

Psychosocial risk among members of Family Health Strategy teams

Risco psicossocial nas equipes de Estratégia Saúde da Família

Riesgo psicossocial en los equipos de Estrategia Salud de la Familia

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Abstract

Introduction: Psychosocial risk and its consequences, namely stress, violence at work, and harassment, are interrelated and compromise the health, safety, and well-being of workers and their families. **Objective:** To evaluate psychosocial risks among members of the Family Health Strategy teams of a municipality in the state of São Paulo (Brazil). **Methods:** The instrument Health Safety Executive – Indicator Tool, validated and with cross-cultural adaptation to Brazilian Portuguese, was applied together with a questionnaire on personal characteristics of workers of the 14 Family Health Strategy units, between May and July 2022. The research was carried out during the Covid-19 pandemic, when population mobility had been brought back to normality amid political and economic issues. **Results:** From a total of 270 workers, 126 answered the questionnaire form, being 64 Community Health Agents, 6 coordinators, 26 nurses, 11 physicians, 4 dentists, 14 nursing technicians, and 1 dental technician. The psychosocial risk perception concerning peers and leadership support ranged between 10 and 11.45%. As for control, it accounted for 22.34%; changes and communication, 17.64%; demands, 20.76%; and relationships, 13.65%. We observed statistical significance in terms of position in questions related to work, breaks, suggestions, and respect of coworkers. **Conclusions:** According to our results, measures for improving the work process and structure should be taken so that the situation does not worsen and compromises workers' health and the quality of care provided to the population.

Keywords: Psychological stress; Occupational Health; Occupational stress; Family Health Strategy.

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Resumo

Introdução: O risco psicossocial e suas consequências, que seriam o estresse, a violência no trabalho e o assédio, estão inter-relacionados e comprometem a saúde, a segurança e o bem-estar dos trabalhadores em geral, assim como de sua família. **Objetivo:** Analisar os fatores de risco psicossocial dos trabalhadores das equipes de Estratégia Saúde da Família de um município do estado de São Paulo. **Método:** Foi aplicado o instrumento *Health Safety Executive – Indicator Tool*, validado e com adaptação transcultural para o português do Brasil, com o questionário de caracterização pessoal dos trabalhadores das 14 unidades de Estratégia de Saúde da Família no período de maio a julho de 2022, durante a pandemia da covid-19, quando a mobilidade da população já havia voltado ao normal em meio a problemas políticos e econômicos. **Resultados:** Do total de 270 trabalhadores, 126 responderam ao questionário, sendo 64 agentes comunitários de saúde, 6 coordenadores, 26 enfermeiros, 11 médicos, 4 odontologistas, 14 técnicos de enfermagem e 1 técnico de saúde bucal. A percepção de risco dos respondentes em relação ao apoio de colegas e chefia ficou entre 10% e 11,45%. Em relação a controle, 22,34%; comunicação e mudanças, 17,64%; demandas, 20,76%; e relacionamentos, 13,65%. Constatou-se que, estatisticamente, houve significância relacionada à função nas questões relacionadas a trabalho, pausas, sugestões e respeito dos colegas. **Conclusões:** Os resultados indicam que medidas de melhoria no processo e na estrutura de trabalho devem ser tomadas para que o quadro não se agrave, comprometendo a saúde do trabalhador e a qualidade da assistência à população.

Palavras-chave: Estresse psicológico; Saúde do trabalhador; Estresse ocupacional; Estratégia Saúde da Família.

Resumen

Introducción: El riesgo psicossocial y sus consecuencias, entre los cuales el estrés, violencia en el trabajo y asedio están interrelacionados y comprometen la salud, la seguridad y el bien estar de los trabajadores en general, así como el de sus familias. **Objetivos:** Analizar los factores de riesgo psicossocial de los trabajadores de los equipos de Estrategia Salud de la Familia de Sorocaba, Estado de São Paulo. **Método:** Fue aplicado el instrumento *Health Safety Executive Indicator Tool*, validado y con adaptación transcultural para el portugués de Brasil junto al cuestionario de caracterización personal de los trabajadores de las 14 unidades de Estrategia de Salud de la Familia en el período de mayo a julio de 2022, durante la pandemia del covid-19, cuando la movilidad de la población ya había vuelto a lo normal, en medio a problemas políticos y económicos. **Resultados:** Del total de 270 trabajadores, 126 respondieron el cuestionario, de los cuales son 64 agentes comunitarios de Salud, 6 coordinadores, 26 enfermeros, 11 médicos, 4 odontólogos, 14 técnicos de enfermería y 1 técnico de salud bucal. La percepción de riesgo de los que respondieron con relación al apoyo de colegas y jefes quedó en 10 a 11,45%. Con relación al control 22,34%, comunicación y cambios 17,64%, demandas 20,76% y relacionamientos 13,65%. Fue encontrado que estadísticamente había significancia relacionada con la función en los temas relacionados a las demandas, pausas de tiempo, sugerencias y respeto entre los compañeros. **Conclusiones:** Los resultados indican que medidas para mejorar el proceso y estructura de trabajo deben ser tomadas para que el cuadro no se agrave, comprometiendo la salud del trabajador y de la calidad de la asistencia a la población.

Palabras clave: Estrés psicológico, Salud del trabajador, Estrés ocupacional, Estrategia Salud de la Familia.

INTRODUCTION

In Brazil, mental and behavioral disorders are the third leading cause of work disability, accounting for 9% of sick leave and disability pension benefits, according to data from the first quarterly report on disability benefits.¹

Since 1984, the International Labor Organization (ILO) and the World Health Organization (WHO) have highlighted the importance of psychosocial factors and their influence on occupational stress.^{2,3}

Psychosocial factors at work can be beneficial or detrimental, and there is no neutral relationship, considering that the productive activity has the potential to promote health or develop diseases, depending on individuals' psychological aspects,⁴ their personality, past experiences, religion, status, family and social conditions, and healthy or unhealthy lifestyle habits.⁵⁻⁷ Factors external to work, such as wars, world disasters, and political and economic crises, also contribute as stressors.^{3,5,8}

According to the ILO, psychosocial factors result from the interaction between aspects of the organizational environment, the nature of work, its mode of operation, the existence of extra work for individuals and their perception, influencing workers' health and performance as well as their job satisfaction.^{2,3,6}

In this study, we aimed to investigate the perception of psychosocial risk in Family Health Strategy (FHS) teams on the outskirts of the state of São Paulo (SP), Brazil during a period when there was an ideological shift in the health policy, with the implementation of the *Previne Brasil* [Brazil Prevents] program, in which the calculation of fund transfers became dependent on performance and the registration of people weighted by risk, and no longer on the number of inhabitants and FHS teams.⁹ Such shift also resulted in the end of funds for teams of the Family Health Support Center (*Núcleo de Apoio à Estratégia Saúde da Família* – NASF), which were extremely important for the problem-solving capacity of Primary Health Care (PHC).⁹

Amid political changes, there were the challenges of the Covid-19 pandemic, a disease caused by SARS-CoV-2 that, in Brazil, until December 12, 2022, resulted in 691 thousand deaths¹⁰ — associated with social isolation and distancing measures for its control —, causing various mental disorders in the general population.¹¹

Within this context, in addition to changes in work routines, there was a decrease in the number of Community Health Agents (CHAs) without any replacements being hired, resulting in a reduction in the number of teams available to serve the population. Therefore, in this study, our objective was to analyze the psychosocial risk factors of workers in the Family Health Strategy teams of a municipality in the state of São Paulo.

METHODS

This is a cross-sectional, exploratory, descriptive, and quantitative study. For carrying it out, questionnaires were distributed in the FHS units from May 12 to July 15, 2022, upon approval of the Ethics Committee of the School of Medical and Health Sciences of Pontifícia Universidade Católica de São Paulo (PUC-SP), under Opinion No. 5.348.128, and authorization of the Municipal Department of Health.

Coordinators of the units, physicians, nurses, nursing technicians, CHAs, dentists, and dental technicians members of the FHS teams were invited to respond to the questionnaire.

Convenience sampling was employed, covering the 14 existing FHS units and the 43 teams, including professionals with at least six months of employment relationship, who were not on vacation or medical leave, willing to participate in the study, and who signed the Informed Consent Form.

For data collection, 270 self-administered questionnaires were distributed to the teams, which consisted of 40 nurses, 26 physicians, 14 coordinators, 43 nursing technicians, and 147 CHAs. The questionnaires included questions about personal characteristics and questions of the Health Safety Executive – Indicator Tool (HSE-IT), in addition to Informed Consent Forms. The questionnaires were left at the units for completion at a later time, and were collected by the coordinators of each unit in sealed envelopes.

The HSE-IT questionnaire, validated for Brazilian Portuguese by Lucca, consists of 35 items or questions distributed across seven dimensions: demands, control, leadership support, peers support, relationships, position, and changes and communication. It is used to identify psychosocial factors that, according to workers' perception, can trigger stress.¹²

The characteristics evaluated in the demands dimension include workload, work pace, and working hours; as for control, autonomy in relation to work methods, work pace, and time is evaluated; leadership support encompasses the support of managers and the organization, as well as the availability of feedback and recognition of good work; peers support concerns how much peers provide support and assistance

when needed; relationships evaluates interpersonal relationships at work, whether there are conflicts or not, including bullying, threats, and harassment.¹³

As for position, the clarity of roles and the degree to which employees believe their work aligns with the organization’s objectives are assessed; and as for changes and communication, how organizational change is managed and communicated to the entire team is evaluated.¹³

Only one answer can be selected in each item, among five available options: (0) never; (1) rarely; (2) sometimes; (3) often; and (4) always.

For the dimensions of position, control, peers support, leadership support, and changes and communication, responses marked as “never” and “rarely” were quantified as indicative of stress. However, the dimensions of demands and relationships have an inverted scale; therefore, responses marked as “always” and “frequently” were considered indicative of stress.¹²

The responses were recorded in Excel spreadsheets. The analysis was performed using descriptive statistics (absolute and relative frequencies). Fisher’s exact test was employed, which is a statistical significance test aimed at identifying whether or not the perception of different scenarios depends on the respondent’s profession.

Respondents from the coordinator, dentist, and dental assistant/technician categories were grouped into a new category (“Others”) due to their low representation as a group when analyzed individually. Each question was individually analyzed using Fisher’s exact test to verify the independence or lack thereof of the responses according to the group. *Post-hoc* analysis using Fisher’s exact test was applied to the questions that showed a significant p-value, namely questions 9, 16, 20, 22, 25, and 27.

Finally, in order to assess the reliability of the HSE-IT instrument, Cronbach’s alpha reliability test was applied to each of the predefined dimensions.

RESULTS

Of the 270 questionnaires distributed among the 14 FHS units in the city of Sorocaba/SP, 126 participants responded to them, corresponding to 46.29% of the total distributed.

The team members were mostly women, totaling 109 participants, equivalent to 86.5% of the sample. Ages ranged from 27 to 65 years, with work experience at the city hall ranging from 5 to 27 years and Community Health Agents being the most prevalent category. In Table 1, we present the characterization of the respondents in each category.

Table 1. Characterization of members of the Family Health Strategy team, 2022.

Category	Respondents	Women (%)	Men (%)	Age (years)	Service time in years	Unidentified (%)
Community Health Agents	64	61 (48.41)	3 (2.38)	27 to 65	5 to 22	
Coordinators	6	5 (3.9)	1 (0.79)	34 to 49	11 to 25	
Nurses	26	25 (19.84)	1 (0.79)	24 to 52	1 to 22	
Physicians	11	5 (3.9)	5 (3.9)	28 to 62	6 months to 20 years	1 (0.79)
Dentists	4	1 (0.79)	1 (0.79)	28 to 53	10 to 27	
Nursing technicians	14	2 (1.58)	2 (1.58)	34 to 28	9 to 22	3 (2.38)
Dental technicians	1			Did not answer	Did not answer	
Total	126	109 (86.5)	13 (10.31)			4 (3.1)

Source: Prepared by the authors.

In turn, in Table 2, we show the results of the perception of psychosocial risk for the categories in the evaluated dimensions.

We can observe that, for the CHAs category, the greatest perception of risk was related to the dimensions of “control” and “changes and communication”; these professionals have a contract distinct from other categories, they are not civil servants, which means they do not have job security or health insurance in case of illness. As for the coordinators category, which is a position of trust, the greatest perception was related to “demands.”

Nurses work 40 hours a week, and many of them work double shifts, in emergency rooms and private practices. The greatest perceived risk for this category was observed in the dimensions of “control” and “demands.”

Physicians may have a workload of 20 hours a week; however, in some teams, this workload may be 15 hours a week, as they are reassigned from Primary Health Care to the Family Health Strategy; the greatest perceived risk was verified in “control” and “changes and communication” dimensions.

Dentists are not hired as part of the FHS team, but they are considered part of the team for providing care to users in the targeted areas, and their perception of risk was similar to that of physicians.

In the category of nursing technicians, who work 40 hours a week and often have a second employment relationship, either in the private or public sector, the greatest perception of risk was concentrated in the dimensions of “control” and “demands.” Only one dental technician responded to the questionnaire, and his answers pointed to risk in the “control” dimension.

In order to assess the reliability of the HSE-IT instrument, the Cronbach’s alpha reliability test was applied to each of the predefined dimensions, considering a value greater than 0.7 as reliable.

Cronbach’s alpha is a useful and flexible tool that can be employed to investigate the reliability of test results. In the process, it is worth noting that reliability, regardless of the strategy used to obtain it, is not a characteristic inherent in the test itself, but rather an estimate of the consistency of a set of items when they are administered to a particular group, at a specific time, and under specific conditions for a specific purpose.

In dimensions 1, 3, 4, and 5 (demand, peers support, leadership support, and position), it presented a value above 0.70, indicating that the instrument was reliable for evaluating the construct in question. In dimension 2 (control), after removing question 30, and in dimension 6 (changes and communication), after removing question 32, there was an increase in Cronbach’s alpha (α 0.70 and α 0.72, respectively) — indicating satisfactory reliability. To determine which question should be removed, the analysis is carried out by deleting one question at a time until an alpha of 0.7 or higher is obtained. Therefore, these two questions should not be used for further analysis.

In dimension 7 (relationships), Cronbach’s alpha was lower than 0.7, and even after removing questions, the values remained lower; thus, the reliability of the responses in this dimension is considered weak and, therefore, for future statistical analyses, it is suggested that it not be evaluated.

For questions that were significant according to Fisher’s exact test and were subjected to *post-hoc* analyses, the results are shown in Table 3.

When observing the responses to question 9 in Table 3, we perceive that nursing technicians have a more positive perception, unlike the responses from physicians and CHAs. Regarding the responses from nurses and others, although they were also opposite to those of physicians and CHAs, the difference was not significant at a 95% confidence level.

As for the responses to question 16, as shown in Table 4, we observe that CHAs proportionally have a more positive perception than the other groups.

Table 2. Perception of psychosocial risk by category and dimensions.

Professional category	Dimensions	Psychosocial risk perception (%)
Community Health Agents	Position	3.16
	Control	19.34
	Demands	16.66
	Relationships	14.28
	Peers support	11.95
	Leadership support	12.54
	Changes and communication	18.42
Coordinators	Position	0.00
	Control	13.89
	Demands	25
	Relationships	4.17
	Peers support	4.17
	Leadership support	0.00
	Changes and communication	0.00
Nurses	Position	3.11
	Control	25.16
	Demands	26.92
	Relationships	16.35
	Peers support	7.77
	Leadership support	8.46
	Changes and communication	14.11
Physicians	Position	3.64
	Control	19.70
	Demands	15.91
	Relationships	9.09
	Peers support	9.09
	Leadership support	10.91
	Changes and communication	18.08
Dentists	Position	0.00
	Control	29.17
	Demands	12.50
	Relationships	0.00
	Peers support	6.25
	Leadership support	5.00
	Changes and communication	33.30
Nursing technicians	Position	7.25
	Control	34.57
	Demands	33.03
	Relationships	18.50
	Peers support	23.22
	Leadership support	17.92
	Changes and communication	25.00

Source: Prepared by the authors.

In Table 5, regarding question 20, we observe that CHAs proportionally have a more positive perception than the other groups, while the groups of nurses, technicians, and others were more divided.

As for question 22, as shown in Table 6, we observe that CHAs proportionally have a more positive perception than the other groups, especially when compared to nursing technicians — who were more divided than these professionals.

Concerning question 25, we observe that CHAs have a negative perception, while the groups of nurses, physicians, and others present a positive perception (Table 7).

Table 3. *Post-hoc* analysis of question 9: I must work very hard.

Profession	Negative perception	Positive perception
CHA	35	24
Nurse	9	17
Physician	7	4
Nursing technician	4	7
Others	3	11

Source: Prepared by the authors.

CHA: Community Health Agent.

Table 4. *Post-hoc* analysis of question 16: I do not have the chance to take enough breaks.

Profession	Negative perception	Positive perception
CHA	2	55
Nurse	7	19
Physician	2	9
Nursing technician	3	10
Others	3	8

Source: Prepared by the authors.

CHA: Community Health Agent.

Table 5. *Post-hoc* analysis of question 20: I have to do my job very quickly.

Profession	Negative perception	Positive perception
CHA	6	53
Nurse	11	15
Physician	3	8
Nursing technician	6	8
Others	4	7

Source: Prepared by the authors.

CHA: Community Health Agent.

Table 6. *Post-hoc* analysis of question 22: Temporary breaks are impossible to take.

Profession	Negative perception	Positive perception
CHA	7	42
Nurse	3	23
Physician	0	11
Nursing technician	6	7
Others	1	10

Source: Prepared by the authors.

CHA: Community Health Agent.

Finally, when analyzing the responses to question 27, as demonstrated in Table 8, we verify that CHAs have a negative perception, while the groups of physicians and others presented a positive perception.

Table 7. *Post-hoc* analysis of question 25: My suggestions are considered as doing my job.

Profession	Negative perception	Positive perception
CHA	41	18
Nurse	10	16
Physician	4	7
Nursing technician	9	8
Others	3	4

Source: Prepared by the authors.

CHA: Community Health Agent.

Table 8. *Post-hoc* analysis of question 27: At work, my colleagues show the respect I deserve.

Profession	Negative perception	Positive perception
CHA	31	27
Nurse	8	18
Physician	2	9
Nursing technician	4	10
Others	2	9

Source: Prepared by the authors.

CHA: Community Health Agent.

DISCUSSION

Taking the analysis of the “position” dimension as the starting point, we found that 83.5% have no doubts about their responsibilities and how their work fits into the company’s objectives. Clarity regarding roles is probably due to the fact that members are hired for specific positions, with no difficulties or overlapping roles, and can therefore be considered low-risk.

Regarding the “control” dimension, the perception of risk was 22.34%, totaling 39.92% individuals who only sometimes have this decision-making power. Lack of control over how to perform tasks and, furthermore, the impossibility to make decisions are factors associated with stress risks since 1979, according to a study proposed by Karasek in the demand-control model.^{14,15} In a study by Lucca and Sobral, the dimension “lack of control and autonomy” is pointed as the main stress factor.¹²

The categories with the highest risk in this dimension were those of CHAs and nursing technicians, professionals who are in closer contact with the population, having to perform procedures according to the population’s demands under the supervision of nurses — which limits their autonomy.^{16,17}

In the category of physicians and dentists, the perception of risk in relation to control was lower, probably because they hold a position with greater autonomy and a lighter workload, working 15 to 20 hours a week.

Regarding the “demand” dimension, the perception of risk was 26.92% and 33.03% for nurses and nursing technicians, respectively, constituting the categories with the highest risk for this dimension. After Fisher’s exact test and *post-hoc* analysis, we observed that, for the aforementioned categories, perceptions were divided between negative and positive. This group works directly with the public, who are often in

conditions of extreme vulnerability and suffering, bringing questions and complaints that exceed the team's problem-solving capacity.^{16,17}

Celestino et al. point to several causes that can increase psychosocial risk among nurses and technicians — including overwork, deficiencies in physical infrastructure, decreased investment in the Brazilian Unified Health System (SUS), and the consequent shortage of staff — and hinder the proper performance of work activities.¹⁸ This is also associated with dissatisfaction with management and low pay, in addition to the commitment not to make mistakes.^{12,18}

Dentists' perception of risk was low, even though it is probably the profession with the highest hierarchy¹⁴ and the least involved with the suffering of the population, as treatment is, overall, occasional.

Regarding physicians, the perception of risk was 15.91%, possibly because they are in a higher hierarchical position, with a more qualified job.¹⁴ Nevertheless, it is worth emphasizing that the risk to physicians cannot be minimized, considering that some authors, such as Stanetic, identified a 51.7% risk of stress among family doctors, as they are in direct contact with patients with chronic pathologies associated with social problems of difficult solution.¹⁹ Sobrinho et al. found a prevalence of 26% of minor mental disorders among physicians in the city of Salvador (state of Bahia, Brazil).²⁰

As for the “changes and communications” dimension, there is no perception of risk among the coordinators category, in contrast to dentists and nursing technicians, categories with a higher risk in this dimension.

Communication at work should take into account the content of the information and its reception in the work environment, allowing for discussion.¹² However, most of the time, we know that changes are orders that vary according to the politics of the governor in office. The research results are understandable if we consider that coordinators have access to potential changes before the team; therefore, they are likely to have the opportunity to discuss them.

In 2011, Siegreest proposed associating the “control-demand” model with social support as a factor for reducing the risk of stress, acting as a protective factor.²¹ Social support at work refers to the social climate, that is, the relationship that exists between peers and superiors.^{12,14}

In this study, the perceived risk regarding peers support was 11.4%, demonstrating that, most of the time, members could count on help and recognition from their peers. Only 5 to 17.92% of members reported not feeling supported by their leadership.

This result is confirmed when asked about relationships, as only 9% of respondents stated that there were conflicts in their relationships or that they felt harassed.

Observing these data from the perspective of categories, we verify that, mostly, the feeling of lack of support from peers, leadership, and relationships is more evident among CHAs, nursing technicians, and nurses, which is reinforced when analyzing the negative perception of the former in the paired test. This indicates that efforts should be made in the relationships between individuals within the teams to improve sharing and acts of solidarity in the face of the experienced situations.^{16,21}

The fact that 31% responded that “sometimes they do not find support from either peers or leadership” indicates that there are situations in which individuals may feel isolated in decision-making, which can lead to insecurities that go against the FHS proposal, according to which everyone should work as a team and in continuous contact, exchanging experiences and collaborating for the well-being and health promotion of the population under their responsibility,²² — justifying once again the need to intervene in order to improve communication between peers and leadership.^{12,16,21}

Only half of the coordinators responded to the survey, even though they were contacted directly. This could indicate that they are overwhelmed and, consequently, have forgotten to do it; or even lack

of interest in responding to the questionnaire. It is also worth considering that, at the beginning of the research, there had been a change of coordinators in some units.

Regarding the fact that 46.26% of team members responded to the questionnaire, this suggests a selection bias, as some employees may have been hesitant to collaborate for fear of reprisals, leading to the idea that perhaps the perception of psychosocial risk may be present to a higher degree than identified.

Lastly, it should be noted that, of the total respondents, 86.5% were women. This characteristic was already expected, as healthcare teams are largely composed of women. This can be considered an aggravating factor for psychosocial risks, given that women are responsible for unpaid domestic labor and are often the breadwinners for their families.

The study by Ansoleaga et al., conducted in Chile in 2011 with 3,010 salaried workers (1,486 women and 1,524 men), identified a risk of stress in 23.8% of women and 14.8% of men, demonstrating a significant difference.¹⁴

Study limitation

This is a cross-sectional study, in such a way that it was not possible to make a direct comparison between different contexts associated with convenience sampling, which limits the generalization of the results to other realities and work sectors, highlighting the need for broader studies.

We did not include direct questions regarding the relationships between team members and users, as the questionnaire focused more on harmony between workers. The questionnaire assessed several psychosocial factors, without directly relating them to the context experienced at the time, such as the pandemic associated with political and economic crises and a deficit of investment in the sector. Further research is necessary, relating events that may impact the psychosocial risk of the teams.

Another limitation was the lack of subjective questions and problematization of the results of the objective data collected by the questionnaire, pointing to lack of qualitative data collection — represented by a focus group —, which would allow for closer contact with the involved subjects and demonstrate their perception regarding the understanding of psychosocial factors that generate stress at work and the possibilities for intervention that are within the workers' control.

More targeted and explicit questions, associated with qualitative data collection in the “control” and “relationships” dimensions, could compensate for the low reliability of Cronbach's alpha test for this particular group, making the study more reliable.

Another limitation was the lack of gender analysis, considering that most participants were women — a fact that was already expected, considering the convenience sampling and that healthcare teams are mostly composed of women. These aspects could point to specific strategies for women working in this scenario to minimize psychosocial risk factors, enabling interventions and policies during the term of the employment contract — especially for those who are known to have a second shift.

Strengths

The questionnaire proved to be easy to administer, low-cost, and with significant potential for initial diagnosis, which will be made available in the feedback session with participants and managers.

This study can serve as a basis for health managers to adopt strategic actions that contribute to preventing mental health problems among FHS workers, due to their involvement in combating the Covid-19 pandemic and political issues that impacted the work process. Furthermore, this research can

serve as a guide for future studies on the subject, with new population segments and the possibility of adopting other methodological approaches.

CONCLUSIONS

In this study, we used the Health Safety Executive – Indicator Tool, an instrument validated for investigating any organizational context, but there were some limitations, as it was applied at a single point in time, without comparison to other contexts.

According to our results, the greatest perception of risk was found in the dimensions of “control” and “demands,” mainly in the category of nursing technicians and nurses, probably because they are more subject to the spontaneous demand of the population, generating a greater workload with little autonomy due to the particularities of the routine of FHS units, in addition to lack of investments in human and structural resources.

Another point worth highlighting is the “changes and communication” dimension, as the results for the categories of CHAs, physicians, dentists, and nursing technicians indicated a perception of risk in this dimension. Simple actions, such as training and capacity-building programs before implementing new protocols, can minimize doubts and errors, allowing the work to flow more smoothly.

Based on the results, we observed that there are psychosocial risks among members of the FHS teams that, if ignored, can lead to more serious outcomes, such as mental disorders, which may compromise the care provided to the population.

By answering the questionnaire, participants had the opportunity to reflect on the psychosocial risks to which they are exposed. This fact alone may have been beneficial, as they were made aware of the possibility of psychosocial risks in their work environment.

The depth of the discussion regarding the analysis of the obtained results and the levels of intervention in the organization will depend on who will conduct the activities and the institution’s genuine interest in providing this space and wanting to modify working conditions and processes — and also on the degree of action taken by the workers.

In conclusion, continuing the study with a more comprehensive sample and comparing it with other professions over a longer period would assist in a better diagnosis of psychosocial risk, providing more effective contributions to potential interventions.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS’ CONTRIBUTIONS

LH: Project administration, Formal analysis, Writing – original draft, Investigation, Methodology, Funding acquisition. RAO: Writing – review & editing, Supervision.

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