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Reflection on Burnout syndrome in community health agents and its coping strategies

Reflexión sobre el síndrome de Burnout en agentes de salud comunitarios y sus estrategias de afrontamiento

Reflexão sobre a síndrome de Burnout em agentes comunitários de saúde e suas estratégias de enfrentamento

ABSTRACT

Objective: to describe the stressors present in the work process of Community Health Agents, in the light of scientific literature. **Method:** this is a described and analytical study with a qualitative approach carried out by an integrative literature review, to ascertain the proposed theme, answering the guiding question: What are the factors that the scientific literature highlights as triggers of stress in Community Agents of Health? With searches for evidence, between 2008 and 2018, in the LILACS, BDNF and BIREME databases, as well as in the VHL and SciELO, with the descriptors: Professional Exhaustion and Occupational Health and Community Health Agents, considering the inclusion and exclusion criteria pre-established. The 18 articles submitted to the readings were selected, organized into figures for discussion using an instrument adapted and validated by Ursi 2005. **Results:** it was found that most studies show that Community Health Agents suffer from Burnout and stress, due to low recognition, lack of problem solving, conflicts and to live in the same community. **Conclusion:** They evidenced that the training of Community Health Agents, attributions and ways of acting, are points for triggering the Burnout Syndrome, bringing coping strategies such as: guiding Community Health Agents and the team on activities that reduce stress in the environment working.

DESCRIPTORS: Professional Burnout; Worker's Health; Community Health Agents.

RESUMEN

Objetivo: describir los factores estresantes presentes en el proceso de trabajo de los Agentes Comunitarios de Salud, a la luz de la literatura científica. **Método:** se trata de un estudio descriptivo y analítico con enfoque cualitativo realizado mediante una revisión integradora de la literatura, para conocer la temática propuesta, respondiendo a la pregunta orientadora: ¿Cuáles son los factores que la literatura científica destaca como desencadenantes del estrés en Agentes Comunitarios de Salud? Con búsquedas de evidencia, entre 2008 y 2018, en las bases de datos LILACS, BDNF y BIREME, así como en la BVS y SciELO, con los descriptores: Agotamiento Profesional y Agentes de Salud Ocupacional y Salud Comunitaria, considerando los criterios de inclusión y exclusión preestablecido. Se seleccionaron los 18 artículos sometidos a las lecturas, organizados en figuras para su discusión utilizando un instrumento adaptado y validado por Ursi 2005. **Resultados:** se encontró que la mayoría de los estudios muestran que los Agentes de Salud Comunitarios sufren de Burnout y estrés, debido al bajo reconocimiento, falta de resolución de problemas, conflictos y vivir en una misma comunidad. **Conclusión:** evidenciaron que la formación de los Agentes Comunitarios de Salud, atribuciones y formas de actuar, son puntos para desencadenar el Síndrome de Burnout, aportando estrategias de afrontamiento como: orientar a los Agentes Comunitarios de Salud y al equipo en actividades que reduzcan el estrés en el entorno de trabajo.

DESCRIPTORES: Burnout Profesional; Salud del Trabajador; Agentes Comunitarios de Salud.

RESUMO

Objetivo: descrever os fatores estressantes presentes no processo de trabalho dos Agentes Comunitários de Saúde, à luz da literatura científica. **Método:** trata-se de um estudo descrito e analítico de abordagem qualitativa realizada por uma revisão integrativa da literatura, para averiguação do tema proposto, respondendo à pergunta norteadora: Quais são os fatores que a literatura científica destaca como desencadeadores de estresse nos Agentes Comunitários de Saúde? Com buscas por evidências, entre 2008 a 2018, nas bases de dados LILACS, BDNF e BIREME, bem como na BVS e SciELO, com os descritores: Esgotamento Profissional and Saúde do Trabalhador and Agentes Comunitários de Saúde, considerando os critérios de inclusão e exclusão pré-estabelecidos. Selecionados os 18 artigos submetidos às leituras, organizados em figuras para discussão através de um instrumento adaptado e validado por Ursi 2005. **Resultados:** verificou-se que a maioria dos estudos traz que os Agentes Comunitários de Saúde sofrem com Burnout e estresse, pelo baixo reconhecimento, falta de resolução de problemas, conflitos

e por habitar na mesma comunidade. Conclusão: Evidenciaram que a formação dos Agentes Comunitários de Saúde, atribuições e formas de atuação, são pontos para desencadeamento da Síndrome de Burnout, trazer estratégias de enfrentamento como: orientar os Agentes Comunitários de Saúde e a equipe sobre atividades que diminuam o estresse no ambiente de trabalho.

DESCRITORES: Esgotamento Profissional; Saúde do Trabalhador; Agentes Comunitários de Saúde.

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INTRODUCTION

Man's coexistence with different forms of work can lead to pathologies generated by physical, emotional, biological elements and the work organization itself⁽¹⁾. One of the pathologies arising from work is the Burnout Syndrome (BS) which is a response to prolonged stress. This pathology has negative consequences on a social, professional, and family level. In the workplace, BS has consequences on produc-

tivity (low or absent), absenteeism and the occurrence of work accidents⁽²⁾.

The BS is more frequent in professional categories that deal with the public at the same time and with a hierarchical organizational structure. In the health sector, one of the professions that occupies this place is the Community Health Agent, which in this study will be called as CHA.

Talking about the current configuration of the CHA profession implies at least and, mentioning the importance of this professional

category from the creation of the Community Health Agents Program (PACS), in 1991, and the Family Health Program (FHP), proposed in 1994, which is currently configured as the Family Health Strategy - FHS⁽³⁾.

The FHS appeared in the Brazilian scenario as a proposal to reorient the care model based on primary care, based on the principles of the Unified Health System (SUS). To overcome the hospital-centered care model centered on individualized medical care, the FHS reinforces community participation and the bond of

responsibility between health services and the population. The services began to seek strategies to develop comprehensive health care for individuals and groups, intervene on the risk factors to which the population is exposed, promote partnerships through intersectoral actions and encourage social control⁽⁴⁾.

According to Pereira⁽³⁾, such strategies are based on a cornerstone, the CHA, a new social identity, still little studied. Thus, it can be said that both programs and the importance of CHA are fundamental contributions to the construction of the Unified Health System (SUS).

The CHA is a citizen who emerges from the communities and joins the FHS, without bringing, in most cases, any baggage of the professional culture of that area. This cornerstone role is conferred on it by the institution that executes public health policies, giving it access to new practices through incipient training dynamics, or even systematic training courses. Such process involves a partnership with other institutional spaces relevant to the CHA professional context⁽³⁾.

The professional role of the CHA is ambiguously defined at the institutional level. On the one hand, the definition leads to the sense of mediation between the community and the FHS Team; on the other hand, it directs to repetitive activities that subtract the time necessary to carry out actions guided by creativity, especially regarding education and health promotion. With this, it is meant that the quantitative targets imposed on the CHA are opposed to the dynamics of the communities and the ways of facing the problems and limit situations by the population. Thus, the problematization of limit situations raises the question of social arbitration, in the sense of questioning who is responsible for providing answers to these situations, and how limited it is to intervene based only on an individualized understanding of risk, as, for example, when orienting the CHA to monitor risk situations⁽⁵⁾.

The exercise of the CHA profession results in a relationship with the user and other members of the FHS Team, which is sometimes permeated by ambiguities, and the resulting conflicts are characteristic phenomena of this profession, which can lead to feelings of anxiety

and even incapacity to work⁽⁶⁾.

The difficulties encountered by these professionals are: the lack of resolution of problems in the community, which need the commitment of other team professionals; conflicting interaction between the multi-disciplinary team; failure in the ordering of services provided by the USF; high number of people to be accompanied by the CHA; as well as difficulties in the face of the population's health problems, since they share the same problems faced by users of USF services, as they live in the same community⁽⁷⁾.

Due to these sets of factors related to the development of his work, he may develop mental and physical exhaustion, leading subsequently to develop psychological disorders and behavioral changes, such as BS⁽⁸⁾. In this sense, the study aims to describe the stressors present in the CHA work process, in the light of the scientific literature.

METHODOLOGY

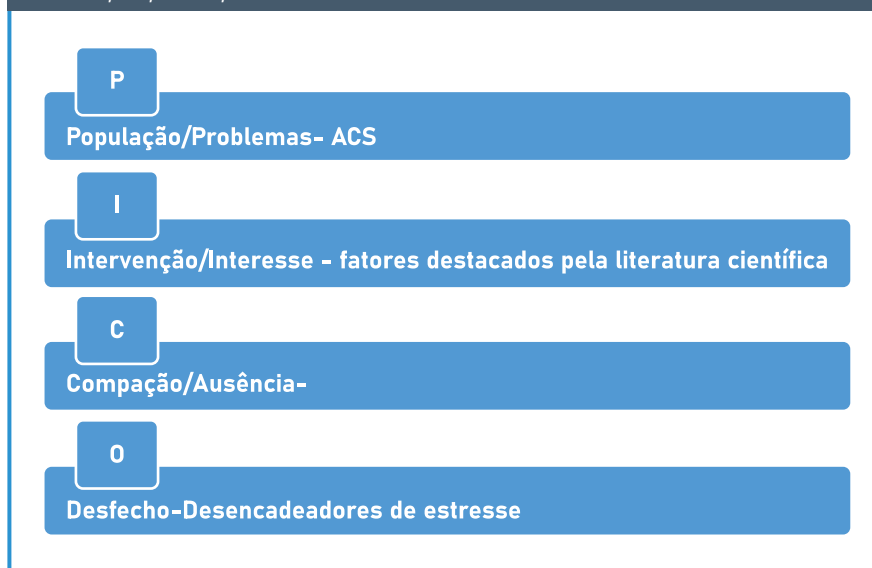
It is a described and analytical study, with a qualitative approach carried out through an Integrative Literature Review (RIL) to investigate kinetic productions about the proposed theme. This research method makes it possible to include multiple studies from a study area, which is done from the articles al-

ready published, and is characterized as a critical analysis. It mentions the authors studied, being generated from an ordered review. This type of article assesses theories by identifying their weaknesses or indicating the degree of importance of one over the other⁽⁹⁾.

For its operationalization and critical analysis of the selection of articles, the protocol established with the following steps was used: 1) Selection of the research question, as well as definition of the theme and objectives; 2) Selection of articles, by searching the electronic database and defining the inclusion criteria for studies and selecting the sample; 3) Data collection from the representation of the selected studies in figure format, considering the characteristics in common; 4) Critical analysis of the results identifying their differences; 5) Discussion and interpretation of results; 6) Clear presentation of the evidence found.

In the first stage, the theme and objective were defined, there was also the elaboration of a guiding question through the PICO strategy (P - population / patient, I - intervention / interest, C - comparison / Absence and O - outcome) where C remained absent, as there were no comparative elements. Thus, the following research guiding question was defined: What are the factors that the scientific literature highlights as triggers of stress in CHA? (Figure 1).

Figure 1. Definition of the guiding question according to the PICO strategy. Caruaru, PE, Brazil, 2019



Then, the articles were selected and data were collected, recording the collected information, using an adapted instrument, validated by Ursi in 2005. Based on that, the information and the results interpreted with comparison were evaluated. data and discussion.

The publications were located in January 2019, the literature survey was carried out in the Virtual Health Library, in the following databases: LILACS (Latin American Literature in Health Sciences), BDENF (Nursing Database) and BIREME (Latin American and Caribbean Center for Health Sciences Information), as well as the SciELO Virtual Library (Scientific Electronic Library Online). The

following descriptors were used with the Boolean connectors: “Professional Exhaustion AND Worker’s Health AND Community Health Agent”, which are contained in the Health Sciences Descriptors (DeCS), which allow the use of common research terminologies, providing , consistently, retrieving information in indexed journals, regardless of language.

For further refinement of the research, the following inclusion criteria were used: articles in full and published in national and international journals from 2008 to 2018, for offering more up-to-date information on the topic, and articles that addressed the theme of BS in CHA. And as exclusion criteria: articles that were not

available online, indexed repeatedly in other databases or that did not meet the research objective.

The selection of productions was developed in a double independent way, with a view to possible biases in this stage. In the search for the selected descriptors, 17 articles were found, later 10 productions were excluded, as they did not meet the objectives proposed by the study and, finally, the final sample was composed of 07 scientific articles that made up the corpus of this study (Figure 2).

After successive readings of the articles carried out by the evaluator, the data analysis occurred through the detailed reading of all selected publications and the evaluation of their content. The data were exposed in the form of a figure, which includes the main information obtained and discussed in this study.

All selected studies were classified into levels of evidence (LE), of which the study in question was able to show, still, that all the articles fit the level of evidence IV, revealing evidence from well-designed cohort and case control studies. . It should be noted that ethical aspects were obeyed through the authentic citation of ideas, concepts, as well as the definitions used by researchers of the productions used as results present in this study.

RESULTS

In this integrative review, 07 articles were analyzed that presented the characteristics of the inclusion criteria previously determined, below an overview of the selected scientific articles will be presented.

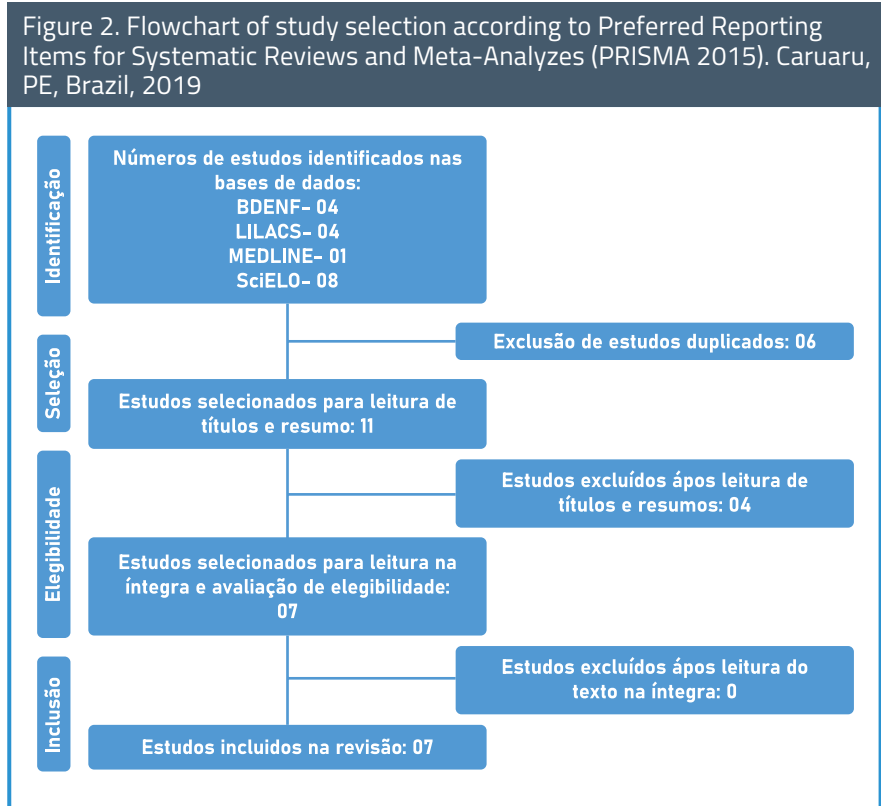


Chart 1. Results categorization. Caruaru, PE, Brazil, 2019

AUTOR / ANO	TÍTULO	DELINEAMENTO	LOCAL/ IDIOMA	NÍVEL DE EVIDÊNCIAS
Santos LFB, David HMSL. (2010)	Percepções do Estresse no Trabalho pelos Agentes Comunitários de Saúde	Estudo descritivo / Qualitativo	Rio de Janeiro (Brasil)/ Português	Nível IV

Santos IER, Vargas MM, Reis FP. (2014)	Estressores laborais em Agentes Comunitarios de Saúde	Estudo quantitativo	Aracaju (Brasil)/Português	Nível IV
Silva MA, Lampert SS, Bandeira DR, Bosa CA. (2017)	Saúde Emocional de Agentes Comunitarios: Burnout, Estresse, Bem-Estar e Qualidade de Vida	Estudo de coorte transversal	São Paulo (Brasil)/Português	Nível IV
Telles SH, Pimenta AMC. (2009)	Síndrome de Burnout em Agentes Comunitarios de Saúde e Estratégias de Enfrentamento	Síndrome de Burnout em Agentes Comunitarios de Saúde e Estratégias de Enfrentamento	Estudo descritivo, transversal e quantitativo	São Paulo (Brasil)/Português
Silva ATC, Menezes PR. (2008)	Esgotamento Profissional e Transtornos Mentais Comuns em Agentes Comunitarios de Saúde	Esgotamento Profissional e Transtornos Mentais Comuns em Agentes Comunitarios de Saúde	Estudo de coorte Transversal	São Paulo (Brasil)/Português
Mota CM, Dosea GS, Nunes PS. (2013)	Avaliação da presença da Síndrome de Burnout em Agentes Comunitarios de Saúde no Município de Aracaju, Sergipe, Brasil	Estudo transversal e quantitativo	Aracaju (Brasil)/Português	Nível IV
Ferreira RA, Daher MJE, (2015)	O Estresse Ocupacional a luz dos Agentes Comunitarios de Saúde: Uma Revisão Integrativa	Revisão Integrativa/Qualitativo	Rio de Janeiro (Brasil)/Português	Nível IV

The contents of the articles were displayed in Chart 1, which presents the main characteristics of the studies, highlighting:

author / year, title, design, location / language and levels of evidence; and in Table 2, the objectives and the main results / con-

clusion of the articles that showed content that mainly comprised the factors that lead to BS in CHA were verified.

Chart 2. Synthesis of the theme addressed in the works. Caruaru, PE, Brazil, 2019

OBJETIVO	RESULTADOS/CONCLUSÃO
Identificar os fatores de estresse ocupacional referidos por ACS e analisar a sua relação com possíveis efeitos na saúde, conforme a percepção dele.	O baixo reconhecimento de seu trabalho interfere na produtividade e autoestima, excessiva intensidade e ritmos laborais, supervalorização da burocracia, violência como fator de insegurança e a mútua interferência do estresse na saúde tanto física quanto psíquica.
Verificar a ocorrência de estresse laboral em ACS da cidade de Aracaju-SE.	Num total de 236 ACS, 61,4% que apresentaram alguma manifestação de estresse, 51,7% encontrava-se na fase de resistência, com predominância de sintomas físicos (52,4%), a relação com os superiores foi apontada como principal fonte de estresse, já a relação com outros ACS e usuários não foi considerada estressante.
Avaliar a presença de Burnout, estresse, qualidade de vida e bem-estar subjetivo em Agentes Comunitarios de Saúde (ACS), buscando relações entre tais variáveis e as características sociodemográficas e de trabalho desses profissionais.	Elevados índices de SB e estresse foram identificados, porém bons níveis de bem-estar subjetivo e qualidade de vida, o tempo de serviço associou-se com exaustão emocional, fase do estresse e sentimentos negativos, os ACS estão emocionalmente desgastados sendo necessárias intervenções.
Verificar a ocorrência da Síndrome de Burnout em Agentes Comunitarios de Saúde, visto que esses profissionais trabalham diretamente no cuidado a outras pessoas – característica prevalente em tal Síndrome, bem como as estratégias de enfrentamento utilizadas.	O Maslach Burnout Inventory (MBI) instrumento utilizado, apontou que o sentimento de deterioração da percepção da própria competência dos profissionais e, também, falta de satisfação com o próprio trabalho, eles demonstraram estar emocionalmente esgotados e verifica-se o desenvolvimento incipiente de sentimentos e atitudes negativas, além de cinismo para com pessoas por eles atendidas, a sugestão é o acolhimento a esses profissionais, de forma a auxiliá-los a lidar com o sofrimento na USF e no território.
Estimar a prevalência da Síndrome do esgotamento profissional e de transtornos mentais comuns em agentes comunitarios de saúde, identificando fatores associados.	24,1% dos ACS, apresentam a SB. Níveis moderados ou altos de esgotamento profissional foram observados em 70,9% dos participantes para exaustão emocional, em 34% para despersonalização e em 47,5% para decepção. A prevalência de transtornos mentais comuns foi 43,3%.

<p>Avaliar a presença da Síndrome de Burnout em Agentes Comunitários de Saúde de Aracaju (SE).</p>	<p>Em relação ao estresse, 57,2% apresentaram alta demanda psicológica e alto controle sobre o trabalho; 10,8% dos ACS demonstraram moderada tendência a SB e 29,3% apresentam características equivalentes à doença. Essas características podem estar relacionadas a ineficácia da resolutividade dos problemas e ao envolvimento dos ACS com a comunidade.</p>
<p>Identificar e analisar os determinantes geradores de estresse ocupacional a luz dos Agentes Comunitários de Saúde, através de uma revisão integrativa.</p>	<p>A obrigatoriedade de morar e atuar na comunidade torna-se fonte de sofrimento ocupacional. O não reconhecimento de suas funções, pela equipe e pela comunidade, gera frustrações, além disso, o ACS não se afasta dos problemas sociais e das falhas de administração do sistema de saúde na atenção primária, desta forma o profissional se sente impotente diante de sua própria realidade.</p>

Regarding the year of publication, the ten-year period (2008 to 2018) was chosen in the inclusion criterion. An article published in 2008, one in 2009, one in 2010, one in 2013, one in 2014, one in 2015 and one article in 2017 were found in the evaluated articles. The three descriptors were used in the same proportion ("Professional Exhaustion and Health Worker and Community Health Agent), present in most of the sample.

With the analysis of the regions where the works were developed, the studies were carried out in different states of Brazil. Regarding the designs, it was identified that three articles used the quantitative approach, two qualitative, and 2 cohort. It was also evidenced that all articles fit the evidence level IV.

As for the objectives, it was identified that these were aggregated, in general, to factors that lead to the prevalence of BS in CHA, as well as the harm that stress and professional exhaustion can cause to the CHA's health and which coping strategies.

DISCUSSION

The present study showed that several CHA are taken to physical, psychological and mental stress, although the sample has presented coping measures for the CHA, whether subjective or objective, the CHA are vulnerable to professional exhaustion, in a study with 141 CHA in a municipality in São Paulo, moderate or high levels of emotional exhaustion (70.9%), depersonalization (34%) and disappointment - 47.5%⁽¹⁰⁾.

Emotional exhaustion was evidenced

as a central factor of stress and professional exhaustion, characterized by a lack of courage and a feeling of lack of energy to perform activities, with an inverse association with work performance. Emotional exhaustion is usually related to the excessive demands of the unit and the territory and to personal conflicts, prevailing in single and divorced people and in people with a higher level of education^(11,12).

The results also showed that the emotional exhaustion, phase of stress and level of negative effects of the CHA were related to the shorter time working in the function. Authors⁽¹⁰⁾ pointed out that the CHA most affected by working conditions end up giving up or changing their profession, which generates the high turnover observed in the area, to this phenomenon, the author⁽¹³⁾ called it "survival bias". An observation made in the development of the present work can corroborate this explanation: the data reported in the study were selected in late 2011 and, in late 2012, the authors returned the contact with the participating UBS and identified that 60% of the CHA who constituted the sample no longer exercised the profession.

The results showed that, despite the emotional strain, the CHA are still achieving good levels of subjective well-being and quality of life. One of the factors that may have added up to this result is the breadth of the quality of life construct, which involves the dimension of work, but also several other aspects of individuals' lives. It may be that other proportions of quality of life, such as family support, social conditions, personal and health

factors, among others, may be mediating the effect of work on the CHA's life and mitigating some of its possible negative consequences⁽¹⁴⁾.

In addition, the convergence observed between the dimensions of subjective well-being and the Bs may indicate that subjective well-being is acting as an intercessory factor for maintaining quality of life, mitigating the negative impact of exhaustion and stress at work on others dimensions of the individual's life. This possible explanation corroborates the thinking of authors⁽¹⁵⁾, understanding that subjective well-being can support adaptation to the environment, maintaining healthy and harmonious relationships and work capacity.

It found that in a study with 236 CHA in a municipality of Aracaju - SE, that 61.4% had some manifestation of stress, 51.7% of the CHA were in the resistance phase, with distribution in all 130 health units surveyed. The prevalence of physical symptoms of stress can be explained by the fact that a significant part of the participants (51.7%) faced the resistance phase, in which greater physical manifestations are perceived. In this phase, study⁽¹⁶⁾ highlights that the organism seeks an adaptation due to its tendency to seek internal homeostasis, giving rise to a feeling of physical exhaustion and tiredness, causing the organism to lose its adaptive energy reserve.

It was evident that the physical symptoms predominantly felt recently were muscle tension (17.8%), feeling of physical exhaustion (15.5%) and constant tiredness (12.9%). The most common types of physical manifestations show the

trend of transition from worker morbidity and mortality⁽¹⁷⁾, so that diffuse malaise affects individuals early and is mixed as common pathologies, and ignored as they usually do, reducing occupational and work-related diseases, making chronic noncommunicable diseases prevalent.

For study⁽¹⁸⁾, the causes that lead to suffering and illness are not seen at first, as they show themselves underlying some values and beliefs when compared to suffering at work, already experienced as common problems. Thus, CHA are vulnerable to risks that are only observed in the long term, causing cumulative wear and greater impact later.

All the proportions that BS brings showed relationships with stress, which corroborates the hypothesis that this syndrome appears as a reaction to extensive exposure to stress, added to the frustration with Maslach's work. The level of BS and stress in the present study was higher than that described for other health professionals in Brazil. There was a 7.8% prevalence of burnout among oncologists⁽¹⁹⁾.

In another study, the prevalence of 63.3% of burnout in intensive care physicians was contemplated⁽²⁰⁾. Regarding the studies on CHA, authors⁽¹⁰⁾, observed a prevalence of 24.1% of burnout in a sample in the State of São Paulo. In an analysis of the CHA in Aracaju, it was observed that 29.3% met the criteria for screening BS⁽²¹⁾. Authors⁽²²⁾ observed a prevalence of 58.4% of CHA screened for BS in Caetanópolis, in the interior of Minas Gerais.

In the study that was based on BS in CHA, it says that in relation to the percentage distribution of activity in free time, frequency and type of physical and / or sports activity in the researched sample, 66.25% of the CHA reported not practicing physical activity and / or sports systematically. Among the 33.75% who practiced some activity, the one that stands out most is running / walking, with 23.75%, which is a regular practice (33.75%).

Regarding the percentage organiza-

tion of activity in free time, frequency and type of physical and / or sports activity in the sample studied in the study, it was corroborated that most CHA did not practice physical and / or sports activities systematically, except that already performed in performance their work activities. Currently, there is a significant increase in the incidence of chronic-degenerative diseases in the general population due to a sedentary lifestyle; however, physical activity, in turn, provides benefits, such as preventing cardiovascular problems, dealing with obesity, promoting physical well-being and greater social integration of the individual with his environment⁽²³⁾.

This aspect also highlights the improvement in self-esteem, self-concept, body image, cognitive and socialization functions; decreased stress and anxiety and decreased medication consumption⁽²⁴⁾. With this, the way the work is carried out, that is, regular walks to carry out visits in each home, has ensured that the CHA have the benefit of performing physical activity.

The categories correlate to the stress condition understood by the CHA: low recognition of their work, intensity and pace, bureaucracy, violence, psychological overload, and physical complaints. The CHA's conceptions about the recognition of their work include co-workers and the population served, whether in the family health module, or in-home visits.

A study that was based on occupational stressors in CHA, this support when recognizing their work, represents a great motivator for the continuity of their actions in a creative way, recognizing their knowledge and practices. Low recognition is one of the aspects that interfere with work productivity, it is related to the representation that the worker perceives of his work, the answers he receives from his superiors, from colleagues in the same position and from the assisted population, influencing self-esteem.

The CHA identify themselves as under-recognized and valued workers,

despite the recognition of their role as mediator, which is evident in official documents. The appreciation and importance of the CHA, in the context of the change in health practices that are intended to be implemented, through the FHS, and fed in the Curriculum Reference for the Technical Course of CHA, is still below expectations.

Declaration, personal fulfillment, and social value represent mediators between subjectivity, identity and meaning that lead to human fulfillment at work. Recognition can, therefore, constitute a strategy for preventing risks of stress at work. It is worth remembering that stress is considered an important cause of morbidity in the mental health area, in the current work context.

With regard to the obstacles to the study, as well as to the advances in scientific knowledge, it was evidenced through reading and reflection that the selected studies were insufficient, however, five of the seven studies managed to reach the objective of the study. It is worth mentioning that, when selecting the descriptors with the Boolean connectors, this strategy did not bring a good quantitative result from articles, of which met the inclusion criteria.

CONCLUSION

This study collaborated to establish the junction between the BS and the CHA in the articles that discuss this theme, in addition to reporting other meetings related to this theme, highlighting the factors that formed the CHA, the attributions and ways of acting in the daily life of the CHA that are guided as points for triggering BS.

The workspace, seen as a necessary environment to support your finances and CHA staff, would need to be a space of pleasure and well-being. Work is directly correlated to how the individual sees himself in it, however, due to several issues related to work, it does not always provide joy and contentment, causing discouragement, irritation and exhaustion, directly

interfering in the quality of the service. In this study, we observed high numbers of CHA who have BS in development or compatible characteristics.

The CHA, seen as a link between the health team and the community, the physical and emotional interaction with the population served and, essentially, the macro-structural problems of the territory were understood as strong factors for triggering stress.

It is noted, therefore, that the greatest number of stress factors in the CHA occupation cannot be modified or avoided, since they are established in aspects of the health system, which are beyond its resolution capacity. Therefore, constructions based on permanent education should be encouraged, preparing the CHA and the team to deal in the best way with the obstacles of the work process, educational guidance to the CHA and the team on

the range of activities that aim to reduce the effects stress in the work environment must be effective. Managers need to be involved with this reality and have the means to make the work environment a pleasant one.

It is relevant to search for new studies with these professionals, mainly qualitative, so that one can know more specifically the main factors that enable the appearance of BS in CHA. ■

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