

THE FAILURE EXPERIENCED BY NURSING WORKERS ON RETURN TO WORK¹

Silmar Maria da Silva*
 Patrícia Campos Pavan Baptista**

ABSTRACT

Pondering the approaches adopted on disability and the shortcomings of vocational rehabilitation policy, the present study aims to understand the phenomenon returns to work after clearance for work-related musculoskeletal disorders. It is a qualitative research phenomenological, existential phenomenology Heideggerian approach, which requires understanding the lived experience from the subject and its existence. Between June and July 2011, six workers interviewed from a Hospital, Nursing School, in the city of São Paulo, who were experiencing the process of return to work after clearance for work-related musculoskeletal disorders. For both, the nursing workers responded to guiding question: how is being to you return to work after the period of estrangement? The world-experienced nursing workers marked by the inability both resulting from intense pain as the disease process itself. These modifications reported as existential losses that accompany the workers in the course of the disease. The process of return to work is very complex and requires initiative and activities of various actors for this to be a healthy process, unleash or worsens the disability. Keywords: nursing. Worker's health. Cumulative Traumatic Disorders. Qualitative Research.

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INTRODUCTION

Work-related Musculoskeletal disorders (DORT) have represented one of the major causes of disability and clearances of labor activities due to illness of work in Brazil since the '90^(1,2). In nursing, the departures by DORT have been described in many studies⁽³⁻⁶⁾, highlighting a serious issue and still in need of assistance, taking into account the disabilities acquired and the losses of the clearance work for extended periods.

In the literature, there are two models of approach involved in the understanding of the worker's incapacity: the biomedical model and the social model. In the biomedical model, disability understood as a personal attribute, which can be caused by disease, trauma, or other health condition, and requires medical treatment individualized. The social model it is understandable that the incapacity is a social issue, a complex set of conditions created or aggravated by social context, where a synthesis of biomedical and social models

would reflect a more appropriate approach of disability⁽⁷⁾.

In Brazil, in order to grant benefits, the Social Security Administration classifies as temporary and permanent disabilities. Temporary disabilities comprise policyholders who stayed temporarily incapacitated for the performance of his labor activity in function of accident or occupational disease. Permanent disabilities refer policyholders who stayed permanently incapacitated for work⁽⁸⁾.

Therefore, the design of inability of Brazilian social security legislation is based exclusively on disability, so it is necessary a review more in tune with the latest technical and theoretical advances of conceptions of disability, citizenship and social protection⁽⁹⁾.

The Federal Constitution of Brazil guarantees that the return to work is one of the actions of vocational rehabilitation, administered by the Ministry of Social Security through the National Social Security Institute (INSS), a service that aims to provide policyholders and dependents incapacitated partially or wholly to the work, the assistance

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*Nurse. Doctoral Student in Nursing by Escola de Enfermagem, Universidade de São Paulo. Full Professor, Centro Universitário Nossa Senhora do Patrocínio. Itu, São Paulo, Brasil. silmarmaria@uol.com.br

**Nurse. Full Professor, Vocational Guidance Department, Escola de Enfermagem, Universidade de São Paulo. São Paulo, SP, Brasil. pavanpati@usp.br

of (re) education and (re) professional and social adaptation, so that they can rejoin the labor market⁽¹⁰⁾.

Therefore, the vocational rehabilitation, understood as an integrated set of actions aims to rescue the physical, psychological and social capacities of workers affected by health aggravations. However, considering that the biomedical model, is still the definition that supports the public policies of health worker in Brazil and that this should be considered for purposes of understanding on current vocational rehabilitation model, there are many gaps^(11,12).

Pondering the approaches adopted and the shortcomings of vocational rehabilitation policy, the present study aims to understand the phenomenon **returns to work after removal by DORT**, since knowing the experience from the subject, is a way to rethink institutional policies and local strategies that consider the needs of disabled nursing worker.

MATERIALS AND METHODS

This study is a clipping of the dissertation entitled "Return to work: the experiences of nursing workers with work-related musculoskeletal disorders (DORT)" developed in the school of nursing of the University of São Paulo⁽¹³⁾.

In search of unveiling the phenomenon **returns to work after removal by DORT**, opted for qualitative research with approach of Heideggerian existential Phenomenology, which requires understanding the lived experience from the subject and its existence⁽¹⁴⁾.

The eligibility criteria for the selection of subjects stayed away by DORT for a minimum period of six weeks and have returned to work before the period of maximum 12 months. These criteria were thus adopted taking as a reference the literature⁽¹⁵⁾ and believe that in this period the workers were still experiencing the process of return to work and could describe in detail.

Thus, six workers participated in the research of nursing who were experiencing the process of return to work after removal by

DORT, 4 nursing assistants, a nursing technique and a nurse, who acted in the ward, intensive care unit, outpatient clinic and material and sterilization of a teaching Hospital in the city of São Paulo.

The project was approved by research ethics committees of the school of nursing of the University of São Paulo (b. 997/2011) and the Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (n. 0244/11), in accordance with resolution No. 196/96 on research involving humans.

The interviews, conducted between June and July 2011, scheduled as the availability of workers in local up through the guiding question: **How are you being to return to work after the period of estrangement?**

The interviews finished only when the concerns that led to the research answered, thus demonstrating, unveiling the phenomenon signals **return to work after removal by DORT**. In order to preserve the anonymity of each worker, fictitious names used for the identification of the speeches.

And for the analysis of speeches, a sequence of steps: the transcript of each interview in full, reading and re-reading of all content, grouping of most relevant snippets of each speech and the composition of the categories, in the light of the philosophical reference of Martin Heidegger⁽¹⁴⁾.

RESULTS AND DISCUSSION

The world-experienced nursing workers marked by the inability both resulting from intense pain as the disease process itself. These modifications reported as existential losses that accompany the workers in the course of the disease.

For Heidegger being is the way something becomes present, manifest, understood, perceived, understood, and finally, known to the human being, to the "being-there" or "Dasein", therefore, understand the experience of nursing worker who returns to work after removal by DORT is a possibility to question to meet the being in your most intimate essence⁽¹⁴⁾.

The ways to bond with your loved in our daily lives are, for the most part, so evident

that go unnoticed, and the meanings experienced without perception, and, only when something we lack is that it's meaning can become manifest⁽¹⁴⁾.

In this respect, the reintegration process of work shows for the hard-working your hamstrings, at which point she acknowledges the changes inside, manifested by physical and mental pain, which has a character of chronicity and the inability to perform a series of activities, as reported by the workers:

The pain for me? ... I'm getting used to it. Will haunt me the rest of my life [...] when you try too hard, it hurts too much [...] I can't push a Chair hygienic, it's no use, I can't push a wheelchair with the patient, I can't go anywhere (Bianca)

A lot of (grief). Difficult, very difficult. Nobody can stay with pain [...] but I have pain, but pain swelling ... Things are falling out of my hand, pen, spoon, that's how. It hurts everything. (Elza)

Therefore, of all the modifications that they experienced, the pain is one of the limiting factors in workers with DORT that commonly has persistent character, even with the different existing treatments and functional impairment interferes so much on professional activity execution as in the execution of daily activities, contributing to changing the self-image of workers⁽¹⁷⁾.

I can no longer catch weight, I can no longer carry bag, I can no longer pull, push. I can't even open a pet bottle that I can't stand it (Camila)

In the present study, the workers report that the pain manifests itself only in the workplace, but becomes part of the entire universe of workers, forcing them to appeal not only to medicines, painkillers and to other therapies that aim the analgesia. So often, the time that employee have for leisure or for other activities spent on alternatives to control and minimize the pain.

My life will never have the same routine. I do therapy I do physiotherapy. I step by physiatrist, I step by step for neurosurgery, psychiatry. So, I go through several treatments, do several treatments before I had not (Camila)

I feel muscle pain ... Now when you're in the acute phase, I really like this, it's not getting better, then, sometimes, and I turn away. I get sometimes, away ... Take injection ... There I go to physical therapy even traditional and then takes ... It takes me a little longer than another patient, right, to restore (Fatima)

Heidegger⁽¹⁴⁾ describes in a world where is born and grows, loves, hates, live and die at any moment. An original world, without which there we performed our existence. Thus, the world that presented to the workers in the daily life of work is a world filled with difficulties and inadequacies to the return process.

This clog here I won't be able to wear, but I'm wearing, because I can't stand to wear other types of footwear. This here is very swollen and hurts, everything ... The leg ... All screwed up because I can't stand too long sitting. (Diana)

The DORT express the effects arising from the professional activities of the contemporary worker, turned into pain and suffering. The limitations, the interruption of labor activity, dedication to treatments require a restructuring of identity and acceptance of the incapacity, concrete situations of loss of identity in professional life, in family and social circle⁽¹⁶⁾.

Employees who return to work after the clearance by DORT experience a new way to exist in the world, once the disease influences the relationship with the world, and the way to see in this world and to relate to it, generating new behaviors and change in your routine.

So it's tough because you're working with one hand and you ... There will harm more the other side, which is also sick, huh? So it's not easy (Diana)

The speeches also reveal that nursing workers, who needed more intensive medical care and home of labor activity, are abruptly responsible for performing all tasks inherent in the work process, independent of the recommendations contained in your prescription.

Therefore, being inserted in the work process, the workers feel compelled to meet the demands of daily life assistance, assuming tasks inappropriate for his/her State of health,

which prevents a return to healthy work and tends to worsen his illness.

... Overloaded, because not everything happens there is what is written on paper, huh? In theory, in practice is another. The restriction of weight could do only medications and ... Some bandages as ... The elevation of the bed so right at the same time, but in reality, you do practically everything (Ariane)

The reintegration to work in a dynamic, with inappropriate activities inappropriate to the type and characteristic of disability, can have its clinical picture worsened and the level of their productivity compromised, as well as huge losses in his personal life. The type of work organization employee wears the physical and mental health of the people; is not a question of idiosyncrasies of those who work, but the organization of work, itself a producer of illness⁽¹⁷⁾.

It is important to note that the working space generator of occupational diseases consists of biomechanical risk factors (physical exertion, constrained and static postures, gestures and repeatability of accelerated movement) and psychosocial (intensity of work, pressure for production goals and cognitive fatigue). Thus, the return to work is worsening factor, if kept the same conditions that generated the illness⁽¹²⁾.

Hard, why? I expected to have a rehabilitation, when I went back to work in the surgery, which was the first, I thought I'd never go back to the inpatient unit, I thought I was going to go pro, AB [outpatient], to any place, but I wouldn't come back here ... (Bianca)

Upon returning to work in an environment where there is no understanding of the illness and the present restrictions, the employee submits to nursing situations that worsen symptoms, in order to show himself competent, capable and accepted by the Group and by managers.

... It is very difficult, it is very complicated. That's how, I have no way I'm going to say [...] I do, but then I feel the consequences of what I do, is very difficult, so I can have an on duty ran, but I leave here almost without floor, all fought from pain (Bianca)

To this end, studies show that two important elements are present in the process of return to work. On the other hand, the individual heating elements related to the barriers that the worker himself imposes, by demanding too much of yourself and for presenting difficulty in realizing its limitations, accept them and respect them. On the other hand, the organizational resistance related to the difficulty of modifying the workplace⁽¹⁸⁾.

In addition, the employee with disability can mistakenly be underestimated when reassigned to perform tasks that your view are not simplistic pointing to your professional potential, leading to not acknowledge more like nursing worker. That is, when the employee reassigned to engage in activities that did not receive training or any training, could feel even more fragile or devalued.

Difficult, very difficult because you are able to do other things and you are restricted to stand there stirring only with paper and seeing that ... What you studied, their training is another [...] it's not my place (in the administration), I didn't think there is ... I didn't think good because didn't see me sitting in front of a computer (Ariane)

The speeches show that exist in the world of work away from direct assistance to patients can reduce painful symptoms, however, affects the emotional women, since they are not always prepared to perform other activities and take care of the other reveals itself as a pleasurable activity.

I'm sorry because I really like having contact with patients, right? ... Give me a satisfaction when I can help somehow (Camila)

Thus, the daily lives of workers consists of ambivalences of feelings because if conflicts generators on one hand, can glimpse positive aspects in his work, on the other, report adverse situations that lead to suffering and produce stress⁽¹⁹⁾.

To see the world-life nursing workers who returned to work after the clearance by DORT, one can notice the need they have to demonstrate that they are capable of performing all activities, as if they needed to prove all the time that are deserving of this

return. However, to perform tasks beyond their functional capabilities, new departures may arise, aggravating his physical and mental state⁽¹³⁾.

The evidence of the assertion that I am always the presence, must not think, with that, already outlined the path of an ontological interpretation than just "given", because it may be that who everyday presence just is not always the same⁽¹⁴⁾.

Be-in-world corresponds to basic mode of human beings exist, with respect to the various ways the human exists is allowed to live. Assumed mode or get lost, that there exists only in yourself⁽¹⁴⁾. Therefore, the employee who returns to work after removal by DORT need if you recognize in a new being-there, with limitations, pains and difficulty performing many activities inherent to the work process.

Thus, the speeches show that nursing workers to return to work after being away for an everyday experience suffered, DORT marked by intense pain, use of medications and important changes in your routine, with views to treatments and pain reduction. In addition, the perception of limitations to work process activities and for simple everyday activities is exacerbated by a working environment is not always prepared to receive

them, both in physical appearance and dynamics of service.

FINAL CONSIDERATIONS

To aspire to unveil how is **returning to work after retirement by DORT** from the experience of the nursing workers, one can understand the world-lives of workers consists of mixed feelings such as joy and sorrow, hope and hopelessness, beliefs and insecurity resulting from the changes in professional and personal fields imposed by DORT, as the physical limitation, disabilities, labor intensive and constant complaints, continuous use of painkillers and search for therapies which minimize the physical and psychological suffering.

Despite this universe of modifications, it was possible to apprehend that the workers were mainstreamed in the work process abruptly and without preparation, and many times, the same place where triggered the illness, demonstrating the unpreparedness and institutional fragility of the return to work programs present in the national reality, which exposes workers to inadequate conditions, contributing to the worsening of the disease, absenteeism and incapacity permanent employment.

A INCAPACIDADE VIVENCIADA POR TRABALHADORES DE ENFERMAGEM NO RETORNO AO TRABALHO

RESUMO

Ponderando as abordagens adotadas sobre incapacidade e as lacunas da política de reabilitação profissional, o presente estudo tem como objetivo compreender o fenômeno retornar ao trabalho após afastamento por Distúrbios Osteomusculares Relacionados ao Trabalho. Trata-se de uma pesquisa qualitativa fenomenológica, com abordagem da fenomenologia existencial Heideggeriana, que ensina compreender a experiência vivida a partir do sujeito e sua existência. Entre junho e julho de 2011, foram entrevistadas seis trabalhadoras de enfermagem, de um Hospital Escola, na cidade de São Paulo, que estavam vivenciando o processo de retorno ao trabalho após afastamento por Distúrbios Osteomusculares Relacionados ao Trabalho. Para tanto, as trabalhadoras de enfermagem responderam a questão norteadora: Como está sendo para você retornar ao trabalho após o período de afastamento? O mundo-vivido das trabalhadoras de enfermagem é marcado pela incapacidade tanto resultante da dor intensa quanto pelo próprio processo de adoecer. Estas modificações são relatadas como perdas existenciais que acompanham as trabalhadoras no curso da doença. O processo de retorno ao trabalho é muito complexo, e necessita da iniciativa e atuação de vários atores para que este seja um processo saudável, que não desencadeie ou piore a incapacidade.

Palavras-chave: Enfermagem. Saúde do Trabalhador. Transtornos Traumáticos Cumulativos. Pesquisa Qualitativa.

LA INCAPACIDAD EXPERIMENTADA POR TRABAJADORES DE ENFERMERÍA EN EL RETORNO AL TRABAJO

RESUMEN

Reflexionando sobre los abordajes adoptados sobre la incapacidad y las deficiencias de la política de rehabilitación profesional, el presente estudio tiene como objetivo comprender el fenómeno "retornar al trabajo después de un alejamiento por Distúrbios Osteomusculares Relacionados al Trabajo". Se trata de una investigación cualitativa fenomenológica, con abordaje de la fenomenología existencial heideggeriana, que desea comprender la experiencia vivida a partir del sujeto y su existencia. Entre junio y julio de 2011, se entrevistaron a seis trabajadoras de enfermería de un Hospital Enseñanza, en la ciudad de São Paulo, que estaban experimentando el proceso de retorno al trabajo después del alejamiento por Distúrbios Osteomusculares Relacionados al Trabajo. Para ello, las trabajadoras de enfermería contestaron la pregunta guía: ¿Cómo está siendo para usted regresar al trabajo después del periodo de alejamiento? El mundo-vivido de las trabajadoras de enfermería está marcado por la incapacidad tanto resultante del dolor intenso como por el propio proceso de enfermedad. Estas modificaciones son relatadas como pérdidas existenciales que acompañan a las trabajadoras en el curso de la enfermedad. El proceso de retorno al trabajo es muy complejo, y necesita de la iniciativa y actuación de diversos actores para que este sea un proceso saludable, que no desencadene o empeore la incapacidad.

Palabras clave: Enfermería. Salud del Trabajador. Trastornos Traumáticos Acumulativos. Investigación Cualitativa.

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Corresponding author: Silmar Maria da Silva. Escola de Enfermagem da Universidade de São Paulo, ENO. R. Dr Enéas de Carvalho Aguiar. Cerqueira Cesar. CEP: 05403-000 - São Paulo/SP, Brasil

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