UFSM

REUFSM
REVISTA DE ENFERMAGEM DA UFSM

ISSN 2179-7692
OPEN ACCESS

Rev. Enferm. UFSM, v.16, e11, p.1-16, 2026 •
Submission: 08/02/2025 • Acceptance: 04/29/2026 • Publication: 08/12/2026

Original article

Mental health and occupational health promotion: Perceptions of primary care workers

Saúde mental e promoção da saúde ocupacional: percepções dos trabalhadores da Atenção Primária

Salud mental y promoción de la salud ocupacional: Percepciones de los trabajadores de atención primaria

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Abstract

Objective: To understand the perceptions of primary health care workers regarding mental health and health promotion in the workplace. **Method:** Qualitative research with participatory action, based on Paulo Freire's Research Itinerary: thematic investigation, coding/decoding, and critical unveiling. Data were collected in two health units in Santa Catarina, Brazil, through six Culture Circles, between April and November 2020. **Results:** Mental health emerged as a central theme, unfolding into: mental health in current society; mental health in daily work life; and strategies for its promotion. Participants reported loneliness, lack of social bonds, and depression as barriers to mental health, highlighting the lack of institutional support and spaces for self-care. **Conclusion:** Strengthening and coordinating mental health promotion practices with the social determinants of health to achieve a balance between work and personal life.
Descriptors: Health Promotion; Mental Health; Occupational Health; Health Personnel; Primary Health Care

Resumo

Objetivo: Compreender as percepções de trabalhadores da Atenção Primária à Saúde acerca da saúde mental e da promoção da saúde no ambiente de trabalho. **Método:** Pesquisa qualitativa com ação participante, fundamentada no Itinerário de Pesquisa de Paulo Freire: investigação temática, codificação/descodificação e desvelamento crítico. A coleta de dados ocorreu em duas unidades de saúde de Santa Catarina, Brasil, por meio de seis Círculos de Cultura, entre abril e novembro de 2020. **Resultados:** A saúde mental emergiu como tema central, desdobrada em:

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saúde mental na sociedade atual; saúde mental no cotidiano de trabalho; e estratégias para sua promoção. Os participantes relataram solidão, ausência de vínculos sociais e depressão como barreiras à saúde mental, destacarem a carência de apoio institucional e de espaços para o autocuidado. **Conclusão:** fortalecimento e articulação das práticas de promoção da saúde mental com os determinantes sociais de saúde para que ocorra equilíbrio entre trabalho e vida pessoal.
Descritores: Promoção da saúde; Saúde mental; Saúde Ocupacional; Pessoal de saúde; Atenção Primária à Saúde

Resumen

Objetivo: Comprender las percepciones de los trabajadores de atención primaria de salud sobre la salud mental y la promoción de la salud en el lugar de trabajo. **Método**: Investigación cualitativa con acción participativa, basada en el Itinerario de Investigación de Paulo Freire: investigación temática, codificación/decodificación y revelación crítica. Los datos se recolectaron en dos unidades de salud en Santa Catarina, Brasil, por medio de seis Círculos Culturales, entre abril y noviembre de 2020. **Resultados**: La salud mental surgió como un tema central, que se desarrolló en: la salud mental en la sociedad actual; la salud mental en la vida laboral diaria; y estrategias para su promoción. Los participantes reportaron soledad, falta de vínculos sociales y depresión como barreras para la salud mental, destacando la falta de apoyo institucional y espacios para el autocuidado. **Conclusión**: Fortalecer y coordinar las prácticas de promoción de la salud mental con los determinantes sociales de la salud para lograr un equilibrio entre la vida laboral y personal.
Descriptores: Promoción de la Salud; Salud Mental; Salud Laboral; Personal de Salud; Atención Primaria de Salud

Introduction

People go through stressful situations throughout their lives, which may cause several outcomes in physical and mental health. According to the World Health Organization (WHO), in its largest global review on mental health, nearly one billion people live with mental disorders. These disorders are the leading cause of disability, accounting for one in every six years lived with disability.[1]

The burnout syndrome was described by Freudenberger in 1974 and is a psychological condition involving a prolonged response to persistent interpersonal stressors. In 2019, the WHO declared it an occupational disease.[2] The most stressful occupational activities are those involving interpersonal relationships, especially caring for others. Health professionals fall within this category. Health professionals face physical and psychological problems associated with the organizational environment and with the pace and duration of work, which, in general, due to low wages, generate overload; these factors are sources of stress. The main symptoms manifested as a result of occupational stress are memory failures, tingling in the extremities, permanent

fatigue, accelerated thinking focused on a single issue, irritability, emotional sensitivity, and physical and emotional exhaustion.[3]

Primary Health Care (PHC) is an important space for developing health-promoting practices targeting community engagement and public policies. It plays an important role in modifying the social determinants of health, helping to combat inequalities and promote the population's physical and mental well-being, while the work of these professionals is constantly changing, influenced by the daily routine of actions and by their historical and social insertion.[4]

Among the professionals working in PHC, nursing stands out as an essential component of the workforce and the performance of the health system. PHC health professionals face challenges, frustrations, and physical and emotional exhaustion that characterize burnout syndrome. The development of this workforce involves assessing current and local needs and gaps, seeking to strengthen health promotion, well-being, and the creation of a healthy work environment.[5]

Given the above, it becomes essential to recognize work as a social determinant of the health-disease process, as recommended by the National Policy for Workers' Health, in order to improve work processes and develop comprehensive health care for professionals, emphasizing surveillance, health promotion, and protection, and the reduction of occupational morbidity and mortality.[6]

Mental health issues are highly prevalent in current society. They require expanding care services for individuals experiencing psychological distress. However, workers' health in PHC is still very incipient, and few works have delved deeper into the causes of increased psychological distress and established causal relationships with living and working conditions[7], hence the relevance of our study. The concern that guided our work was the following research question: What are the perceptions of workers in PHC regarding mental health and health promotion in the workplace? Our objective was to understand the perceptions of PHC workers regarding mental health and health promotion in the work environment.

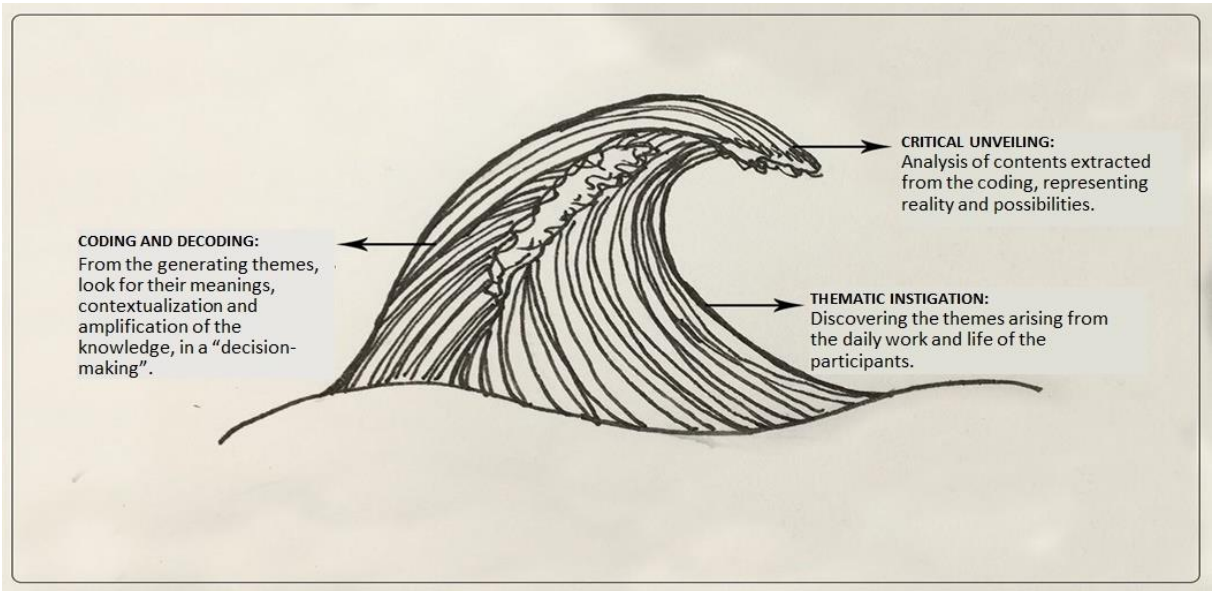
Methods

This qualitative participatory action study[8] was coordinated with Paulo Freire's methodological framework, in which the Research Itinerary was used. This itinerary consists of three dialectical and interdisciplinarily intertwined moments, namely: thematic investigation, coding and decoding, and critical unveiling[9,10] developed in Culture Circles. The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines guided the description of the study results.[11]

The Culture Circle is an open and dynamic space that enables a group of people to share ideas and life experiences and construct different forms of knowledge, considering each individual's experienced reality. Through action-reflection, everyone participates and reflects on a theme defined from everyday life and "leaves" differently from how they entered.[9,10]

Paulo Freire's Research Itinerary does not have a static format. It consists of three stages represented by the formation of sea waves, which are interconnected and may occur simultaneously or not, as illustrated in Figure 1. Thematic investigation, which identifies generating themes, essentially constitutes awareness of reality and self-awareness that initiates the liberating educational process. Coding and decoding drive the moment of seeking the meanings of themes and developing awareness, through a critical and reflective lens. This stage is intended for data collection itself, in which the meanings of the generating themes are sought so as to expand knowledge. Critical unveiling, which encompasses the analysis and apprehension of the information emerging from the discussion, symbolizes the emancipation of participants who, through dialogue, become aware and thereby make changes in their reality possible.[9]

Figure 1 - Research Itinerary: A representation based on the formation of waves



Captions: Paulo Freire's research itinerary: Analogy with the sea wave; CODING AND DECODING – Based on the generating themes, seek their meanings, contextualization, and expansion of knowledge, in a "decision-making" process; CRITICAL UNVEILING – Analysis of content extracted from coding, representing reality and possibilities; THEMATIC INVESTIGATION – Discovery of themes arising from the everyday work and life of participants.

Source: Adapted from Heidemann et al., 2017[9]

The research was conducted in two Health Units (HU) in a municipality on the coast of Santa Catarina, Brazil, identified by the colors Green and Blue. Participants included two managers and 20 health workers from the Green HU, and 12 professionals from the Blue HU, totaling 32 participants. Group composition was preserved in both settings to strengthen bonds and collective data construction, with no turnover of participants. We included health professionals linked to PHC, with authorization from the HU coordination to adapt schedules. Professionals on vacation or leave during the thematic investigation period were excluded.

The number of participants was determined by workers' willingness to participate, and all were invited, considering the inclusion and exclusion criteria. The investigation of themes emerged from six Culture Circles, three with the professionals from the Green HU, held in a community center, and three with the professionals from the Blue HU, held in a meeting room, from April to November 2020. The approximate duration of each Circle was one hour, on a date and time negotiated with the participants, mediated

by a nurse with a doctoral degree and experience in this type of approach. However, we underscore that this article addresses the first two Circles conducted in the two HUs.

In the first Culture Circle, the researchers presented the proposal and objectives of the study and read the Informed Consent Form, which was signed by all participants. The professionals introduced themselves and completed the individual socioeconomic questionnaire. Next, a thematic investigation was stimulated with reflective questions: What do you understand by health promotion and social determinants? How do you work with these themes, and what are the difficulties and facilitators? To answer these questions, participants were encouraged to write on colored papers in order to later construct a mandala on a large sheet of kraft paper, representing the themes investigated. After extensive dialogue, several themes were raised, and the participants selected mental health as the central theme.

In the second meeting, the researchers revisited the prioritized theme with three videos addressing mental health, which stimulated discussions and reflections among participants, favoring coding, decoding, and critical unveiling.

Critical unveiling occurred from the first meeting onward, when participants debated the theme of mental health and became aware of their personal and professional reality, reflecting on changes for health promotion. The act of unveiling refers to a careful reading, reflection, and interpretation of the themes that emerged throughout all the Culture Circles.[9]

Field diary records facilitated the inclusion of observations and information learned during the Culture Circle experiences. With the participants' consent, the dialogues were audio-recorded and later transcribed by the researchers, and were organized according to the themes that emerged from the generating theme. Data were analyzed (themes identified, coded, and decoded, and critical unveiling) simultaneously with the development of the Culture Circles, as prescribed by Paulo Freire's Research Itinerary, with the participation of all involved in this process, that is, participants and researchers.[9] Fish names were used as pseudonyms to preserve participant anonymity, considering the fact that they lived in a coastal area and culturally consumed this type of food.

A Research Ethics Committee of a university in southern Brazil approved the study under Opinion N°2878505, on September 6, 2018, in accordance with the ethical precepts established by National Health Council Resolution N°466/2012.

Results

Thirty-two workers participated in this study, including two managers, five nurses, five nursing technicians, one doctor, one dentist, and 20 Community Health Workers (ACS). These professionals had between two and 21 years of experience in PHC; 31 were female, and one was male, with a mean age of 43 years. The main generating theme was mental health, classified and grouped by proximity and similarity, and coded and decoded into three main themes: mental health in today's society; mental health in everyday work; and strategies for promoting mental health at work.

Mental health in today's society

The first decoded theme was related to the influence of contemporary society on mental health. Participants revealed that loneliness, lack of friends, and depression are emerging situations that work against health promotion, resulting in vulnerabilities that interfere with people's mental health.

> *[...] I think that today loneliness is greater, which is why people are getting sicker. Some people don't have many friends and have no one to turn to. Depression is something we don't talk about, and it could be something normal. (Agulha)*

Prejudice and stigma regarding psychological distress and mental illness was unveiled. This ends up making it difficult for and inhibiting people in distress and/or with mental disorders from seeking adequate therapeutic resources, resulting in delayed treatment, which adversely affects family and professional life due to lack of knowledge and value judgments.

> *I think there are still many people who judge it as fussiness, laziness, not wanting to work, or ingratitude. (Corvina)*

Another point highlighted was the challenge faced by workers in promoting the mental health of users treated in PHC, since they do not consider themselves prepared for such care. They judged that continuing health education actions are necessary, especially regarding the most appropriate approach to adopt with users who arrive with depression, anxiety, sadness, and loss.

> *Those of us who deal directly with people sometimes don't know how to handle it. I have a patient who is in a situation of isolation, doesn't want to leave the house, not even to get tests done, and doesn't want to go to the outpatient clinic. It's really complicated! Sometimes we, as professionals, don't know how to handle it. (Cação)*

Culture was also addressed as influencing the approach used to promote workers' mental health, especially among men.

> *That's cultural! Men don't cry! Men have to be the head of the family; they have to be working. This cultural aspect is very hard to break, and it won't be broken overnight. (Badejo)*

To this end, it is essential to understand mental health in today's society, seeking to dialogue about care from the perspective of the multidimensionality that constitutes the human being, whether the person being cared for or the person who provides care, in order to promote health and quality of life at work.

Mental health in everyday work

Problems related to anxiety, sadness, depression, and anguish are becoming increasingly common, regardless of social class. Participants reported that they experience these situations, just like the users, because they are human beings and that they need to find the strength to keep up with work demands even in distress.

> *The human being, whether professional or patient, is on the same level of imbalance. (Tainha)*

Professionals deal with people's different life situations, ranging from the individual to the social, and often this work process interferes with the worker's own mental health, who does not always have family support to dialogue and strengthen themselves emotionally.

> *In health care, we listen to others a lot and keep all of that to ourselves. There's no one to vent to! Sometimes, at home, no one pays attention! They don't want to know about the problem. (Caranha)*

Another point discussed was the way the work environment functions and the resources it provides for workers to perform their labor activities. No matter how much workers love their profession and do their best for users, when they lack resources, support, and access to other health services, different feelings emerge, such as

discouragement, failure, helplessness, and uncertainty regarding their work's effectiveness.

> *We already work in a frustrating structure. I can say that it's rare for a day to go by that I don't leave frustrated. I try to do my best, but I often leave sad [...]. (Espada)*

It also became evident that many professionals are dissatisfied with their work environments and do not always do what they enjoy. They work only because they need the job to keep their livelihood, which generates unhappiness, palpitations, anxiety, depression, and conflictual disputes with peers.

> *[...] people are unhappy in their work environments. They don't do what they like; they arrive here with palpitations, tachycardia, anxiety, and argue with management. (Cavala)*

It became evident that the PHC work process has interfered with professionals' mental health, and they do not always have family support to face their daily challenges.

Strategies for promoting mental health at work

Health teams are a fundamental strategic resource for confronting situations of psychological distress in the population, due to their proximity to families and communities. Before caring for others, professionals also need to promote self-care, take care of their own mental health, and receive psychological support.

> *[...] taking care of yourself first, and then taking care of others. And physical and mental health. Taking care of your own psychological well-being. (Pescada)*

It was brought out that, in order to promote mental health, it is necessary to slow down and take time to care for oneself through recreational activities, such as listening to music and reflecting on the day, recognizing and accepting that no one is irreplaceable:

> *No one is going to starve, or anything else, if you take ten minutes to sit alone, listen to music, think about what happened during the day, or sit down and organize your thoughts. (Sororoca)*

As strengths for promoting mental health at work, participants revealed that multidisciplinary practice and spirituality/religiosity contribute to caring for oneself and for others.

> *[...] before, many patients only trusted the doctor, and now they also trust the nurse, the psychologist [...] and seek spirituality, religious beliefs, to live better. (Linguado)*

Discussion

In light of growing industrialization and high-speed development, driven by global competition, migration, and workforce aging, it is important to consider the influence of the environment, context, family, friends, economic situation, spirituality, support from others, and people's own desires and expectations for life on mental health.[12] As a result of the factors mentioned above, occupational stress, repetitive strain injuries, chronic diseases and their associated socioeconomic burdens, and psychological distress emerge. However, health interventions are often directed toward a restricted model of behavior change.[13]

From the perspective of everyday work in the field of Health, the situation becomes even more complex and concerning because professionals are exposed to biological risk factors, among others, related to work organization and precariousness due to exhausting workloads from working at more than one job, such as not having adequate space for rest between shifts and not having personnel sizing that complies with specific standards for each profession. These issues deserve attention and actions aimed at improving relationships in work environments.[14]

The lack of recognition of their work in society, reflecting social transformations and the precariousness of the health system, associated with a reduced supply of continuing education, lack of protection in the workplace, fragile biosafety, and tragic rates of illness and death among health workers (made very evident during the COVID-19 pandemic due to political neglect), leads to illness among health professionals.[15]

We should underscore that mental health is directly influenced by work conditions and environments, since better levels of professional satisfaction are observed with greater investment in improving the physical infrastructure of services, which in turn are reflected in community health.[14] Psychological distress, in turn, is responsible for a large proportion of leaves of absence and absenteeism among health professionals, with anxiety and depression predominating. Among health professionals, nurses have the highest prevalence of burnout, since they are on the front line of expanded care and at the most vulnerable moments of the human condition, making them particularly susceptible to physical and psychological stress.[2]

Health workers also suffer psychological impacts arising from conflicts in interpersonal relationships, which may produce long-lasting psychological damage that is not always recognized by those involved or by the institution[16], and this is aggravated when these professionals do not have family support to listen to them and strengthen them, as evidenced in this study.

Regarding the lack of preparation among PHC workers to deal with situations involving users' mental health, although it does not address this theme specifically, the PNSTT provides for the integration of Workers' Health Surveillance with the other components of Health Surveillance and PHC, for the development and implementation of coordinated strategies for training, qualification, and continuing education of all professionals linked to the SUS. Training processes should include content on workers' health; local and regional diversity and specificities; collaborative, interdisciplinary, and multiprofessional practices; and the approach to groups in situations of vulnerability toward workers' health promotion, prevention, and education actions.[6]

Some actions are envisaged, such as the implementation of protocols, guidelines, and care pathways in workers' health, emphasizing the identification of the health-work relationship, diagnosing and managing occupational accidents and diseases, monitoring cases treated in rehabilitation, surveillance of health problems, environments, and work processes, and producing analyses of workers' health situations. Content related to workers' health should also be incorporated into undergraduate courses in health, engineering, and social sciences, among others, in order to prepare future professionals, including the provision of curricular and extracurricular internships.[6] The Fifth National

Conference on Workers' Health (CNSTT)[17] has highlighted the importance of workers' mental health, followed by challenges related to new labor relations, including self-care actions, the provision of Integrative and Complementary Health Practices, and comprehensive care.

It is necessary to transform work processes in order to obtain healthier spaces in order to place health above profit-making ends. To this end, disease prevention and health promotion practices, especially in mental health, must aim at transforming these processes in society; otherwise, they may lose their effectiveness.[8] There has also been a global increase in research, interventions, and efforts to promote mental health, involving expanded information and advocacy for workers' rights.[18]

Health promotion, according to the Ottawa Charter, is the process through which people are encouraged to seek control over and improvement of their health.[19] However, this definition raises questions and ambiguities and favors two discourses: one emphasizing medical technology and individual behavior change; and another aspiring to an emancipatory and participatory perspective, seeking to value subjects' autonomy and transform reality.[20]

Community-based health promotion interventions related to intersectoral actions promote partnerships and support population empowerment,[19] through the search for comprehensive, shared, and collaborative solutions, making it possible to confront complex challenges and persistent health inequalities through an approach grounded in the Social Determinants of Health.[21]

One way to promote mental health is through daily physical exercise[22], especially outdoors and in contact with nature.[23] However, due to the overload of activities, health professionals are often unable to do this. Notable is the relevance of spirituality and religious practices in self-care, especially in resilience and in the adoption of health-promoting behaviors, toward comprehensive human health care.[24]

Considering that the International Labor Organization recommends improvements in the work environment, education, and dissemination of information with the participation of professionals in the process, and support when psychological distress occurs, the search for improvements in the psychosocial work environment in health services becomes an imperative for managers, coordinators, workers, and users alike.[16]

Promoting workers' health in the PHC context still requires advances so that it may be incorporated into professional practice. These results express limitations and represent challenges for health promotion in primary care. As a limitation of the study, the short time available for conducting the Culture Circles stands out, due to participants' work schedules.

The contributions of the study concern the influence of the social determinants of health on workers' mental health, considering culture and contemporary society, in addition to pointing out the fragilities stemming from the lack of health promotion strategies and support strategies for the mental health of Primary Health Care professionals.

Conclusion

Participants identified that workers' psychosocial conditions are factors that affect health at work, with loneliness, lack of friends, and depression highlighted as difficulties that work against the promotion of mental health.

Articulation of mental health promotion practices with the Social Determinants of Health is indispensable to achieve a balance between work and personal life, both for workers and for PHC users. In turn, the use of Paulo Freire's Research Itinerary as a methodological strategy enabled reflections on mental health, as well as fostering interventions in health promotion practices that contribute to improving the living and health conditions of participants. The research strengthens the evidence in favor of including workers' mental health as a priority issue in the formulation of occupational health policies in PHC, considering its specificities and vulnerabilities.

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Funding / Acknowledgement: National Council for Scientific and Technological Development – CNPq

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Editor in Chief: Cristiane Cardoso de Paula
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How to cite this article

Heidemann ITSB, Durand MK, Adão I, Silva VA, Romanoski PJ, Moreira AR, Dalmolin IS, Amorim NR. Mental health and occupational health promotion: Perceptions of primary care workers. Rev. Enferm. UFSM. 2026 [Access at: Year Month Day]; vol.16, e11:1-16. DOI: https://doi.org/10.5902/2179769293064