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Resilience as an object of study of occupational health: narrative review

Resiliência como objeto de estudo da saúde do trabalhador: uma revisão narrativa

Resiliencia como objeto de estudio de la salud ocupacional: una revisión narrativa

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ABSTRACT

Objective: To analyze the use of the concept of resilience in the objects of study of the research on Occupational Health. **Method:** A narrative review was conducted in electronic databases. Search words: resilience and worker's health. There was no time frame, but we chose to make the language restriction: only productions in Portuguese and Spanish. **Results:** Eight articles were gathered, among the selected four had complete texts, one was in English and three were in Portuguese, of which only two were related to the object of study. **Conclusion:** The study of resilience is relatively new in humanities, social and health, but knowledge of factors related to resilience may provide subsidies for workers to understand the determinants and factors that can strengthen their own resilience.

Descriptors: Nursing, Occupational Health, Psychological Resilience.

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RESUMO

Objetivo: Analisar o uso do conceito de resiliência nos objetos de estudo da linha de pesquisa sobre Saúde do Trabalhador. Método: Revisão narrativa, desenvolvida nas bases eletrônicas de dados. Palavras de busca: resiliência e Saúde do Trabalhador. Não houve recorte temporal, mas optou-se por fazer restrição quanto ao idioma: somente produções em português e espanhol. Resultados: Captaram-se oito artigos. Dentre os selecionados, quatro possuíam textos completos, um estava em inglês e três encontravam-se em português, dos quais apenas dois relacionavam-se com o objeto de estudo. Conclusão: O estudo da resiliência é relativamente recente nas ciências humanas, sociais e da saúde, porém o conhecimento dos fatores relacionados à resiliência poderá fornecer subsídios aos trabalhadores para o entendimento dos determinantes e os fatores que podem fortalecer suas próprias resiliências.

Descritores: Enfermagem, Saúde do Trabalhador, Resiliência Psicológica.

RESUMEN

Objetivo: Analizar el uso del concepto de resiliencia en los objetos de estudio de la investigación sobre la salud del trabajador. Método: Revisión narrativa, desarrollada en bases de datos electrónicas. Palabras de búsqueda: resiliencia y la salud del trabajador. No hubo período de tiempo, pero decidimos hacer la restricción de idioma: solamente producciones en portugués y español. Resultados: Atrapados ocho artículos, entre los seleccionados cuatro presentaron textos completos, uno en inglés y tres estaban en portugués, de los cuales sólo dos estaban relacionados con el objeto de estudio. Conclusión: El estudio de la resiliencia es relativamente nuevo en las ciencias: humanas, sociales y de salud, pero el conocimiento de los factores relacionados con la capacidad de recuperación puede proporcionar subsidios para los trabajadores a comprender los determinantes y los factores que pueden fortalecer su capacidad de recuperación. Descriptores: Enfermería, Salud del Trabajador, Resiliencia Psicológica.

INTRODUCTION

Resilience is "the human capacity to face, overcome and be strengthened or transformed by experiences of adversity". 1:15 The etymological origin of the word resilience comes "from the Latin word *resiliens*, meaning jumping back, come back, be driven, retreat, shrink, break. For the English origin, resilient refers to the idea of elasticity and rapid recoverability ".2:67"

In Portuguese, is found in the New Aurélio dictionary the definition of the term referring only to the resilience of materials.³ However, in another dictionary of the Portuguese language, Houaiss, the entry includes both the sense of physics as the figurative sense, referring to human elements' "ability to easily recover or adapt to bad luck or to change".^{2:68}

Most of resilience concepts reaffirm that the resilient individual is one who has the ability to recognize the pain, understand its meaning and tolerate it to resolve conflicts constructively. However, it was found that there are divergences at the aforementioned concept. Some researchers believe that flexibility and versatility are characteristics of resilient people, others point out to resilience as a trait of personality or temperament.

There are controversies also as to whether resilience is an individual attribute or the result of interaction with the environment.⁴

It is noteworthy that the individual and collective resilience are the two sides of a coin.⁵ Thus, the ability to face adversity and emerge stronger implies responses that can either be at the individual level as influenced by the collective sphere. The individual is recognized as part of a group and realize that it needs it for its development in a relationship of mutual influence. This recognition and the feeling of being welcomed or supported by the collective interfere with their potential for resilience.

Almost consensually, resilience is defined as the ability of the individual, family or group, face adversity, be transformed by them, but able to overcome them.² It can also be understood as a result of the four components union: individual factors, environmental, events throughout life and protective factors, which form a bank of resources that protect the individual from harm and promote the general welfare. However, the value of these resources is in the way it is used.⁶

Thus, resilience is something broader, is a stress and adversity overcoming phenomenon, of procedural character. In Brazil, the concept of resilience and their meanings have been little widespread in studies or academic productions. Abroad, mainly in the United States and the United Kingdom, several authors have conducted research on resilience, mostly focused on children and adolescents at risk, focusing on traits and personal dispositions.⁷

Recent studies have revealed that "the resilience is not an innate gift of some special people. It is a kind of personal and social competence that can be learned, developed and promoted on people, organizations, communities and even in the broader social life". 7:33

Currently, occupational stress is a reality observed in various areas and work areas, not exclusive of those professionals exercising senior positions in large institutions, being indifferent the hierarchical level they are in. This is because the occupational stress is directly related to the multiple responsibilities and charges; intense work pace; competitiveness; day of backbreaking work; need for versatility; precariousness of relations and working conditions. All these factors are arising from the characteristics of the predominant production model - flexible accumulation of capital, gestated from the concepts and assumptions of neoliberalism and globalization.⁸⁻⁹

Another issue that creates stress in the worker is the variability and uncertainty surrounding labor situations. This is because the work involves great complexity due to the existence of many variables related to the execution of the activity, such as: the characteristics of the organization and the work process; working conditions; and the historical and social context in which it is inserted, and worker subjectivity itself.⁹

It should be noted that "variability" should be understood as a set of situations that occur at any time of the work process, at any factor involving the development of labor activity, which differs from planned and somehow alter the task, determining actual work.⁹⁻¹⁰

Contextualizing this situation, it is stated that the simple man-task relationship is impossible because the strict obedience to the rules of prescribed work organization would not achieve the desired reliability of the service performed, as there are many players in this relationship, which are termed as variability factors, and that workers have to cope and find strategies to overcome them, ensuring the implementation of the work process.¹⁰

In this perspective, so that the objective of the work is achieved it is necessary to make adjustments in carrying out the prescribed task, making for a more dynamic and efficient execution of the work. These adjustments are identified as the actual work. Thus, it can be said that the employee develops their labor activity in real time depending on the given situation, which may involve variability or even unpredictability. In this regard it is noteworthy that the task constitutes of the prescribed work and labor activity is related to the actual work, which interrelate suffering bidirectional influences to achieve its goal, the final product, ie the job done. ¹⁰

Therefore, it is necessary that the worker develop a series of psycho-cognitive attributes and motors, which allows for being resilient to adverse work situations, ie, variability, unpredictability present in the work context.

For a better understanding of the human-task relationship and its implications for workers' health and productivity, ergonomics is also investigating the gap between prescribed and real work, often caused by situations of variability.

This dynamic interrelation is the organization of work, in this sense, the main purpose of ergonomic action is the transformation of the workplace, there included the organization and work process, that does not harm the health of workers, but also to ensure the production of quality. Ergonomics aims to search for the valuation from the psychocognitive and motor capabilities of workers, but without forgetting the need for production.¹⁰

Having ergonomics work as the object of its action, it is necessary to recognize the scope of the concept of "work." We define "work" as "activity resulting of physical and mental energy expenditure, directly or indirectly aimed at the production of goods and services, thus contributing to the reproduction of human life, individual and collective". 11:342

In addition to this view, the category "work" includes inventiveness, the ability of evaluation and judgment, subjective mobilization to carry out the task, combining cognitive, motor and psychological capabilities in a continuous and dynamic process in which the subject interferes with the

object and vice versa, leading to a transformation of the subject, object and society.¹²

The work process is not restricted to the more concrete elements. It must see qualifications, function, cooperation, hierarchy, sociability, brand, discipline. It is also necessary to consider the relationship between a worker and another, both as regards to the objectives of the work, as to the possibility of *buddy chat*, civil sociability, lay. One has to also investigate the hierarchy, ie the orders belt: economic interest becoming standard, technical guidance and discipline.¹³

In the labor process, it is important to see the accumulation of human competence in relation to the machine, turning worker in fiscal displays, levers, plugs, buttons. Ergonomics investigating the gap between the prescribed work and real work, developed the concept called "variability", which aided in the process of understanding the human-task relationship and its consequences for the health of workers and productivity.¹³

In this regard, it must be reaffirmed that this term has been described by ergonomists as a set of variations that may occur, normal or incidentally, randomly or not, both in the production, provision of services and among workers.^{9,10}

With the advent of technology, information, globalization of production, the constant changes that have been affecting the work environment, the need to adapt arises from professionals. Constant changes require the hospitals to make changes, knowing that they only will remain active if they can meet the new demands of a market where the customer is increasingly aware of their rights, which demands more quality of the services that are provided.¹⁴

It is observed that the existence of this variability leads to a sudden disruption of activities considered routine or usual for labor dynamics by changing the work process and conducting this work to mobilize psycho-cognitive capabilities that ultimately may affect them emotionally and physically.¹⁵

With this, the variability can adversely change the health-disease process of workers, resulting in irritability, high blood pressure, fatigue, pain, muscle tension, premature aging and stress. ¹⁶ However, despite the negative effects on their health, some workers remain active and productive in the workplace, in this regard, it is referred to the importance of the concept of resilience in the health-work relationship studies. ¹⁷

For fewer disease and/or less psychological distress, as well as more personal or subjective development, it is necessary for the individual to develop the ability to recover and shape facing the obstacles. That is, it needs to have developed its resilience.

It is assumed that the scientific knowledge generated from studies on resilience can be an important research tool that will assist in the understanding of issues related to Occupational Health. This assumption led to the development of this research, which is proposed to analyze the use of the

concept of resilience in the study of objects of the research line on Occupational Health.

The knowledge that involves resilience applied to the Occupational Health field can reverse in quality of life and a better understanding of workers about them and the context in which they operate, helping to maintain and/or redemption of health.

There is still a gap regarding the use of the concept in nursing, fact that values and makes relevant the proposed study, particularly if one considers the almost non-existence of the relationship of theoretical constructs involving "resilience" to the area of Occupational Health.¹⁵ It can be inferred that articulating the contents of resilience with the Occupational Health involves understanding better or expanding knowledge about the relationship between health and work and worker subjectivity.

It is asserted also that such knowledge is still little socialized in the Occupational Health area, in this sense, it is considered that this research will contribute to increase the theoretical-conceptual field in the analysis of processes and working conditions, diffusing with workers a relevant content, expanding research opportunities and helping to build knowledge related to the line of Occupational Health.

Knowledge of resilience-related factors provide subsidies to professionals to understand the determinants and factors that can strengthen their own resilience, thereby summing up this result further in the fight for workers' health.

METHODS

This is a narrative review study conducted by scientific production indexed in the following electronic databases: BDENF, LILACS, MEDLINE and SCIELO.

In January 2013 there were selected the word resilience and workers' health for the search in databases, simultaneously, in advanced form. First, these were highlighted in subject descriptors, then title words, and finally in words. This so that the result would be the most reliable possible. There was no time frame or language specifications or type of publication. The exclusion criterion was the indisponibility of full article to read and being in another language other than Portuguese and Spanish.

To strengthen the discussion it was also utilized textbooks and scientific papers focusing on resilience, in the psychodynamics of work and ergonomics. This provided a more in-depth analysis of the subject, the understanding of the concepts discussed and the possibility of pointing more clearly the applicability and contribution of the concept of resilience to the area of Occupational Health.

The narrative review aims to use specific methods focused on the search for a particular subject in literature analysis, even using mechanisms and methodologies used by students and researchers in the fields of health and education to describe the state of the art in a theme.¹⁸

RESULTS AND DISCUSSION

Among all these databases were found eight (8) articles on the bases, LILACS and MEDLINE. Of these, only four (4) were made available on full text of which three (3) were in Portuguese and 1 (one) in English. Of the articles available in full text and in Portuguese, only two (2) relate to resilience and worker health.

The study results showed that the approach to resilience in Occupational Health starts from the year 2009, among the national newspapers, with greater focus in medicine. It was found that national publications in Nursing were also from 2009.

The first article¹⁶ published had as an object of study the intensivist nurse's resilience in front of situations of work variability in intensive care unit. The objectives were to characterize the understanding of critical care nurses about their relationship to work in the intensive care setting; discuss motivating factors of permanence in this sector and analyze the protective factors related to resilience that promote health in the intensive care unit. The content analysis method sprouted three categories: Profile of nurses in the intensive care setting; from suffering to pleasure: the dialectical sense of the intensive care nurse; and the resilience of the intensive care nurse: protective factors of health.

The most recent article¹⁹ had as the main objective investigating the level of resilience of nursing workers, aimed at knowledge of the weaknesses and strengths of this professional in the face of adversity to which it is subjected. Most of the participants in relation to the factor regulating emotions, performed below average, demonstrating the resilience of this factor is found weakened. Excessive impulse control and difficulty in regulating emotions entail large expenditure of energy by the workers, since they cannot externalize their emotions, especially in the workplace, justifying the high level of stress among nurses.

The concept of resilience is found under construction. Several areas of knowledge are grabbing this issue and discussing through scientific studies the best definition for the construct and applicability of this term.

In health, resilience is found still under construction, reflection and debate for having been recently incorporated in their scientific studies and, especially, by yet not having a consensus on the definition of the term. ¹⁷ However, in this field of knowledge, it is understood by the resilience range of social and intrapsychic processes that enable the healthy development of the individual, even when experiencing adverse experiences. ²⁰ In medicine, it means "the ability of a subject to resist a disease, an infection, an intervention by his/herself or with the help of medications". ²¹

Apparently, it's easier to agree on what resilience does not mean than on what the word means. Being neither the risk of the opposite or the synonym of some protective factor, resilience implies an universal approach to health and individual behavior, the prospect of being a resource to be developed by all.⁶

The concept of resilience has been instrumental in the development and human health field. ¹⁹ It is emphasized that the concepts of risk and protection should not be considered homogeneous, requiring a detailed analysis pointing the possibility of different groups of adverse life events providing effects of different qualities in the individual's life, as well as protective factors should be understood either alone or in conjunction with other factors and the own risk. ²²

Resilience does not have a single definition nor an unquestionable parameter or an even measure.⁶

Suffering, pleasure and identity are subjective experiences, as well as resilience. Referring to the singular subject, bearer of a story, and therefore a unique experience, felt in a particular way. Thus, each individual, experiencing a certain suffering, builds their individual defense mechanisms, their protective factors, in short, their resilience in order to minimize the negative effects of experienced adversity in their health.²¹ Considering that the term resilience is also related to the area of subjectivity and that research in this area are still considered incipient when related to work and nursing²⁴, this study aspired to contribute to the growth and strengthening of the knowledge generated from studies that address the resilience and subjectivity in the context of Occupational Health and Nursing.

By analyzing the use of the concept of resilience in the study of objects of the research line on Occupational Health, the knowledge produced about resilience has the potential to add to the others used in the Occupational Health field, contributing to the understanding of issues still little clear in this field.¹⁷

The work context presents some determinants and conditions that interfere on the psychosomatic balance of the worker, among them there are the working conditions and the configuration of work organization. It is stated that working conditions affect more body health and work organization affects predominantly in mental health.¹⁷ And considering that the labor market demands psycho-cognitive and motor effort of the workers, and often that effort leads to wearing out and illnesses, it is a must to seek possibilities for understanding and intervention on this issue, multifaceted and complex. Thus, studying and appropriating concepts as they relate to the resilience can be an alternative to seeking to ensure health for workers.

Understanding that resilience can be learned, promoted and developed, it will be possible for the knowledge of the promoter factors of resilience and the construction of alternatives and tactics for the nursing staff and the institutions on which they belong develop their resilience, decreasing risk to generate harmful effects on their health.

FINAL CONSIDERATIONS

The study of resilience is relatively recent in humanities, social and health sciences. Its definition is still not clear, nor precise, given the complexity and multiplicity of factors and

variables that must be taken into account in the study of human phenomena.

There is a gap in relation to the concept of use in Occupational Health area, a fact that added value to the proposed study, especially considering the lack of relationship between resilience and the various characteristics of working scenarios and workers. However, it is believed that for what has been built of knowledge on the subject resilience, there is potential for it will sum up on others used in the Occupational Health field, contributing to the understanding of still unclear issues in this field.

The applicability of knowledge about resilience can be significant for the redimensioning of the Occupational Health research, contributing to reflections in education, focusing on the training of professionals with skills and compatible skills to their work setting and the high mutability on Globalization, aimed at disease prevention and health promotion professionals. As it may also be a source of enthusiasm and guidance for care practice in meeting the needs of population groups such as workers.

Knowledge of the factors related to resilience may provide subsidies for workers to understand the determinants and factors that can strengthen their own resilience. Thus, summing up more such knowledge for health of workers.

This study does not exhaust the subject, nor reveals immediate solutions to the problem, but raises some points of reflection, expanding the discussions on the relationship between work and health. One of the suggestions in this study in order to promote health and quality of work life, is investigating possible resilient characteristics of workers and the strategies used by them in the face of adverse situations in the workplace.

It is considered that an understanding of the resilience process is relevant, including protective factors and risk for prevention and health promotion in the workplace. However, while it realizes its valuable potential, it can be seen as the permeate of uncertainty and controversy still at this issue. Therefore, the search for new answers in research on healthy ways to cope with adverse situations constitute a great challenge for researchers.

Fits a reflection that the desired changes are favored by the sum of shares and the use of diverse knowledge, which enable the transformation of obsolete or inadequate realities to the concerns of the majority. Searching the transformation to achieve the quality of working conditions, work organization, workers' health and quality of life.

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