17 - OCCUPATIONAL HAZARDS IN THE ACTIVITIES OF COMMUNITY HEALTH AGENT

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INTRODUCTION

The health care of individuals should be viewed in three levels of care, primary, secondary and tertiary, and always the primary or principal, after all it is the prevention of disease and health promotion (BRASIL, 2009; GOMES et al., 2009). The Primary Health Care (PHC) can be defined as essential health care based on practical methods and technologies, scientifically sound and socially acceptable, universally accessible to individuals and families in the community and therefore constitutes an integral part of the health system country placed within the reach of families and the community (ASSIS et al., 2007).

Thinking about the universality and comprehensiveness of care, requires the involvement of a multidisciplinary team, in which the Community Health Agent (CHA) is a fundamental, since it is a work that integrates Agents Program Community Health/Family Health Program (APCH/FHP) providing primary care to families in your community , guiding people through individual and collective actions, working toward prevention and health promotion, as well as, encouraging popular participation (BRASIL, 2009; GOMES et al., 2009).

For the authors, the CHA is a key part of the work process of the FHP, stand out among their responsibilities the mapping of the area, the registration of a micro-area families, identification of risk areas and families, conducting home visits to families and participate in the process of prevention and health promotion played by the team where he belongs. Thus, exposes himself during the performance of its activities, the various risk situations, which can affect both their physical and psychosocial, may develop work-related diseases.

Considering the importance of this work and the practice experienced in everyday life in the FHP became interested in solving the following problem: what are the occupational hazards present in the everyday activities of the CHA to Cajazeiras-PB? It is expected, therefore, that the solution of the problem may enable the enhancement of professional, through recognition of their work and the risks present in the daily work, since it is often forgotten the importance of their work in the Family Health Units (FHU).

The objective is then to identify occupational hazards present in many activities of CHA cajazeirenses.

METHOD

Exploratory research field with quantitative and qualitative approach. The study has as a backdrop the city of Cajazeiras, being held in the FHU.

According to data collected from the Chairman of the Board of Community Health Agents Cajazeiras -PB, 77 CHA work in the city, setting the research universe. By quantitative research was conducted with 46.8 % of the subjects, a total of 36 participants were excluded because: 16 CHA who were on holiday; 9 with less than five years of experience and 9 refused to participate in the study, not signing the Instrument of Consent.

Data collection proceeded to an interview whose questions were previously developed by authors themselves and having been previously validated. Data collection was carried out in 2012 after approval of the study by the Ethics Committee of the Faculdade Santa Maria, Protocol Nº. 730 042 011.

The analysis was performed in a quantitative/qualitative, using descriptive statistics and content analysis (CA) Bardin (2007). According Caregnato; Mutti (2006), the C is a research technique that aims to understand the thinking of the subject through the content expressed in the text, in transparent design language.

RESULTS AND DISCUSSION

Table 01 - Distribution of CHA according to sex, marital status, age, education and time working

VARIABLE	*n*	%
SEX		
Male	03	8
Famele	33	92
MARITAL STATUS		
Married	17	47
Single	13	36
Other	06	17
AGE		
26 – 30 years	05	14
31 – 35 years	11	31
36 – 40 years	06	17
41 – 45 years	07	19
46 years - up	07	19
SCHOOLING		
Foundation Level	03	8
Middle Level	25	70
Higher Course	03	8
University Graduation	05	14
TIME FOR ACTION		
01 to 05 years	09	25
05 to 10 years	14	39
Over 10 years	13	36
TOTAL	36	100

Table 01 shows that the majority of respondents were female (92%), whichever age group 31-35 years (31%), married (47%) and high school as education level (70%). In relation to the time of operation, 75% worked for a period of five to ten years or more, demonstrating that the time spent in the FHP was high and the low turnover in the program.

There is a female predominance in performing the function, which may be related to the role of caregiver social performance. Serving as represented CHA for women entering the labor market, as well as the possibility of income from a job already effective volunteer in the community (SILVA, 2001).

The length of service in the APCH, on average 8.3 years, low turnover indicates that worker in the daily work practices (FERRAZ; AERTZ, 2005). This element enables greater experience regarding the activities, enabling satisfactoriness knowledge about their work, the risks of which are or have been exposed.

On the development of capabilities afforded by the Cajazeiras-PB, 78% of CHA were satisfied with the investment in training. This demonstrates the importance of continuing education for the activities of the agent, with which they have the opportunity to increase or improve their competence in the search for alternatives to minimize the difficulties existing in the reality of their work.

Regarding the availability of courses offered to CHA, it was revealed that the council has been engaged so unsatisfactory in conducting training courses for practicing agent who obtain certificates, since 67 % of respondents said they were dissatisfied. Therefore, expressed the need for these courses to improve their activities within communities and enhancing the quality of life at work, minimizing risks and preventing health.

These results show the importance that education has the job skills of the agents, as well as the perception of health risks in the workplace.

Continuing to the collected data, we present the results for the categories emerged with the use of the technique of CA to Bardin (2007). The categories emerged from the interpretation of meanings that emerged from the speeches of CHA, referring to the issue at hand, therefore, contemplated are: enhancement of CHA in the work environment; difficulties in daily work; understanding of occupational hazards, occupational hazards in the area of work, and coping with occupational hazards.

Appreciation of the CHA in the workplace

Faced with the challenges involving the activities of CHA, the value of labor is an important factor in facing the difficulties and motivation to achieve the same. This feeling should be cultivated by both the community and the staff of FHP and managers, due to the importance that the work of this professional takes on FHU, contributing to achieving the goals defined in the action plan of the PHC (GOMES et al., 2009).

The perception that valuation within the team and the community is demonstrated in the statements below.

> - Yes. I am recognized by both the staff and the population (5, 10, 26, 31, 32, 33).
> - Yes. Although there are rare exceptions of misunderstanding and lack of logic by a small population demand (6, 29, 30, 34).
> - In the CHA staff are not always recognized as part of the same population and, much is torn between complaining and ignoring the work (1, 2, 3, 7, 9, 11, 13, 23, 24, 25, 27, 28, 35).
> - No, the team of health professionals do not always appreciate the work of the CHA, as well as the population itself, neither in values, requiring services that are not exercised by us (4, 8, 18, 20, 36).

Before the speeches we see that the CHA mostly visualize so unsatisfactory team recognition FHP and the population in relation to their work, and the population that stands out because, not being aware of the CHA assignments, has demanded that these professional services are not exercised by the same, which can generate conflicts both within the community who act as the staff.

The recognition of his work should be seen primarily among professional team in which they operate, since they know their work and their contributions as facilitators of the process of prevention and health promotion in the community developed, attributes the PHC (GOMES et al., 2009).

Difficulties in daily work

The CHA is a member of the community that interacts through communication with the population, using specific knowledge and popular knowledge, seeking the resolution of health problems and awareness of people assisted on the need to prevent diseases and means of promoting health. However, this task has been hampered by the obstacles which over the years has built up and affected his performance.

It is clear in the statements that follow the difficulties encountered by agents in the exercise of their profession.

> - Yes, the population increase in the area [...] the lack of communication between staff, lack of resources [...] meet the families at home, because they work at the same time we (14, 15, 21, 22, 23, 26).
> - No (16, 19, 24, 32, 33).

It appears that, in relation to the FHP, the problems are related to the interaction with the staff, lack of resources and the increase of population in its area of operations, which appear to increase the workload of the agents, since no no support from their superiors in order to facilitate the exercise of their activities through the availability of materials , periodic restructuring of the territory and the population covered by the CHA as well as being accessible and cooperative in resolving problems.

The health team is a group of people who meet to produce the care of a population. In this team there is always permanent movements of articulation/disarticulation, encouragement/discouragement, invention/resistance to change, belief/disbelief in his work, workers must constantly reorganize the work mode, valuing the stories, backgrounds, knowledge and different practices, thus constituting a "way-team" to work (BRASIL, 2009).

In relation to the population, people's daily lives is the main factor that has prevented the effective agent service because the work activities of the population are carried on the same work schedule of the CHA, the heads of households being absent during visits and often the most needy of these guidelines, as they are members of the programs developed within FHU.

Understanding of occupational hazards

It is common in every field of work the presence of occupational hazards, especially in healthcare, where professionals are exposed to several factors that trigger disease. However, these factors are often not identified by these workers, because they worry about the prevention of their life or their health only when they suffer illness or suffer an accident at

work.

For respondents understanding of occupational hazards is identified in the following discourse.

- Are the risks we take with respect to our work, especially because we are in contact with contagious diseases (4, 8, 9, 10, 15, 25, 30, 33).
- Are the risks we are exposed to on a day- to-day work as garbage, drug, exposure to sun, dogs, snakes and others (11, 13, 21, 22, 29, 30).
- Diseases acquired at work (3, 26).

Note that most of the agents view the contact with contagious diseases, with factors in the environment such as garbage, sun exposure, presence of disease-carrying animals or venomous and violence to physical and mental integrity that can occur at points of drugs as the risks in their daily work.

These professionals have demonstrated that risk perception abilities, which according to Silva; Dias; Ribeiro (2011) is the possibility of defining a situation of potential harm, based on past experience and intuition to a future time, this ability ranging from an opinion uncertain a firm conviction.

However, some professional occupational hazard interpreted as the presence of disease acquired at work. This fact may be related to the thought that some workers have that health risks are diseases that leave them vulnerable and can cause death, disregarding the factors causing morbidity and prevention of work as a way of maintaining health.

Thus, there is a need for training of officers on matters related to occupational health, so that they can perform self-care and help colleagues and other professionals in the process of prevention and health promotion in the development of their work activities.

Occupational hazards in the operating area

The main risks present in their fields of study participants are identified in the statements below.

- Tuberculosis, leprosy, skin cancer, hepatitis, worms, viroses (1, 2, 3, 6, 7, 16, 17, 20, 21, 23, 24, 25, 26, 30, 31, 32, 33, 34).
- Upon my area has no risk (27).
- Several (18).
- Diabetes and hypertension (14, 15, 19, 22).
- Contact with infectious diseases, garbage, poor sanitation, loose animals, geographic barriers (4, 5, 8, 11, 13, 28, 29, 30).
- Violence by drug users, alcoholics and mentally ill patients (9, 10, 12).

The speeches reveal that the main risks in the everyday of CHA are related to contact with diseases caused by viruses and bacteria, and exposure to damaging agents that cause cancer, unhealthy environments, with the presence of garbage and lack of basic sanitation and aggressive users. For the Health Ministry (BRASIL, 2001) is a hazardous condition that can any adverse effect, either death, injury, illness or other.

Thus, it is clear that there is an understanding between the CHA favorably about the risks present in their work environment, which can facilitate the prevention of health risks to themselves from the risks to which they are exposed.

Coping occupational hazards

Considering preventive measures to reduce exposure to occupational hazards, information concerning such actions are reported in the following discourse.

- Vaccines sunscreen, umbrella, cap (5, 8, 9, 27, 29, 30, 32).
- Guidelines, searching for information, making mutirões (2, 3, 6, 7, 14, 15, 16, 19, 23, 24, 25, 26, 27, 28, 31, 33, 35, 36).
- Seeking help in some sectors responsible (1, 4, 10, 11, 12, 13, 20, 34).
- Not much condition (22).
- I do not know (18, 21).

The statements show that most respondents use tools for health protection, as well as seek guidance with qualified professionals to be aware of the risks they are exposed to, and may, therefore, adopt preventive measures to meet vulnerable to factors that may cause illness or injuries to the same, and can even cause death.

The identification of the different situations of health risks related to the development of productive activities, allows the agent to incorporate this information in the planning of health actions; adopt preventive measures and protection of accidents and/or work-related diseases, and whenever necessary, seek other professionals to its staff to perform monitoring (SILVA; DAYS; RIBEIRO, 2011).

Given these facts, we note that despite knowing some methods of protection against possible health risks, officials feel the need for support through guidance or training, is your professionals team or managers of your city.

CONCLUSION

The study results show that the main difficulties faced by CHA in the development of their work are related to the lack of interaction with the team which is part of and appreciation for managers and professionals in your team and community. The latter, by ignoring the actual assignments of agents within the PHC, requiring the completion of activities or procedures that are not part of their work, which hinders the implementation of health actions directed at users and families.

Also, it was found that the CHA have a superficial knowledge about occupational risks, however, highlighted especially the biological agents (exposure to bacteria, viruses and parasites), and physical (exposure to sunlight), accidents (venomous animals) and psychosocial (physical and mental violence that may occur at points of drugs). No more, work unsatisfactorily in their protection and are vulnerable to the emergence of occupational diseases and accidents at work suffer.

While seeking information with professional staff and other sectors present in the county, and receive training commonly realized the need for courses and training on health worker who can provide information that provide an effective process of self-care related protection risks, which agents are exposed in their work environment.

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OCCUPATIONAL HAZARDS IN THE ACTIVITIES OF COMMUNITY HEALTH AGENT

ABSTRACT

Objective: To identify occupational hazards present in the everyday activities of the Community Health Agent (CHA) to Cajazeiras-PB. Method: An exploratory study, the field with quantitative and qualitative approach and was conducted with 36 CHA (46.8% of the population). To obtain data we interviewed, whose questions were previously developed by authors themselves and having been previously validated and the data were analyzed using descriptive statistics and content analysis. Results: Showed that in relation to professional development, CHA displays so unsatisfactory team recognition and population in relation to their work. Regarding the difficulties in performing everyday activities at work, the lack of interaction with the staff and resources, increasing population and workload were the most mentioned elements. On the understanding of the occupational hazards they are exposed, most CHA displays the contact with contagious diseases, garbage, sun exposure, presence of disease-carrying animals or venomous and physical and mental violence that may occur at points of drugs. Conclusion: We realized the need for courses and training on health worker who can provide information that provide an effective process of self-care related to protection risks, which agents are exposed in their work environment.

KEYWORDS: Occupational Health. Occupational Risks. Community Health Agent.

RISQUES PROFESSIONNELS DANS LES ACTIVITES DE L'AGENT DE SANTE COMMUNAUTAIRE

RÉSUMÉ

Objectif: Identifier les risques professionnels présents dans les activités quotidiennes des agents de santé communautaires (ASC), Cajazeiras-PB. Méthode: Une étude exploratoire, le terrain à l'approche quantitative et qualitative a été menée avec 36 ASC (46,8% de la population). Pour obtenir des données que nous avons interrogés, dont les questions ont été préalablement mis au point par les auteurs eux-mêmes et avoir été préalablement validées et les données ont été analysées à l'aide de statistiques descriptives et des analyses de contenu. Résultats: Ont montré qu'en ce qui concerne le perfectionnement professionnel, ASC affiche reconnaissance d'équipe si peu satisfaisant et la population par rapport à leur travail. En ce qui concerne les difficultés dans l'accomplissement des activités quotidiennes au travail, le manque d'interaction avec le personnel et les ressources, l'augmentation de la population et la charge de travail étaient les éléments les plus mentionnés. Sur la compréhension des risques professionnels auxquels ils sont exposés, la plupart ASC affiche le contact avec les maladies contagieuses, les ordures, l'exposition au soleil, la présence de porteurs de maladies des animaux venimeux ou de violence physique et mentale qui peuvent survenir dans les points de drogue. Conclusion: Nous avons réalisé la nécessité de cours et de formation sur les travailleurs de la santé qui peuvent fournir des informations qui fournissent un processus efficace d'auto- soins liés aux risques de protection, dont les agents sont exposés dans leur milieu de travail.

MOTS-CLÉS: Santé au Travail. Risques Professionnels. Agent de Santé Communautaire.

RIESGOS LABORALES EN LAS ACTIVIDADES DE LA AGENTE COMUNITARIO DE SALUD

RESUMEN

Objetivo: Identificar los riesgos profesionales presentes en las actividades cotidianas de los agente comunitario de salud (ACS) de Cajazeiras-PB. Método: Un estudio exploratorio, el campo con enfoque cuantitativo y cualitativo, y se llevó a cabo con 36 ACS (46,8% de la población). Para obtener los datos que entrevistamos, cuyas preguntas fueron desarrolladas previamente por los propios autores y habiendo sido previamente validados y los datos se analizaron mediante estadística descriptiva y análisis de contenido. Resultados: Mostraron que, en relación con el desarrollo profesional, ACS muestra el reconocimiento del equipo tan insatisfactorio y de la población en relación con su trabajo. En cuanto a las dificultades para realizar las actividades diarias en el trabajo, la falta de interacción con el personal y los recursos, el aumento de población y la carga de trabajo fueron los elementos más mencionados. En el entendimiento de los riesgos laborales a que están expuestos, la mayoría de ACS muestra el contacto con enfermedades contagiosas, la basura, la exposición al sol, la presencia de portadores de enfermedades animales o la violencia venenosa y físicos y mentales que pueden ocurrir en los puntos de drogas. Conclusión: Nos dimos cuenta de la necesidad de cursos y formación sobre los trabajadores de la salud que pueden proporcionar la información que proporcionan un efectivo proceso de auto- atención en materia de riesgos de protección, que los agentes están expuestos en su entorno laboral.

PALABRAS CLAVE: Salud Ocupacional. Riesgos Laborales. Agente Comunitario de Salud.

RISCOS OCUPACIONAIS NAS ATIVIDADES DO AGENTE COMUNITÁRIO DE SAÚDE

RESUMO

Objetivo: Identificar os riscos ocupacionais presentes nas atividades cotidianas do Agentes Comunitários de Saúde (ACS) cajazeirenses. Método: Estudo exploratório, de campo com abordagem quanti-qualitativa, tendo sido realizado com de 36 ACS (46,8% da população). Para obtenção dos dados foi realizada entrevista, cujas questões foram previamente elaboradas pelas próprias autoras e tendo sido previamente validado e os dados foram analisados por intermédio da estatística descritiva e o Análise de Conteúdo. Resultados: Mostraram que em relação a valorização profissional, o ACS visualiza de modo insatisfatório o reconhecimento da equipe e da população em relação ao seu trabalho. Quanto as dificuldades na realização das atividades cotidianas de trabalho, a falta de interação com a equipe e de recursos, o aumento da população e a sobrecarga de trabalho foram os elementos mais apontados. Sobre a compreensão dos riscos ocupacionais os quais estão expostos, grande parte dos ACS visualiza o contato com doenças contagiosas, lixo, exposição ao sol, presença de animais portadores de doenças ou peçonhentos e a violência física e mental que podem ocorrer em pontos de drogas. Conclusão: Percebeu-se a necessidade de cursos e capacitações na área de saúde do trabalhador que possam fornecer informações que proporcionem a eficácia do processo de autocuidado referente à proteção aos riscos, os quais os agentes estão expostos no seu ambiente de trabalho.

PALAVRAS-CHAVE: Saúde do Trabalhador. Riscos Ocupacionais. Agente Comunitário de Saúde.