DOI 10.18471/rbe.v37.49584
Original Article

HEALTH WORKERS' CONCEPTIONS AND CONTRIBUTIONS REGARDING HEALTHY WORK ENVIRONMENTS

CONCEPÇÕES E CONTRIBUIÇÕES DE TRABALHADORES DE SAÚDE SOBRE AMBIENTE DE TRABALHO SAUDÁVEL

CONCEPCIONES Y CONTRIBUCIONES DE TRABAJADORES DE LA SALUD SOBRE AMBIENTES DE TRABAJO SALUDABLES

Micherlan Pereira da Silva[1]
Flávia Regina Souza Ramos[2]
Giane Zupellari[3]

Como citar este artigo: Silva MP, Ramos FRS, Zupellari G. Health workers' conceptions and contributions regarding healthy work environments. Rev. baiana enferm. 2023; 37: e49584.

Objective: to discuss conceptions and contributions of hospital workers about healthy work environments. Method: a qualitative study that interviewed 21 workers from the Occupational Health and Safety Service and the Internal Accident Prevention Commission from a large-sized public hospital in the northern region of the country. The data were analyzed by means of Focal Content Analysis supported by ATLAS.ti, 9.0 software features. Results: four categories were generated: Necessary conditions: materials and personnel; Challenges to overcome: management, recognition, attrition and acceptance; Suggestions and tools; and (Conceptions) for healthy working environments. The contributions seized in the analysis indicate components that refer to well-being at work, effective protection and risk control, and positive interpersonal relationships. Final considerations: health workers express weaknesses and needs that can contribute to understanding, interventions and improvements in work environments.

Descriptors: Occupational Health, Work Environment, Health Workers.

Objetivo: discutir concepções e contribuições de trabalhadores de uma instituição hospitalar, acerca de ambientes de trabalho saudáveis. Método: estudo exploratório descritivo, de abordagem qualitativa, que entrevistou 21 trabalhadores do Serviço de Saúde Ocupacional e Segurança do Trabalho e da Comissão Interna de Prevenção de Acidentes de um hospital público de grande porte da região Norte do país. Os dados foram analisados pela Análise de Conteúdo Focal apoiada por recursos do software ATLAS.ti, 9.0. Resultados: quatro categorias foram geradas: condições necessárias: materiais e pessoal; desafios a superar: gestão, reconhecimento, desgaste e acolhimento; sugestões e ferramentas; concepções para um ambiente de trabalho saudável. As contribuições apreendidas na análise indicam componentes que se referem ao bem-estar ao trabalhar, efetiva proteção e controle de riscos, e relações interpessoais positivas.

Corresponding Author: Micherlan Pereira da Silva, micherlanps@gmail.com

[1] Universidade do Estado do Amazonas. Manaus, AM, Brazil. https://orcid.org/0000-0001-5952-2354.
[2] Universidade do Estado do Amazonas. Manaus, AM, Brazil. https://orcid.org/0000-0002-0077-2292.
[3] Universidade do Estado do Amazonas. Manaus, AM, Brazil. https://orcid.org/0000-0003-1161-8677.

Considerações finais: os trabalhadores de saúde expressam fragilidades e necessidades que podem contribuir para a compreensão, intervenções e melhorias dos ambientes do trabalho.

Descritores: Saúde do Trabalhador, Ambiente de Trabalho, Trabalhadores de Saúde.

Objetivo: debatir concepciones y contribuciones de trabajadores de una institución hospitalaria sobre ambientes de trabajo saludables. Método: estudio cualitativo en el que se entrevistó a 21 trabajadores del Servicio de Seguridad y Salud en el Trabajo y de la Comisión Interna de Prevención de Accidentes de un hospital público de gran porte de la región norte del país. Los datos se analizaron mediante análisis de contenido focal compatible con características del software ATLAS.ti, 9.0. Resultados: se generaron cuatro categorías: Condiciones necesarias: materiales y personal; Retos a superar: gestión, reconocimiento, desgaste y aceptación; Sugerencias y herramientas; y (Concepciones) para ambientes de trabajo saludables. Los aportes derivados del análisis señalan componentes que se refieren al bienestar en el trabajo, protección y control de riesgos efectivos, y relaciones interpersonales positivas. Consideraciones finales: los trabajadores de la salud expresan debilidades y necesidades que pueden contribuir a la comprensión, intervenciones y mejoras en los ambientes de trabajo.

Descriptores: Salud Ocupacional, Ambiente de Trabajo, Trabajadores de la Salud.

Introduction

Workers' health, safety and well-being are extremely important for the quality of services provided by public and private institutions and are part of the competencies inherent to the Unified Health System (*Sistema* Único *de Saúde*, SUS). In the time frame from 2012 to 2020, 5,589,837 work-related accidents were reported in Brazil, with 20,467 resulting in deaths. It is estimated that every 3h 51m there is a death of a worker, with an employment relationship, a formal contract and under the General Social Security System[1].

Workers' health is the object of constant reflection and transformations that materialize in norms, laws, international recommendations and public policies that aim at guaranteeing adequate working conditions and mitigation of risks to workers' health in the work environment. Despite such evolution, the guidelines do not always follow the reality or knowledge demands closely. With regard to work environments, for example, the exclusive focus on the physical workplace is understood to be insufficient, but regulatory norm No. 9 provides for the identification, evaluation, prevention and control measures of occupational exposure to physical, chemical and biological agents[2], showing the difficulty implementing actions on the psychosocial dimensions involved.

In health work, the elements that interfere with the work environment are diverse and complex, as well as the impacts exerted by this environment on workers' quality of life[3], or about relevant problems inherent to the Nursing workforce, such as dissatisfaction, wear out and burnout (exhaustion)[4] or intention to quit the job/turnover. Some of the work environment elements that represent important burnout predictors are the team of professionals, significant recognition and effective decision-making[5]. Working in favorable environments promotes retention of hospital nurses, as they see their satisfaction and participation in work increased[6].

The work environment is one of the factors that influence employee engagement[7], so that a toxic workplace exerts a negative impact on engagement and generates burnout, depression and anxiety, while well-being and organizational support promote this type of engagement with work[8].

Such evidence reinforces the importance of research studies on the real environment of health practices, in its multifaceted expressions or articulations of objective and subjective components, even from the workers' perspective. For this purpose, it is also fundamental to seek conceptual contributions that indicate

better paths for analyses and interventions on such environments.

The World Health Organization (WHO) encourages a model for developing initiatives aimed at healthy work environments that can be implemented in different institutions and cultures. Healthy work environments are defined as follows: "[...] *where workers and managers collaborate to use a continuous improvement process to protect and promote the safety, health and well-being of all workers and for sustainability of the work environment*"[9:10].

In the current study, the concept of healthy work environments is articulated to the professional organizations' interest in advocating the positive relationship between practice environments and care quality. Thus, a conception is assumed that considers a healthy work environment (HWE) as one that is favorable or positive for care (CPE), promoter of values, ethically and aesthetically expressive and subjectively uplifting, meaning that the professionals see the values that underlie their profession and their own moral choices materialize in it, insofar as they produce care or concrete results and also promote their own expression as ethical subjects[11].

Valuing the perceptions of the actors involved in the work process should be considered in the list of measures, actions and creation of public policies on workers' health, to which the concept of healthy work environments is perfectly coherent and useful. A workers' practice and their understanding about the *modus operandi* of work has a lot to contribute to better understanding, intervening in and improving work environments. Involvement of the management, workers and community triad is fundamental for achieving a favorable work environment, as it is a set of efforts in which the final objective will be quality and safety of the work activity.

The objective of this article is to discuss conceptions and contributions of workers from a hospital institution, regarding healthy work environments. The clipping focused on workers specifically linked to occupational health and safety sectors.

Method

A descriptive and exploratory study with a qualitative approach, carried out at a large-sized federal public hospital institution in the capital city of a state from the Brazilian North region, chosen for being university hospital, due to its size, ease of access and interest in research, all verified in a preliminary contact. Individual semi-structured interviews were carried out with 21 workers, five of them participants of the Occupational Health and Safety (*Saúde Ocupacional e Segurança do Trabalho*, SOST) service and 16 members of the Internal Commission for Accident Prevention (*Comissão Interna de Prevenção de Acidentes*, CIPA).

The following inclusion criteria were considered: being a member of CIPA, either in the 2020/2021 administration or previous administrations and being a member of the SOST team and, as exclusion criteria, being away on medical or maternity leave during the data collection period. The SOST and CIPA members were accessed by invitations sent via email and all 21 guests agreed to participate by providing information about the study/researcher and digital signature of the free and informed consent form. As all potential participants for inclusion took part, it was not necessary to define the end of the collection procedure by data saturation but, even so, it was observed that the analysis *corpus* reached qualitative saturation. Among the possible operational models of saturation in qualitative research, both inductive thematic saturation, which is the one obtained when there is no emergence of new codes or themes, and data saturation were observed, when new data repeat what was expressed in past data, i.e., focusing on both the analysis and the data[12]. Treating the empirical material in *ATLAS.ti* favored this process because it expressed the magnitude (number of excerpts/data in each code) and internal consistency of the codes.

Guided by a semi-structured script (seven open questions about understanding, experiences and suggestions for actions aimed at healthy work environments) previously prepared

by the authors, the interviews were carried out by the main researcher (a specialist nurse at the time, with experience in the field and duly trained in the technique, active in the institution, but without any hierarchical relationship with the participants), and without the participation of other people. The technique was applied virtually through the *Microsoft Teams* app (especially in view of the guidelines for this type of activity during the COVID-19 pandemic), in the period between October and November 2020, lasting a mean of 15 minutes, recorded in full after the participants' authorization and later transcribed in full by the same researcher; as well as made available to the participants for eventual corrections (there were no revisions).

The COVID-19 pandemic context marked development of the research, bringing about the challenge of rethinking the methodological process, so that all the stages that required approaching the subjects were implemented by remote means. Even if they may be considered as additional difficulties for the process, the adaptations made in the research plan did not compromise meeting the objectives.

The qualitative data analysis was guided by Focal Content Analysis, which, according to Hsieh and Shannon[13], is guided by a preliminary defined theoretical or empirical basis, directing its focus to analyze conceptual elements, variables or chosen interests, such as the concept of healthy work environments in this case. The focal content analysis was combined with the resources of the ATLAS.ti© software, version 9, allowing its structuring through the following: exhaustive readings and apprehension of the comprehensive elements of the participants' experience on the key concept; initial coding, composition of groupings of codes and relevant thematic units; exploration of thematic networks, articulators of codes and categories in mutual relationships; and synthesis of the contributions or subsidies for understanding the workers' conceptions, experiences and contributions related to the chosen focus.

The study met the recommendations set forth in Resolution No. 466/2012, obtaining due approval from the institution and from the Research Ethics Committee (*Comitê de* Ética *em Pesquisa*, CEP) in September 2020 (Opinion No. 4,261,393). To preserve confidentiality of the participants' identity, an alphanumeric coding was used, whereby the SOST members were coded from S1 to S5 and the CIPA members were identified from C1 to C16.

The analytical procedures were derived from the initial categorization into 10 codes extracted from the analysis (Column 1, Chart 1), with magnitude (in parentheses) indicating the number of coded excerpts from the *corpus* assembled by all 21 interviews. In an individualized way, the codes apprehended from the participants' excerpts are properties that, due to their content, were able to be articulated into four categories (clusters in *ATLAS.ti*). In turn, they expressed mutual relationships (Column 4, Chart 1), in addition to enabling a construction on the concept of healthy work environments in the reality under study.

Results

Altogether, the categories and their relationships contribute to understanding the construct under experiment; in other words, they show the articulation between the participants' conceptions and practices.

Chart 1 - Summary of the process of categorization and treatment of the results of a study on the conceptions and contributions of workers at a hospital in Manaus, Amazonas, about healthy work environments.

Initial codes associated with Healthy Work Environments (HWEs) (Magnitude)	Grouping	Categories	Relationship between the categories
1. Equipment and materials for the work to be performed (9)	1	Necessary conditions	*For the health and safety of the workers from the specialized hospital teams (SOST/CIPA), they assume differentiated responsibilities and everyone should have their working conditions guaranteed*
2. Work physical structure (8)			
3. Professionals for the work to be performed (7)			
4. Channel to welcome workers (31)	2	Challenges to overcome	↓ *These teams found challenges that need to be faced*
5. Wear out and stress at work (23)			
6. Recognition of the work performed (9)			
7. Managing invisibility (7)			
8. Suggestions to improve work (41)	3	Suggestions and tools	↓ *They think about better ways of working* ↓
9. Potential tools for the work to be performed (32)			
10. Conceptions about Healthy Work Environments (25)	4	For Healthier Work Environments	*To enable Healthier Work Environments for everyone*

Source: The authors.

Necessary conditions for the work to be performed

In this category, the participants report what they consider basic conditions for workers to be able to perform their work safely and securely, as well as so that the actions of sectors such as SOST/CIPA can be effective and contribute to designing healthy work environments. In other words, conditions inherent to the team itself are mentioned, in addition to those of the professionals from the entire institution. Such conditions refer the physical structure in the institutions, work equipment and materials (instrumental) and human resources (professionals) for the professional practice.

With regard to the physical structure, inadequate physical spaces for the number of workers and activities are highlighted, as well as physical spaces for rest in insufficient numbers and failures in building safety and in cleaning and cooling, in addition to inadequate equipment such as furniture that does not meet the requirements of ergonomic standards, among others. Work equipment and materials, including Personal Protective Equipment (PPE), as well as various types of sector-specific inputs such as a centrifuge, are described as insufficient in quality and quantity.

> *Here in this room I work now, I even have to leave the door open to get the cooled air from out there, because the one here is broken* [...]. (C13)

> *We can't do some things here because we lack equipment, the equipment that we should have, I think that these obstacles are the ones most hindering work* [...]. (C6)

> *Sometimes there's equipment missing, even workforce* [...] *not enough for a lot of work* [...] *overload*. (C12)

> *Leadership is also missing, to specifically define what each person should do*. (S2)

> [...] *because a healthy environment*[...] *will reduce absenteeism, it'll reduce presenteeism* [...] *because today large companies evaluate not only absenteeism, which is the employee's absence, but also presenteeism, where you'll have the employee in the company but not developing the activity as it should be, and this is very important*. (S5)

The improvement of work environments is recognized for its positive impact on workers' health and on the way in which they perform their work and achieve results, whether in terms of care or administration. However, such improvements depend on full teams from the quantitative and qualitative points of view, as well as on organizing and managing a coordinated and resolute workforce.

Challenges to overcome

This category gathered expressions about what appears to be gaps, difficulties or aspects to be faced, both internal to the SOST/CIPA teams themselves and involving workers in general.

The so-called "managing invisibility" element refers to the difficulties inherent to managing the actions related to workers' health in the institution's routine. A significant effort is required from the immediate manager to overcome the invisibility of these actions and policies, given the complex demands of a hospital. While there is recognition of the service management commitment, this is attributed to the personal attributes of those in charge and there is no institutionalized priority ensured by sustainable mechanisms.

Relationships between different sectors, communication strategies and involvement are not equally incorporated into institutional dynamics, weakening the potential and reach of actions in all units, when not everyone is sensitive and permeable to such needs.

> *They promise you many things, but little objectivity. There's always that promise that it's going to improve, that new things will come and everything, but it all ends up in a promise sometimes*. (C12)

> *Today our effort is to comply with the laws so that I don't suffer assertions or punishments* [...], *but this is the first step ...* (S1)

> *In general, there's no commitment from the management as a whole* [...] *about the safety culture, which we got used to talking about a lot and will really depend from the top to the bottom*. [...] *Actually, we end up putting out fires*. (S2)

Regarding the recognition of their own work, the professionals complain that this should manifest itself in intersubjective appreciation, that is, a feeling valued by oneself and by others, in mutual recognition of what identifies each job, in investments in training, and in an adequate climate for dialog.

> *It's an environment that respects your opinion,* [...] *whether you agree or disagree*. (C8)

> *If you do a lot for the service but you're little recognized for that, you get mentally exhausted sometimes*. (C12)

> *That safety at work be respected* [...] *the professionals are highly qualified,* [...] *always seeking information, knowledge, always going beyond the demands*. (S4)

Wear out and stress at work are acknowledged in two ways: when they talk about their own work at SOST/CIPA, due to lack of conditions, recognition, support and resoluteness of their work; and when they talk about the institution's workers. In both cases, cumulative wear out and dissatisfaction in the midst of conflictive relationships expand the effects on the environment as a whole and on each person in particular.

> *Things are required from you and you don't have a structure to match those things* [...] *it's a lot of demands, but demands from afar, just messages, just, let's say, orders*. (C12)

> *And then it happens, with a resident performing procedures using adornments and the professor beside her, and the professor sometimes also has adornments* [...] *it's difficult to change that*. (S1)

> *There are certain persecutions* [...] *whether from co-workers or bosses, or even from the workers themselves towards their bosses*. (S2)

A final challenge highlighted was the need for effective channels to welcome workers, as they make it clear that the majority only recognizes the ombudsperson in this role. Few participants

mentioned possibilities for the workers to seek the SOST or the CIPA directly, as well as an Organizational Psychology service and the Moral Harassment Commission. They also perceive the absence of a direct and exclusive channel to promote dialog with the workers.

> *The channel we have: we have the ombudsperson, we have Vigihosp, which is not exclusive to workers, it doesn't have this exclusivity for workers, but then anyone can do it, even workers, which is where we receive most of the demands related to dissatisfaction, or an inadequate procedure or a situation that's not safe, so most of them occur there.* (S1)

> *Perhaps the CIPA might play this role? Because the CIPA exists for that, to be the work safety arm in the production line, in the production process. Here in the hospital, in the case of the care area, it would be the CIPA.* (S2)

> *The hospital as a whole has problems* [...] *and it still hasn't reached the SOST. But I know that this service does exist, which is Organizational Psychology and the ombudsperson.* (S3)

Suggestions and tools

Several participants highlighted the importance of potential tools to improve the work environment and the very performance of SOST/CIPA. These professionals have a differentiated view of problems and priorities and seem to perceive a gap between their teams and the care professionals, which can be attributed to the difficulty sharing this view and experience and making comprehensive and participatory plans and actions work.

Weaknesses in communication and in permanent education for such issues are recurrent in this category. The solutions addressed include regular inspection/monitoring, effective communication, permanent education, resources for ergonomics, and vertical and horizontal safety culture (across the management line and work sectors). Such conditions could bring the ends and means that involve workers' safety and health closer to the institutional routine.

> *Someone from the CIPA could pass by asking which the priority in that specific sector would be; and the people there know much better whether it's a plumbing issue, a hole in the wall or air conditioning.* (C13)

> *Even presenting the SOST work flows, what the work is like, the protocols for each service, how it is done, why it is done, based on the legislation, communication with employees from other sectors will be better.* (S3)

> *We also have to see what these people's quality of life is like, because it's not only about seeing risks* [...]. *As specific opportunities are seen, we have a way to improve the environment, both for the people in other sectors and for us here.* (S5)

The types of suggested tools refer to the challenge of encompassing the integral vision of workers' safety and health in a direct, simple, accessible and stimulating way, in order to overcome the ephemerality of episodic actions. In other words, they seek instruments to improve proximity between management and workers, supporting the selection of priorities. They recognize that there is not a single tool, but that there should be a continuous and multi-strategic view of work, based on research and on education and health actions, but also on preventive campaigns, conversation circles, visual resources and systematic meetings between the different actors involved.

> *Continuing education might serve as a rescue, pull workers closer to what's correct* [...] *time goes by and they fall into routine, they fall into oblivion and people don't show as much adherence to a protocol* [...] *I think that they* (workers) *like to be remembered, both in their rights and in their duties.* (C2)

> *Blitz gives a very small and temporary result, very ephemeral. You did the Blitz today, for example, to see this issue of adornments, people are more attentive, but tomorrow it happens again* [...] *a tool that confers voice to these issues, where workers need to participate in the risk assessment itself, to suggest improvements* [...] *then we would have participation* [...] *when we implement it's all a different situation.* (S1)

> *It could be a conversation circle, because there are people who like to talk, prefer to talk, or a form to say which the conflicts are* [...] *I don't know if it would help, if people would join* [...] *surveying the problems* [...] *We could try both ways.* (S5)

For Healthier Work Environments

As closure and horizon to which all the results refer, the participants formulate their conceptions about the concept. When conceiving a healthy environment to work, some essential components were expressed, never thought of in isolation but, on the contrary, in manifestations that integrate them in a relative balance, not being enough for one to exist without the other.

Only separated for conceptual explanation purposes, such components refer to:

a) Well-being at work: when the environment cooperates for workers' physical and psychological comfort. In turn, this component refers to subjective or relational elements, such as being listened to and respected or feeling fulfilled, as concrete material conditions.

> *It's where we feel good, comfortable, not tired, fulfilled, feeling god both physically and psychologically*. (C2)

> *It's the one that gives you, at least, the minimum working conditions* [...] *that environment that respects your opinion [...] that respects criticism* [...] *that listens to employees and opinions to improve the service* (C8).

b) Effective risk protection and control: when the environment is not harmful or aggressive for workers, and when it looks after for risk control and for preventing problems.

> *In the physical aspect* [...] *that actually promotes health, immunization, training programs related to safety* [...] *that people effectively put into practice the prevention of accidents* [...] *behaviors that don't put at risk people themselves* (S4).

> *A risk situation was identified, or some peer performing an unsafe action* [...] *it identifies what's happening...it'd be an alert for the SOST. We'd receive that situation, find out, talk, and seek methods to solve it* (S2)

c) Positive personal and professional relationships: when there is mutual trust, respect and responsibility, which mitigates/solves conflicts and favors meeting the objectives.

> *From the psychological point of view, it's an environment without so many conflicts between professionals, where people can deal with the differences* [...] (S4)

> *It's an environment where people work at ease, know their co-workers, know that they can trust them to, for example, complete a task, know that they have a good relationship above everything else*. (C9)

> *An environment where you work in harmony with your team, connected, everyone assuming their responsibilities* (S5).

Discussion

Regarding the necessary conditions for carrying out work in healthy and safe environments, the perception of the health workers who participated in this study refers to the importance of basic conditions such as structure, materials and sufficient work teams for the demands. In this sense, it is similar to national and international studies that highlight how an insufficient number of professionals can disfavor the care practices[14] that relate workloads with satisfaction and intention to leave the job[15] or how these workloads are affected by the working conditions and by multitasking[16].

The relationship between absenteeism and the work environment is pointed out in various studies[16,17]. On the other hand, the impacts of presenteeism are also evident, which, in the case of the Nursing workforce, exerts impacts on workers' health and well-being and on patient safety; in other words, to remain working when a person is physically and mentally indisposed, with low cognitive engagement or in impaired conditions of awareness, responsiveness or emotional behavior[18], which can be as or more harmful than absences, affecting the entire work environment.

In the field of the challenges to overcome, the participants in this study reported that factors related to the dynamic interaction between the work environment and human factors can influence health, performance and satisfaction at work.

A negative interaction, with demands that are incompatible with the workers' resources, can be a source of stress, triggering harmful physical and emotional responses such as neurohormonal and biochemical changes, behavioral problems, emotional disorders and physical illness[19]. Incompatible demands can be related to structural and personnel deficits, such as sizing and qualification/performance, overload and inadequate working conditions, as well as to relational conflicts, lack of autonomy and recognition, which are identified as generating wear out, dissatisfaction and moral distress[20,21,22,23], among other problems that affect professionals in different jobs and positions in health services. For different reasons, work intensification threatens workers' health and also affects the users and the quality of the care offered[24].

The double path of influences is perceived: the work environment is impacted both by organizational factors and by psychosocial factors, such as moral stress[17]; as well as this environment is decisive for the quality of professional experiences, which may or may not be in the sense of resilience, transformation of conditions and satisfaction.

The results of the current study evidenced similar behaviors pointed out as positive or as negative, that is, they can foster or impair healthy work environments. The importance of developing strategies involving managers and work teams was also confirmed for coping with conflicts and challenges[25].

During the study, it was evidenced that the participants identify the hospital ombudsperson service as the channel for listening to the workers. However, the occupational health and safety team was mentioned few times as a channel to welcome the professionals. It is recognized that health service environments need adequate support to report, analyze and use ombudsperson data in a systematic way, but the impacts of these strategies are especially described in terms of improvements in care quality or centered on the users[26].

The findings also highlighted the importance of permanent education for the implementation of safer, more protective and health-promoting practices for workers, going beyond the simple offer of limited and watertight actions. In other words, the need is reinforced to overcome institutionalization of the actions performed by the worker's health team focused on specific training in which workers receive instructions on how to proceed and behave[27]. A number of weakness inherent to teamwork vulnerabilize care quality, and planned interventions may improve these teams' performance. Training stands out among the interventions, especially based on simulation and targeted at non-technical skills, in addition to organizational (re) design to promote functionality of the teams[28].

Institutions around the world still lack standardized models to implement recommendations and adopt efficient programs to protect occupational health and safety, that is, for the healthy and sustainable development of individuals and hospitals, in active compliance with their social responsibilities[29].

It is up to the occupational health and safety team to reflect on its purpose of promoting health and protecting workers' integrity in the workplace, exceeding the limits of the physical, chemical and biological risks imposed by the legislation. An analysis about performance in the prevention and mitigation of other risks that significantly interfere in the work environment is increasingly necessary, and proved to be opportune in the context of this study.

There are expressive reports from the participants about the need for work tools to improve the service and for an approach between workers and the Workers' Health team, highlighting the gap in communication between workers and management. The suggestions for creating a digital tool that favors the professionals' access to spaces for listening, discussion, monitoring and acceptance of improvement recommendations open up new approach paths between those who work in planning and those who carry out the work. Such tool can reinforce workers' health surveillance, in order to identify possible professional demands, such as in-service training needs, conversation circles and qualified listening, among others. Consequently, the workers' health service can serve as a driving agent for permanent education in health.

Adding digital methods to rethink the role of information and communication technologies in permanent health education has the potential to confer visibility, encourage and optimize teaching-service-community integration dynamics and the consequent improvement of work processes in health, starting from a discussion about the extent to which these platforms and media are already part of the routine of actions in permanent health education, or in what innovative and responsible ways they can be integrated[30]. Communication and leadership processes are fundamental for governance, which requires the managers' commitment[31]. Communication skills can also be the target of educational programs,

resorting to varied methods such as simulation, reflection and debriefing[32].

The findings show that workers are open to incorporating new technologies and resources ("Suggestions and tools" category), whether aimed at improving communication and cooperation, addressing problems and solutions, raising awareness and commitment of different actors with the quality of work and of labor relations.

In order to design healthier work environments, it is fundamental that alternatives and instruments are agreed upon and built with broad participation and awareness for the commitment of workers and institutions alike, envisioning benefits that reach everyone, with more favorable conditions for work and developed with autonomy, well-being and cooperation. It is believed that, despite the study limitations due to its linkage to a specific institutional reality and for not achieving a representation of the entire diversity of active workers (only SOST and CIPA teams), its results can contribute to reflections and advances in different contexts. In addition to that, it is to be acknowledged that perceptions and experiences involve subjectivity, also affected by the moment underwent. Thus, the data collection moment in a critical period of coping with the COVID-19 pandemic may have imposed its own nuances on the way of valuing and attributing meaning to the elements explored by the participants (such as the issue of protection, safety and coping with risks, or work overload itself), even though there was a commitment to cover contents that were not limited to such circumstances.

Final considerations

The study contributed to understanding health workers' relationships with the hospital work environment and to mapping the health professionals' perceptions about the concept of healthy work environments, showing the need for intersectoral actions and investments for an expanded improvement of work environments in the hospital context.

The study showed that, in their daily practice, workers understand the weaknesses and needs of their work environment (linked to physical structure, material and human resources, communication, welcoming workers, wear out, recognition and invisibility of actions in workers' health); in addition to managing to propose improvements to turn their work places into healthier environments. For this understanding, the workers indicate that the relationships between teams, management, work and risk control tools are directly interconnected to healthy work environments.

The specificity of the participants' field of action, in a more direct relationship with the topic, allowed expressing how they build a relatively broader view of workers' health, in order to provide results that help understand the complexity of the HWE concept and the ways to approach it, as an institutional and personal goal.

In the clipping of this article, the conceptions and contributions of these specific workers regarding healthy work environments were addressed. However, it is important to understand that the findings transcend the merely descriptive aspect of these subjects' point of view, providing subsidies for critical approaches on technological tools to bring workers closer to the management of institutions.

Collaborations:

1 – conception and planning of the project: Micherlan Pereira da Silva and Flávia Regina Souza Ramos.

2 – analysis and interpretation of data: Micherlan Pereira da Silva, Flávia Regina Souza Ramos and Giane Zupellari

3 – writing and/or critical review: Micherlan Pereira da Silva, Flávia Regina Souza Ramos and Giane Zupellari

4 – approval of the final version: Micherlan Pereira da Silva, Flávia Regina Souza Ramos and Giane Zupellari

Conflicts of interest

There are no conflicts of interest.

References

1. Observatório de Segurança e Saúde no Trabalho – SmartLab. Organização Internacional do Trabalho, 2021. [Internet]. Brasília: 2021. [cited 2021 Jul 23]; Available from: https://smartlabbr.org/sst

2. Brasil. Ministério da Economia. Secretaria Especial de Previdência e Trabalho – SEPRT. Portaria SEPRT n.º 6.735, de 10 de março de 2020. NR-09 - Avaliação e controle das exposições ocupacionais a agentes físicos, químicos e biológicos. [Internet]. Brasília (DF); 2020 [cited 2021 Jul 20]. Available from: https://www.gov.br/trabalho/pt-br/inspecao/seguranca-e-saude-notrabalho/normas-regulamentadoras/nr-09-atualizada-2020.pdf/view

3. Santos RR, Paiva MCMS, Spiri WC. Associação entre qualidade de vida e ambiente de trabalho de enfermeiros. Acta Paulista de Enfermagem [Internet]. 2018 [cited 2021 Jul 20]; 31(5):472-9. Available from: https://www.scielo.br/j/ape/a/XV73M3N6B34FMb3QXtsbMGc/?lang=pt

4. Kim, L. Y., Rose, D. E., Ganz, D. A., Giannitrapani, K. F., Yano, E. M., Rubenstein, L. V., & Stockdale, S. E. (2020). Elements of the healthy work environment associated with lower primary care nurse burnout. Nursing outlook, 68(1):14-25. https://doi.org/10.1016/j.outlook.2019.06.018

5. Kelly, L. A., Johnson, K. L., Bay, R. C., & Todd, M. (2021). Key elements of the critical care work environment associated with burnout and compassion satisfaction. American Journal of Critical Care, 30(2), 113-120. https://doi.org/10.4037/ajcc2021775

6. Al Sabei, S. D., Labrague, L. J., Miner Ross, A., Karkada, S., Albashayreh, A., Al Masroori, F., & Al Hashmi, N. (2020). Nursing work environment, turnover intention, job burnout, and quality of care: The moderating role of job satisfaction. Journal of Nursing Scholarship, 52(1):95-104.

7. Sun, L., & Bunchapattanasakda, C. (2019). Employee engagement: A literature review. International Journal of Human Resource Studies, 9(1):63-80.

8. Rasool, S. F., Wang, M., Tang, M., Saeed, A., & Iqbal, J. (2021). How toxic workplace environment effects the employee engagement: The mediating role of organizational support and employee wellbeing. International journal of environmental research and public health, 18(5):2294. https://doi.org/10.3390/ijerph18052294

9. Organização Mundial da Saúde. Ambientes de trabalho saudáveis: um modelo para ação para empregadores, trabalhadores, formuladores de política e profissionais. Brasília (DF): SESI/DN, 2010.

10. Freeling M, Rainbow JG, Chamberlain D. Painting a picture of nurse presenteeism: A multicountry integrative review. International Journal of Nursing Studies, [Internet]. 2020 [cited 2021 Aug 26]; 109:103659. DOI: https://doi.org/10.1016/j.ijnurstu.2020.103659

11. Ramos FRS, Brehmer LCF, Ferreira DS, Silva MP, Santo-Melo GZ, Faust S. Ambientes de trabalho em saúde e ergologia – articulações conceituais produtivas. In: V Congresso da Sociedade Internacional de Ergologia Trabalho, Património e Desenvolvimentos, 5, 2021, Porto (Portugal). Anais (on-line) Porto: Universidade do Porto, 2021 [cited 2022 Feb 23]. Available from: https://repositorio-aberto.up.pt/bitstream/10216/133713/2/464400.pdf

12. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. Qual Quant. 2018; 52(4):1893-907. https://doi.org/10.1007/s11135-017-0574-8

13. Hsieh HF; Shannon SE. Three Approaches to Qualitative Content Analysis. Qualitative Health Research, [Internet]. 2005 [cited 2021 Sep 12]; 15(9):1277-88. Available from: https://journals.sagepub.com/doi/abs/10.1177/1049732305276687

14. Yanarico DMI, Balsanelli AP, Gasparino RC, Bohomol E. Classificação e avaliação do ambiente de prática profissional de enfermeiros em hospital de ensino. Rev. lat.-am. enferm. [Internet]. 2020 [cited 2021 Jul 28]; 28:e3376. Available from: https://www.revistas.usp.br/rlae/article/view/186227

15. Shin S, Kim J, Lee I, Bae SH. Impact of nurse staffing on intent to leave, job satisfaction, and occupational injuries in Korean hospitals: A cross-sectional study. Nurs Health Sci. [Internet]. 2020 [cited 2021 Aug 26]; 22:658-666. Available from: https://doi.org/10.1111/nhs.12709

16. Larsson IG, Aronsson A, Norén K, Wallin E. Healthcare workers' structured dailyre flection on patient safety, workload and work environment in

intensive care. A descriptive retrospective study, Intensive and Critical Care Nursing, [Internet]. 2021 [cited 2021 Aug 26]; 68:103-122. Available from: https://www.sciencedirect.com/science/article/pii/S0964339721001117?dgcid=rss_sd_all

17. Oliveira PB, Coca LN, Spiri WC. Associação entre absenteísmo e ambiente de trabalho dos técnicos de enfermagem. Escola Anna Nery, [Internet]. 2020 [cited 2021 Jul 29]; 25(2):e20200223. DOI: https://doi.org/10.1590/2177-9465-EAN-2020-0223

18. Freeling M, Rainbow JG, Chamberlain D. Painting a picture of nurse presenteeism: A multicountry integrative review. International Journal of Nursing Studies, [Internet]. 2020 [cited 2021 Aug 26]; 109:103659. DOI: https://doi.org/10.1016/j.ijnurstu.2020.103659

19. Martinez MC, Fischer FM. Fatores psicossociais no trabalho hospitalar: situações vivenciadas para desgaste no trabalho e desequilíbrio entre esforço e recompensa. Rev. bras. saúde ocup. [Internet]. 2019. [cited 2021 Jul 29]; 44:e12. Available from: https://www.scielo.br/j/rbso/a/Kp4NtZgSyf8SHZkjvyQVdTM/?lang=pt

20. Oro J, Gelbcke FL, Sousa, VAF, Scherer MDA. From prescribed work to the real work of nursing in in-patient care units of federal university hospitals. Texto & Contexto – Enfermagem. [Internet]. 2019. [cited 2021 Sep 12]; 28:e20170508. DOI: http://dx.doi.org/10.1590/1980-265x-tce-2017-0508

21. Ramos FRS, Barth PO, Brehmer LCF, Dalmolin GL, Vargas MA, Schneider, DG. Intensity and frequency of moral distress in Brazilian nurses. Revista da Escola de Enfermagem, [Internet] 2020. [cited 2021 Sep 12]; 54:e03578. DOI: https://doi.org/10.1590/S1980-220X2018020703578

22. Schaefer R, Zoboli ELCP, Vieira M. Moral distress in nurses: a description of the risks for professionals. Texto&Contexto – Enfermagem, [Internet] 2018. [cited 2021 Sep 12]; 27(4):e4020017. DOI: https://doi.org/10.1590/0104-07072018004020017

23. Biondi HS, Barlem ELD, Pinho EC, Tavares DH, Kerber NPC, Barlem JGT. Moral suffering in assistance to child birth: situations present in the work of nurses of obstetric centers and maternities. Texto & Contexto – Enfermagem [Internet]. 2019. [cited 2021 Sep 12]; 28:1-17. DOI: https://doi.org/10.1590/1980-265X-TCE-2018-0052

24. Santos TA, Santos, HS, Sampaio ES, Melo CMM, Souza EA, Pires CGS. Intensity of nursing work in public hospitals. Revista Latino-Americana de Enfermagem. [Internet] 2020. [cited 2021 Sep 12]; 28:e3267. DOI: https://doi.org/10.1590/1518-8345.3221.3267

25. Ferreira, VHS, Teixeira VM, Giacomini MA, Alves LR, Gleriano JS, Chaves LDP. Contributions and challenges of hospital nursing management: scientific evidence. Revista Gaúcha de Enfermagem [Internet]. 2020. [cited 2021 Sep 12]; 40:1-11. DOI: https://doi.org/10.1590/19831447.2019.20180291

26. Dael JV, Reader TW, Gillespie A, Neves AL, Darzi A, Mayer EK. Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights BMJ Quality & Safety [Internet] 2020. [cited 2021 Sep 12]; 29:684-695. Available from: https://qualitysafety.bmj.com/content/29/8/684

27. Jesus CS, Pinto ES, Reis JLB, Fernandes J, Santos R, Soares ES. Atuação do enfermeiro do trabalho na redução de riscos biológicos no âmbito hospitalar. Rev. Aten. Saúde [Internet] 2017. [cited 2021 Jul 28]; 15(54):100-107. DOI: https://doi.org/10.13037/ras.vol15n54.4825

28. Buljac-Samardzic M, Doekhie KD, Van WJDH. Interventions to improve team effectiveness within health care: a systematic review of the past decade. Hum Resour Health [Internet]. 2020. [cited 2021 Aug 26]; 18(2). DOI: https://doi.org/10.1186/s12960-019-0411-3

29. Zhao W, Jiang, Z. Research on occupational health and safety of medical staff based on iso 45001. Am. J. Biochem. Biotechnol. [Internet] 2020. [cited 2021 Sep 12]; 16(3):288-298. DOI: https://doi.org/10.3844/ajbbsp.2020.288.298

30. França T, Rabello ET, Magnago C. As mídias e as plataformas digitais no campo da educação permanente em saúde: debates e propostas. Saúde em Debate [Internet]. 2019 [cited 2021 Jul 29]; 43(1):106-15. Available from: https://www.scielo.br/pdf/sdeb/v43nspe1/0103-1104-sdeb43spe01-0106.pdf

31. Brown, A. Communication and leadership in healthcare quality governance: Findings from comparative case studies of eight public hospitals in Australia, Journal of Health Organization and Management, [Internet] 2020. [cited 2021 Aug 26]; 34(2):144-161. DOI: https://doi.org/10.1108/JHOM-07-2019-0194

32. Jeon Y, Choi H. A Systematic Review of Communication Programs for Nurses Working

in Hospitals. Stressv [Internet] 2021. [cited 2021 Aug 26]; 29:69-79. DOI: https://doi.org/10.17547/kjsr.2021.29.2.69

Received: June 1, 2022

Approved: May 31, 2023

Published: August 9, 2023