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RESEARCH

A responsabilidade ambiental sob a ótica de trabalhadores da atenção básica à saúde

Environmental responsibility through the view of basic health attention workers

La responsabilidad ambiental bajo la óptica de trabajadores de la atención básica de salud

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ABSTRACT

Objective: recognizing the perception of basic health attention workers about their environmental responsibility. **Method:** an exploratory and descriptive research, with a qualitative approach, conducted with basic health attention units' workers. The data were collected through a semi-structured interview and were analyzed based on the reference for content analysis. **Results:** the subjects mentioned the separation of recyclables as the main environmental-related activity. They demonstrated having difficulties in expressing their environmental responsibility, but they understand this as inherent to everybody. They also showed concerns about the community's lack of care and education and the lack of government incentive to approach this topic. **Conclusion:** it is necessary to ponder about the personal and professional attitudes starting from their instruction as health workers; to make the community conscious in order to play its active part in the construction of health and to make stronger public policies of socio-environmental aims. **Descriptors:** nursing, primary health attention, environment.

RESUMO

Objetivo: conhecer a percepção dos trabalhadores da atenção básica à saúde acerca de sua responsabilidade ambiental. **Método:** pesquisa exploratória e descritiva, com abordagem qualitativa, realizada com trabalhadores de unidades de atenção básica à saúde. Os dados foram coletados através de entrevista semiestruturada e analisados com base no referencial para análise de conteúdo. **Resultados:** os sujeitos citaram a segregação de materiais como principal atividade de cunho ambiental. Apresentaram dificuldade em expressar-se sobre sua responsabilidade ambiental, mas entendem isso como inerente as pessoas. Também teceram preocupações quanto à falta de cuidado e educação da comunidade, e ao não incentivo governamental para trabalhar com a temática. **Conclusão:** faz-se necessário refletir sobre as posturas pessoais e profissionais dos trabalhadores desde a sua formação; sensibilizar a comunidade para que exerça seu papel de voz ativa na construção da saúde; e fortalecer políticas públicas de cunho socioambiental. **Descritores:** enfermagem, atenção primária à saúde, meio ambiente.

RESUMEN

Objetivo: conocer la percepción de los trabajadores de la atención básica de salud sobre su responsabilidad ambiental. **Método:** investigación exploratoria y descriptiva, con enfoque cualitativo, realizada con trabajadores de unidades de atención básica de salud. Los datos fueron recolectados por medio de entrevista semiestruturada y analizados con base en el referencial para análisis de contenido. **Resultados:** los sujetos citaron la segregación de materiales como la principal actividad de cunho ambiental. Presentaron dificultades en expresarse sobre su responsabilidad ambiental, pero entienden eso como inherente a las personas. También demostraron preocupaciones relativas a la falta de cuidado y educación de la comunidad, y a falta de incentivo gubernamental para trabajar con la temática. **Conclusión:** se hace necesario reflexionar sobre las posturas personales y profesionales de los trabajadores desde su formación; sensibilizar la comunidad para que ejerza su papel de voz activa en la construcción de la salud; y fortalecer las políticas públicas de cunho socioambiental. **Descriptor:** enfermería, atención primaria de salud, medio ambiente.

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INTRODUCTION

Society lives an environmental crisis, which became more evident from the '60s, marked by ecological irrationality of dominant patterns of production and consumption, and limits of global economic growth. One could say that it manifests as a symptom of a crisis of civilization, where the model of modernity is governed by the predominance of the development of technological reason over nature's.¹

Before this background, in Brazil, since the late 90s, through the Ministry of Health, some organs were created to structure; mainly, the sector of environmental health surveillance, in addition to drafting a legal apparatus that seeks to bringing health services the need to minimize any environmental damage from the tailings of the same. However, these actions are still being shaped in isolation, without greater adherence of different settings and among different social actors in the health sector. In this sense, the construction of the National Environmental Health (in progress) aims to provide support for the Unified Health System (SUS), aimed at strengthening the interrelationship between health and environment.²

This fragile approach (healthcare and the environment) becomes even more disturbing when one knows the various deleterious effects of environmental problems to human health. Among these, one can cite the spread of infectious diseases, health hazards resulting from natural disasters or anthropogenic origin and chronic diseases related to environmental changes and nutritional deficiencies. As such weather were not enough to raise health workers to the theme, added the fact that the risks associated with global climate change should be considered in the context of exploratory worrying globalization, environmental change, the fragile public policies and governance, sometimes uncompromising.³

Among the different programs of the SUS, comprising approximations with the socio-environmental perspective, the family health program (PSF), due to its strategy of reversing the current assistencial model, centered in curing diseases and in the hospital, to the complexity of the condition, in which diseases related to lifestyles and the environment acquires a growing importance.⁴ Add up though, the family health teams, we expect the knowledge of reality, ie, the identification of health and socio-environmental problems of their coverage area to better preparation of a local planning.⁵

It is seen, then, that environmental changes affect the process of health disease, making it important to broaden the debate on the health and environment interface. Added to this imperative, the need to improve and build new theoretical and practical bases, supporting a health care consistent with assumptions related to ethical responsibility to preserve the planet for this and future generations. From there, the discussion about health and environment interface in primary care seems essential; since, in the work of these

professionals, are implicit and explicit interactions and issues related to the issues described above.

Based on this, questions about how this issue has been addressed in the exercise of professional workers in the field of primary health care, and what the vision of these professionals about their responsibility to the subject arise. Unveil such knowledge becomes of paramount importance to a professional exercise, in order to allow reflections on the theme and awaken to the development of public health efforts committed to environmental preservation, based on a perspective that values the environment as a determinant of population health. It is further held that such employees also often care activities outside the environment of the units, allowing a close contact of the population and their family environment, where they can be best addressed environmental aspects linked to health.

Thus, the study's research question: what is the perception of the employees of Primary Care from a municipality in RS about their environmental responsibility? Thus, the study aims: to recognizing the perception of the employees of Primary Health Care of a city in Rio Grande do Sul about their environmental responsibility.

METHOD

This is a survey of exploratory and descriptive type, with a qualitative approach, it being understood that this is the most appropriate to meet the object of investigation and inquiry survey configuration, essentially seeking information related to the subjectivity of the subject.⁶

The field of data collection was comprised of eight units of Primary Health Care (PHC) in a municipality of the State of Rio Grande do Sul, among the 23 considered urban. The units were chosen at random according to the region they were located, so that different regions of the city, north, south, east and west, were covered with two representatives units.

Participated in the study, as research subjects, employees in selected units; these being: doctors, nurses, dentists, technicians, nurses and community health workers. Seeking a fair proportionality in the sample, we performed a mapping of the total number of employees of the units involved in the study, as well as the quantity of each category separately. With this data, we could define a proportionate number of employees by category, to be interviewed. I.e, the 128 workers crowded in the selected units, 108 are framed-in inclusion criteria, 22 were interviewed, distributed as follows: five community health workers, three dentists, three nurses, six doctors and five technical nursing.

The interviews were conducted and then transcribed for compliance with data saturation, thus performing the proportional distribution between categories of workers. This criterion was based on the repetition of perceptions across the object of study by different subjects, allowing terminate the collection with 22 workers.

The choice of the professionals interviewed was intentional, respecting the following inclusion criteria: be professional headcount of the municipality and be acting more than six months on the job. The data were collected between August and December 2012, through semi-structured interviews with guiding questions on matters relating to the environment, environmental issues, health and environment, vocational training and environmental responsibility.

The participants were informally invited to participate in the study, and the previously scheduled interviews carried out in the proper place preference interviewed, recorded and later transcribed by the researchers for analysis. The subjects were identified by occupational category or job that performed the UBS (E=Nurse, D=Dentist, M=Physician, T=Nursing Technician, AG=Community Health Agent) then the number of the interview.

The data analysis sought to focus the testimony of the participants on the proposed framework for content analysis according to the following steps: meeting the corpus of analysis consists of the transcribed interviews; conducting initial reading of the findings, identifying core issues for further discussion; further reading, to constitute the categories of analysis through convergent and divergent perceptions; and interpretative analysis of the categories with the light discussion of relevant literature.⁷

This study was conducted with institutional approval from the Department of Health investigated the municipality and approval of the Ethics Committee for Research in Humans (CEP) under number CAAE No. 01830212.4.0000.5346, given the provisions of Resolution 196/96 of the National Health Council.

RESULTS

Although the interviews were conducted with workers from primary health care, it has been composed by different issues those permeate the environmental knowledge, this article brings to discussion subjects' perception on the development of environmentally friendly actions and environmental responsibility. To do so, is organized into two main categories namely: environmental preservation and environmental responsibility in the daily while health workers.

The subjects were asked about the development or otherwise of actions related to environmental preservation. Thus, the data show that there is an individual concern over the issue, expressed in the statements that reflect **the environmental protection in daily life:**

Garbage collection, conservation, waste separation, I emphasize that people sort the garbage recycling of organic waste. (AG04)

[...] I always try to separate dry waste from wet, plastic bottles separate. (D02)

Taking care not to throw away garbage; I seek to separate my garbage at home, even if there is no selective waste collection in the city [...] (E01)

It becomes apparent the concern for the selective collection of waste, mostly in the homes of subjects who also show interest regarding the reuse of materials, use of organic fertilizer products and guidance from other people's work and family living. Actions of an environmental nature, such as those cited by the subjects, are essential to the preservation of the planet and building a new rationality against current ecological and social problems. However, it is important that such initiatives are not only sidewalks in the act itself, but which also constitute the beginning or the result of reflections against the standard of living assumed by contemporary society that places economic power, often at front of socio-environmental wellness.¹

Such environmental preservation actions are also perceived in another study on the subject, conducted with scholars in the field of health, with the separation of solid waste in households, identified as the main initiative developed by the subjects investigated.⁸

It is understood that the prospect of cleaning wastes from the environment, while the main action can be cited response to different stimuli, such as the constant pressure of the media environment on the issue and concern about the health of solid waste, since the theme pervades the training of health workers. Moreover, this fact can also be tied to logic hygienist experienced historically in the health sector, which is highlighted in a study of the primary care health.⁹

The inquiry into the actions of environmental preservation has also brought other perspectives. As can be seen in the statements below, some subjects have imagined that the initiatives are kept to a minimum or do not result in major impact against the current scenario.

I'm not saying an action, but I search there, I with my family, with my little nephews, I'm looking for something like that to them, so since not put, for example, a candy wrapper on the floor [...] that kind of thing. (AG03)

It's not much, I don't think throwing trash on the street, keep, I don't do deforestation, things basically. (D01)

While stocks have cited the local scope, it cannot be minimized or considered unnecessary, especially when they involve the education of other social actors, be they family, community, professional colleagues, among others. Make use of moments of social interaction to exercise ethical behavior across the environment can be a way to spark new insights for the everyday attitudes in other parties, especially when you know that these

practices can mobilize environmental potential for the construction of an alternative social rationality.¹

This perspective is also evidenced by the Pan American Health Organization (PAHO) which emphasize that, to the health sector, also fits act in reducing social vulnerabilities through changes in individual, social and political behavior, for a world fairer and healthier.³

Still regarding the discussion of environmentally responsible, shares some subjects exposed to the action of collecting solid waste at UBS, created by third party companies such as preservationist attitude. Obviously, these manifestations expressing some concern about the issue but imply the idea that segregation of waste is also linked to compliance and not so much the individual conscience of each subject to environmental preservation.

[...] Here we separate the organic, inorganic trash, we have in the Office of a company that makes medical waste collection, recycling and they take advantage, but on Board of health is that subcontractor that makes the collection as well, I think this garbage is incinerated, but we don't follow where they forward, will this garbage. (D03)

Yes. By his own measure by the care we have in nature and also by how we have Office, has clinics, has collections all differentiated, all are made by accredited companies [...]. (M01)

Before to the testimonies, it is noteworthy that the interview did not address issues related to the waste of health services in particular, but with respect to environmental preservation actions undertaken by respondents. It is important to highlight this perspective, since the statements often restricted to handling, segregation and recycling of waste or having difficulty expressing different environmental conservation initiatives and demonstrating the absence of other attitudes.

This perspective becomes even more disturbing when some guys understand that compliance with the resolutions in force for health services, stipulated by the National Health Surveillance Agency (ANVISA) and National Environmental Council (CONAMA), with regard to waste management can be understood as a private initiative. Ie, when questioned about their sustainable initiatives die, report the fulfillment of what is pre-arranged by applicable law to health services, which raises questions about their conduct, because doing so can be guided only by Pursuant to the rules rather than a real concern for the environment and people's health.

In other cases, the theme seems to be far from the daily work of the subject, which is explained in the following statement:

No, here there's no way. Here there's no way, because our goal here is to treat sick people who arrive here. (M04)

Being restricted to curativists' actions when questioned about the environmental perspective demonstrates a setback in the construction of the population's health, especially for health workers, who should be distinguished by the principles of the NHS.¹⁰

The demobilization of society can result from ignorance of causes, as well as the late manifestation of the effects of environmental degradation.¹ It is understood, also, as another disturbing factor of social mobilization for environmental sustainability, the broad spectrum of concepts, often without criticality and decontextualized initiatives with local knowledge.

Thus, although some subjects have difficulties in expressing themselves on the development of environmental preservation actions, making doubtful his real concern with the theme, it is important to note that, in general, respondents expressed some sensitivity to the issue. Certainly, the development of a targeted awareness to environmental preservation requires leadership, which is necessary to achieve an optimal quality of life with harmony in the relationship between man and environment, as if the world is to project the possible attitudes and actions of men, it is essential to ensure the future condition being responsible to the present and its permanent possibility of coming-to-be.¹¹

The subjects, in the course of the interview, there were encouraged to reflecting on their **environmental responsibility as health workers**. Thus, one can perceive the manifestation of at least three central ideas: a shared responsibility, accountability and other governance responsibility. The statements that follow elucidate the prospect of shared responsibility.

[...] I think all of us, not only as a professional, I think all people should be responsible in some way. (E02)

[...] I think we have to get involved too. I taking care of my desktop automatically I'm taking care of the environment, doing my part, here and at home, on the streets, watching the waters, I think each must do their part. (D03)

So, each one has its space, each has their care, everyone has to make, everyone together, I'm not going to solve the problem of the planet and people also won't solve, but all work together. (M01)

The deponents understand possessing great responsibility regarding environmental issues, especially when they reflect on the social role they occupy compared to the others, ie, as workers in the health field. Yet it is perceived, the subject, in order to absorb the responsibility as being inherent in all living together in society, especially when they state that 'everyone must do their part'.

However, although workers bring the prospect of being imbued and included in the feeling of co-sharing of responsibilities, also show feelings of apprehension and doubt, mainly due to the difficulty with which expressed their environmental preservation actions. Added to this approach of mass media in propagating the idea of the responsibility of all media, but without pointing out possible solutions or mobilize changes in structures built in

modern times, for example, the current economic model centered on mass consumerism. This perspective becomes even more relevant in the realization that the search for status, profit, prestige and power, comes increasingly replacing traditional values as the sense of rootedness, balance, belonging, social cohesion, cooperation, coexistence and solidarity.¹

Similar perspectives were observed in a study of academic courses health, to suggest that there must be, first, a sense of responsibility as citizens, so that later this feel responsible cause impact on professional life.¹² Another study developed with hospital workers showed that there seems to be some trivialization on the ideals of environmental responsibility, while many manifest stating that everyone has to do their part, but cannot express clearly and objectively what that "part". Thus, it appears to be responsible for own activities means, at least, know expose the reasons are developed.¹³

To which prevail in the sense of environmental responsibility in society, it is important that people are sensitized and seek knowledge about contemporary environmental scenario. Thus, subjects may have greater benefits to reflect on their own behaviors, developing morally and hence taking and practicing their responsibility to the complexity of environmental issues.^{11,13}

The responsibility of the other refers to the perception that it is others who should be involved with the topic. In this sense, the statements diverge reflection for it and find comfort in pointing others as co-managers or their inappropriate attitudes, trivializing or even fleeing the front commitment to the theme and approach in health care.

I think it would be more of the awareness of the people to preserve the environment, not throwing garbage on the street, playing in suitable containers, would that be [...] (D01)

So, they don't have the collective consciousness. They have that thing was just a, but if everyone drop a role on the floor? We try, but it's not easy. But that's something that has to change, change habits is difficult. (E01)

The above statements portray the emphasis on point shares to which community residents could perform and problems that affect different locations, which, while showing a certain drain responsibilities, highlights the situational awareness of the community. While not referring to statements that focus means that collecting information in an organized and systematic way, building a diagnosis of environmental status of the enrolled population, becomes a necessary initiative to changes in the local scene, mainly for further intervention on reality.

It stands out as an intervention measure, the ownership of health education and environmental education as strategies to encourage the development of environmentally responsible. This perspective is based on the idea, already mentioned, that subjects who do not have knowledge of contemporary issues will hardly rethink their positions.

However, the promotion of environmental education is not configured in simple act, nor the subject can be approached without requiring the complexity, because otherwise, it would be engaging in risk of transmitting empty, controversial information and do not

assume responsibility to modify reality. This is due to the idea that the environment includes different manifestations depending on the geographic, cultural, economic and political environment, printing large responsibility in building a thought that becomes educational.¹

A similar study about environmental issues with employees of the Family Health Strategy (FHS), points out that, although the actions of Health Promotion and Health Education appearing as guiding the work of the FHS, by analyzing the characteristics of educational activities, identify themselves representing exclusively by individual and / or collective lectures guidance activities, compromising a basic principle of these actions centered on the collective construction of knowledge through popular participation. They add, moreover, that such initiatives show up focused on disease prevention, with educational practices through traditional methodologies, focusing on blaming the individual and the simple transmission of specific knowledge.⁵

In this sense, it becomes paramount that social mobilization with a view to participation is the backbone of any educational intervention, so that users do not arise merely as "listeners / viewers" or "in-formants".⁵ When subjects are conditioned to just following rules, being sidelined participatory and reflective about their practice balls end up conforming with reality, not setting up a different look on new perspectives of action.¹³

Another point worth mentioning refers to the organization and planning of BHU to work in an educational manner, with the theme, because those involved should first discuss and harmonize their efforts and knowledge. The aim should not be to restrict or stifle the knowledge and perspectives, but treat different views without diminishing intellectually colleagues and other professionals. This caveat is relevant from the study that reported friction between professionals of the Family Health Units, because on one hand, the more specialized and university education professionals follow a clinical model not giving voice to community health workers, that on the other hand, are members of the community and face the reality from their acquired knowledge built locally and socially.⁴

With this, it reinforces the importance of social participation, because the people who suffer health problems provoked by the absence or inefficiency of state interventions, ends often being blamed for the social and environmental degradation that unlike.⁵ There are actually situations and experience are suffering from very complex and broad issues that usually include power groups, political processes and economic interests.

Facing the reality above and the need to strengthening the development of social and educational interventions that foster social mobilization and participation of environmental responsibilities, the subjects addressed another point worth mentioning for reflection described when asked about their responsibilities; also point the public or state power, not as the body which instigates or encourages workers to address environmental issues.

[...] in fact we have very little time to do this kind of work. Because we don't have this condition, we deal so inside the unit, basically the focus of what we have, not assignment that doesn't run from the assignment, I think health and environment is not the only health professional. (E02)

I think it must have a stronger work and support, health agent, be directly in the communities, to develop a work in the community and have a backup too, you can have a result, try to do something there, suddenly don't have the support, not for lack of will, but by lack of certain investment, projects, something you know [...] (AG02)

The testimonials mention the lack of time and encouragement, as adverse conditions for performing any activity of environmental nature. It is understood that some teams lack health professionals, which may have an influence on your work dynamics. However, it is noteworthy that work under the environmental perspective is not restricted in the first instance, only the need of time, but the imperative of responsibility, sensitivity and environmental rationality, which will further develop the work activity through new perspectives and care, paying attention to the specifics of the environment and establishing links in a broader sense of social and cultural inter-community relations.¹⁴

The complex and pluralistic environmental issues as they are cannot stand or fall short of the singular limit of BHU, as these receive, without interruption, the impacts of global determinants. This tension appears in the routine work of the teams, whether through social, economic or purely naturalized aspects, making it intrinsic to the formation of these units, and from what it discusses the inclusion of environmental issues in the primary care program.⁴

Thus, this feeling of helplessness when asked about environmental responsibility, it reveals the need to support the UBS need, so that professionals are encouraged to reflect on environmental issues. The cooperation and multidisciplinary work with other levels of health care, such as health monitoring and environmental secretary, could result in a different and more responsible attention to environmental aspects front and hence health.

The disbelief in the participation and encouragement of other public agencies and political-administrative power is still observed in extracts of the following statements:

[...]I got it with the municipality to collect some of that material they store in the background so they don't go into the stream. But, in these last two years, I haven't been able to do that, because they lack a bit of support for the issue of the environment, for which only aim to the domiciliary visit, disease, not around, we need to work. (AG04)

It has to be charged for people who must give here, for example, I work fifteen years here never had anything here and support anything well on the contrary, here only if you understand policy and campaigning, 80% are politicians and money is 80% for the politicians [...] (M01)

The need for multidisciplinary and interagency / intersectoral work, in relation to environmental issues on health, presents itself as imperative to understand the issue and address it to the population, in the pursuit of solving problems and raise awareness of this contemporary demand. Thus, seek support from local governances is the essential condition, although does not absolve the responsibilities of health workers, especially in relation to the necessary reflection and responsible action in relation to social and environmental perspective.

The complexity and scope of environmental issues are perceived in the influence and involvement of those with social, economic and health conditions that affect different social classes. However, the poorest strata of the population deserve more attention considering that suffer from the difficulty of access to the general public and health services. In this panorama called social and health inequities.¹⁵

According to some authors, one of the causes of economic and social disparities and access to health care among different world populations, is due to the globalization of the planet faces since the beginning of the great navigations, causing catastrophic consequences, especially in recent decades process for example, the submission of State policies to transnational or global economy.^{1,15} This scenario variables converges to impacts on individuals and population groups that are excluded from the benefits of globalization and vulnerable to their costs at the same time face serious limitations as to the benefits of public policies, especially in the health field.

The entire worrying scenario described above leads to influence, to a greater or lesser degree, on the research findings, it aggravating when you know that the national political and economic elites undertake reduced social commitment.¹⁵ This perspective generates disbelief at the government regarding their ability to work the social and environmental aspects, often tied to special interests. Thus, the inaction of the government, coupled with ignorance of the causes and late manifestation of the effects of environmental degradation, produce a paralysis of action and responsibilities of those perceived as social actors escape, as are health workers.

Reflect on the social and environmental responsibilities facing the current crisis scenario, then, shows how key to the paradigm shift, thus changing the global pillars of modernity, mainly economic, for the recovery of environmental externalities; of private / individual interests to social demands; and focused on the disease to health promotion work.¹ This reflection or awareness also involves the local policies, which should prompt the primary care worker to attend to these aspects, whether through environmental education or interinstitutional projects address this issue.

The resolution of environmental problems and building an environmental rationality require the mobilization of a set of social processes: formation of an ecological consciousness; the cross-sectoral planning and public administration, indispensably, the participation of society in the management of environmental resources; therefore, the paradigm shift is not only possible, but unpostponable.¹ Thus, some subjects appeared as forerunners of a utopia called environmental responsibilities, reflecting on the incompleteness of current actions and to devise strategies to new realities.

What I think? I think I had to do more than I do, to improve more; I had to research more, work more on it so I could take for others, a better knowledge. (T01)

Look, we've got responsibilities on the environment. Not only the health care professional, but the whole population has responsibility in the middle in which he lives. And that responsibility begins, as I told you before, with education. You have to start with education. Without environmental education, there are no actions to improve the environment [...] (M04)

Environmental education can then be the answer to initiate a movement contrary to paralysis of action. Well this is trampled in catastrophic alarm, uncertainty in the long term and in view of possible futures that cause this frozen space between a mobilizing utopia and an overwhelming and paralyzing reality that environmental awareness and scientific knowledge cannot dissolve.¹

We reiterate, before the planetary environmental problems scenario, the condition of thinking local with the global knowledge, paying attention invariably to factors such as the rampant financial compulsion that does not measure the consequences and shows the lack of care with the gift. Reflecting these issues, anticipating consequences, demonstrates to be essential, because without the feeling of the future, this would be a land without care.¹¹

Thus, it is understood that environmental responsibility is directed at everything, everyone and everywhere, setting up, sometimes in a non-reciprocal responsibility. Also noteworthy is the political task ahead to care, because governments will have to take pro-environmental health measures, even if that means waivers for which capitalism is not ready.¹¹

Working area of health and environmental field is a form of work focusing on health, based on practices of mutual aid and solidarity relationships face problems.¹⁶ This way of acting, linking knowledge of health and environment, basic care acquires meaning a strategy for environmental action, based on prevention and participation at the local level, positioning residents, workers and others as co-responsible in the protection, conservation and rehabilitation and health.

In this sense, the study conducted herein is not intended to find problems with such a closed complex answers, but to stimulate reflection to the new demands of care to which professionals and health workers are directly or indirectly involved and responsible. Then it follows that it is of utmost necessity an ongoing construction of knowledge about this theme, which enables innovative practices and instill responsibility, either for the formulation of public policies or upgrading of systems and health and environmental services.

CONCLUSION

The research brought to reflection perceptions of employees of Primary Health Care about their environmental responsibility. Thus, it is noteworthy that, when urged on the development of environmental preservation actions, expressed concern over the segregation of recyclable materials in their homes, which is configured in relevant initiative, especially in times of high consumerism and waste disposal.

However, some interviewees pointed forward to different perspectives to environmentally sound actions, characterizing his involvement as minimal as possible, referring to initiatives to comply with rules for management of waste from the facility and also away from the process of reflection on the matter at emphasis on the biomedical approach to his work on health. These perspectives become worrisome against the backdrop of contemporary environmental crisis, because they reveal certain trivialization of environmental perspective in health work.

The study also unveiled the different perceptions on environmental liability to participating employees. Some had difficulty in preparing their response, but remitted this commitment as being inherent in all people. There were those who reported being of others responsibility to the environment, pointing, as examples, the lack of care and community education, as well as the no incentive on the part of governmental power to work with the theme.

Based on these, it is highlighted the need for workers in primary health care to understanding the inherent environmental and health and population disease process issues, perceiving themselves as well as responsible for the care of the environment. Such a perspective can find strength in continuing education through educational interventions for specific approach to the theme, as well as in continuing education where workers can feel sensitized, co-responsible and proactive in the face of environmental demands.

Then it follows the need to work in different fronts, as the review of professional workers that should be reviewed since its formation and personal attitudes; in sensitizing the community to fulfill its role as a voice in the construction of health; and strengthening public policy with social and environmental nature. From the engagement in these different and complementary spheres can be expected to exercise its primary care multidisciplinary and intersectoral potential, inserting this new prospect's attention and promoting health with environmental sustainability as required in times of crisis, too, civilizing.

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