

LIVES OF PLEASURE AND SUFFERING IN THE WORK OF THE COMMUNITY HEALTH AGENT

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ABSTRACT

This study aimed to know the experiences of pleasure and suffering in the Community Health Agent job. Descriptive research, qualitative approach and theoretical perspective of Psychodynamics work, developed with 25 community health agents of different family health teams, in August 2015 period to February 2016, groups semi-structured interviews and focal. The information collected was submitted to thematic categorization. The themes have been identified: labour relations and the experiences of pleasure-pain and; symptoms of physical and mental illness. The experiences of pleasure are supported in the possibilities of recognition and the suffering in devaluation, as well as the replacement of activities along the territory for administrative activities in the unit. Physical and emotional pain have been described by respondents, which realize helpless facing the complexity of issues that require attention in the community. On the basis of the Psychodynamics of Work, concluded on the need of listening spaces demand for enhancing the work of ACS, which meets the ransom to the assumptions of the model itself and of interprofessional action.

Keywords: Working Conditions. Occupational Health. Community Health Workers. Primary Health Care.

INTRODUCTION

The primary health care (PHC) has different backgrounds and approaches around the world, from increasing access to health care, prioritization of local actions to decrease costs⁽¹⁾. The Brazil share of such approaches, with prioritization of assistance to impoverished populations. In this sense, the family health Strategy (FHS) is considered one of the main gateways of the Brazilian health system, being a priority in the consolidation and expansion of the APS. The Community Health Agent (ACS) is a member of this scenario, representing the link between health services and the community. This professional has your act based on assumptions of health surveillance, favoring the confrontation situations-problems that affect the lives of families in a postponed territory⁽²⁾.

In this perspective, the changes presented in the National Policy of the basic attention in the year 2017 were analyzed as a throwback to the work of ACS, especially by the scenario of uncertainty regarding your stay in health and quantitative team this worker in respect of registered population⁽³⁾. Known to be the home visit is one of the main tools for health education in the Act of ACS, however your implementation may not occur or occur way insufficient monitoring of

registered families, the grounds alleged are from number many users for monitoring, the insufficient number of hours for such activity and an inadequacy of time for home visits⁽⁴⁾. These aspects are the Organization, or your lack of work processes for your time influenced on worker satisfaction, being that generate stress, anxiety and depression⁽⁵⁾, reflecting on the experiences of labour ACS and entrant your development work.

The ACS action seeks to facilitate the process of care in health, since it belongs to the community where he works; circumstance that makes it possible to link training and knowledge of local reality. Because it is an act that merges the belonging with the health team and with the territory, the daily life of ACS is permeated by challenges of different natures, as the hierarchy in work relationships, the need to upgrade, the development of effective communication skills and training in a different scenario-link vulnerability. Comprising from economics to explicit situations of violence, such as sexual abuse or neglect and local conflicts by trafficking in drugs⁽⁵⁾, generators of suffering at work.

ACS's work focuses on relational technologies, so your experiences of pleasure or joy come from building bonds and friendships with the users of the services, especially in the wake of self-care and resignifications in live, recognized in the expressions of

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gratitude and empathy⁽⁶⁾.

In such a scenario the inconsistencies related to activities and interpersonal relations at work bring health implications of ACS. Given that such situations can be analyzed critically, by means of the Psychodynamics of the work in order to be identified and pleasure devices at work. The Psychodynamics of the work is a multidisciplinary approach to theory, which seeks to understand the interrelationship of the worker with the Organization of work in order to glimpse the dynamics of experiences of pleasure and suffering in this place⁽⁷⁾.

From this theoretical perspective, the work can be a source of pleasure when the task performed carries a symbolic content, when work allows in some measure the inventive exercise and the result of what is accomplished is valued, recognized. On the other hand, the suffering at work conquers space devoid of sense, in the absence of workers' control over the execution of the work, as well as the inconsistencies between the required goals and the real possibilities for the realization of the activities and, especially, human relations of cooperation and solidarity⁽⁸⁾.

This way, the listening to the experiences of pleasure and pain of the ACS has power in your ability to explore the subjectivity of workers who, despite being "key parts" to the desired link between the service and the community as well as in the universal access and completeness of the attention to the needs of the population, sometimes have your recognized experience with the process of identification of advances and setbacks of the APS. On the basis of the above, the present study aims to learn about the experiences of pleasure and pain in the work of ACS.

METHODOLOGY

Descriptive study with a qualitative approach and analytical perspective from the theoretical foundations of the Psychodynamics of the Work, created by Christophe Dejours in late 1980, with influence of psychoanalysis. This study is part of a larger research titled "dialogue between different knowledge in the everyday life of ACS" held in the city of Porto Alegre, Rio Grande do Sul, in a District-run (GD), in which the Federal University of Rio Grande do Sul (UFRGS) develops activities teachers-social assistance.

The study population was composed of ACS of the 28 teams of ESF present on the territory, selected by convenience, an ACS every TFH. The criteria for inclusion of professionals were part of the staff of the

service, independent of the employment relationship; Act on the job for at least three months. And the exclusion of the ACS who were out of work in the period of data collection.

The generation of the data occurred in the period from August to February 2015 2016 through focus group and semi-structured interview. Both audios were recorded using digital apparatus and subsequently transcribed in full. Held three focus groups, with three games each, for a total of nine meetings. All the meetings took place in nursing school of UFRGS in a shift of the week, previously agreed with the GD a University vehicle, with the presence of a scholar, and later took the participants to their workplaces, both routes totaled 2 hours. Each meeting lasted approximately 1:00:30 min. The moderator of the focal group was the project coordinator and the observers were three scholars, previously trained.

Were addressed the following themes: on the first date after presentation of the participants and the research proposal the discussion focused "thinking of your job what are the social and health problems of the communities and regions where Act "; on the second date, like you, "whereas certain health problems and develops your work context/your guidance?" And in the third, "the extent to which the knowledge for you transmitted from their everyday life experiences and work?"

Participated in the first focal group nine ACS; in the second, started nine ACS, occurring two waivers; and in the third, started 10 and there was a cancellation, totaling 25 ACS/teams participating in the GF. With these, the interviews were carried out in their workplaces after prior scheduling. There was no need to repeat any of the interviews, and these have not been presented after transcription for validation, such validation occurred in GF in the form of a synthesis of the previous meeting to provoke discussions following. The interviews ranged from the personal history, the location, the work process and trajectories of health-disease-work.

To ensure the anonymity of the participants, the interviews were identified by the acronym ACS followed by Arabic number. The numerical classification happened randomly, from 1 to 25 and for the focus groups the acronym GF and the number of the meeting. The treatment and analysis occurred through thematic categorization.

The research project was submitted and approved by research ethics committees of UFRGS under paragraph 1,009,554 and the Municipal da Saúde de

Porto Alegre under paragraph 1,147,128. All participants signed an informed consent as the year 2012 466 Resolution of the National Board of health.

RESULTS AND DISCUSSION

In relation to the characterization of the subject of research, the majority were female, ACS, the smallest 20 ages were 27 years and 58 years, 11 participants auto declare with race/black color, white and three 11 Browns. As for education, 16 of the participants had high school complete and/or technical training. The time of performance of the ACS ranged between eight months and 19 years.

From the ACS ' testimonials about health-disease-triad study was possible to organize the presentation of the results in two topics: "Labour Relations and the experiences of pleasure-pain of ACS" and "Symptoms of physical and mental illness of the ACS."

Working relationships and the experiences of pleasure-pain of ACS

For the ACS, the sense of your work is strongly connected to listen/meeting the needs of the people, in such a way that it can be created trusts, allowing the construction of a broader perspective on health, focused primarily for your promotion. However, the energy expended for this purpose needs to return to the employee by means of recognition. The recognition of validity (originated from the relationship between colleagues) and utility (from the superiors and the target audience) is the answer to subjective expectations, generating feelings of have contributed and to be essential for the work team (8).

The difficulties we face are rewarded when we are recognized for our work. (ACS 17)

It's a satisfaction when our work is recognized. (GF 01)

Study of literature review on the praxis of the ACS pointed this actor as an articulator in potential for relations between users, employees and managers of the SUS (9). Transposing this alternative reading of the Psychodynamics of the work is possible to recognize as a source of pleasure to symbolic appreciation about the importance of the role played by the ACS as an educator in the context of health policies and your professional experience.

Feeling useful is the symbolic recognition that the worker seeks relations with users. And, according to the theoretical perspective already cited, is the

recognition that originate the experiences of pleasure constituents of the meaning of work⁽⁸⁾.

ACS's work is characterized by the high degree of interventionism in people's lives. In this way, the feeling of the ACS approach promotes the delivery of you for the work and the feeling of belonging to the community. Also, essential to creating link with families, the knowledge of the territory, the population, the family and social dynamics are tools used for monitoring and planning of the actions developed. Therefore, the ACS feels important in their actions, because it values the human factor involved in the process of care and guide⁽¹⁰⁾.

However, to remember situations experienced at work, the ACS pointed to devaluation attributed to your professional category as a stressor. The Group agreed about the lack of recognition of the health team and the management about the work of ACS, which affects in interpersonal relationships and teamwork, especially with regard to hierarchical relationships:

Anything that happens – Talks with agent-Then when you want to talk about what the community wants officer talking about? ... At the same time as a communitarian agent he will save the world he is a nobody. (GF2)

You can tell a duality in talks presented, while the ACS is triggered, it is also rejected in its manifestations and claims. The devaluation of the team in relation to the work of ACS can be linked with the knowledge that they hold informal, is because they do not have specific training or be expendable technical training to act as agent of health⁽¹¹⁾.

Aligned to thought advocated by the authors cited, some ACS argued of antagonistic way, that despite your knowledge is less than "scientifically" to co-workers, especially of nurses and doctors, they see your work as the monitor directly the community substantially and experience the reality of daily users. In this way, have a look at more comprehensive and differentiated than other professionals and should be recognized for such features.

We're hitting that button for a while. I think we're talking about something I missed there, I think it's lack of recognition. We don't want flowers, just respect. (GF 03)

The practices that the ACS develop in everyday life, contribute to a more effective health care, enriching understanding of the situations and needs of users. So, the workforce of the ACS becomes a support for the team bringing nuance sometimes perceived not⁽¹²⁾.

As regards the process of work itself, the ACS stated that after the implementation of the ESF, about 20 years ago, its activities were geared to the promotion of health with individual and collective activities. However, they realized that there is currently a detachment of the community on the basis of the activities developed within the health units, ranging from work in reception to scheduling via computerized system for consultations and examinations:

I defend the SUS, I support this wonderful job that we do [...] just that unfortunately we're missing it because of this current, this overload of work that in reality is not ours, and we must. (GF3)

All food team assignment is the information system of the basic attention, registering properly the actions carried out by means of manual filling and/or digital information⁽²⁾. However, non-priority activities are incorporated and legitimized in everyday life, with a tendency to make the activities of the ACS a means and not an action finalist for the qualification and rapprochement between the health services and population.

For the ACS, the current requirements, which require the permanence within the health units tend to reduce the time spent on the monitoring activities of the sick people at home, with some priority actions in health, such as hypertension, diabetics, pregnant women and children under one year of age. According to them there is a removal of local problems, resulting in distortion of the work of the ACS.

I think today the community Agent job took other directions. We do a lot of administrative work within the unit itself and stops making the prevention, promotion, certain types of care with people and groups. (GF 02)

Respondents named this set of activities carried out by them as "bypass". This theme featured among the data obtained interviews and in discussions of the groups. The ACS pointed out that the lack of staff to perform administrative functions on overload or entails requirement on ACS's misuse. They pointed out that activities like VD provided them recognition and respect for users, those already inside the unit does not offer them the same visibility.

I'm not doing my job, my work isn't reception, in my wallet's health agent. It undermines everything, because I'm not knowing what my community has, I'm not going to know what's happening if I don't go to their house. (ACS 24)

You can tell a difference between the planned activities initially to the ACS and the demands

imposed by everyday life, allowing you to investigate the need for investments before not foreseen for this action, because these are activities that could be carried out in order to have greater visibility with users, contributing to a more effective communication between these different actors involved. It's up to point out that the activities carried out in the home context, the ACS can understand with greatest potential to take care, of being a reference, which can miss when their activities are other, mainly on the interfaces with the other members of the team of health.

That way, the focus of theoretical current Dejours enables transpose the reductionist idea that the subject is solely responsible for the consequences of the work on your health, because the work environment can interfere with quality of relationships between employees, managers, customers and suppliers⁽¹³⁾. Such chain gives visibility to an organization of very hard work can lead to an assault on the worker who can't find space for your own expression, which will allow the realization of desires and the gain of pleasure⁽¹⁴⁾.

Symptoms of physical and mental illness of the ACS

When asked about health-disease-working triad, the ACS pointed musculoskeletal pains as a fact applicant, which are related to the achievement of long walks, climbs on steep hills, carrying heavy backpacks and wandering daily the Sun.

I'm in a lot of pain in the knees must be going up and down the Hill, our ground here is in the shape of a ravine. (ACS 02)

The pain from the weight of the backpacks I feel to this day, sometimes I do stretching, I feel that this is pain caused by taking weight in the backpack. (ACS 21)

Workloads identified, through the processes of wear suffered by the ACS are due, mainly, by exposure to mechanical loads, biological, physiological and psychic⁽¹⁵⁾.

While the link is desired and expected he could also be a factor. The ACS mentioned that due to the daily coexistence with the community, a great affective link is built, the rebound in anticipation of a resolution that is not always achieved, generating experiences of sadness and frustration for the ACS. Thus, the mental wear and stress become frequent feelings in the life of these workers.

I come home extremely devastated, with a mental fatigue [...] sometimes we don't have that thing to separate: we see the girl be born, grow up, have kids, you walk all that

seeks to do everything to give a better quality of life for that person and suddenly you see that person enter into death by violence. (ACS 04)

I'm really frustrated, I stressed because you can't solve many problems of the community. (ACS 16)

We increasingly lose his temper, increasingly sick, shaken, sore [...] that there is a reality being worse and worse, I think more and more present in the lives of community workers. (ACS 19) Fico muito frustrada, me estresso porque não se consegue resolver muitos problemas da comunidade. (ACS 16)

A gente cada vez mais perde as estribeiras, cada vez mais fica doente, mais abalado, mais chateado [...] essa daí é uma realidade que está sendo cada vez pior, acho que cada vez mais presente na vida dos agentes comunitários. (ACS 19)

The relations established in the making of the ACS evoke a triangular image with intersections between the feelings affection, responsibility and loss/illness⁽⁶⁾. In this context, often antagonistic feelings are internalized and experienced, not in a hierarchical manner, but experiencing the alternation of lived.

The complexity of the problems encountered in the community, such as trafficking and violence generate feeling of inability and frustrate the ACS that wants to be recognized by your utility work.

"One thing that makes me very sad to see the teenagers, the children that I saw in the gut become drug dealers. And there I see that my work was by water. " (ACS 03)

Symptoms of stress are frequent in ACS due to inability to deal with situations like the violence, inequality and powerlessness in the face of the various situations that experience in your work⁽¹⁶⁾. Most of the situations experienced in the daily lives of the ACS work refer the need for interprofessional and intersectoral actions^(17,18).

One of the principles in the work process of family health is to integrate technical and professional areas of different formations, putting into practice the interprofessionalidade. The interprofessionalidade binds to the notion of teamwork, marked by reflection on the professional roles, troubleshooting and building knowledge from different areas of knowledge and professional practices. It aims to improve the quality of the work and health care population, constituting an important tool for better team performance⁽¹⁹⁾. For your time, the intersectoral approach allows the health field approach if sectors such as education, justice, social assistance, for example, seeking to resolve other dimensions of lived that interrelate with health.

Emerged in a line of ACS after a few years

working in the ESF was necessary to use medications to control the anxiety and the stress of the work routine.

We live the problems of users, so I can't separate, but nowadays I take medication there, when I walked in here I wasn't taking medication, and now I take. (ACS 24)

The suffering of the ACS in the workplace arises when production expectations of results or resolution of adversity are not reached⁽¹⁸⁾. Such aspects constitute the work as a factor that may affect the quality of life, favoring the suffering and illness⁽¹⁸⁾. The weaknesses in the services and the lack of organization in the FSE can affect some of these workers. The psychic aggravations can be related to situations that demand requirements, but also expectations that are not affected, this can lead the worker to drug consumption, accidents and, often, the incapacitation to work⁽²⁰⁾.

FINAL CONSIDERATIONS

The experiences of pleasure and pain in the work of the ACS were related to their activities, users and health team and the recognition by the link established and the feeling of belonging to the health service. From the results it can be considered that the pleasure at work implies in appreciation of the role played by symbolic ACS in the accompaniment of families, although the bond built with the users can have an impact on suffering in so far as there is low resolution on the demands of health identified. Still, relations prioritized health team are taken with stressors factors, on which infers that interprofessional activities could contribute to a more effective team performance and greater use of the potential of the role of the ACS in the community and the team.

In addition, intersectoral actions have more chance to be triggered when the health team acts with a focus on the needs of the population and described with more horizontal working relationships. The scenario of changes in PNAB wave to an instability in labor relations, in defiance of the workers to a more cohesive and supportive stance in maintaining the principles of the unified health system.

Since the analysis of the Psychodynamics of the ACS work allows a glimpse of aspects that pertain to the pleasure and the pain and that allow subsidize intervention measures that can encourage listening and monitoring of these workers, as well as needs changes in managerial level. The potentiality of longitudinal designs research and intervention with a view to broadening the knowledge produced on the work of ACS.

VIVÊNCIAS DE PRAZER E SOFRIMENTO NO TRABALHO DO AGENTE COMUNITÁRIO DE SAÚDE

RESUMO

Este estudo objetivou conhecer as vivências de prazer e sofrimento no trabalho do agente comunitário de saúde. Pesquisa descritiva, de abordagem qualitativa e perspectiva teórica da Psicodinâmica do Trabalho, desenvolvida com 25 agentes comunitários de saúde de diferentes equipes de saúde da família, no período de agosto de 2015 a fevereiro de 2016, por meio de grupos focais e entrevistas semiestruturadas. As informações coletadas foram submetidas à categorização temática. Foram identificados os temas: relações de trabalho e as vivências de prazer-sofrimento e; sintomas de adoecimento físico e mental. As vivências de prazer estão amparadas nas possibilidades de reconhecimento e o sofrimento na desvalorização, bem como na substituição de atividades junto ao território por atividades administrativas na unidade. Dores físicas e desgaste emocional foram descritas pelos entrevistados, os quais se percebem desamparados frente à complexidade dos problemas que requerem atenção na comunidade. Com base na Psicodinâmica do Trabalho, conclui-se sobre a necessidade de espaços de escuta à demanda por valorização do trabalho do ACS, o que vai ao encontro do resgate aos pressupostos do próprio modelo de atenção e da ação interprofissional.

Palavras-chave: Condições de trabalho. Saúde do trabalhador. Agentes Comunitários de Saúde. Atenção Primária à Saúde.

EXPERIENCIAS DE PLACER Y SUFRIMIENTO EN EL TRABAJO DEL AGENTE COMUNITARIO DE SALUD

RESUMEN

Este estudio tuvo el objetivo de conocer las experiencias de placer y sufrimiento en el trabajo del agente comunitario de salud. Investigación descriptiva, de abordaje cualitativo y perspectiva teórica de la Psicodinámica del Trabajo, desarrollada con 25 agentes comunitarios de salud de diferentes equipos de salud de la familia, en el período de agosto de 2015 a febrero de 2016, por medio de grupos focales y entrevistas semiestruturadas. Las informaciones recolectadas fueron sometidas a la categorización temática. Fueron identificados los temas: relaciones de trabajo y las experiencias de placer-sufrimiento y; síntomas de enfermedad física y mental. Las experiencias de placer están basadas en las posibilidades de reconocimiento; y las de sufrimiento en la devaluación, así como en la sustitución de actividades junto al territorio por actividades administrativas en la unidad. Dolores físicos y desgaste emocional fueron descritos por los entrevistados, los cuales se perciben desamparados frente a la complejidad de los problemas que requieren atención en la comunidad. Con base en la Psicodinámica del Trabajo, se concluye sobre la necesidad de espacios de escucha a la demanda por valoración del trabajo del Agente Comunitario de Salud, hecho que pone de manifiesto el rescate de los objetivos del propio modelo de atención y de la acción interprofesional.

Palabras clave: Condiciones de trabajo. Salud del trabajador. Agentes Comunitarios de Salud. Atención Primaria a la Salud.

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