

THE SAFETY OF THE HEALTHCARE WORKERS IN INTEGRALITY PERSPECTIVE: A THEORETICAL REFLECTION

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ABSTRACT

The work environment organized under the integrality principle's perspective can induce the healthcare worker to protect yourself and to worry about the protection of others, contributing to preventive behavior at the risks. Perform a theoretical reflection about the occupational safety health worker in integrality perspective constitutes the objective of this essay. The results presented in two themes: integrality as the foundation of the work safety and permanent education like strategy to reach the safety's integrality at work. We conclude that adherence of healthcare workers on protective measures need to understand in the integrality perspective. Must permeate the collective thinking on the work's management and organization and the individual proactivity of worker to collective action to transform the reality service. It requires coordination between professionals of teaching and practice for the formation, health training and workers safety.

Keywords: Occupational Health. Comprehensive health care. Education. Continuing.

INTRODUCTION

The work, being a social activity, carries out an essential function in the conditions of life of man and produces a positive effect when it is able to satisfy the basic needs of subsistence. However, to accomplish it, can constantly exposed to risks present in the workplace, which can interfere directly in your condition⁽¹⁾.

Analyzing public policies and ordinances of the Ministry of labor and employment⁽²⁾ and health,⁽³⁾ there are advancements that contribute to the safety and health of the worker, and the last includes more property, guidelines related to integrality of this attention. However, are guidelines, to actualize in practice, depend on the social actors involved in the Organization and in the dynamics of the work.

Proposals for permanent education and incentive programs to biosecurity practices are conducted and implemented, focusing on predominantly biological and epidemiological aspects without considering economic historical, socio-cultural, contextual factors, psychological and relational health professionals⁽⁴⁾.

The security issue cannot reduced to rational logic, being necessary to understand the worker in its entirety and complexity that involves organizational and relational processes of work⁽¹⁾. Must promote the articulation between the technical knowledge and the knowledge, the experiences and the subjectivity of the professionals of the health area (PAS) with the operating dynamics of work⁽³⁾. View the work from the perspective of integrality may favor to labour actions, so essential to human beings, are conducted in

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the safest possible, for themselves and for each other.

Given this question: how could it addressed the safety of healthcare workers in the perspective of integrality attention to health?

The working environment is healthy and promotes job security, must be based on human relationships and contextual work⁽¹⁾, in addition to the principle of the integrality as the axis of organization and management of the service⁽⁵⁾. Although the integrality constitutes as one of the pillars of the health system and based on user assistance, it must also guide the practices of health professionals focused on security⁽⁶⁾.

The objective, therefore, carry out a theoretical reflection about the occupational safety health worker in the perspective of integrality.

METHODOLOGY

Developed reflective study on occupational safety, targeted according to the three directions of the integrality: as professional practice, as a way of organizing work and how governmental responses to specific health problems⁽⁵⁾. The discussion presented in two themes: the integrality as foundation of safety at work and the permanent education as a strategy to achieve the integrality of safety at work. The focus on permanent education, which represents the guiding principle for the promotion of healthy work processes and environments, emerged during the analysis and reflection of the national policy of worker safety⁽³⁾.

The integrality as foundation of safety at work

The integrality assumes important position in discussions regarding the health from the Brazilian health reform, with the creation of the unified Health System (SUS), which has as its guiding principles of health care universality, integrality and fairness. The principle of the integrality goes against the fragmentation of care centered on the specializations and reductionist biomedical model⁽⁵⁾ and allows the transformation of the health care model enabling reflection and change in health practices⁽⁷⁾.

This transformation of the healthcare model, guided by integrality, refers to the need for identification of the subject in its entirety,

advocating that the care of persons, groups and collective is to understand the individual in social contexts, political, historical and cultural heritage in relation to the family, the environment and the society of which it is part⁽⁸⁾.

Care involves an attitude related to human sentiment, based on an interactive process between professionals who care. Must carried out valuing the experience of life of each individual involved at the time of care⁽⁹⁾.

Which leads the individual to expose themselves to the risks is not related solely to individual risk factors or protection, but determined by a set of conditions as the environment in which workers are inserted, as by the organizational structure of the institution, communication, interpersonal relationship and the lack of awareness of the risk of another and himself⁽⁴⁾.

Occupational safety should be oriented according to the three directions of the integrality⁽⁵⁾: first as a practice of professionals; Second, as a way of organizing work and third as governmental responses to specific problems of health.

The integrality as practice is present in the response of the health needs of the professional user who seeks health service⁽⁸⁾. This reply should contemplate beyond the needs of the individual's health actions, the security represented by the protective measures.

As a way of organizing work, the integrality requires an organizational structure and management that encourages decision-making that includes the use of protective measures. To this end, advocates the involvement of professionals in decision-making, development and dissemination of programs for the prevention and control of infection. Yet the identification of situations of risk to the worker's health, working conditions and stressing sources that lead to (give) protection.

In terms of the integrality as governmental responses to the specific problems of health, it is essential that policies seek a more comprehensive vision of safety at work, the fragmentation of its dimensions de-provisioning in the areas of prevention and assistance⁽¹⁰⁾.

In the face of the reality of the risk of occupational exposure to biological material, Brazil instituted in 2005 the Regulatory Standard

(NR 32), which establishes the basic guidelines for the application of protective measures to the safety and health of workers, in order to improve the working conditions in these sectors and minimize the various occupational problems exist. This standard recommends that healthcare services (SAS) should provide the structural resources and materials needed in sufficient quantity and quality to carry out the activities and instruct the PAS in relation to protective measures⁽²⁾.

Despite the great advance of safety at work, this standard does not address the professional in its uniqueness and integral manner, bringing the tax as a way to promote adherence to security measures.

On the other hand the national policy on occupational health⁽³⁾ sought an apprehension amplified the needs of workers and aims to define the principles, guidelines and strategies of integral attention to occupational health, based on the principles of the SUS. Strategies that must be performed in the three spheres of management: federal, State and municipal levels. This policy has an emphasis on surveillance, aimed at the promotion and protection of health of workers across the Board in the various levels of assistance.

Identified prospects, protection in the workplace and occupational safety based on the principle of the integrality, favour not only the individual protection of the worker, but also a collective protection of health against the risks arising from the healthcare practice, providing, in addition to full professional care, integral care for with the user.

However, in practice there still a high number of accidents at work, especially those that expose healthcare workers to biological risks⁽¹⁾ and in his most triggered by low adherence to security measures⁽¹⁰⁾.

In terms of the integrality, you cannot accuse these workers for this low adhesion and high exposure index. One must advance in understanding the organization of work in the health care network and in the dynamics of the work, which effectively operates the health actions in the context of the Organization, and supply of services in the Country.

Permanent education as a strategy to achieve the integrality of safety at work

Permanent education is a tool used to sensitize the PAS to the risks in the working environment and safety measures at work⁽¹⁰⁾. Studies show that educational activities strongly recommended and feature high levels of scientific evidence on worker protection⁽¹¹⁻¹²⁾.

However, if there is a change in praxis concerning the security and protection of the PAS, the permanent education in health should break away from the traditional paradigms of teaching and learning and based on the principle of the integrality, seeking a professional autonomy regarding safety at work with reflection for user safety⁽¹³⁾.

This change although laden with aspects of workers' subjectivity must be built across the Board during the training of health professionals and privileged spaces of permanent education, in which articulates theory and practice; teaching and service; management and care; interdisciplinary and multi-professionalism as well as.

The professional must be the active subject of learning and build the integrality of the care by developing the learning to learn, do, be and live together without trying any of these aspects⁽¹⁴⁾ but articulating them in the everyday life of care.

This joint contributes to an expanded conception of occupational risks, which is not restricted only to the worker, but closely related to the process and the dynamics of the work.

The integral approach of the educational activity to be carried out in such a way⁽¹⁵⁾ problematizing takes into consideration the contexts and experiences of professionals, allows discuss weaknesses, potentials and build new knowledge. Permanent education policy for the SUS⁽¹⁶⁾ points this approach as a strategy able to promote this awareness and transformation of practices.

The national policy on occupational health⁽³⁾ establishes that permanent education must give emphasis on identifying the relation health-work, in the diagnosis and management of accidents and work-related diseases. Must include the rehabilitation; surveillance of diseases and environments of work processes; and the production of health situation analysis. The educational action in this perspective enables the implementation of protocols, guidelines, and health care worker safety.

The formation and the training of the worker of the SUS compete at three levels of management. Must be applied on three levels, technical, undergraduate and graduate, with intersectoral articulation aiming at promoting healthy work environments and processes in line with the guidelines for implementing the National Policy of permanent education in health⁽³⁾.

The insertion of the principle of the integrality on permanent education comes to meet the assumptions of every educational action must necessarily be preceded by reflection on the man and an analysis of the way of life of the learner⁽¹⁵⁾. Necessary actions to significant operating changes in learning and reality, generating commitment and ressignification of the gaze⁽¹⁷⁾ about his own safety and the environment.

The formation and development of workers for SUS, require meaning together for integrality, the permanent education in health, caregiver's practices, democratic and participatory management and social control in health. The permanent education in health sets up the possibility of transcending the Association to know and do in line with the social moment, historical, economic and political workers. Permanent education in this perspective of integrality contributes to the construction of a worker and citizen aware of his professional commitments personal and social⁽¹⁷⁾.

It is necessary to advance in the understanding of integrality beyond the user's care on health care network and include healthcare workers as participants of this attention while being, that to care for, needs to be careful.

This reflection of the practice of care from the perspective of integrality promoted by permanent education will enable the extension and seizure of care and security dimension, in addition to strengthening the accountability of health care workers with the therapeutic projects and a transformation of practice and decision-making toward your protection and that of the other.

Health professionals still prioritize the practice restricted to a single movement, for a short time, not allow a collective thinking about the reality of service, and cease to be

protagonists of knowledge built on the challenges necessary for safety at work⁽¹³⁾.

Therefore, there is more democratic relations within health labor, the collective work must understood because of the gross volume of the overall work and not simply the sum of the partial work in health. Not aborting the part-time work, but subordinating it to the collective work⁽¹⁸⁾.

FINAL CONSIDERATIONS

The worker safety legitimized by NR 32, though the regulatory axis safety of health professionals is still imposing and does not consider individual and contextual aspects of organization and management of work. Advances in this respect observed in national policies of worker's health and Permanent education, which advocate the articulation between the different levels of education and management, considering the promotion, prevention and diagnosis of situations of risk.

Adherence of health professionals to protective measures must be understood in the perspective of the integrality, permeate a collective thinking on the management and organization of work and the individual worker to the proactive action collective in the transformation of reality.

The construction of knowledge necessary to these changes requires an articulation between education and professional practice for the synergy in the formation and professional qualification. This construct must be publicized relocation by the labour context, in such a way that the safety principles internalized in the dynamics of the work, aimed at both the protection of the worker and the user.

The safety of healthcare workers in the perspective of integrality should be government responsibility, institutional and professional. Understanding the integrality and the exercise of this practice in daily life and care about you, besides being a moral obligation constitutes an important tool for self-protection and for the qualification of the care in health care networks.

A SEGURANÇA DOS PROFISSIONAIS DA ÁREA DA SAÚDE NA PERSPECTIVA DA INTEGRALIDADE: UMA REFLEXÃO TEÓRICA

RESUMO

O ambiente laboral organizado na perspectiva do princípio da integralidade pode induzir o profissional da saúde a se proteger e a se preocupar com a proteção do outro, contribuindo para um comportamento preventivo diante dos riscos. Realizar uma reflexão teórica sobre a segurança ocupacional do trabalhador em saúde na perspectiva da integralidade constitui-se objetivo desse ensaio. Os resultados são apresentados em dois temas: integralidade como fundamento da segurança no trabalho e a educação permanente como estratégia para o alcance da integralidade da segurança no trabalho. Conclui-se que a adesão dos profissionais da saúde às medidas de proteção necessita ser compreendida na perspectiva da integralidade. Deve permear um olhar sobre a gestão e a organização do trabalho e a proatividade individual do trabalhador para o agir coletivo na transformação da realidade do serviço. Exige-se uma articulação entre os profissionais do ensino e da prática para a formação, capacitação em saúde e segurança dos trabalhadores.

Palavras-chave: Saúde do trabalhador. Assistência integral à saúde. Educação continuada.

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