PREVENTION OF PSYCHOSOCIAL RISKS AT WORK IN HEALTH PROFESSIONALS IN BRAZIL AND PERU: ADHESION FOR TRAINING

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ABSTRACT

Objective: Evaluate and compare the evidence of preventive intervention (PI) for psychosocial risks at work (PRW) in health professionals in Brazil and Peru.

Method: A systematic review was developed based on a scoping study, in databases: PubMed, EBSCO-Host, BioMed Central, Embase, CINAHL, Lilacs, Cochrane Register of Trials y Web of Science; additionally in IBICT (Brasil) and CONCYTEC (Peru).

Results: Of 2,461 identified studies they were analyzed to sixteen. Compared IPs are focused on mixed protocols (didactic, interactive) or workshops:a) ascribed to promote changes in complex behaviors and health prevention in hospital environment, with minimum duration of three weeks, b) circumscribed to improve the professional practice in health, and develop leadership in management and teamwork (duration about six months), always premounted for the follow-up and participation of health officials and workers.

Conclusion: The most useful PI for PRW in both countries was training aimed essentially at communication team development, both in conflict management and in professional interaction.


Introduction:

The psychosocial risk at work (PRW) is an emerging factor turned into a global problem due to its impact on health workers (HW), given the nature of the tasks they perform and because they affect both work performance and health (OIT, 2012; Stavroura y Aditya, 2010; Van Stolk et al, 2012). Globally, the incidence rate of health-related conditions at work is 5,736 x 100,000 cases; In Europe, is the second health problem (OIT, 2013; Van Stolk et al, 2012); meanwhile, in Australia, 39% of HW revealed to have experienced moral siege in the workplace (Jimmieson et al., 2016), in Brazil, 36.4% of workers were in a situation of high demand or professional demand, and in Peru, 26% perceived labor dissatisfaction due to the presence of several PRW factors (Fortaleza et al., 2010; INSM, 2012).

The PRW in addition to being less tangible are difficult to manage and prevent especially when the models are proactive towards the origin (Simões& Santos, 2013; WHO, 2008), and when the overall analysis includes individual consequences as organizational and social, constituting three levels of intervention: The first, primary prevention, which is directed at the PRW factor; the second, oriented to the individual; and the third, a rehabilitation approach (Leka et al., 2008). Being the area of study, analyze within the first level that is based on two types of intervention: a) Awareness and training of workers (ATW) y, b) implementing organizational management policies –OMP– (Luis & Ramos, 2015), so that in the latter type, they include varied and integral strategies but of greater complexity than the first.

Although these interventions have particular requirements for application and its advantages are greater, because they may have positive effects on a set of PRW factors (Jimmieson et al., 2016; Veloso, 2015), some health institutions in several European countries postpone or go unnoticed the PIs oriented towards the management of such risks (EASHW, 2010; Simões& Santos, 2013). It is pertinent to compare PIs from the perspective of good practices for awareness raising and implementation, in a group of health professionals (HP) of higher risk of Ibero-American countries, between a middle-income (Brazil) and a low-income (Peru); and analyze the preventive approach developed in different work situations that create favorable conditions for improving the management of those risks. Being the objective to evaluate and to compare qualitatively the IP applied for the PRW in health professionals of Brazil and Peru.

Materials and Methods:

A systematic review was developed based on the scoping study, where the approach and search question are broad but the evaluation of the quality of the studies is less rigorous (Arksey and O’Malley 2005;Levac et al., 2010). For the review question the PIC scheme (participants, object of interest, context) represented with “P” (Health Professionals), “I” (interventions to prevent PRW) and “C” (context: Brazilian health establishments And Peruvian); adapted from the general scheme PICOS that the protocol PRISMA (preferred reporting items for systematic reviews and meta-analyses) indicates for the analysis of included studies (Moher et al., 2015). Two
search strategies were used: a) The first, in the databases; PubMed, EBSCO-Host, Lilacs, BioMed Central, CINAHL and Embase; using descriptors as “Health and safety at work”, “primary prevention”, “clinical trial”, “humans” y “healthcare”; b) In the second, the descriptors were used “intervention”, “health human resources”, “innovation & research” and “healthcare staff”. They were also consulted in the databases of institutions related to health at work (The Cochrane Library, The Campbell Collaboration), and additionally in (Brazil) and CONCYTEC (Peru). The period of search for scientific production ranged from 1 January 1995 to 31 July 2016 limited to the English, Portuguese and Spanish languages (articles, thesis). They were excluded from the review when subjects of interest were not health professionals and when interventions were not preventative for PRW.

For the systematization of data, each included study was evaluated in four items, using for that a qualitative-quantitative analysis and interpretation record: a) Method employed, b) participants, c) Interventions (sessions, number and duration, control group, sequence), d) Qualitative results (developed issues) and quantitative results (effect size, percentage change). In order to label the case, the type and dimension of the PRW was identified. Of the total included studies (n=16) we identified randomized controlled trials –RCT (n=8; 50%), following quasi-randomisation –QR (n=5) and descriptive studies –DE (n=3), whose subjects are linked: a) Execution and content of tasks, b) The organizational culture in the health establishment.

Results:

In selecting studies for the first search strategy they identified 2,461 documents, which were excluded for duplicates, by analysis of titles and abstracts (stage screening) and not respond to the question PIC elements -stage eligibility- 94 removed), resulting in 16 eligible studies for the qualitative assessment (Figure 1). About participants involved in 95 health facilities (Peru: Brazil 69.5% versus 30.5%) were reported 1,974 health professionals (Brazil: 85.7%).

![Figure 1: Selection process the studies included for systematic review](image)

In relation to the first type of intervention (ATW): (Brazil-Peru) are: i) For the promotion of group cohesion and the awareness of teamwork, among health professionals, which involves improving communication, interpersonal relationships and institutional participation (Arévalo et al., 2003; Brischialieri et al., 2008; De Lima, 2013; Garcia et al., 2003; Girot& Enders, 2004; Huaroto et al., 2013; Huaroto& Espinoza, 2009; Henriques&Saporiti, 2008; Tsuji et al., 2009; Westphal et al., 1995); ii) To increase the active participation during the promotion of professional practices of the health, that involve changes of varied and complex behavior for the execution of tasks(Amaral et al., 2012; Arévalo et al., 2003; Brischialieri et al., 2008; De Lima, 2013; Garcia et al., 2003; Girot& Enders, 2004; Huaroto& Espinoza, 2009; Marra et al., 2011; Mendoza, 2012; Tsuji et al., 2009; Westphal et al., 1995); iii) For the management of hospital work conditions, which required adapting personal strategies, work gymnastics and breaks during the day (Arévalo et al., 2003; De Lima, 2013; Huaroto& Espinoza, 2009; Mendoza, 2012).

B) The PIs in different training formats in two phases are: i) In Brazil, for the development of leadership skills in the prevention of PRW (greater than 3 weeks) which involve the management of interpersonal conflicts (Amaral et al., 2012; Arévalo et al., 2003; De Cássia, 2012; Huaroto et al., 2013; Marra et al., 2010; Marra et al., 2013); ii) In Peru, to generate awareness in maintaining healthy work environments and to encourage the exchange of ideas (Arévalo et al., 2003; Huaroto& Espinoza, 2009; Mendoza, 2012). Sustained institutional support is considered as a condition of change.

The reports related to the second type of intervention (OMP) are still incipient, approaching only the evaluation of the management of PRW and the performance of the health professional, which includes the use of reports (Henriques&Saporiti, 2008; Marra et al., 2010; Tsuji et al., 2009). Leaving the PIs suggested for the organizational changes, the working days, and for the redesign and enrichment of the post Luis&Ramos, 2015). Standing out the first type of intervention (ATW) Eight studies targeting five to seven PRW factors (Figure 2). Confirming the advantages of these IPs pointed out by Jimmieson et al (2016) and Veloso (2015) for its positive effects on a set of risk factors.
Since the reports are focused on coach and continued training for the first type of PI –ATW– based on mixed protocols (didactic-interactive) or workshops, it is evident that it is the privileged and useful intervention for PRW in professionals of health in both Brazil and Peru, is training. In this regard, the reflection is that, although such intervention is necessary for the correct implementation of interventions for PRW (Veloso, 2015). The tendency in the last two decades to solve the majority of risks with the training resources can cause IPs to end up without achieving the desired effects, when such actions are not properly adapted and complemented with other strategies of an operational nature such as organizational and procedural models (OMP). The limitations are related to the frequency of studies (50% are not RCTs, six studies do not report baseline and intervention control), the quantitative outcomes are partial in 31.2% and three studies do not reveal number of participants.

**Conclusion and Recommendations:**

The most useful PI for PRWs in health professionals in both countries, are adherence to training, oriented basically to team communication development, both in conflict management and in professional interaction. Its recommended to promote the prevention of PRW based on preconized and contractual working conditions such as the participation of workers, and to evaluate the PI from the perspective of engineering in resilience. The new lines of research should be oriented to systematic reviews on interventions involving workers, good practices in resolving interpersonal conflicts and on work-family compatibility.

**REFERENCES**


