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Analysis of complaints and possible vocal symptoms in community health agents

Análise de queixas e possíveis sintomas vocais em agentes comunitários de Saúde

Análisis de quejas y posibles síntomas vocales en agentes comunitarios de salud

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Abstract:
Objective: to analyze the vocal complaints and symptoms of community health agents. **Methods:** cross-sectional study with 64 community health agents working in a Health District of a capital city in the Northeast region of Brazil. A self-administered questionnaire was used, consisting of two sections: one related to characterization (sociodemographic and work data) and the Voice Symptoms Scale, validated for Brazil. Data were analyzed using absolute and relative frequency. **Results:** the majority of participants were female, married, with secondary education, living in the micro-area where they work and with a work schedule of 40 hours a week; 48% classified their voice as good. The most frequent vocal symptoms were sore throat and cough/clearing of the throat, in the physical domain. **Conclusion:** few vocal complaints and symptoms were reported, leading to the following reflection: the voice issue is not a subject addressed by these professionals, which may generate a lack of knowledge about their communication tool, which directly expresses their vocal self-perception. Occupational exposure, especially vocal wear and tear intrinsic to the duties, has specific particularities related to the work carried out in the Unified Health System setting.
Keywords: Community Health Agents; Occupational Health; Work Conditions; Voice.

Resumo:
Objetivo: analisar as queixas e sintomas vocais de agentes comunitários de saúde. **Método**: estudo transversal com 64 agentes comunitários de saúde atuantes num Distrito Sanitário de uma capital do Nordeste. Utilizou-se um questionário autoaplicado, constituído por duas seções: uma relativa à caracterização (dados sociodemográficos e laborais) e a Escala de Sintomas Vocais. Os dados foram analisados, por meio de frequência absoluta e relativa. **Resultados**: a maioria do do gênero feminino, casada, com o ensino médio completo, residindo na microárea que trabalha e cumpre carga horária de 40 horas semanais e 48% classifica sua voz como boa. Os sintomas vocais com maior ocorrência foram dor de garganta e tosse/pigarro, no domínio físico. **Conclusão**: poucas foram as queixas e sintomas vocais relatados, trazendo a reflexão: a temática voz não é um assunto abordado por estas profissionais, podendo gerar uma falta de conhecimento sobre sua ferramenta de comunicação, que exprime diretamente em sua autopercepção vocal. A exposição ocupacional, sobretudo, o desgaste vocal intrínseco as atribuições, tem particularidades específicas ao trabalho realizado no cenário do Sistema Único de Saúde possui.
Palavras-chave: Agentes Comunitários de Saúde; Saúde Ocupacional; Condições de Trabalho; Voz.

Resumen:
Objetivo: analizar las quejas y síntomas vocales de agentes comunitarios de salud. **Método:** Estudio transversal con 64 agentes comunitarios de salud en activo en un Distrito Sanitario de una capital del Nordeste de Brasil. Se utilizó un cuestionario autoadministrado, compuesto por dos secciones: una relativa a la caracterización (datos sociodemográficos y laborales) y la Escala de Síntomas Vocales. Los datos se analizaron mediante frecuencia absoluta y relativa. **Resultados:** La mayoría eran mujeres, casadas, con educación secundaria completa, residían en la microárea donde trabajaban, cumplían una jornada laboral de 40 horas semanales y el 48% calificaba su voz como buena. Los síntomas vocales más frecuentes fueron dolor de garganta y tos/carraspera, en el dominio físico. **Conclusión:** Se reportaron pocas quejas y síntomas vocales, lo que lleva a reflexionar: la temática de la voz no es un asunto abordado por estas profesionales, lo que puede generar una falta de conocimiento sobre su herramienta de comunicación, que se refleja directamente en su autopercepción vocal. La exposición ocupacional, especialmente el desgaste vocal inherente a sus funciones, presenta particularidades propias del trabajo realizado en el contexto del Sistema Único de Salud.
Palabras clave: Agentes Comunitarios de Salud; Salud Laboral; Condiciones de Trabajo; Voz.

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INTRODUCTION

Occupational risks can be understood as aspects to which workers are exposed, and may be related to physical and psychological workloads[1]. In the context of the work practices of health professionals, they are frequently present, given the diversity of services offered.

Workers in the Family Health Strategy (FHS) face organizational, structural and relational difficulties, which can directly interfere with emotional, physical and cognitive aspects[2]. Among those present in the Family Health Teams (FHS), the Community Health Agent (CHA) is responsible for monitoring all families in an assigned territory (micro-area), with specific functions, such as: registration, monitoring through monthly home visits and health promotion activities, disease prevention and health surveillance[3]. The CHA constantly uses their voice to perform their duties, a factor that reflects on an individual's personal characteristics and is important for communication and expression[4].

The fusion of themes involving Public Health with an emphasis on Workers' Health has generated numerous studies published in the scientific community[5-7]. However, when raising this discussion for Speech Therapy, there are limitations in publications[8], especially in the area of voice.

Until recently, the group of professionals most studied regarding their voice was teachers, whether due to the number of workers, the working conditions or the ease of investigation[9]. Thinking about the responsibilities of the CHA is to be certain that this is also a professional who uses the voice as a work tool, from home visits to the delivery of user monitoring forms at the Family Health Unit (FHU).

Communication, through vocal production, is essential for the daily exercise of the CHA's functions, since it facilitates relationships within and outside the FHU. Thus, in addition to being exposed to a range of occupational risks, the CHA may also be affected by some type of vocal impairment.

Although there are personal factors that can trigger a vocal disorder, environmental and organizational factors at work are determining factors for illness[10]. Voice changes among CHAs may arise from adversities present in the work environment and in the organization of the work process[11].

Initiatives to recognize the relationship between voice disorders and work have been taking place since the 1990s. Different actors have joined forces in this fight, such as representative bodies of the speech-language pathology and medical professions, universities, the Workers' Health Reference Center (*Centro de Referência em Saúde do Trabalhador* - CEREST), and others[10].

However, it was only in 2018 that the Brazilian Ministry of Health (MH) published and formalized the Work-Related Voice Disorder (WRVD) protocol, with a view to guiding professionals to identify, notify and support surveillance actions for WRVD cases and their determinants, whether in the Unified Health System (*Sistema Único de Saúde* - SUS), in private services, or in company health services and Specialized Occupational Safety and Medicine Services (*Serviço Especializado em Engenharia de Segurança e Medicina do Trabalho* - SESMT)[12]. Thus, this study aimed to analyze the vocal complaints and symptoms of community health agents.

METHODS

Cross-sectional study with a quantitative approach developed in a Health District of a capital city in the Northeast region of Brazil, whose population consisted of all CHAs who worked in Family Health Units (FHU), equivalent to 415 CHAs. Data collection was carried out between December 2019 and March 2020.

To calculate the sample, a 95% confidence level, a sampling error of 5% and an estimated prevalence of exposure to occupational risks of 50% among CHAs were considered to maximize the sample due to the lack of knowledge of this information. The sample calculation proposed a composition of 200 participants, according to a quantitative survey of CHA professionals allocated to the Health District.

The inclusion criterion was a minimum of five years of professional experience. The exclusion criterion was those who were on vacation or on some type of leave at the time of data collection. Although the expectation was 200 professionals, many were on vacation and some refused to participate. Furthermore, in March, the activities of the Units for any type of action other than emergency assistance were suspended due to the COVID-19 pandemic, which made the planned data collection impossible.

A self-administered questionnaire was used in person at the FHU, with favorable application and simple contextualization. The questionnaire contained 55 variables as response options, prepared by the authors, which varied between multiple choice, dichotomous and Likert scale, consisting of three sections:

- the first related to the characterization by sociodemographic and work data (11 variables);
- the second containing questions about occupational risks (14 variables): contact with infectious people; contact with contaminated materials; physical aggression; verbal aggression; dehydration; physical exhaustion; emotional exhaustion; interpersonal problems; incorrect postures; irregular/inadequate geographic space of the territory and/or physical space of the FHU;

excessive and/or unprotected sun exposure; falls, burns, among other types of accidents; animal attacks; is there another question you would like to add that could be an occupational risk that you are exposed to at work?; and,

- the third, related to possible vocal symptoms and complaints (30 variables), when the Vocal Symptoms Scale (*Escala de Sintomas Vocais* - ESV) was used, adapted according to the local need and professional category to be addressed.

The ESV is the validated version for Brazil of the Voice Symptom Scale (VoiSS), considered the most rigorous protocol for vocal self-assessment, providing information on functionality, emotional impact and physical symptoms that a voice problem can cause in an individual's life[13]. The adapted Brazilian version follows the same structure as the original, consisting of 30 items that cover three main subscales: Physical, Functional and Emotional. Each symptom is assessed on a scale (usually from 0 to 4), where 0 indicates absence of the symptom and 4 represents the symptom in its most severe form.

The total ESV score is calculated by simply adding the responses, and can range from 0 to 120. The higher the score, the greater the perception of the general level of vocal change in relation to the limitation in voice use, emotional reactions and physical symptoms reported by the patient. The cutoff point established to identify the presence of dysphonia, based on the total score, is 16 points, demonstrating maximum accuracy and effectiveness rates (=1.00). The sum of these results generates the final score, which can be used to identify the severity of dysphonia, monitor the evolution of the vocal condition and guide therapeutic interventions[13].

The data were systematized using the SPSS 20.0 software, which was statistically analyzed using absolute and relative frequency.

Regarding ethical aspects, the guidelines contained in Resolution No. 466/12 and its complementary resolutions of the Brazilian National Health Council (*Conselho Nacional de Saúde* - CNS) were respected, which regulate research with human beings[14], under the opinion number of the Research Ethics Committee 3,354,081.

RESULTS

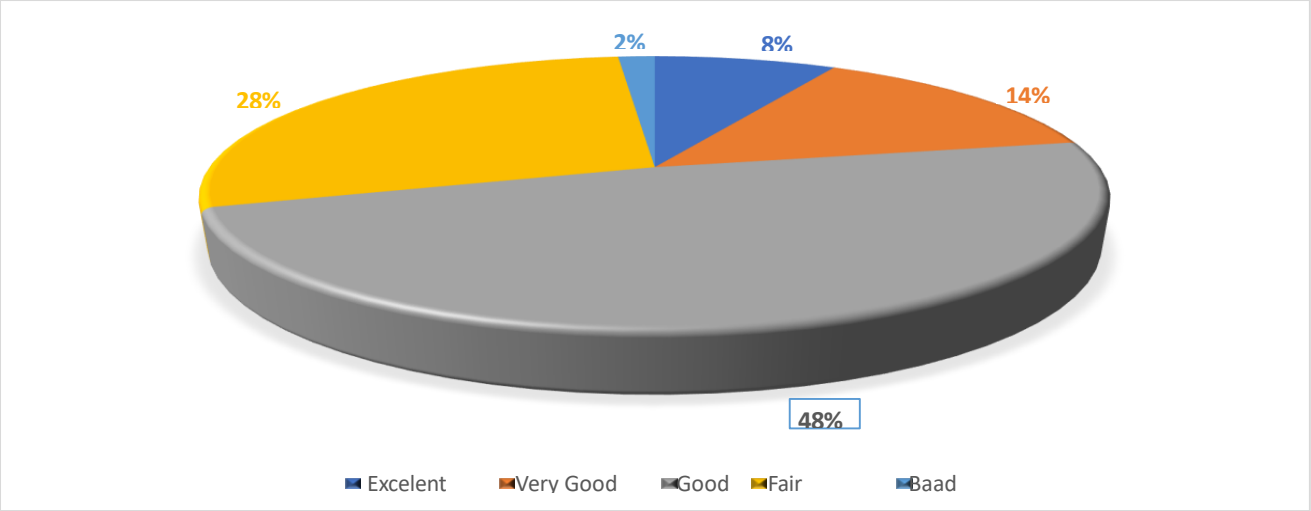
A total of 64 CHAs participated. Table 1 shows that 85.9% of the professionals were female. Regarding education, 51.6% had completed secondary education and 40.6% had higher education. A total of 39.1% responded that they were married, with 60.9% earning the equivalent to one to two minimum wages. 73.4% of the CHAs lived in the area in which they worked. Regarding the training course variable, 84.4% of the interviewees stated that they had taken a training course to work as CHAs.

Table 1. Community Health Agents according to sociodemographic and work characteristics. João Pessoa/PB, Brazil, 2020.

Variables	Community Health Agents	
	n	*%*
Sex		
Female	55	85.9
Male	09	14.1
Marital Status		
Single	15	23.4
Married	25	39.1
Civil union	05	7.8
Divorced	16	25.0
Widowed	03	4.7
Educational Level		
Complete primary education	04	6.3
Incomplete secondary education	01	1.6
Complete secondary education	33	51.6
Higher education	26	40.6
Family Income		
Equivalent to up to 1 minimum wage	08	12.5
Between 1 and 2 minimum wages	39	60.9
3 or more minimum wages	17	26.6
Time working as CHA		
5 to 10 years	20	31.3
11 to 15 years	17	26.6
Over 15 years	27	42.2
Reside in the micro-area of activity as CHA		
Yes	47	73.4
No	17	26.6
Training course for CHA		
Yes	54	84.4
No	10	15.6
Workload of 40 hours/week		
Yes	64	100.0
No	--	--

In the voice self-assessment (Graph 1), 48% of the CHAs interviewed considered their voice to be good, 28% classified their voice as fair and 14% said it was very good.

Graph 1. Self-perception of CHAs. João Pessoa/PB, Brazil, 2020.



In Table 2, among the options listed in the questionnaire, 28.1% said they had a hoarse voice, 12.5% reported that it was difficult to speak loudly or shout, and 10.9% said they had difficulty speaking in noisy places. These values indicate the existence of these symptoms.

Table 2. Data related to the Limitation domain of ESV. João Pessoa/PB, Brazil, 2020.

Question	Never	Rarely	Sometimes	Mostly	Always	DNA
Do you have trouble getting people's attention?	42.2%	26.6%	28.1%	1.6%	1.6%	-
Do you have trouble singing?	40.6%	12.5%	23.4%	14.1%	9.4%	-
Is your voice hoarse?	37.5%	20.3%	28.1%	10.9%	3.1%	-
Do people have trouble hearing you when you talk in a group?	56.3%	17.2%	18.8%	6.3%	1.6%	-
Do you lose your voice?	46.9%	28.1%	21.9%	3.1%	-	-
Is your voice weak/tone low?	48.4%	17.2%	20.3%	14.1%	-	-
Do you have trouble talking on the phone?	73.4%	12.5%	9.4%	3.1%	1.6%	-
Do you get tired by talking?	45.3%	18.8%	26.6%	6.3%	3.1%	-
Do you have trouble talking in noisy places?	26.6%	25.0%	23.4%	14.1%	10.9%	-
Is it hard to speak loudly or shout?	46.9%	18.8%	17.2%	4.7%	12.5%	-
Does the sound of your voice change throughout the day?	43.8%	18.8%	26.6%	4.7%	6.3%	-
Do people ask you what is wrong with your voice?	56.3%	7.8%	21.9%	1.6%	-	12.5%
Does your voice sound hoarse and dry?	57.8%	21.9%	12.5%	1.6%	6.3%	-
Do you have to strain to speak?	65.6%	17.2%	15.6%	-	1.6%	-
Does your voice crack in the middle of sentences?	42.2%	25.0%	25.0%	6.3%	1.6%	-

Note: DNA= Does not apply.

In Table 3, which consists of questions about emotional factors related to the voice, it can be seen that few CHAs consider that they do not have any type of vocal issue, considering the percentage of the option "does not apply", as they could call themselves a person without complaints and/or vocal problems. However, the majority of them still indicate the alternative "never" more consistently (62.5%; 62.5%; 57.8%; 56.3%; 70.3%; 84.4%; 70.3%; 70.3%), which

allows us to think that the professionals believe that their vocal problems do not affect their emotions.

Table 3. Data on voice in relation to the Emotional domain of ESV. João Pessoa/PB, Brazil, 2020.

Question	Never	Rarely	Sometimes	Mostly	Always	DNA
Do you feel bad or depressed because of your voice problem?	62.5%	1.6%	15.6%	1.6%	7.8%	10.9%
Do you feel self-conscious because of your voice problem?	62.5%	3.1%	15.6%	1.6%	1.6%	15.6%
Does your voice problem make you stressed or nervous?	57.8%	7.8%	10.9%	1.6%	3.1%	18.8%
Does your voice problem bother your family and friends?	56.3%	12.5%	14.1%	1.6%	1.6%	14.1%
Do people seem to get irritated by your voice?	70.3%	12.5%	10.9%	1.6%	4.7%	-
Does your voice make you feel incompetent?	84.4%	9.4%	6.3%	-	-	-
Are you ashamed of your voice problem?	70.3%	3.1%	10.9%	-	3.1%	12.5%
Do you feel lonely because of your voice problem?	70.3%	3.1%	7.8%	-	1.6%	17.2%

Note: DNA= Does not apply.

Table 4 presents questions related to physical symptoms that may be associated with vocal problems. In the questions “Does your throat hurt?” and “Do you cough or clear your throat?”, the option “sometimes” was indicated most frequently. In the question “How often do you have throat infections?”, the option “rarely” had the highest percentage. In the other four remaining questions, the option that was repeated most often was “never”.

Table 4. Vocal problems linked to the Physical domain of ESV. João Pessoa/PB, Brazil, 2020.

Question	Never	Rarely	Sometimes	Mostly	Always
Does your throat hurt?	15.6%	32.8%	40.6%	7.8%	3.1%
Do you cough or clear your throat?	21.9%	25.0%	34.4%	14.1%	4.7%
Do you feel something stuck in your throat?	59.4%	12.5%	17.2%	6.3%	4.7%
Do you have swollen lumps in your neck?	82.8%	4.7%	7.8%	-	4.7%
Do you have a lot of mucus or phlegm in your throat?	53.1%	14.1%	21.9%	7.8%	3.1%
Do you have a blocked nose?	42.2%	23.4%	23.4%	4.7%	6.3%
How often do you get throat infections?	23.4%	40.6%	29.7%	3.1%	3.1%

DISCUSSION

Some research conducted with CHAs has shown that this is a predominantly female profession[14,15]. Caregiving is rooted in society as a female task. The hegemony of women in the profession is evident, reinforcing the gender inequalities that are deeply rooted in society and the job market. Professionals face exhausting workdays, often without fair pay or recognition. In addition, precarious employment relationships make the overload they face even more evident, in a scenario that reinforces the urgency of critically discussing the relationship between gender, work, and health, considering the physical, emotional, and social impacts that this reality has on the lives of these women[16].

In the reality of the research participants, a significant number of them have complete secondary education (51.6%) and complete higher education (40.6%), with the latter percentage being ratified due to the deficit in biomedical knowledge that CHAs present, thus seeking to professionalize themselves to better meet the demands of the community, and the vast majority of CHAs end up taking nursing technician courses[17].

The professionalization of ACSs is an important element for improving their performance, with technical qualifications being a fundamental tool for raising their level of education and transforming their professional profile. Considering their unique character and their exclusivity within the SUS, their transformative potential in redefining the health care model is emphasized. However, the lack of investment in their training perpetuates low remuneration and limits their contributions to the sector[18].

Regarding the issue of residing in the micro-area of activity, this historical requirement arose at the time of the creation of the Community Health Agents Program (*Programa de Agentes Comunitários de Saúde* - PACS), through Law No. 11,350/2006[19]. Two points are worth reflecting on: on the one hand, CHAs living in the same area experience the reality of the community they serve, know their needs better, and can establish a link between the unit and the population; on the other hand, as CHA is a professional close to the community, especially when they live there, a lot of expectation and pressure falls on them, because even when they are not working (such as on weekends), they are sought out by the population as a professional, making them vulnerable due to an overload of work that never ceases[20].

The CHA in their professional practice is subject to vocal impairments, which may or may not involve organic changes to the larynx, but which compromise or impede the worker's performance and/or communication[21]. Regarding vocal symptoms in vocal self-perception, the CHAs classified their own voice as good or even better than this.

Vocal self-perception directly reflects on a professional's quality of life, that is, the worse the self-perception of the voice, the worse the vocal impact on the subject's quality of life[22]. Among the 64 interviewees, the majority classified their voice as good (48%). In these cases, satisfaction with their own voice can be explained by the absence of impacts that could interfere with their quality of life.

Loss of vocal performance and quality may compromise both the social and professional use of the voice[23]. The work activity of CHAs makes them susceptible to impairment of vocal well-being. Aspects of the work organization of CHAs have demonstrated a significant association with limiting symptoms, such as fatigue when speaking and dry throat[24].

It is known that there is generally no association between the voice and the work of the CHA, but the vocal use of this professional in communicating with users is relevant to the development of their function. Such workers need to make constant home visits, act in health protection and promotion actions, weekly meetings with the team, and others. In all these activities, the voice is used. Furthermore, inadequate working environment conditions such as: the presence of dust, smoke, chemical products, climate variations, among others, can contribute to the emergence of several limiting symptoms, such as hoarseness and vocal failure[11].

Although the results of the research on screen do not present data that evidence the presence of such symptoms reported by the CHAs more frequently, the appearance of responses in the options “rarely”, “sometimes”, “mostly” and “always” demonstrates that, to a lesser extent, the professionals acknowledge having noticed the presence of these limitations in their voice.

The voice is not restricted to anatomical and physiological structures; it also acts as a thermometer of emotional state; therefore, vocal quality is directly intertwined with emotions. Mental and vocal disorders are the main causes of absence from teaching, which highlights the importance of investigating many other professionals, such as CHAs, who use their voices in their work routine and do not shy away from occupational risks[12].

The emotional burden and the repercussions that this can have on the professional use of the voice indicate that, in the case of teachers, daily occupational activities combined with the social responsibility attributed to them and also the feeling of dissatisfaction with their work, make them predisposed to stress and other psychological problems[25]. This is not far from the reality experienced by CHAs, who have to deal with other people on a daily basis and often enter into the physical and emotional dilemmas of the community.

Emotional difficulties may be involved in the cause or consequence of the vocal problem. Factors such as excessive activity and pressure from higher authorities can generate stress and anxiety. Conversely, vocal disorders can cause psycho-emotional stress, depression and frustration, negatively affecting social functioning, in addition to having a significant impact on the individual's quality of life and work efficiency[5].

Although the results obtained in this research show that the CHAs consider that emotions do not affect the voice, it is imperative that the issue continues to be investigated, especially due to the scarcity of studies that relate vocal symptoms and emotions intrinsic to the daily life and work environment of the CHA.

Dysphonia can manifest itself in several symptoms, including physical ones, such as throat clearing or coughing, a feeling of tightness or heaviness in the throat, voice failures,

shortness of breath when speaking, aphonia, burning or stinging in the throat, among others. In other words, dysphonia can be an expression of the body, manifested through symptoms[26].

The most frequent symptoms were: "*Your throat hurts*" and "*You cough or clear your throat*". The cause of sore throat is poor vocal use, due to effort and tension, and it can also result in inflammatory processes[27,28]. On the other hand, coughing and clearing the throat often have gastroesophageal reflux as the main causal factor[23].

Most workers, whether those who use their voice in the workplace or not, end up not receiving guidance on vocal health, nor on the vocal risk factors that exist in their work environment or organization, which has been described since 2018 in the DRVT Protocol and remains without widespread dissemination. Even speech therapists, in many contexts, are unaware of the real possibilities of prevention and management that are in the proposed action[29]. Consequently, this absence reflects in professionals who do not recognize the importance that the voice has for their work routine.

The high self-reporting of voice disorders and vocal symptoms by CHAs[23] may be caused by regional differences, which depend on climatic and even cultural factors and can determine differences, showing that although these professionals are not considered voice professionals, they require a careful speech therapist's attention, since CHAs conduct a significant part of their work through their voice.

CONCLUSION

It was observed that few vocal complaints and symptoms were reported by the participants, which raises an important point to be reflected upon: the voice issue is possibly not a topic addressed among CHAs, which may generate a lack of knowledge about their communication tool, which directly expresses their vocal self-perception.

There is a need for further studies that reach CHAs, considering that the DVRT Protocol indicates new perspectives for the diversity of workers who use their voices, directly or indirectly, in their daily work.

In this scenario, it is believed that this study can favor the performance of CHAs, making them increasingly empowered about occupational exposure, especially regarding the vocal wear and tear intrinsic to their duties, being sensitive to the specificities of the work carried out in the SUS scenario. It is in this context that the presence of a speech-language pathologist in Primary Health Care (PHC) will certainly provide a more accurate and early multidimensional diagnosis of vocal quality, not only for CHWs, but for all those who make up the preferred gateway to the Health Care Network.

As a limitation of the study, three important points are highlighted: the first is that the final sample did not include the expected number of professionals, but it can serve as a basis for further investigations; the second is the cross-sectional and descriptive design, which does not allow for the establishment of cause-and-effect relationships; finally, the lack of productions involving the theme of voice and CHAs is emphasized as an obstacle, since most of them focus on other audiences, such as teachers, singers, telemarketing operators, among others.

In view of these limitations presented, a triad of relevance of this study for worker health and Speech-Language Pathology emerges. This points to the need for comprehensive care in the workplace; because it contributes to the still scarce reflection on the voice of CHAs; and, raises the need for the speech therapist to be included in the PHC to work not only in the community, but to direct their professional focus towards SUS workers.

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