

Representations of health and work from the perspective of the administrative staff of a city hall of Minas Gerais

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Abstract: This is a research in the Occupational Health and Safety field that aims to understand the relation between health representations and work-related factors that impact on the health-disease process of an administrative team in a City Hall in Triângulo Mineiro. A qualitative methodology was adopted, consisting of a questionnaire and a semi-structured interview. Twenty-six public servants, occupying the position of Administrative Officer, participated. The interviews were transcribed and subjected to content analysis in the thematic modality. From the results, it emerged that the phenomena associated with workers' health are multidimensional in nature. The experience of social support as a health promoter in the workplace stands out, crossed by the deficiency of communication between managers and the work team. In addition, there are singularities that have a negative impact on the health of employees, such as ergonomic problems and the lack of technological resources.

Keywords: Occupational Health; Social Representations; Administrative Personnel.

Representações de saúde e trabalho na perspectiva de servidores administrativos de uma prefeitura mineira

Resumo: Trata-se de pesquisa no campo da Saúde do Trabalhador que objetiva compreender a relação entre as representações de saúde e os fatores associados ao trabalho que impactam no processo saúde-doença de servidores em uma Prefeitura mineira. Adotou-se metodologia qualitativa composta de questionário e de uma entrevista semiestruturada. Participaram da pesquisa 26 servidores concursados, ocupantes do cargo de provimento efetivo de Oficial Administrativo. As entrevistas foram transcritas e submetidas à análise de conteúdo na modalidade temática. Dos resultados emergiram que os fenômenos associados à saúde dos trabalhadores são de natureza multidimensional. Destaca-se a experiência do apoio social como promotora de saúde, atravessada pela deficiência da comunicação entre os gestores e a equipe de trabalho. Ademais, há singularidades que repercutem negativamente na saúde dos servidores, como as inadequações ergonômicas e a carência de recursos tecnológicos.

Palavras-chave: Saúde do Trabalhador; Representações Sociais; Pessoal Administrativo.

Introduction

With the advent of capitalism and its institution as a mode of production of goods, dialectically, work becomes the exclusive way of “making a living” for most people and can be defined as the solution to the unpredictability of prescribed processes, on what it mobilizes to generate transformation and achieve results. However, in its contradiction, work develops human beings' sensitivity and intelligence; in that activity, subjects

recognize themselves through the eyes of others, experience love for themselves, and build health (Dejours, Barros, & Lancman, 2016).

Besides the economic aspect of work, this has occupied a prominent place in determining health. Dejours (1986) understands the association between health and work as an interaction process in which one seeks freedom of adaptation, the possibility of composing new ways of acting, reacting, and organizing one's life and work. From this point of view, health does not mean the absence of suffering or adaptive balance in accordance with the environment but rather a movement of hope and confrontation with adversity (Dejours, 1986).

Since the 1970s, the relationship between health and work has been discussed from the perspective of occupational health (OH), a political and social movement spread globally due to a historical process of transformations within the scope of health and labor relations that began in the 18th century, during the Industrial Revolution in Europe. Faced with changes in the world of work, concomitant with the emergence of new diseases with a connection to work, the OH field contributes to understanding aspects of labor that go beyond the medical-curative model and the causal link (Lacaz et al., 2020; Mendes & Dias, 1991).

In Brazil, the relationship between health and work was legitimized by Law N. 8.080 of September 19, 1990, which presents work as a social determinant of health, giving it centrality as an organizer of social life. The Social Determination of Health theme contributes to the disruption of power structures, as it promotes reflections on the impact of the capitalist mode of production on people's health (Gomez, 2011; Gomez, Vasconcellos, & Machado, 2018; Lacaz, 2007; Mendes & Dias, 1991; Porto & Martins, 2019).

If, on the one hand, aspects related to work are presented as a measure of achievement and construction of one's health, on the other hand, psychological suffering is inevitable since the way work is organized excludes desire and represses freedom of behavior. The Brazilian situation at the beginning of this century uses management mechanisms typical of capital accumulation that keep the worker in a space predominantly of dehumanization, devastation of the productive body, illness, humiliation, instability, and insecurity (Antunes, 2018; Cabral, Silva, & Souza, 2021; Dejours, 1986; Dejours et al., 2016).

Added to this scenario, COVID-19 –a disease caused by the new coronavirus and declared a pandemic by the World Health Organization (WHO)– opens new stressors in the

face of vulnerability and exposure to the risk of contamination in the work environment. Besides the threat to physical health, social distancing adopted to slow down contagion has repercussions on workers' mental health (Santos et al., 2020).

The context of this research is delimited by the study of the relationship between the health and work of public servants working as administrative officers in the municipal public service of a city in the *Triângulo Mineiro* region. The studied municipality has an estimated population of just over 700 thousand inhabitants (Instituto Brasileiro de Geografia e Estatística [IBGE], 2021).

According to Lacaz (2007), precariousness in public space can be observed in the high number of health leaves and the weakening of civil servants' class unity. The shortage of personnel and excessive demands, combined with different remuneration regimes and working hours, make it difficult to mobilize employees to develop collective public policies.

Unfortunately, without overcoming the capitalist mode of production, which imposes acceptable occupational risk on workers' lives, the appropriation of those employees' health will always be put to work. Still, through a perspective of more interdisciplinary, intersectoral, collective, and propositional actions in dialogue with the working class, the possibility of avoiding this path of lack of protection for employees that leads to temporary and permanent illness is envisaged, compromising all dimensions of their lives (Lacaz, 2007, p.764).

In addition to the above, social policies in defense of civil servants are understood as an obstacle to development, and the overvaluation of private companies as an efficient organizational model starts to guide public management by performance and productivity indicators under a materialist logic. The neoliberal capitalist context strongly influences labor relations in the public service, and public servants' daily life is weakened by budget

cuts, increased working hours, staff reductions, the threat of privatization, and low autonomy in the face of hierarchical control (Antunes & Praun, 2015; Chanlat, 2002; Seligmann-Silva, 2011).

The studies by Ramos and Macêdo (2018), Tessarini Junior and Saltorato (2021), and Tessarini Junior, Saltorato, Sigahi, Fontes, and Vieira (2020) indicate that the impacts of precarious work extend to the domain of administrative work in the public service, both associated with working conditions and the qualitative aspects of how work is organized. Other productions such as those by Fontenele, Leitão, Ramos, Galvão, and Almeida (2019); Godinho, Ferreira, Moura, and Greco (2019); Leles and Amaral (2018); Lime, Albuquerque, Fagundes and Coutinho (2020); Lopes et al. (2021), and Padilla Sarmiento, Villamizar Carrillo, and Mogollón Canal (2018) reveal that the dimensions of physical, mental, and social health are interrelated in a complexity of phenomena that impact people's lives in their entirety.

Given the results of the scientific productions presented, there is potential to explore the relationship between social representations of health and work from the perspective of employees in administrative functions in the public service, with the purpose of demonstrating the needs of workers' health beyond quantitative data linked to disease diagnosis. In this way, understanding the meanings of health leads to the identification of potentialities and weaknesses related to work and favors the search for strategies for managing risk factors for workers' health.

Moscovici (2015) presented the concept of social representations (SR) in France in the 1960s. This author introduced an important field of investigation in social psychology, which seeks to understand the consensual universe by studying everyday relationships. We understand that, in everyday life, groups express their senses and meanings logically and coherently. In this way, SR stands out as a theory that accesses reality and recognizes the legitimacy of common-sense knowledge, configuring itself as a methodological basis for the analysis of the actual condition of the subjects to be researched.

The study is justified by its contribution to the occupational health field within the scope of public service. The administrative team was chosen due to the relevance of the activities, especially because it exercises highly responsible functions that affect all direct administration units. The objective is to understand the relationship between health representations and factors associated with work that impact the health-disease process of

an administrative team in the municipal public service of a city in the *Triângulo Mineiro* region.

Methodology

This research was exploratory and descriptive, with a qualitative approach. The research included 30 public servants occupying the position of effective provision as administrative officers working in an administrative unit of the city hall studied, aged over 19 years, of both sexes, without ethnic distinction, who consented to participate in the research and provide information using the method described in the Free and Informed Consent Form (FICF). Employees who had worked in the unit for less than a year or were on vacation or away for any reason were excluded.

Of the potential 30 employees, 26 participated in this research, as two of them had been working at the unit for less than one year, and another two were on leave of absence. The recruitment process was done by telephone, initially with the unit director and the respective sector coordinators. Afterward, the other participants were contacted by phone call or WhatsApp message, whose numbers were made available by the coordinators or, in some cases, were already known to the researchers.

The initial contact helped to establish empathy to promote safety and comfort. Given the participants' willingness to collaborate with the research, we sent them the online informed consent form created on Google Forms. Besides validating the consent, participants provided a pseudonym to ensure privacy and an email address to receive the results after the study conclusion.

The information collection was done in two stages, from March to May 2022, exclusively in a virtual environment. The first stage involved an online questionnaire for sociodemographic characterization prepared on the Google Forms platform, made available, and applied asynchronously, without simultaneous interaction. Then, a semi-structured, audio-recorded interview was conducted online, synchronously, with simultaneous interaction, according to each participant's availability and comfort. Both data collection stages lasted 30 minutes on average.

The elaboration of the sociodemographic profile made it possible to characterize the participants in relation to the phenomenon presented and to establish possible variables associated with the health-disease process (Silva & Ferreira, 2012). The results of the sociodemographic questionnaire were grouped into a Microsoft Excel[®] spreadsheet.

As for the interview, the Evocation Semi-Structured Test (Teste de Evocação Semiestruturado - TESE) was adopted as a script, using keywords to access the concepts (“what it is”); to values (“it is important”); and the conceived flaws (“it must have”), allowing the identification of the group’s social representations (SR) evocations of their reality (Brabo & Gomes, 2013). The constructed instrument was refined by applying a pre-test to four employees who did not work in the research unit. This resulted in the following questions: (1) Considering your personal history, what is health for you? (2) In your opinion, what strategies are important for you to be healthy at work? (3) In your opinion, what does your work lack but must have for you to be healthy?

The researchers transcribed the interviews in full and forwarded them to the participants for final approval. Secrecy and privacy were guaranteed by suppressing information that would allow identification. Furthermore, the names of the interviewees were replaced by the letter “P” (for the participant), followed by the Arabic number assigned to the sequence of participation in the study. The narratives transcribed and approved by the participants were subjected to content analysis in the thematic modality, as recommended by Bardin (2011).

Content analysis was developed with pre-analysis, exploration of the material, and treatment of results. We began by skimming the material, which allowed data organization and a conceptual structure to be drawn up as an analysis plan in line with the theoretical framework and objectives of the study. When exploring the material, we defined codes, associating the narratives of the transcribed texts with the representative themes. The themes were validated, discarded, and reformulated according to the most frequently occurring units in the textual fragments. They were then grouped into thematic categories based on the similarity of the evocations. Finally, in the data processing phase, the results and interpretations were synthesized to understand what was collected beyond the appearance of the phenomenon (Bardin, 2011).

The thematic categories were analyzed considering the theory of social representations (TSR), which makes it possible to understand the health-disease process from a collective perspective without disregarding individual experience, rescuing the conceptions that workers attribute to the identified characteristics. Analyzing how representations relate to events indicative of harm to workers’ health allows us to identify and reflect on conditions in daily work. Interlocution with workers’ subjective experiences

is a theoretical-methodological premise of investigation to achieve the objectives of effective transformations in workers' health (Cabral et al., 2021; Gomez et al., 2018).

The project was submitted and approved by the Research Ethics Committee, with CAAE n. 53931621.2.0000.5154 and Opinion n. 5.283.969.

Results and Discussion

Sociodemographic characterization of participants

The instrument made it possible to characterize the participants regarding their sociodemographic profile and investigate the impact of COVID-19 on the concept of health. Furthermore, it allowed the identification of participants' leisure strategies, which helped us understand how free time is used outside work obligations.

The administrative work in the investigated team is predominantly composed of women (80.8%). Of the participants, self-declaration of white color/race (76.9%) and age between 28 and 42 (65.5%) also prevailed. Most have religion/beliefs or religious practices (88.5%), high education (specialization) (77.0%), family income above four minimum wages (73.1%), only one employment relationship (92.3 %), and work 30 hours a week (80.8%) in the afternoon (73.1%).

Regarding the pandemic period, 100% of respondents stated that they or a family member/close person tested positive for COVID-19 and, therefore, suffered some impact from the pandemic. Furthermore, 17 participants (65.4%) responded that they "completely agree" that the COVID-19 pandemic affected their conception of health, and nine participants (34.6%) said they "agree."

Regarding participants' leisure strategies, 31.4% of preferences refer to tours. Activities such as reading and watching TV/series/films were mentioned at a rate of 14.8% each. Seeking the company of family and friends corresponded to 12.9% of the activities mentioned. Physical activities represent 9.2% of the activities mentioned. Other choices, such as electronic games and playing with children, were mentioned in 3.7% of each, and options such as rest, music, crafts, surfing the internet, and playing with the pet represent 1.9% of the citations.

Given participants' preference for outings as leisure strategies in free time outside of work, the negative impact of social distancing measures to control the spread of the new coronavirus is suggested. In turn, the answers that the pandemic affected health concepts

are probably because they maintain greater awareness of the subject in the pandemic context. Such placements align with Qiu et al.'s (2020) study on the psychological suffering of the Chinese population during the pandemic, which highlights the impact of isolation on many aspects of people's lives. Those authors highlight that the female population and those with higher education tend to feel more distress in public health emergencies.

Given the sociodemographic profile, the staff of the investigated unit, predominantly made up of women, suggests a sexual division of administrative work. However, this inference is not generalizable and requires further investigation, considering that studies such as those by Godinho et al. (2019), Lima et al. (2020), and Lopes et al. (2021) did not present statistically significant differences regarding the gender of workers in the administrative context of public service. Furthermore, the data provoke reflections regarding the racial and social division for administrative work in the public service since most participants self-declared white, with high education and family income.

In addition to what was presented, no other significant relationships were established between the analyzed sociodemographic variables.

Social representations of health and administrative work

The narratives derived from the Evocation Semi-Structured Test (TESE) were subjected to content analysis, resulting in four thematic categories: (1) Social representation of health as the absence of suffering; (2) Valuing the dimensions of social, physical, and mental health in the work environment; (3) One request: humanization at work; (4) The organization of work has an impact on the health-illness process of administrative employees. The results and discussions corresponding to each of the categories are presented below.

Category 1 - Social representation of health as the absence of suffering

The results revealed representations of health as being associated with the absence of diseases and complete physical, mental, and social well-being. By attributing to health meanings related to balance, harmony, comfort, pleasure, and satisfaction, they allude to the concept of health related to the absence of diseases, in line with the definition of the World Health Organization, which finds theoretical support in discussions by Almeida Filho (2011).

[...] it means a range of both physical and psychological aspects that will result in well-being, which allows us to carry out daily activities well, to be well to relate to other people (P2)

Health, I think it must be complete (P7)

We understand health as physical health, not being affected by any illness, or having any illness that makes you weak [...] is linked to having pleasure in doing things (P11).

Paradoxically, Dejours (1986) criticizes the meanings of “comfort” and “balance” attributed by study participants since this is an idealized health discourse.

[...] it is to have a balanced routine (P18)

[...] when our body is in harmony with our life (P19)

[...] it's everything that makes us comfortable (P20)

[...] I think the person must be satisfied with themselves (P23).

In the psychodynamics of work approach, discomfort and suffering are inherent to life, and the central aspect of health is having freedom of action in the face of the desire to transform one's life and work (Dejours, 1986). In this way, representational ideas of health, such as “comfort” and “balance,” can promote feelings of incapacity and frustration in workers, leading to a purpose of unattainable plenitude and harmony.

The narratives also refer to a transition in perspective on the meaning of health restricted to organic diseases to representations related to mental health and social relationships, possibly due to the growing discussion about mental health, strengthened by

anxiety and stress among workers during periods of pandemic (Oliveira et al., 2022; Oliveira & Ribeiro, 2021; Santos et al., 2020).

[...] health for me is very related, especially in this world we are living in, mental health (...) trying to balance everything we have experienced (P10)

In recent times, I don't know if it's due to age or the recent impact of the pandemic, but health for me is closely related to quality of life (P22)

Today, with this discussion of mental health, we change the perception of it all. We worry about whether we are well, whether we are distressed, whether we are behaving well with other people to generate good feelings in our colleagues, in our families, and in those relationships. So we had the opportunity to learn that health is all about you, concerned about everything you are feeling, not only physical pain but also mental pain (P26).

In this scenario, participants presented reports of self-care practices to prevent diseases. According to the World Health Organization, self-care is the individual's ability to take care of themselves and maintain their health with or without the support of a professional (World Health Organization [WHO], 2021).

I think nutrition is important to maintain good physical health, and physical exercise is also important (P1).

Participants also expressed narratives representing work as a context for the construction of health.

[...] it is having a job that challenges you positively (P4).

Beyond work, food and physical activity are aligned with the constituent dimensions of the Social Determinants of Health (Determinantes Sociais da Saúde), legitimized by Law N. 8.080 of September 19, 1990, which attributes these elements in relation to others as health conditions. However, self-care is a complementary practice associated with lifestyle. Given the historical fragility of policies aimed at workers' health in the public service, it should be conceived as a positive choice rather than as the only alternative.

The conceptions of the investigated team lead to an understanding of the values and interaction of workers with their health and the work characteristics that impact the health-disease process. We can observe the representation associated with the medical-curative model and an idealized health discourse that favors maintaining power structures and attitudes of conformity with the environment. The valorization of the complete state of well-being, conveyed in the media at the service of commercial strategies in neoliberal times, as assured by Seligmann-Silva (2011) and Antunes (2018), imposes on the worker the challenge of adaptation in a context of fragility and precariousness of work.

Category 2 - Valuing the dimensions of social, physical, and mental health in the work environment

The social dimension appears to be a potentiality in the administrative employees' workspace. Social health manifests itself as the result of interpersonal relationships in a frictionless and welcoming environment, closely associated with the representation of health that evokes comfort, balance, and happiness.

[...] the atmosphere must be welcoming towards employees (P5)

[...] because when we have some type of friction, it disrupts the entire environment and becomes uncomfortable. I don't even want to go to work (P6)

[...] this brings balance to develop activities well (P8)

[...] having a light environment [...] makes our work a lot easier and makes us happy in that place (P25).

The recognition of social support as a regulatory factor for workers' health corroborates research by Godinho et al. (2019) with 328 technical-administrative employees from a public university in Juiz de Fora/MG in the years 2016 and 2017, in which they found the value of cooperation in work relationships, in addition to the association between the ability to work impaired and low social support. In addition to the above, we infer that the distancing measures adopted during the pandemic weakened social support spaces, possibly harming workers' health, as highlighted in studies by Santos et al. (2020) and Qiu et al. (2020).

On the other hand, the dimensions of mental and physical health are conceived as weaknesses of the public administrative service concerning the health-illness process of employees. The results demonstrate that elements related to working conditions, such as ergonomic inadequacies and the lack of technological resources, impact health.

Participants established a relationship between the lack of technological resources, work overload, and mental exhaustion.

As I had a huge workload due to overtime, I saw that this was exhausting me to the extreme (P10)

We do not have technological resources that support us in performing the work in the best way, and this directly impacts our health. That you are not the only means to bring this work excellently, but that you have resources (P11)

If work processes were more automated, there would be no need for so much manual checking, and the number of people would be sufficient. It's very manual and a lot of paper, a lot

of bureaucracy [...] you end up getting stressed with excess work (P12)

System failures end up generating mental stress (P19).

There was a correlation between the inadequacy of furniture and musculoskeletal pain, revealing that workers bring impressions of carelessness from management regarding the care of the team's health.

We sit all day working and it gives us that pain (P5)

We should have some better planned furniture [...] that provides us with a good posture (P14)

I think the seating issue could be improved. I always come back from work with back pain, and I think it's because the seat isn't so comfortable (P23).

Studies by Fontenele et al. (2019) with 249 administrative agents from the service sectors of a higher education institution in São Luís/MA, in line with Lopes et al.'s (2021) investigations with 451 professionals from administrative sectors who work predominantly in sitting posture, in a federal public administration body in two municipalities in the southern region of the country, highlight the vulnerability of administrative workers to physical and mental suffering, highlighting that inappropriate furniture for posture affects the prevalence of pain related to the musculoskeletal system and favors the experience of negative feelings in relation to work.

The exercise for effective transformations must occur where work takes place, recognizing the need for investigation into the work collective. Studies on activity ergonomics support this claim. In a bibliographical survey carried out in 2020 of articles published between 2010 and 2019, Araújo, Leite, and Oliveira (2021) concluded that transferring workers to the center of analysis and action increases the power to act and makes labor organizations more flexible. In this way, there is a movement to think about

material and/or technical resources from the worker's perspective on their relationship with the exercise of the activity, considering the voice of the subjects who work.

However, we observe participants' strategic discourse to deal with the structural gaps at work when giving their impressions on the benefits of positive interpersonal relationships and having more freedom and fewer demands than administrative activities in the private sector.

[...] because inside [the unit] we have freedom. [...] it's different from a private company, their demands, that's very different. [...] The things I miss I go after for myself, even if the system doesn't offer it, we can go after it (P1)

Because there, I am very welcomed and understood. The relationship with people is very good (P7)

The interpersonal issue in my work environment is very cool (P8).

Furthermore, the narratives revealed representations linked to individual responsibility, as if personal effort was sufficient to promote health in the workplace.

Firstly, I think it comes a lot from the person, mental and emotional control to develop the work (P3)

[...] if one more demand appears, I will do everything I can to comply with it [...] we walk on our own (P11)

For me to produce well, I must feel good about myself (P14)

It goes from eating, exercising, to your own personality, wanting to be well, not letting yourself get discouraged, reacting (P17)

First of all, I try to control my anxiety, which is a characteristic of mine [...] to work on health in the workplace; I think it requires emotional control, focus, and discipline on my part (P19).

Understanding health values and needs, while serving as a reference for identifying work-related strengths and weaknesses, allows us to perceive the naturalization of socially constructed self-responsibility thinking. The importance of caring for one's health is recognized here. However, the dysfunctional role of the discourse of individual responsibility adapted to productivist demands is indisputable.

This analysis corroborates Seligmann-Silva's (2011) theorization, which highlights the expansion of individualism as a facilitator of precarious work and health. We understand, therefore, that idealized narratives about the existence of a full state of health and individual responsibility block debates about social conditions, the duty of the state, and the structural problems that govern work relations.

Category 3 - A request: humanization at work

Participants demonstrated an expectation of humanized treatment in the work environment, in which their particularities are valued, their desires satisfied, and their limitations respected.

I believe that the first thing is to be seen and treated as an individual, a person with particularities, and not to be seen as just another number, another employee. [...] The programs that are aimed at the employee, I see that there is no

continuity. I think this continuity of programs is important with the employee's well-being in mind (P2).

The instability of human bonds is evident as a characteristic of a technical and managerial view of work, in which “[...] ethics and respect for human dignity were occupying an increasingly smaller position in everyday social life”, bringing implications for mental health (Seligmann-Silva, 2011, p.459).

The narratives also reveal a request for recognition of the work carried out through compensation from the public body, especially for improvements in working conditions and actions aimed at employees’ professional development and physical, mental, and social well-being. In addition to recognition through praise, employees plead for dignity in the conditions and organization of work and the genuine interest of the worker’s well-being.

Many times, I received compliments, but the compensation never came. [...] there you are the person occupying the position [...] We must have a more human working condition linked to the demand of what you must deliver and what the company can make available to you in terms of physical or technological resources so that the work becomes more human (P11)

I think there is a lack of training [...] learning a little about other people's functions to get an overview [...] I have asked several times and they said that we learn through practice (P16).

The request for humanization at work aligns with Bomfim’s (2019) reflections on the redefinition of the worker’s role: not being seen as a resource or gear to make the

machine work but as partners equipped with intelligence, knowledge, and skills. The author argues that focusing only on the result without offering adequate conditions for carrying out the work can bring a feeling of impotence and insecurity, creating an environment conducive to illness.

In a study carried out by Laux, Hoff, Antes, Cviatkovski, and Corazza (2018) with 36 administrative employees at the Federal University of Fronteira Sul in Chapecó/SC, the result was that interventions with physical exercises in the workplace reduced workers' anxiety. We understand here that programs aimed at the well-being of employees are pertinent; however, more than helping to remit symptoms, the main challenge is to guide care towards actions to denaturalize the oppression that keeps the worker in a space of disrespect to human needs and limitations.

Category 4 - The organization of work impacts on the health-illness process of administrative employees

Administrative employees highlighted inefficient communication between managers and the workers who perform the activities regarding the devaluation of spaces for discussion and planning. In the workers' view, the absence of action plans culminates in disorganization, stress, and feelings of helplessness due to gaps in communication processes.

[...] We don't know exactly what to do when faced with situations that could be resolved with a bit more communication. I think that much of the stress in the sector in which I work is due to the lack of communication (P2)

[...] if I could plan my work, I think I would be able to work better and have better mental health, without having to always live under this pressure (P6)

[...] The lack of organization generates discomfort [...] (P9)

[...] we end up being our manager [...] we walk alone (P11).

It is worth pointing out the paradox between the narratives about the absence of planning spaces and reports that point to positive interpersonal relationships with management. This contradiction reveals that interpersonal relationships do not receive the effective attention they deserve to aspects of work organization and worker health.

*In terms of relationship with management, it is very good
(P2)*

*[...] the atmosphere must be welcoming towards employees
What I see is that the city hall tries to do this [...] I think this
is already done there. It is quite fine (P5).*

Workers recognize that the organization of work processes interferes with health, as also observed in studies by Ramos and Macêdo (2018) and Gomez et al. (2018). Likewise, Seligmann-Silva (2011) argues that the main origin of work-related mental exhaustion lies in organizational factors. A study by Padilla Sarmiento et al. (2018) with 115 administrative employees at a higher education institution in Colombia associated workers' mental health with stress and inadequate communication processes.

The employees' reports mentioned excessive sitting and the pressure to meet deadlines harm health. Notably, the pressure to meet deadlines contradicts freedom, which, according to Dejours (1986), is fundamental for the construction of health.

*Our demand overloads us a lot [...] what weighs most is that
we are few people to do a lot of work, with pressure to do it in
a short space of time (P10)*

*In this administrative routine, we spend a lot of time sitting in
front of the computer. [...] (P18).*

Furthermore, administrative work is tiring, boring, and uninspiring.

[...] I think you need to vary your activities, so your brain doesn't get so tired, so heavy from doing the same thing all day. I think work mainly affects mental health, which is stress and tiredness. I think there would need to be a more dynamic routine, a routine that makes us want to look for something new, changing the work dynamics. [...] (P18).

Tessarini Junior et al. (2020) and Tessarini Junior and Saltorato (2021) investigated the context of administrative work with employees at a higher education institution in the city of São Paulo in 2017 and 2019, respectively. The studies revealed experiences of suffering and demotivation, given the excessive pace of work and its bureaucratic and repetitive content, highlighting that routine and unchallenging activities undermine the sense of personal fulfillment with work.

The evocations resulting from the application of TESE allowed access to the worker's subjective and affective experience regarding real work. They presented weaknesses related to the distance from prescribed expectations, opening a space of possibilities for practices in occupational health. Dejours et al. (2016) describe the inconsistency between what is prescribed, what is actually felt, and what can happen to meet what is requested. According to these authors, the actual work activity can only be explained from the worker's perspective on their relationship with task organization.

The results allowed us to understand the singularities of the administrative segment in the municipal public service and other institutions. These singularities impact the physical and mental health of employees and are closely related to the productivist logic of the neoliberal context.

Conclusion

Researching the representations of health and factors associated with work that impact the health-illness process of the administrative team in the public service allowed us to understand this dynamic from the perspective of the individuals who work.

The scientific contributions of the study point to the reproduction of naturalized practices in the work environment due to the meaning given to health value and care. They

demonstrated a repertoire originating from the historical, social, and economic appropriation of the concept of health, corroborating what is conveyed in the neoliberal situation, which weakens spaces for collective discussion and effective changes in the structural reality of work contexts.

As for practical contributions, creating shared spaces for planning work activities is proposed to guarantee discussion about the origin of the current way of organizing work and possible ways to humanize relationships.

The limitations of this study are presented in the analysis of an administrative work unit of the municipal public service, which makes it impossible to generalize the results to other contexts. Work relationships manifest themselves as inexhaustible sources of scientific reflection. Therefore, future studies are suggested on the relationship between the individual accountability approach and situations of absence and inertia in the face of structural aspects of precarious work.

Studies on the health of employees in administrative roles reveal the need for new strategies in academic production and care practices, given the historical fragility of policies aimed at workers' health in the public service.

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