

# OCCUPATIONAL HEALTH OF OUTSOURCED SERVICE PROFESSIONALS IN PRIMARY HEALTH CARE: A SCOPING REVIEW

*SAÚDE OCUPACIONAL DOS PROFISSIONAIS DE SERVIÇOS TERCEIRIZADOS NA ATENÇÃO PRIMÁRIA À SAÚDE: REVISÃO DE ESCOPO*

*SALUD OCUPACIONAL DE LOS PROFESIONALES DE SERVICIOS TERCERIZADOS EN LA ATENCIÓN PRIMARIA DE SALUD: REVISIÓN DE ALCANCE*

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## ABSTRACT

To map the scientific evidence on the occupational health of Primary Health Care (PHC) health professionals resulting from outsourced work relationships. A scoping review of seven databases. Studies in Portuguese and English published from 2022 to 2024 were included. We followed the guidelines of the Joanna Briggs Institute and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews registered with the Open Science Framework. A total of 24 studies were identified, 13 were selected for evidence synthesis and, of these, four were included. We underscore work-related illnesses and illnesses in female professionals. The studies are qualitative and refer to illness processes, stressors, and relevance related to occupational illness. The results show a gap in research into the occupational health of outsourced professionals working in PHC, especially those with weakened employment ties and outsourced working relationships.

**Keywords:** *Occupational Health; Outsourced Services; Primary Health Care.*

## RESUMO

Mapear as evidências científicas acerca da saúde ocupacional dos profissionais de saúde da Atenção Primária à Saúde (APS), provenientes das relações de trabalho terceirizadas. Revisão de escopo desenvolvida em sete bases de dados. Foram incluídos estudos em português e inglês com recorte temporal de 2022 a 2024. Seguiu-se as diretrizes do *Joanna Briggs Institute* e do *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* com registro no *Open Science Framework*. Foram identificados 24 estudos, selecionados 13 para a síntese de evidências, destes, 04 foram incluídos. Destacam-se os adoecimentos relacionados ao trabalho e em profissionais do sexo feminino. Os estudos são de natureza qualitativa, referem processos adoecedores, fatores estressores e relevância relacionados ao adoecimento ocupacional. Os resultados evidenciam uma lacuna de investigação sobre a saúde ocupacional dos profissionais terceirizados que atuam na APS, especialmente aqueles com vínculos fragilizados e com as relações de trabalho terceirizadas.

**Descritores:** *Saúde ocupacional; Serviços terceirizados; Atenção Primária à Saúde.*

## RESUMEN

Mapear la evidencia científica sobre la salud laboral de los profesionales sanitarios de APS derivada de las relaciones laborales externalizadas. Revisión exploratoria de siete bases de datos. Se incluyeron estudios en portugués e inglés publicados entre 2022 y 2024, siguiendo las directrices del Instituto Joanna Briggs y la extensión Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews registrada en el Open Science Framework. Se identificaron 24 estudios, seleccionando 13 para la síntesis de la evidencia, de los cuales se incluyeron cuatro. Se destacan las enfermedades laborales y en las mujeres profesionales. Los estudios son cualitativos y hacen referencia a procesos de enfermedad, estresores y relevancia relacionados con la enfermedad profesional. Los resultados muestran un vacío en la investigación sobre la salud laboral de los profesionales externalizados que trabajan en APS, especialmente aquellos con vínculos laborales debilitados y relaciones laborales externalizadas.

**Descriptores:** *Salud Laboral. Servicios Externos. Atención Primaria de Salud.*

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## INTRODUCTION

Productive restructuring and globalization represent an historical moment of profound elementary transformations in the world of work, among them relaxed labor relationships. Society feels the effects of the causes of flexible work in the contractual sphere and the demands expanded currently<sup>1</sup>.

New capital management forms linked to productive flexibility and deregulation triggered the new Brazilian capitalism phase<sup>2</sup>. Work is constantly transforming, undergoing several changes linked to the political, economic, and social situation, which have directly triggered an accelerated growth of health workers with weakened employment relationships. For example, we witness relationships of temporary contracts, cooperative members, and commissioned and competitive positions in the inland region of Ceará, Brazil.

Outsourced workers are the most vulnerable and exposed to risks, especially regarding health, possibly due to substandard working conditions<sup>3</sup>. The experience of the principal author of this manuscript in the Primary Health Care (PHC) network produced evidence of the weakened employment relationships, in which strains and difficulties in adapting to the conditions in the occupational environments were observed.

According to the National Committee on Social Determinants of Health (CNDSS), workers' health-disease process is directly or indirectly related to their work, correlating precarious labor ties with work processes, which may or may not affect their health. In this sense, the term "Occupational Health" aims to understand the links between work and the illness process, and considers health-disease as a dynamic process closely linked to production<sup>4</sup>.

Understanding the factors that bolstered the weak linkages with socio-occupational spaces and the consequences for health in the professional sphere, this topic becomes relevant since it is found in social and work relationships and requires discussions and provocations for possible transformations. The spread of outsourcing in essential public health services is noticeable. It shrinks the number of professionals, increases turnover, and exacerbates the disqualification and devaluation in favor of the – unproven – efficiency of private entities<sup>5</sup>.

In the meantime, the theme 'occupational health' of health professionals, understood as a keyword in the study, has already been addressed in reviews. However, these works did not detail the relationship between the professional's health and the type of contractual relationship, which is a study gap in the outsourced work relationship. This study aimed to map the scientific evidence about the occupational health of PHC health professionals deriving from outsourced work relationships. Our scoping review mapped the literature and identified and reviewed the nature of productions to summarize existing scientific evidence on the topic. It also identified gaps in the research knowledge base, especially when reviews on the topic had not yet been published<sup>6</sup>.

## METHODS

We opted for the scoping review method per the Arksey and O'Malley<sup>7</sup> model. This approach allows for a broad assessment of scientific evidence as a comprehensive method for mapping relevant literature in a study area. It also aims to investigate the

research's extent, scope, and nature and identify gaps in existing knowledge<sup>8</sup>. This review is guided by the recommendations of the JBI Manual for Evidence Synthesis<sup>9</sup>, which establishes five steps: 1) identification of the research question; 2) identification of relevant studies; 3) study selection; 4) data mapping and analysis; and 5) grouping, summary, elaboration, and presentation of results.

The scope review guidance for the data extraction, analysis, and presentation process follows the PRISMA-ScR checklist – PRISMA extension for Scoping Review<sup>10</sup>, from the construction phase of the review protocol to the presentation of the results, widely using the checklist and PRISMA-ScR flowchart. The review protocol was registered on the Open Science Framework (OSF) platform with identification DOI: 10.17605/OSF.IO/Q58GW.

#### *IDENTIFICATION OF THE RESEARCH QUESTION*

We employed the acronym PCC (Population, Concept, and Context) to prepare the research question, where Population – refers to health professionals based on the outsourced work relationship; Concept – encompasses the illness of healthcare professionals; and Context – Primary Health Care (PHC). Reconciling PCC's primary topics. The guiding question was: *“What does the scientific literature show about the occupational health of health professionals and the work relationships of outsourced services in PHC?”*

#### *IDENTIFICATION OF RELEVANT STUDIES*

We searched the databases of journals in the Medical Literature Analysis and Retrieval System Online (MEDLINE)/PubMed, Scopus, Latin American and Caribbean Literature in Health Sciences (LILACS), the Scientific Electronic Library Online (SciELO), and Virtual Health Library Brazil (BVS) to identify relevant studies. The gray literature was queried in the Brazilian Digital Library of Theses and Dissertations (BDTD) and the Catalog of Theses and Dissertations of the Coordination for the Improvement of Higher Education Personnel (CAPES), selected for their scope and broad coverage of health publications. The search strategy adopted was developed by the authors in collaboration with a librarian from the Faculty of Library Science at the Federal University of Ceará, with the primary Portuguese descriptors *“Saúde ocupacional”*, *“Serviços terceirizados”* and *“Atenção primária à saúde”*, according to Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), besides alternative terms (text words) associated with the descriptors. Possible combinations were created using the Boolean operators “OR” and “AND”. Table 1 presents the terms employed to search the databases.

**Table 1. Model used for information sources (databases, portals and directories): descriptors and alternative terms.**

DESCRIPTORS	ALTERNATIVE TERMS	SCOPE NOTE
<i>Saúde ocupacional/ Occupational Health /Salud Laboral</i>	<i>Saúde Industrial Saúde Laboral Saúde do Trabalhador Saúde dos Empregados Saúde dos Trabalhadores Segurança Laboral Segurança Ocupacional Segurança do Trabalho Segurança dos Trabalhadores Segurança no Trabalho</i>	Promotion and preservation of the highest degree of physical, mental, and social well-being of workers in all occupations; workers' prevention of occupational diseases caused by their working conditions; the protection of workers in their work from risks resulting from adverse health factors; the placement and retention of workers in occupational environments adapted to their physiological and psychological abilities.
<i>Serviços Terceirizados / Outsourced Services / Servicios Externos</i>	<i>Serviços de Terceiros Terceirização</i>	Organizational activities previously performed internally that external agents provide.
<i>Atenção Primária à Saúde / Primary Health Care / Atención Primaria de Salud</i>	<i>Atendimento Básico Atendimento Primário Atendimento Primário de Saúde Atenção Básica Atenção Básica de Saúde Atenção Básica à Saúde Atenção Primária Atenção Primária de Saúde Atenção Primária em Saúde Cuidado Primário de Saúde Cuidado de Saúde Primário Cuidados Primários Cuidados Primários de Saúde Cuidados Primários à Saúde Cuidados de Saúde Primários Primeiro Nível de Assistência Primeiro Nível de Atendimento Primeiro Nível de Atenção Primeiro Nível de Atenção à Saúde Primeiro Nível de Cuidado Primeiro Nível de Cuidados</i>	It is essential healthcare based on practical, scientifically based, and socially acceptable methods and technologies available to all individuals and families in the community through their full participation, at a cost that the community and country can afford, in each stage of their development, with a spirit of self-responsibility and self-determination (Alma-Ata Declaration - Pan American Health Organization, 2003).

Source: Health Sciences Descriptors (DeCS), 2023.

The studies found through systematic research started on December 2, 2023 and concluded on January 20, 2024 show a search strategy that included the terms mentioned in Table 1, the complete description of which is found in Table 2.

**Table 2: Search strategy using the mnemonic Population, Concept, and Context – PCC**

DATABASES/PORTALS/ REPOSITORIES	What types of illness do PHC health professionals suffer from outsourced work relationships identified in the literature and scientific evidence?			
	P	C	C	#1 AND #2 AND #3
<b>MEDLINE/ PubMed</b>	<p>“Occupational Health” [MeSH Terms] OR                      “Industrial Health” [Text Word] OR “Occupational Health” [Text Word] OR                      “Employee Health” [Text Word] OR “Occupational Safety” [Text Word] OR                      “Workplace safety” [Text Word] OR “Worker Safety” [Text Word] OR                      “Safety at work” [Text Word]</p>	<p>“Outsourced Services” [MeSH Terms] OR “Third Party Services” [Text Word] OR “Outsourcing” [Text Word]</p>	<p>“Primary Health Care” [MeSH Terms] OR “Basic Service” [Text Word] OR “Primary Care” [Text Word] OR                      “Primary Health Care” [Text Word] OR “Basic Care” [Text Word] OR                      “Basic Health Care” [Text Word] OR “Primary attention” [Text Word] OR                      “Primary Health Care” [Text Word]</p>	
<b>Number of studies identified</b>	<b>(#1): 3,263</b>	<b>(#2): 171</b>	<b>(#3): 4,583</b>	<b>17</b>
<b>LILACS (Portuguese)</b>	<p>(Mh: Saúde Ocupacional) OR (Tw: Saúde Industrial) OR (Tw: Saúde Laboral) OR (Tw: Saúde do Trabalhador) OR (Mh: Saúde dos Empregados) OR (Tw: Saúde dos Trabalhadores) OR (Tw: Segurança Laboral) OR (Tw: Segurança Ocupacional) OR (Tw: Segurança do Trabalho) OR (Tw: Segurança dos Trabalhadores) OR (Tw: Segurança no Trabalho)</p>	<p>(Mh: Serviços Terceirizados) OR (Tw: Serviços de Terceiros) OR (Mh: Terceirização)</p>	<p>(Mh: Atenção Primária à Saúde) OR (Tw: Atenção Básica) OR (Tw: Atenção Básica de Saúde) OR (Tw: Atenção Básica à Saúde) OR (Mh: Atenção Primária) OR (Tw: Atenção Primária de Saúde) OR (Tw: Atenção Primária em Saúde) OR (Tw: Primeiro Nível de Assistência) OR (Tw: Primeiro Nível de Atendimento) OR (Tw: Primeiro Nível de Atenção) OR (Tw: Primeiro Nível de Atenção à Saúde)</p>	
<b>Number of studies identified</b>	<b>(#1): 1,878</b>	<b>(#2): 8</b>	<b>(#3): 2,077</b>	<b>1</b>
<b>SCOPUS</b>	<p>TITLE-ABS-KEY (“Occupational health” OR “Industrial health” OR “Occupational health” OR “Worker’s health” OR “Employee Health” OR “Workers’ health” OR “Occupational safety” OR “Workplace safety”)</p>	<p>TITLE-ABS-KEY (“Outsourced Services” OR “Third Party Services” OR “Outsourcing”)</p>	<p>TITLE-ABS-KEY (“Primary Health Care” OR “Basic Service” OR “Primary Care” OR “Primary Health Care” OR “Basic Care” OR “Basic Health Care” OR “Primary attention” OR “Primary Health Care”)</p>	
<b>Number of studies identified</b>	<b>(#1): 60</b>	<b>(#2): 29</b>	<b>(#3): 41</b>	<b>0</b>
<b>SCIELO</b>	<p>(Occupational Health) OR (Industrial Health) OR (Occupational Health) OR (Worker’s health) OR (Employee Health) OR (Workers’ Health) OR (Occupational Safety) OR (Workplace safety) OR (Worker Safety) OR (Safety at work)</p>	<p>(Outsourced Services) OR (Third Party Services) OR (Outsourcing)</p>	<p>(Primary Health Care) OR (Basic Service) OR (Primary Care) OR (Primary Health Care) OR (Basic Care) OR (Basic Health Care) OR (Primary attention) OR (Primary Health Care)</p>	

<b>Number of studies identified</b>	<b>(#1): 603</b>	<b>(#2): 24</b>	<b>(#3): 1,236</b>	<b>0</b>
<b>BVS</b>	<i>(Occupational Health) OR (Industrial Health) OR (Worker's health) OR (Employee Health) OR (Workers' Health) OR (Occupational Safety) OR (Workplace safety) OR (Worker Safety) OR (Safety at work)</i>	<i>(Outsourced Services) OR (Third Party Services) OR (Outsourcing)</i>	<i>(Primary Health Care) OR (Basic Service) OR (Primary Care) OR (Basic Care) OR (Basic Health Care) OR (Primary attention) OR (Primary Health Care)</i>	
<b>Number of studies identified</b>	<b>(#1): 10,609</b>	<b>(#2): 61</b>	<b>(#3): 12,929</b>	<b>4</b>
<b>CAPEs</b>	<i>"Saúde Ocupacional"</i>	<i>"Serviços Terceirizados" OR "Serviços de Terceiros" OR "Terceirização"</i>	<i>"Atenção Primária à Saúde" OR "Atenção Básica" OR "Atenção Básica de Saúde" OR "Atenção Básica à Saúde" OR "Atenção Primária" OR "Atenção Primária de Saúde" OR "Atenção Primária em Saúde"</i>	
<b>Number of studies identified</b>	<b>(#1): 103</b>	<b>(#2): 65</b>	<b>(#3): 53</b>	<b>0</b>
<b>BDTD</b>	<i>"Saúde Ocupacional" OR "Saúde Industrial" OR "Saúde Laboral" OR "Saúde do Trabalhador" OR "Saúde dos Empregados" OR "Saúde dos Trabalhadores" OR "Segurança Laboral" OR "Segurança Ocupacional" OR "Segurança do Trabalho" OR "Segurança dos Trabalhadores" OR "Segurança no Trabalho"</i>	<i>"Serviços Terceirizados" OR "Serviços de Terceiros" OR "Terceirização"</i>	<i>"Atenção Primária à Saúde" OR "Atenção Básica" OR "Atenção Básica de Saúde" OR "Atenção Básica à Saúde" OR "Atenção Primária" OR "Atenção Primária de Saúde" OR "Atenção Primária em Saúde" OR "Primeiro Nível de Assistência" OR "Primeiro Nível de Atendimento" OR "Primeiro Nível de Atenção" OR "Primeiro Nível de Atenção à Saúde"</i>	
<b>Number of studies identified</b>	<b>(#1): 387</b>	<b>(#2): 86</b>	<b>(#3): 759</b>	<b>2</b>

Source: Elaboração dos autores.

### STUDY SELECTION

The eligibility criteria for inclusion of sources of evidence were: 1) Complete articles, theses, or dissertations; 2) Published in Portuguese and English; 3) With a 2-year time frame (2022-2024), which corresponds to the year from which research interest began to the current period. We excluded publications that did not have an indexed abstract, did not suit the proposed theme, were duplicates, and were under the condition of paid access (purchase or subscription). The Rayyan®<sup>11</sup> reference manager was adopted to map and select the articles.

The PRISMA-ScR extension was used to organize the study selection process. The material selected/included for analysis is organized in a table to be presented later. The results are summarized in tables, per JBI's<sup>9</sup> recommendations.

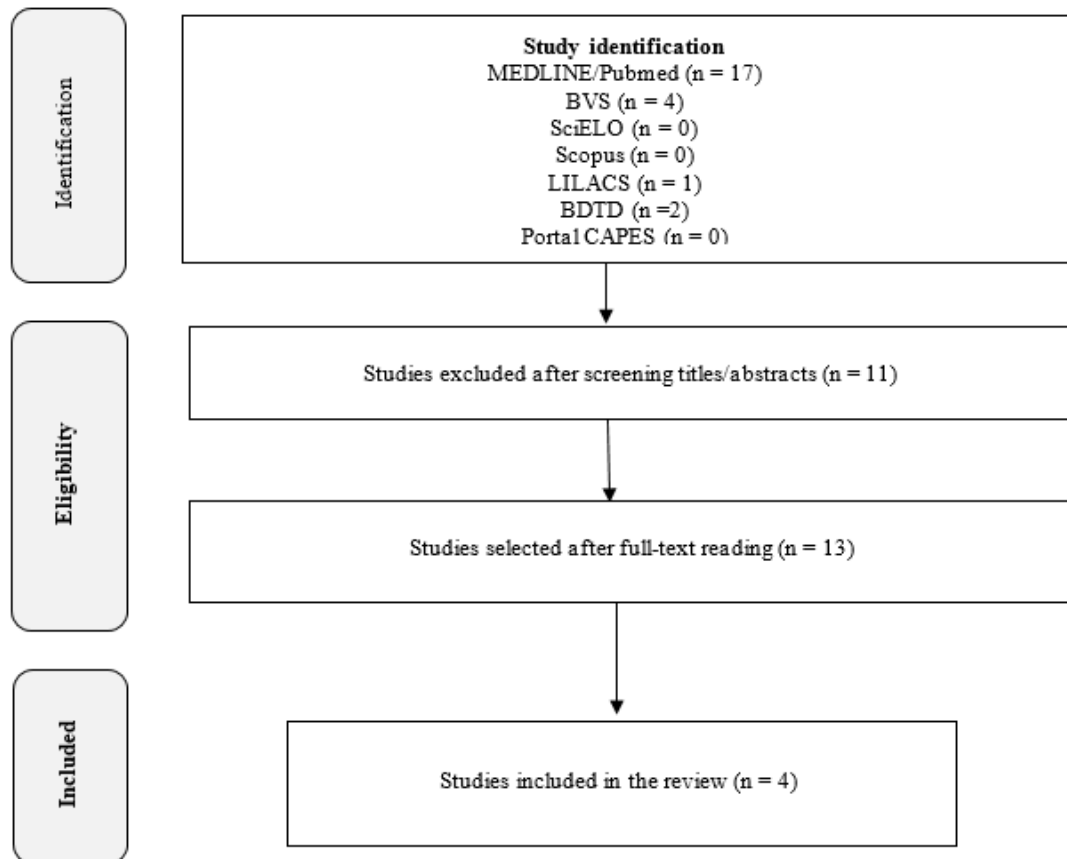
**DATA MAPPING AND ANALYSIS**

The selected studies were organized for analysis using the following information: authors, country/region, month/year of publication, health equipment/location, context, professional category and gender, main illnesses identified, and types of employment relationships. These results correspond to this research’s objectives.

**RESULTS**

The search strategy employed 24 references to obtain a very comprehensive list of the literature. In the study selection process, after reading the titles and abstracts, 13 articles remained for full reading and additional screening for relevance. After reading the texts in full, the final selection included four articles. The selection process is shown in Figure 1 below.

**Figure 1: Flowchart adapted from PRISMA-ScR for the study selection process.**



Source: Autor’s elaboration.

Complete data information was systematized in a Microsoft Excel spreadsheet and is shown in Table 3 below.

**Table 3. Systematization of studies included for reading.**

Authors	Country/Region	Month/Year	Location	Context	Professional category and sex	Primary illnesses	Professional relationship
A1 - Sierakowska M, Doroszkiewicz H. <sup>12</sup>	Northeast region of Poland	December 2020 and February 2021	Hospitals and PHC Units	PHC	Nurses (primarily women)	High level of stress and chronic fatigue	Service providers
A2 - Zeinolabedini M, Heidarnia A, Shakerinejad G, Motlagh ME. <sup>13</sup>	Qazvin and Alborz, Iran	November 2019 and July 2020	PHC	PHC	Public health specialists, midwives, nurses, and supervisors. Females.	Anxiety and stress, reducing concentration and quality of performance.	7 permanent and 14 temporary
A3 - Molero Jurado MDM, Gázquez Linares JJ, Pérez-Fuentes MDC, Martos Martínez Á. <sup>14</sup>	Spain	September 2020 to September 2020	Hospitals and PHC Units	PHC	Nurses (primarily women). It does not specify sex.	Burnout (Emotional Exhaustion and Depersonalization). Highlighting the prevalence of verbal violence towards PHC professionals.	It does not provide details.
A4 - Ayaslıer AA, Albayrak B, Çelik E, Özdemir Ö, Özgür Ö, Kırımlı E, Kayı İ, Sakarya S. <sup>15</sup>	Turkey	February 2021 and March 2021	PHC	PHC	PHC doctors and nurses. It does not specify sex.	Burnout	It does not provide details

**Source:** Autor's elaboration.

All information meets the PCC strategy. Therefore, we will underscore the characteristics related to the Population (the main illnesses, care types, and health-work relationship), the Concept (training, service seniority, and employment type), and the Context (the health unit's particularities and the specificities of the territories and the community).

The studies included are qualitative and meet the ethical criteria. Three used questionnaires as a data collection instrument, and one employed an interview. The articles are from different countries, namely, Poland, Iran, Spain, and Turkey. The works focus on PHC health professionals. However, two articles, A1 and A3<sup>12,14</sup>, relate PHC with secondary and tertiary care. By reading the texts in full, we identified that studies A3 and A4<sup>14,15</sup> do not detail the type of relationship. However, according to the scope note and the weakened professional ties, we considered their inclusion in the selection relevant, as they display similar aspects to the outsourcing process (Table 2).

None of the articles analyzed were from Brazil. However, despite being in different countries, Brazil's reality is no different regarding the illness process and stress factors, especially regarding the importance of PHC in providing care to the population. All the included studies show diverse institutional organizations and illustrate that the teams' composition includes other professional profiles, such as midwives, supervisors, and Public Health specialists in PHC.



## DISCUSSION

This literature review study reflects on the fragile labor ties in workspaces and their relationships with occupational health. In productive restructuring, within the network of new labor relationships, we witness a growing precariousness and the loss of labor rights, which encourages unbridled competition, insecurity, and instability among the “stable” and unstable<sup>16</sup>.

### *GROUPING, SUMMARY, PREPARATION, AND PRESENTATION OF RESULTS*

The studies included indicate that outsourced workers are the most likely to become ill, possibly due to substandard working conditions<sup>17</sup>. In this sense, the health-disease process stresses the relevance of understanding, within PHC, the magnitude of the health-work relationship, as few studies target this audience and theme in the literature, especially in the last two years (2022 to 2024).

According to Table 3, we observed that the main illnesses endured by health professionals were anxiety, stress, Burnout (associated with chronic fatigue), lower performance quality, lower concentration, and depersonalized and devalued work. They all occurred during the COVID-19 pandemic. However, some authors highlighted that these symptoms predate the context studied, and a significant increase in symptoms was identified with the pandemic.

Nursing was the prevailing category in the studies analyzed, and most were women. The gender issue is present in the selected material. Study A4<sup>15</sup> highlights that nurses experience a higher stress level than medical professionals. At the same time, another (A3<sup>14</sup>) emphasizes that women belonging to this professional class are more exposed to verbal and physical violence.

The articles included show that female predominance in nursing is represented by its historicity, marked by a hegemonic discourse (regarding females), followed by a hierarchical order, as the dimension of nursing care (primarily women) is different from doctors, where Medicine is influenced by hegemonically masculine knowledge. However, we currently observe an increase in men's training in nursing courses<sup>18</sup>.

A perception identified in the selected studies A2 and A3<sup>13,14</sup> was about the age range of the target audience, identified as a mean age range of 30-45 years, and service seniority started at six months. According to these studies, some factors influenced the development of illness in occupational environments, as younger professionals with little experience struggle to deal with stressors more.

The principal relevant factors influencing the illness process are working hours, superiors/management's pressure, and labor precariousness, followed by job insecurity, user care-related challenges, increased verbal and physical violence, and the lack of appreciation by the patients and contracting institutions. The studies with these conditions are health determinants and conditions as a result of research based on the perspective and experiences of health professionals in workspaces, but they do not initiate a macro discussion regarding these points.

Regarding the types of care and strategies in the health-work relationship, emotional, personal, and psychological support emerged, along with organization, planning, and institutional actions that benefit the work environment. Institutional support

is undeniably necessary in the workplace, especially in emerging contexts where health professionals are subjected to pressure and excessive health demands, as evidenced by the COVID-19 pandemic.

Specifically, during the COVID-19 period, study A1<sup>12</sup> highlighted how important it was to have the company of colleagues to let off steam and a sense of humor to overcome adversity. A recent study identified that health professionals expressed reactions related to illness, especially those who worked to combat the COVID-19 pandemic, in which the work environment gave rise to insecurity, fear, uncertainty, disrupted social interactions, and expressive concerns<sup>19</sup>.

The selected studies revealed that the pressure assumed by health professionals influences the illness process, whether caused by high demands and the achievement of health indicators or management and users' impositions. Study A4<sup>15</sup> clarifies that, due to their responsibilities and substandard working conditions, PHC workers are the most exposed and, consequently, are at greater risk of exposure to Burnout Syndrome.

Study A3<sup>14</sup> warns about physical and verbal violence committed against nurses associated with Burnout and emphasizes that half of the participating nurses reported being victims of abuse in the workplace<sup>14</sup>. In PHC, the worker's close ties with the territory and users may indicate greater vulnerability of the professional to fear due to moral and physical integrity threats, mainly because they work in settings with open access to the public<sup>20</sup>.

All articles related to inclusion mention stress as a predominant illness among PHC health professionals. When considering stress as part of the individual's interaction with their environment, people, and groups, it is responsible for the strain and exposure to physical, psychological, and social risks at work<sup>21</sup>; prevention actions must be promoted within these occupational spaces, as these workers are subject to working in critical situations in the healthcare setting, which brings us back to what was mentioned previously: the emotional support strategy.

Regarding the employment relationship, only two studies, A1 and A2<sup>12,13</sup>, reported, without much detail, that health professionals were service providers, besides presenting the number of permanent and temporary employees (Table 3). Understanding that the flexibilization process led to several changes in work, including the several types of employment relationships, causing changes in respect for labor rights and consequently social and economic factors, we identified the gap regarding the theme during data collection, which was a limitation in the selection of articles.

## CONCLUSION

This study had limitations, considering articles written only in Portuguese and English and the incipient number of (or no) Brazilian articles focusing on the topic addressed. Brazil has continental dimensions and many cultural, social, and economic differences. Therefore, there is no information on the weak labor ties; in this case, outsourcing Brazilian health professionals is a significant gap.

Although we have provided an essential reflection on the illnesses of outsourced health professionals working in PHC, we cannot predict how the results would translate in different contexts. The challenge of locating studies that clearly evidenced the

employment relationship was constant. From reading some studies, we observed references to the recruitment type and its influence on relationships with the work environment, which was significant and recurring information.

By mapping the literature of this particular field of interest, after summarizing the existing scientific evidence related to the topic, we identified gaps in the research knowledge base in the productions, especially when reviews on the topic have not yet been published.

The evidence summarized in this review is presented as a first step in developing research on the occupational health of PHC health professionals with outsourced work relationships. The results pointed to the importance of identifying and understanding the experiences of these professionals vis-à-vis the illness process to provide them with the care they need. We suggest promoting research sensitive to this topic to achieve and clarify the expected knowledge, thus enhancing the identification of refractions in the world of work and their implications.

## REFERENCES

1. Heinrich Ferrer WM, Alves G. Flexibilização Trabalhista e o Empresariado Brasileiro: alguns apontamentos. *Prim@ Facie* [Internet]. 25 de setembro de 2018 [citado 20 de janeiro de 2024];17(35):01-32. Disponível em: <https://periodicos.ufpb.br/index.php/primafacie/article/view/39470>.
2. Antunes, R. (2014) Desenhando a nova morfologia do trabalho no Brasil. *Estud. av.*, 28(81), 39-53. [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-40142014000200004](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-40142014000200004). Acesso em: 23 de abril de 2023.
3. Antunes, R.; Druck, M. G (2015). A terceirização sem limites: a precarização do trabalho como regra. *O Soc. em Quest.*, 18(34), 19-40. Disponível em: <http://www.cressrn.org.br/files/arquivos/Sm4618UP754c17102374.pdf>. Acesso em: 05 de maio 2023.
4. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Secretaria de Vigilância em Saúde. Saúde do trabalhador e da trabalhadora. Brasília, DF: Ministério da Saúde, 2018. 136 p. Disponível em: [http://bvsmms.saude.gov.br/bvs/publicacoes/saude\\_trabalhador\\_trabalhadora.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/saude_trabalhador_trabalhadora.pdf). Acesso: 06 de maio de 2023.
5. Druck G. A TERCEIRIZAÇÃO NA SAÚDE PÚBLICA: FORMAS DIVERSAS DE PRECARIZAÇÃO DO TRABALHO. *Trab educ saúde* [Internet]. 2016Nov;14:15-43. Available from: <https://doi.org/10.1590/1981-7746-sol00023>.
6. Hilary Arksey & Lisa O'Malley (2005) Scoping studies: towards a methodological framework, *International Journal of Social Research Methodology*, 8:1, 19-32, DOI: 10.1080/1364557032000119616. Acesso em: 05 de fev. de 2023.
7. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19-32. doi: 10.1080/1364557032000119616 » <https://doi.org/10.1080/1364557032000119616>. Acesso em: 13 de mar. de 2023.
8. Ferraz L, Pereira RPG, Pereira AMR. Tradução do Conhecimento e os desafios contemporâneos na área da saúde: uma revisão de escopo. *Saúde em Debate* [online]. v. 43, n. spe2 [Acessado 24 Fevereiro 2023], pp. 200-216. Disponível em: <<https://doi.org/10.1590/0103-11042019S215>>. ISSN 2358-2898. <https://doi.org/10.1590/0103-11042019S215>.
9. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping reviews (2020 version). In: Aromataris E, Munn Z, editors. *JBIM Manual for Evidence Synthesis*. Australia: JBI; 2020. Disponível em: » <https://doi.org/10.46658/JBIMES-20-12>.

Acesso em: 05 de fev. de 2023.

10. Barbosa Filho VC, Tricco AC. Scoping review: a relevant methodological approach for knowledge synthesis in Brazil's health literature. *Rev. Bras. Ativ. Fís. Saúde* [Internet]. 10º de dezembro de 2019 [citado 20 de fevereiro de 2023];24:1-6. Disponível em: <https://rbafs.org.br/RBAFS/article/view/14010>.
11. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan: a web and mobile app for systematic reviews. *Syst Rev*. 2016;5(1):210. doi: <http://dx.doi.org/10.1186/s13643-016-0384-4>. PubMed PMID: 27919275. Disponível em: » <https://doi.org/10.1186/s13643-016-0384-4>. Acesso em: 13 de mar. de 2023.
12. Sierakowska M, Doroszkiewicz H. Estratégias de enfrentamento do estresse usadas por enfermeiros durante a pandemia COVID-19. *PeerJ*. 2022 2 de maio; 10:e13288. DOI: 10.7717/peerj.13288. PMID: 35529493; PMCID: PMC9070319.
13. Zeinolabedini M, Heidarnia A, Shakerinejad G, Motlagh ME. Demandas percebidas no trabalho: um estudo qualitativo sobre o estresse no trabalho em profissionais de saúde iranianos (PS). *BMJ Aberto*. 16 de novembro de 2022; 12(11):e061925. DOI: 10.1136/bmjopen-2022-061925. PMID: 36385035; PMCID: PMC9670948.
14. Molero Jurado MDM, Gázquez Linares JJ, Pérez-Fuentes MDC, Martos Martínez Á. Agressão e burnout em enfermeiros durante a COVID-19: um estudo transversal. *Nurs Health Sci*. 2023 Mar; 25(1):130-140. DOI: 10.1111/nhs.13001. Epub 2022 25 de dezembro. PMID: 36495247; PMCID: PMC9877851.
15. Ayaslier AA, Albayrak B, Çelik E, Özdemir Ö, Özgür Ö, Kırımlı E, Kayı İ, Sakarya S. Burnout em médicos e enfermeiros de cuidados primários na Turquia durante a pandemia COVID-19. *Prim Health Care Res Dev*. 2023 9 de janeiro; 24:e4. DOI: 10.1017/S146342362200069X. PMID: 36617850; PMCID: PMC9884527.
16. Cordioli DFC, Cordioli JR, Gazetta CE, Silva AG da, Lourenção LG. Occupational stress and engagement in primary health care workers. *Rev Bras Enferm* [Internet]. 2019 Nov;72(6):1580–7. Available from: <https://doi.org/10.1590/0034-7167-2018-0681>.
17. Carvalho, D. B. de Araújo, T. M. de & Bernardes, K. O. (2016). Transtornos mentais comuns em trabalhadores da Atenção Básica à Saúde. *Revista Brasileira De Saúde Ocupacional*, 41. <https://doi.org/10.1590/2317-6369000115915>
18. Franco,T.; Druck, G.; Seligmann-Silva, E. As novas relações de trabalho, o desgaste mental do trabalhador e os transtornos mentais no trabalho precarizado. *Rev Bras Saude Ocup* 2010; 35(122):229-248. Disponível em: [RBSO 122 Book 1.indb \(scielo.br\)](https://books.scielo.org/rbso/Book/122). Acesso em 14 de dezembro de 2023.
19. Santos Pontes D. Impacto emocional da pandemia COVID-19 em profissionais do NASF-AB. *Cadernos ESP* [Internet]. 30º de dezembro de 2022 [citado 10º de abril de 2024];16(4):34-42. Disponível em: <https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/792>. Acesso em: 05 abr 2024
20. Brasil. Ministério da Saúde. Portaria nº 1.823, de 23 de agosto de 2012. Institui a Política Nacional de Saúde do Trabalhador e da Trabalhadora. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 24 ago. 2012. Seção I, p. 46-51. Disponível em: <https://www.gov.br/saude/pt-br/composicao/svsa/saude-do-trabalhador/pnst>. Acesso em: 13 jun. 2023.