Original article

PSYCHOLOGICAL DEMANDS, CONTROL AND SOCIAL SUPPORT IN THE WORK OF COMMUNITY HEALTH AGENTS*

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ABSTRACT: Objective: To identify the psychological demands, control and social support in the work of Community Health Agents. Method: Descriptive study, with a quantitative approach, carried out with 212 primary health care workers from a municipality in the interior of Minas Gerais. Data was collected between July and October 2015 from Community Health Agents of Primary Health Care units. Sociodemographic and labor characteristics were the independent variables and short scale Demand-Control Model and social support at work were the dependent variables. Results: Female working-age population. Passive job and high demand were prevalent, indicating high risk of development of psychosocial stress at work. Conclusion: Interventions in living and working conditions are necessary, especially regarding psychosocial and organizational aspects.
DESCRIPTORS: Worker's health; Job; Working conditions; Primary health care; Community health agents.

DEMANDAS PSICOLÓGICAS, CONTROLE E APOIO SOCIAL NO TRABALHO DE AGENTES COMUNITÁRIOS DE SAÚDE

RESUMO: Objetivo: identificar as demandas psicológicas, o controle e o apoio social no trabalho dos Agentes Comunitários de Saúde. Método: estudo descritivo, com abordagem quantitativa, realizado com 212 trabalhadores da Atenção Primária à Saúde de um município do interior de Minas Gerais. Os dados foram coletados entre julho e outubro de 2015 com Agentes Comunitários de Saúde das Unidades de Atenção Primária de Saúde. A análise foi descritiva com frequências absolutas e relativas. Como variáveis independentes características sociodemográficas e do trabalho, e como variáveis dependentes a escala reduzida Modelo Demanda-Controle e o apoio social no trabalho. Resultados: evidencia-se uma população feminina em fase produtiva da vida, o trabalho passivo e alta exigência tiveram maiores proporções, demonstrando alto risco de desenvolvimento do estresse psicossocial no trabalho. Conclusão: ressalta-se a necessidade de intervenções nas condições de vida e laborais, principalmente no que se refere a aspectos psicossociais e organizacionais.
DESCRITORES: Saúde do trabalhador; Trabalho; Condições de trabalho; Atenção primária à saúde; Agentes comunitários de saúde.

DEMANDAS PSICOLÓGICAS, CONTROL Y APOYO SOCIAL EN EL TRABAJO DE AGENTES COMUNITARIOS DE SALUD

RESUMEN: Objetivo: identificar las demandas psicológicas, el control y el apoyo social en el trabajo de los Agentes Comunitarios de Salud. Método: estudio descriptivo, con abordaje cuantitativo, que se realizó con 212 trabajadores de la Atención Básica a la Salud de un municipio del interior de Minas Gerais. Se recogieron los datos entre julio y octubre de 2015 con Agentes Comunitarios de Salud de las Unidades de Atención Básica de Salud. El análisis usado fue el descriptivo con frecuencias absolutas y relativas. Se utilizaron como variables independientes las características social, demográficas y del trabajo, y como variables dependientes la escala reducida Modelo Demanda-Control y el apoyo social en el trabajo. Resultados: se evidencia una población femenina en etapa productiva de la vida; el trabajo pasivo y la gran exigencia presentaron mayores proporciones, demostrando alto riesgo de desarrollo de estrese psicosocial en el trabajo.
DESCRIPTORES: Salud del trabajador; Trabajo; Condiciones de trabajo; Atención básica a la salud; Agentes comunitarios de salud.

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INTRODUCTION

Work plays a key role in all spheres of human life. It determines the formation of identities and is relevant in an approach that considers the subjective aspects of workers and their social participation. It is transformative and enables the individuals to understand and maximize the dimension of subjectivity, not only for producing something, but to transform themselves. [1]

Consequently, work is closely related to the satisfaction of the individuals' needs, particularly regarding the attainment of a good quality of life and health status. However, given the fast technological changes, workers have become vulnerable and are impacted by conflicting psychosocial factors and hence are exposed to health damage. [2]

Occupational hazards are part of the work process and are related to labor elements, and this may result in psychological overload on the workers. Psychosocial risks deserve special attention because of their complexity: they involve characteristics related to the individual (personality), the work environment (demands and control over the task) and the social environment (cultural factors). [3-4-5]

Regarding the health status of primary care workers, it is worth mentioning the complexity of care and the various demands faced by these professionals, such as deficiencies in the health care system, poor working conditions, exposure to physical and psychosocial burden and poverty and inequality, among others. [3] The Primary Health Care (PHC) scenario, especially the Family Health Strategy (ESF), poses psychosocial risks, largely due to problems in work organization, which can generate occupational stress [6].

Thus, FHS workers, particularly Community Health Agents (ACS) who promote community health through disease prevention, and whose work involves interpersonal relationships between health teams and the community, may be exposed to psychosocial stressors [6-7].

The motivation to carry out this study stems from the importance of evaluating the working and health conditions of PHC professionals, especially Community Health Agents, since these workers coordinate and facilitate the establishment of a link between the community and the healthcare team.

Thus, the present study aimed to identify the psychological demands, control and social support in the work of Community Health Agents. When unbalanced, these factors may favor the onset of diseases and the development of psychosocial stress at work.

METHOD

Quantitative, descriptive and exploratory cross-sectional study developed with Community Health Agents (ACS) of 42 Primary Health Care (PHC) units in the city of Juiz de Fora, a city with approximately half a million inhabitants located in the micro-region of the state of Minas de Gerais (MG).

Simple random sampling was the process used to select the study population, composed of 212 participants. Thus, a 95% confidence interval (95% CI), margin of error of 6%, prevalence of 50% (given the multiplicity of outcomes analyzed and lack of prior research on the topic), and possible losses and refusals of approximately 25% were considered.

The inclusion criteria were be a community health agent in the exercise of the profession. The agents who could not be reached after three telephone contact attempts or were not present at the PHC unit during data collection were excluded.

Data was collected from July to October 2015 in the workplace of the health community agents, through questions related to the independent sociodemographic variables (gender, age, marital status and educational level), occupation (shift, workload, other job and length of time in the profession), and an instrument focused on work organization based on a scale originally developed by Karasek, and reduced by Tores Theorell to a short 17-item version, considering the three dimensions (demand, control and social support), called Job Stress Scale or Swedish Demand-Control-Support Questionnaire (DCSQ).) The Brazilian version translated and adapted into Portuguese by Alves (2004) was used as the

Demand-Control Model (MDC). [8-9]

The DCM quadrants of Karasek were defined by the distribution median and dichotomized into high and low demand, control and social support dimensions. The response options for the "psychological demand" and "control" dimensions ranged between "often" and "never/almost never" and for the "social support" dimension between "totally agree" and "totally disagree" in (1-4) Likert-type scales.[9]

Each response was assigned a 1-4 score, considering items with reverse score in the first two dimensions. The scores were obtained by adding the items of each dimension and ranged from 5-20 (demand) with a score between 5 and 14 for low demand and values above 14 for high demand, 6-24 (control) and scores between 5 and 17 for low control and above 17 for high control. For social support dimension, a cutoff point up to 17 for social support and higher than 17 points, for high social support. [9]

The psychological demand can be defined by the individual's perception of how much is required of him/her in their daily tasks, work overload. As for control at work, it concerns the worker's ability to decide on relationships and work conflicts, development of decision-making and skills, and the social support dimension is the social integration and helps performing labor tasks, acting as a moderator of the effects of fatigue on workers' health. [8]

Based on this classification, four combinations can be made: job with high demands (high demand and low control), a highly stressful job; passive job (low demand and low control), low demand (low demand and high control) and active job (high demand and high control).[8]

The most harmful combination for workers' health is a job with high demands, as it is a source of stress due to the strain generated, and which may result in physical and psychological illness. On the other hand, a job with low demand is considered desirable, since it is configured in a highly comfortable and ideal state of work, allowing relaxation and is less likely to cause stressful situations.[8-10]

Therefore, the risk assessment for work stress is based on the combination of high and/or low levels of interaction of psychological demands, control and social support, which pose different risks to workers 'health. [8-10]

The Statistical Package for Social Sciences (SPSS) was used for data analysis. Descriptive analysis using absolute and relative frequencies and analysis of the Demand-Control-Social Support model at work were conducted.

The study was approved by the Human Research Ethics Committee of UFJF, under protocol no 932.706 and in accordance with the guidelines of Resolution 466/12 of the National Health Council of the Ministry of Health. [11]

RESULTS

Analysis of sociodemographic characteristics revealed a predominance of females: 193 (91.5%), mean age of 44 years, with a standard deviation of 9.93, minimum age of 23 years and maximum of 71 years. Regarding marital status, 117 (55.5%) were married or lived in a stable union. Most Community Health Agents: 114 (54%) had completed secondary education and 45 (21.3%) reported having completed technical education (Table 1).

Table 1 – Frequency of sociodemographic characteristics of Community Health Agents Juiz de Fora, MG, Brazil, 2016 (continues)

Sociodemographic characteristics	n	%
Age		
Minimum	23	-
Maximum	71	-

20-36 years old	58	27.5
37-45 years old	60	28.4
Over 46 years old	93	44.1
Gender		
Male	18	8.5
Female	193	91.5
Color/Race*		
Black	36	17.1
Brown	72	34.1
White	100	47.4
Yellow	3	1.4
Marital status		
Married/Stable union	117	55.5
Not married	94	44.5
Education		
Incomplete Secondary Education	13	6.2
Complete Secondary Education	114	54
Technical Education	45	21.3
Higher Education	39	18.5
Total	212	100

Regarding the occupational characteristics of Health Community Agents, 180 (84.9%) had a weekly workload of 40 hours, and 188 (89.1%) reported having started working before the age of 20. As for the length of time working in PHC, 127 (59.9%) said they have been working in PHC for 11-20 years and 85 (40.1%) have been working in PHC for less than 10 years (Table 2).

Table 2 – Frequency of individual characteristics related to the work of Community Health Agents. Juiz de Fora, MG, Brazil, 2016

Work-related characteristics	**n**	**%**
Workload (weekly)		
40 hours	180	84.9
> 40 hours	32	15.1
Started working at		
< 20 years old	188	89.1
Over 20 years old	23	10.9
Work the night shift		
Yes	24	11.3
No	188	88.7
Number of jobs		
One job	188	88.3
≥ 2 jobs	24	11.3
Length of time working in PHC		
Less than 5 years	60	28.3
6-10 years	25	11.8
11-15 years	101	47.6
16-20 years	26	12.3
Total	212	100

Regarding demand, control and social support in the work of ACS, 114 (53.8%) had high demand, 138 (65.1%) were under control, and most workers: 140 (66.4%) had high social support (Table 3).

Table 3 – Characterization of psychological demands, control and social support in the work of Community Health Agents. Juiz de Fora, MG, Brazil, 2016

Characterization Model Demand-Control	N*	%
Psychological Demand		
Low Demand	98	46.2
High Demand	114	53.8
Control		
Low Control	138	65.1
High Control	74	34.9
Social Support		
Low Social Support	71	33.6
High Social Support	140	66.4
Total	212	100

The data show that most workers are in the high demand category, which combines high demand and low control: 78 (36.8%), followed by passive job (low demand and low control) with 60 (28.3%) (Table 4).

Table 4 – Characterization of the type of work requirement in the Demand-Control Model of Community Health Agents. Juiz de Fora, MG, Brazil, 2016

Type of demand in the job	n	%
Low Demand Job	38	17.9
Active Job	36	17
Passive Job	60	28.3
High Demand Job	78	36.8
Total	212	100

DISCUSSION

Most workers are young, economically active female individuals because women traditionally play the role of caregivers in Brazilian society and more and more women are entering the labor market. [12-13]

The insertion of women in the labor market is a result of various social transformations and because qualities such as care and resistance are usually attributed to the female gender. [14] However, this situation may generate vulnerability, as women are susceptible to gender discrimination and to unequal distribution of working tasks. This can lead them to the development of labor relations marked by inequalities, favoring fatigue and problems related to the biological and psychosocial dimensions. [15]

Likewise, other studies also mention the feminization of Community Health Agents and report that most of these workers are women aged 20-50 years old .[16-17]

Regarding the qualification of Community Health Agents, they report that most professionals are overqualified for the exercise of their function. Also, several courses currently offer technical training for Community Health Agents. [18]

The abovementioned qualification can be explained by the complexity of the activities performed by these professionals in the health context, which requires constant knowledge updating, as the agents are supposed to provide adequate guidance to the community and perform their social role effectively. [19]

Also, based on the literature and a study on oral health knowledge by the ACS, it is noteworthy that 64.2% of the agents had completed secondary education and 26% reported having completed an undergraduate program or attending a university course, and in 15% of the cases they were attending health courses.[19] Schooling is highly valued and is perceived as a means of social and professional upgrading by the agents. Most come from low-income families, and, thus, education is an opportunity for them to improve their living and working conditions.

Regarding labor aspects, the working hours of the studied population comply with the limits established by the Brazilian Federal Constitution, of 1988, of a maximum of 44 hours per week. (20) However, some professionals reported a total weekly workload of more than 40 hours of work, which may be related to the fact that most female ACS have a "second shift" of work because they have to do housework and provide care to their families.[14,21]

Women with formal employment contracts usually have to perform housework and family care activities too. Therefore, they may be constantly exposed to higher workloads, which can lead to biopsychological processes that result in suffering and stress. [4,14,21]

Therefore, it is important to limit the working hours in order to protect workers from organizational stressors and problems resulting from fatigue, to ensure they enjoy a social life and a healthy family environment. [20]

The most common stressors in the work environment are extended working days, night shift and second or third shifts of work. These factors have a direct impact on the workers' health and well-being, affecting commitment and job satisfaction, and hence their quality of life. [20,22]

Community Health Agents are particularly affected by these stressors because their work activities are carried out in an external environment, which provides greater exposure to physical, biological, mechanical and psychosocial risks. Their working conditions are unstable, as they face structural difficulties, exposure to environmental and climatic factors and diseases, are paid low wages and their workplace is often too far from their homes. These factors can cause physical and mental overload, impacting the social relations and health status of these workers.[7,23]

.The length of time working in PHC was similar to other studies, characterized by the predominance of workers with more than five years of work. A study on the perception of stress of primary care workers reported an average of 10.7 years working in PHC. [24] The findings suggest a lower turnover rate of health workers in Primary Health Care, with a higher number of professionals who have been working in the FHS for a long time.

However, the length of time in the profession may favor the occurrence of stressful factors, leading to psychosocial stress. These professionals have been performing their work activities for a long time, and the long exposure to stressors can generate physical and emotional imbalance, making it difficult for these individuals to deal with everyday situations in their work environment and compromising their health.[22]

The complex health problems caused by exposure to risk factors generated by work-related conditions and the situation of social vulnerability have a negative impact on the health teams and hence on Community Health Agents. These are often unable to address most of these issues, which prevents them from providing satisfactory care in routine situations related to the health-disease processes of the population and the health professionals.[25]

According to Karasek, the work performed in some conditions can lead to the onset of psychosocial stress in the workplace and trigger a process of illness and suffering. Data from the World Health

Organization indicate that more than 90% of the world's population is currently affected by stress, as they are permanently required to update their knowledge and adjust to changes. [26]

Regarding the types of work and work stress, the ACS have predominantly passive jobs with high demand. High-demand jobs is the group of simultaneous exposure to high psychological demands and little control over the work process, and passive work is the second most problematic exposure that impacts workers' health. According to Karasek, this category does not favor the development of the individuals and can be a discouraging factor that causes strain, contributing to dissatisfaction in the work environments. These conditions may favor adverse reactions and psychological strain, resulting in the development of psychosocial stress at work.[8-10]

High demands and low control at work generate labor imbalance and increase the release of stress hormones in individuals, which in turn favor the onset of physical problems such as spine or limb injuries and psychological disorders such as anxiety, depression and stress. In situations of little control and psychological strain, workers will not be able to respond adequately to environmental circumstances.[9,10,27]

Studies demonstrated that situations of low control over work, e.g. in passive jobs with high demands result in lack of challenges. This may pose higher risks to the workers' health, reducing their interest and involvement, increasing dissatisfaction and impairing their ability to make decisions and find solutions to cope with work problems.[9,27]

A Chilean study aimed to analyze depressive symptoms and suffering at work identified different conditions for men and women, as follows: women's work family issues interfere much more with women's work than with men's work. The Karasek model was used, and there was a prevalence of exposure to psychosocial risk work, with 16% in high-demand work and 10% in psychological stress with low social support. In the referred study, women were more exposed than men to psychosocial risk factors at work. The authors point out that such data has been corroborated by international studies that found that depressive symptoms are much more prevalent in women than in men.[28]

Mental and behavioral disorders do not seem to differ between men and women. However, according to the WHO, depressive disorders are the third most significant health problem among women in developed countries and ranks fifth in underdeveloped countries. Therefore, anxiety disorders and depression are prevalent in women, as well as psychological and social factors that can significantly impair their health status. Women are more exposed to the most stressful factors because of their role in society and their second or third shift of work.[14,21]

Therefore, the elements of the work environment pose psychosocial risks and may impair the workers' health and quality of life. These several and varied aspects interact with each other and affect the physical and mental health of individuals in their work environments.[27] Health care services are characterized by contradictory psychosocial relationships, since the delivery of care to the users can generate benefits to health workers, but the social interactions may also have a detrimental effect on the workers' health. [1]

The study of working conditions is important, since on the one hand work may provide fulfillment, interaction with others and satisfaction of basic needs, but on the other hand, it may lead to disease and stress[29]. The high social support of the population, despite the high prevalence of harmful jobs, can be explained by the differences in every employee's expectations, personal fulfillment and confidence that the institution where they work will reward them and recognize their efforts [30]

● CONCLUSION

Knowledge of the work developed by health professionals promotes awareness and reflection on the worsening of the mental health of primary care workers. The characteristics of the work performed by Community Health Agents reinforce the need to implement health promotion measures to improve their routine and work environment, in order to minimize the risks and damages arising from their working conditions.

Social support by managers and employees should be enhanced and maintained, since high social

support may minimize the difficulties or protect workers from the negative effects of exposure to stressors.

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