaúcha Enferm* [Internet]. 2017 [cited 2020 Jul 8];38(2):e64031. Available from: <https://doi.org/10.1590/1983-1447.2017.02.64031>
21. Tibola TSA, Cordeiro ALP de C, Stacciarini TSG, Engel RH, Costa DG, Haas VJ. Fatores que influenciam a participação dos profissionais de enfermagem na Educação Permanente em hospital público. *Enferm em Foco* [Internet]. 2019 [cited 2020 Jul 8];10(2):125–30. Available from: <https://doi.org/10.21675/2357-707X.2019.v10.n2.2044>
22. Mendes R, Dias EC. Da medicina do trabalho à saúde do trabalhador. *Rev*

22. Saúde Públ [Internet]. 1991 [cited 2020 Jul 10];25(5):341-9. Available from: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/2977.pdf>

23. Moreira Cardoso AC. O trabalho como determinante do processo saúde-doença. Tempo Soc [Internet]. 2015 [cited 2020 Jul 10];27(1):73-93. Available from: <https://doi.org/10.1590/0103-207020150110>