

Interdisciplinary Monitoring of Civil Servants in Cancer Treatment: The Case of the *Ressignificar* Program

Laura Camara Lima¹  Marcos Alberto Taddeo Cipullo²  Amanda Aparecida da Silva Ribeiro³  Taisa Rosa Brazão Pereira³ 

¹Departamento Saúde, Clínica e Instituição, Instituto Saúde e Sociedade, Universidade Federal de São Paulo – UNIFESP. Santos/SP, Brasil.

²Departamento Saúde, Educação e Sociedade, Instituto Saúde e Sociedade, Universidade Federal de São Paulo – UNIFESP. São Paulo/SP, Brasil.

³Departamento de Gestão de Pessoas e Ambiente de Trabalho, Prefeitura Municipal de Santos. Santos/SP, Brasil.
E-mail: asribeiro.amanda@gmail.com

Abstract

The numbers on oncological illnesses are growing, and cancer is the main public health problem in the world. Work is one of the dimensions of life that change in the process of illness and cancer treatment. The municipal public servant with cancer diagnosis undergoes forensic medical evaluation and may have medical restrictions, professional rehabilitation and even retirement due to permanent disability. This article is a case study with a qualitative approach and its objective is to describe and problematize the *Ressignificar* Program, created and implemented in a Management Department of a municipality in Baixada Santista, which provides interdisciplinary monitoring of civil servants diagnosed with neoplasia under treatment. Documentary analysis and construction of narratives based on the experiences of six civil servants participating in the Program were carried out. Statistics show a high prevalence of breast cancer in the female population. Among those monitored, 66,07% perform monitoring through periodic examinations, making it possible to return to work, and 33,92% remain in treatment, away from work activities. The medical leaves are long. The narratives reveal experiences of illness, relationship with work, impact of medical leaves and appreciation of the *Ressignificar* Project. The results show the need for dedication to treatment, the centrality of work (identity, socialization and sustenance) and the fear of uselessness. Readaptation represents a challenge that can be an opportunity. The program has been well accepted, shown to be efficient and relevant, providing civil servants with both institutional and personalized treatment. Other municipalities, public and private institutions are expected to create similar programs.

Keywords: Occupational Health. Health Promotion. Interdisciplinary Health Team. Cancer.

INTRODUCTION

The numbers of oncological illnesses are increasing and according to the National Cancer Institute¹, "Cancer is the main public health problem in the world, appearing as one of the main barriers to increasing life expectan-

cy. In most countries, it is the first or second cause of premature death before the age of 70". The consequences of discovering an oncological diagnosis affect the lives of people as a whole. Salci *et al.*² emphasize the reper-

cussion in the emotional context of getting sick from cancer.

The oncological diagnosis is not only accompanied by a threat to existence, but also entails changes in the personal and professional lives of those who receive it³. Cancer treatments are, in most cases, long, invasive, aggressive, exhausting, imposing procedures that have unpleasant side effects, which undermine the physical and mental health of patients, often requiring them to take time off from work and dedicate themselves to these procedures almost full time.

Work is one of the dimensions of life that is changed in the process of illness and cancer treatment, considering that it is mainly due to the work activity that we organize daily tasks, establish relationships, express our interests and insert ourselves in society. Often, worker undergoing cancer treatment or in recovery is momentarily faced with the impossibility of doing the work they did or remaining in the position they performed and have to reorganize/rethink their professional performance.

In the case of municipal public servants, they must undergo medical examinations, and may receive restrictions on the exercise of the function, or may even be readapted in another function, in another workplace, or even be retired due to permanent disability. These changes provoke a need for adaptation and identity reconstruction⁴, which, in turn, imply the search for a new meaning for life, demanding immense psychic work. In addition, the loss of functional capacity is often accompanied by symbolic, relational and sometimes salary losses.

Faced with so many challenges, the affected individuals find themselves alone, lost, helpless, especially when they are workers and have to confront administrative processes to assert the right to the care they need so much. Many companies and institutions are not prepared to deal with these situations and do not have monitoring programs for these sick workers, who must confront the challen-

ges imposed on them alone, or supported by friends and family. These challenges include the search for competent health professionals, the performance of complex examinations and appropriate treatments, whether in the Unified Health System or within the scope of a business or private health plan, administrative measures related to long and recurring work absences, financial management, not to mention the affective, relational and existential issues that will necessarily be present. In addition, illness and the treatment itself can leave sequelae that prevent the worker from definitively performing the function they performed, leading to the need for change of function, rehabilitation, or even forcing an early retirement.

This process provokes a series of questions and consequences related to the way of life and personal and professional relationships that we problematize in this text. Can knowing the work experiences of civil servants in cancer treatment contribute to the follow-up of other cases? What strategies can be used by the team of the occupational medicine coordination to assist the sick worker away from work in maintaining mental health, especially in cases that require a longer period of sick leave? Could knowing and monitoring the process of illness and treatment of these servants contribute to the elaboration of strategies that help the technical team, composed of psychologists, social workers and medical experts when returning to work activities?

The objective of this case study is to describe and problematize the *Ressignificar* Program, created and implemented in a Management Department of a municipality in Baixada Santista, which provides an interdisciplinary follow-up of municipal public servants who had a diagnosis of neoplasia, who are undergoing cancer treatment and servants who have family members with this diagnosis. The article describes the data related to the *Ressignificar* Program (notably the results achieved in terms of health and well-being and the

good acceptance of the target audience), shares the experience of professionals who work in it and presents the narratives of some participant civil servants. These narratives come from a study that is being carried out within

the framework of a master's research. The secondary objective of the case study is to serve as an example, inspiration and basis for other municipalities, public and private institutions to create similar programs.

METHODOLOGY

This article is based on a case study⁵ with a qualitative⁶ descriptive approach. The research object and its production environment are intertwined, since a part of the researchers are also creators of the program and the relationship between them is the main source of research data⁷.

To obtain sources of evidence, the following were carried out: documentary analysis, description of the program structure, systematization of the experience of technical professionals, collection of statistics regarding the services provided. The data referring to *Ressignificar* program were collected in the program's documents and files to which the professional-researchers have access. The experiences of the professionals were based on the field diaries and their experience, which share the authorship of this article. The use of information gathering of various orders enabled a holistic exploration of the case under study, which allowed the broadening of the understanding of the problem, inviting the extrapolation of the results beyond their own contours.

In addition, excerpts from the civil servants' narratives accompanied by the program were included, which are the result of a master's thesis entitled "*Ressignificar: Civil servants' narratives about illness and the relationship with work after cancer diagnosis*"⁸. Narratives were used because they enable a singular approximation of the experiences found⁹, which offers the reader a sample of the ontological dimension in re-signifying the experience that cancer disease mobilizes.

Six civil servants who participate in the

Ressignificar program were invited to meet the researcher to talk about the experience of getting sick from cancer, relationship with work and the impact of the leave, based on guiding questions. Inclusion criteria were: not being in the acute phase of the disease and agreeing to participate.

The two or three meetings with the researcher were held in person or online, as requested by the participant. Each meeting lasted approximately one hour, varying according to the availability and interest of the participant. After the first meeting, the researcher wrote a first narrative, mobilized by the exchange that was established. From reading and critical discussion with the advisors, some themes were selected to be better explored and clarified in a second meeting. After the second meeting, a new narrative was written, read and discussed with the participant, and the process was repeated a third time, when necessary. After preparing the final form of the narratives, a meeting was scheduled to read and validate it with each of the civil servants who participated in the research.

There was no analysis of the content of the text of the narratives in the sense of creating common categories, since the researchers considered that the experiences should not be reduced to what they have in common, but revealed and valued in what is unique and singular. This strategy allows to qualify and enrich the discussion and expand the repertoire of all those interested in the subject, from professionals, family members and those interested.

The master's project was registered on the

Brazil Platform and approved by the Ethics Committee of a public University, and the

participants signed a Free and Informed Consent Form (ICF).

RESULTS

Contextualization of the Resignify Program

In the context of a coordination of occupational medicine and occupational health of the Secretariat of Finance and Management of a municipality of Baixada Santista, since 2015, the *Ressignificar* Program (of attention to civil servants with a history of neoplasia) has been developed to carries out the reception and psychosocial monitoring of servants who are dealing with cancer.

This work proposal is one of the consequences of an initial project instituted in 2015, through a municipal decree, called the Leave Management Program for Medical Leave, whose function is to "improve the monitoring of the physical, mental and socio-functional health of the servant (...)"¹⁰.

The leave management program made available the work of the technical team, composed of expert physicians, occupational physicians and occupational nurses, psychologists and social workers, who has been working to support employees on sick leave for more than 90 days. The interventions proposed by the team were based on the analysis of medical records, discussions and case follow-ups.

During the consultations, the technicians identified several specific demands, one of them being the civil servants with a diagnosis of malignant neoplasm. When faced with extreme sensitivity and psychosocial vulnerability of these servants waiting for the consultation and referrals of forensic evaluation, social service professionals understood the need to offer a differentiated reception and idealized the *Ressignificar* Program. Thus, an interdisciplinary team was formed exclusively dedicated to the program that became the reference for those servants. This team is composed of an expert physician, psycholo-

gist and social worker.

Psychosocial care is directed to civil servants under treatment or monitoring the disease, and also to servants who leave as companions of a family member sick with cancer. The team also works to monitor the return to work and, if necessary, in cases where doctors recommend restrictions on activities, or in the processes of professional rehabilitation and retirement due to permanent disability. In addition, team professionals plan and execute health promotion events and information and prevention campaigns.

The Program Statistics

According to the data of March 2023, offered by the Section of Entry, Access and Movement of Personnel, the City of Santos has in its workforce a total of 11,189 employees, of which 7,219 are women and 3,970 are men. This female predominance that characterizes the municipal staff surpasses a national trend. According to DIEESE¹¹, "most households in Brazil are headed by women. Of the 75 million households, 50.8% had female leadership, corresponding to 38.1 million families. Families with male leadership totaled 36.9 million".

From January to October 2023, 151 cancer cases were counted, 85.43% of which were monitored by the *Ressignificar* program. Of the servants served, 82.94% are women and 17.06% men, which reveals a predominance of women in the disease.

The highest incidence among civil servants has been of malignant neoplasms of the breast (38.76%), ovary (5.42%) and thyroid (4.65%). The prevalence of breast cancer reflects national data, according to the National Cancer Institute¹²; "The estimated number of new cases of breast cancer in

Brazil, for the three-year period from 2023 to 2025, is 73,210 cases, corresponding to an estimated risk of 66,54 new cases per 100,000 women”.

Currently, among the active employees monitored in the *Ressignificar* Program (excluding deaths, referrals to the social security and retirement institute), 66.07% perform monitoring through periodic examinations, making it possible to return to work and 33.92% remain in treatment, away from work activities.

Among the civil servants under treatment, the average span of work absence is of 362 days. The age group with the highest number of cases is between 51 and 55 years (21.49% of cases). Of the cases monitored by the program, 34.88% are teachers and educators, 10.07% are cooks or kitchen helpers and 8.52% hold an administrative position.

Of the servants taking part in the *Ressignificar* Program, 4.65% died in 2023 and 8.52% are retired or were referred for analysis by the Social Security Institute.

Program Structure

The participant servants can access psychosocial care when necessary. Sometimes, contact is requested at the time of discovery of the diagnosis, in order to obtain support to face the new reality, helping in the process of reorganizing life in the face of illness. It is common to seek psychosocial care in times of greater emotional fragility; uncertainties regarding the possibility of healing and resumption of life, or even in the face of the impossibility of returning to work in the same function, making professional readaptation necessary.

The team provides service to civil servants in order to expand the support network and provide listening and welcoming space. We understand that the space of psychosocial care can encompass themes that have no place in other contexts, such as the family and the social sphere. The *Ressignificar* Program has as its main objective to respectfully welcome and especially ensure dignified care

for workers undergoing cancer treatment.

Initially, a presentation of the work is made to the civil servants and over the months, on occasions of forensic reevaluation, the workers are reunited with the program team. Gradually, a bond and a bond of partnership and trust are built, where several demands are brought to psychosocial care, giving conditions for a careful approach, considering the entire historical process of each case, personal issues and issues of the work universe.

The interdisciplinary team performs emergency care, follow-up during medical expertise, monitoring of absences, case discussions to define conduct according to each demand presented, home visits and hospital visits. When necessary, articulation is made with family members and workplaces and in cases of return to work activities with medical restrictions, care is provided together with the technical team of professional readaptation until the servant bonds with the new reference team.

Prevention actions are also carried out; lectures, conversation circles and visits to workplaces.

In the course of care, most women report having an important role in their social relationships, especially in the family, and for this reason they claim to have a high degree of physical and emotional fragility in the face of the diagnosis. With each case referred, several issues arise from the moment they receive such a diagnosis, whether they are: fear of dying, issues related to the financial context, concern about the possibility of their definitive absence in their family group and in the cases of women, abandonment by partners and loneliness. Arantes¹² highlights the uniqueness of the feelings experienced in the face of the possibility of death, or discovery of a serious disease.

In this sense, we experience the continuous construction of paths to be followed by the interdisciplinary team and their professional skills side by side with the workers

served, welcoming and strengthening them in coping with their diagnosis.

Excerpts from narratives of servants who took part in the program

Below are some excerpts of narratives that reveal issues related to the diagnosis of neoplasia, the labor and occupational consequences of this diagnosis, the treatment that employees undergo, the adaptations and sometimes readaptations necessary during professional practice and the subjective issues that accompany and follow to them.

DIAGNOSIS AS A CAREER IMPEDITIVE AND THREAT TO THE ROLE

Even knowing that it would not be an easy task, A agreed to participate in the research as a way of thanking the Resignificar Program team for welcoming them, with the aim of being able to help other people. We see a big challenge in this (...) A is a young, black, tall man, a physical education teacher. He welcomes us with an open smile and exudes optimism as a way of leading life. (...) A. brings his initial concern with discovering the diagnosis. His case was unusual for his age group, he was afraid of the financial impact on the family in his absence. The weight of the responsibility of the roles experienced (only child, man and family provider) was highlighted. In his account, work plays a very important role, a source of great satisfaction and his experience appears to be emptied with the withdrawal from work. "The bills were paid", (sic) is what he understands could be done at that moment. "I couldn't chicken out", (sic). (...) Currently, after active treatment, he returned to work and chose to reduce his work pace and prioritize leisure time with his family.

THE DIAGNOSIS THAT CHANGES THE WAY OF LIVING; READAPTATION THAT OPENS NEW PERSPECTIVES

R. is a young woman who tells the story of an active life that included work, physical exercise, the possibility of being with her partner

and traveling. (...) R. breaks down the journey leading up to the discovery of the oncological diagnosis, and situates this moment as a period of change; "Everything changed 360", "the way we see life changed and we started to understand what is a priority", (sic). (...) Regarding work, R. explains that the professional choice was due to the need to study, have a living and a profession. (...) Upon his return, professional retraining became necessary; the constant trips to the bathroom would be difficult to reconcile with a room full of children. R. was re-adapted to an administrative role and reports good relationships that led to new job opportunities. (...).

CAREER INTERRUPTED BUT NOT ABANDONED, THE IMPORTANCE OF RETURNING TO WORK AND REFUSING DISABILITY

F. is a 61-year-old man who has worked in the area of security in the municipality for 10 years. At first he appears serious, with a calm and respectful posture. Well articulated and communicative in contact with the Resignificar Program team. (...) In the moments in which we accompanied him, his desire to return to work and the need to feel productive were always evident. (...) Regarding his relationship with work, he explains that he has always had a good relationship with the command, as in all the places he has been professionally. The desire for professional growth is evident, which did not happen due to the cancer at that time.. (...). F. underwent chemotherapy and radiotherapy and it was not possible to return to his original position, it was necessary to adapt his position for internal work. He didn't want to be treated like a 'poor thing', or like someone with a 'death sentence', (sic). (...) There was a time when the doctor proposed disability retirement. "Never" (sic).

CHALLENGES OF RECURRENCE AND A TEACHER'S PATH TO READAPTING

S. works in the field of early childhood education, is 50 years old and is currently dealing with a third recurrence of the disease.

S. began her professional life early, as a teenager, until she was able to enroll in higher education and graduate in Pedagogy. "I love teaching. Otherwise I wouldn't be fulfilled. (sic). She says that the period away from work was difficult. After a total mastectomy, it is no longer possible to work in a daycare center. "My colleagues wouldn't accept it, as all the tasks are divided. It wouldn't work. I understand their side. I apologize for that. I believe that today there is a lack of empathy (in general)", (sic). He had few contacts with his colleagues during periods of absence. "If she dies, she dies. This ends up being of a normality that is scary", (sic). (...) She states that she has already experienced a situation at work in which she felt humiliated (emotion when remembering), referring to her experience with co-workers, given her medical restrictions. She preferred the path of readaptation to avoid hassle. In these excerpts, the lack of collaboration and recognition of beauty, conferred by peers, is evident, as conceptualized by the Psychodynamics of work. (...) S. did not feel welcomed in that environment and work and preferred the path of readaptation. Her return took place as a concierge agent, and she explains that even outside the classroom she maintains emotional exchanges with the children. She defines her return as a peaceful experience. (...) Later, the employee discovered a new recurrence of the disease. S. is fulfilled through work and the possibility of using affective resources.

THE CHALLENGE OF WORK DEPRIVATION, SAGA OF A PRESENTEIST TEACHER

El. was receptive to our invitation to activities related to the program and also to par-

ticipation in the research. (...) El brings her concern about the children (she is a teacher in the area of special education) and above all the impossibility of explaining to them that she would need to be absent for cancer treatment. We noticed a certain emotion when talking about this passage in her story. (...). She managed to find a moment to talk to the students' parents, but it was not possible to have that conversation with her students. She states that during that period she did not have the physical and emotional health to carry out this task, she refers to experiencing a very intense and troubled period (she was awaiting authorization for exams and procedures). "Until I got sick I was a person who had a very good relationship with my work, I always liked what I did, I had been in special education for over 30 years and I didn't see myself doing anything different, but always trying to innovate and bring new strategies to my classroom and work", (sic). The period of absence from work is defined as a difficult experience to deal with; It wasn't easy to leave for that long time (19 months) I always worked, I only took time off when I was sick. (...) "I wasn't able. It was important to accept the separation, I had never been away for so long", (sic). (...) In El's life, the importance of work, the value attributed to it and the lack of it during the period of medical leave is clear. It is possible to understand the lack of social interaction with your work group. Finally, El. demonstrates that she values the program's support actions and highlights the lack of support groups focused on other cancers. She reports that there are many studies focused on breast cancer, however, there is a lack of proposals focused on other types of cancer.

DISCUSSION

The analysis of the narratives and work experiences of the volunteer employees who participated in the research brought some answers to the questions mentioned in the

introduction and contributed to the reflection and improvement of the practice of the team and professionals involved in occupational health, taking paths to help the ser-

vants on leave due to oncological disease.

We noticed in some narratives the value given to work. Through the perspective of the psychodynamics of work, the central place of work in subjective development and identity is strongly perceived. There is always a mutual transformation between the factors work, subject and subjectivity¹³. Like other professionals who face risky situations, some narrators agree with virile collective defenses, fueling the belief in male invulnerability¹⁴: a man, a 'real man', is not afraid, does not hesitate, does not make mistakes, has full control of the situation.

Some of the employees affected by neoplasms under monitoring are able to work at different times, despite oncological treatment. This may be the result of their dedication and professionalism. The weight of the term "invalidity" is also evident, which refers to a feeling of uselessness and devaluation. Work confers a usefulness status and makes one feel worthy of respect. The importance of being part of a group and having a feeling of belonging creates a social identity.

The Psychodynamics of work addresses the importance of cooperation in work teams. Some employees emphasize that they have always maintained a good relationship with colleagues and managers; which refers to the concept of recognizing the beauty of work, carried out by peers, as well as recognizing its usefulness, conferred by superiors, with a focus on results. In some reports we also observe the satisfaction resulting from carrying out a good job, postulated as a source of pleasure for the psychodynamics of work. In the words of Silva, Deusdedit and Batista¹⁵. "(...) Without the dynamics of recognition, there cannot be the transformation of suffering into pleasure, and there is no meaning for work". Often, professionals from the *Ressignificar* Program intervene with readaptation professionals, in order to provide guidance so that there is a good adjustment of jobs. Some cases are successful, such as F. who reports the welcome and su-

pport in the workplace he received.

In some cases, such as F., as the new job requires new demands, the work experience seems to become more attractive, providing opportunities for subjective, relational and experiential development. F. highlights the opportunities she had and the recognition for the good work done, especially in his secretariat and emphasizes the importance of the recognition of usefulness given by her superiors. She, like other civil servants, presents herself as a resilient person, persistent in situations where adaptation is necessary.

In some cases, time away from work activities is understood as a period of self-care and dedication to leisure activities, in addition to health commitments. In other cases, re-adaptation to a new professional activity does not appear as a factor in suffering, because it seems to mobilize many psychic resources so that suffering is transformed into pleasure. Some civil servants are open for knowledge and learning new tasks.

Throughout the treatment, the *Ressignificar* Program team noticed some attempts to change the focus, moving away from the perspective of the illness itself and the absence from work, to establish actions that were in the control of the affected employees and who could benefit from a new path. Some employees verbally expressed the need for support and reception, showing gratitude and recognition to the *Ressignificar* Program professionals, the nursing team and their support network.

The *Ressignificar* Program has proven to be efficient and relevant, providing employees with treatment that is both institutional and personalized, which activates the assistance resources available in the Occupational Medicine Coordination, the procedural resources made possible and activated due to the partnership with the readaptation team and with human resources, with no damage to the humanized approach and adapted to each case.

As it was possible to see, due to the richness and depth that inspire the excerpts

of cases that were presented, neoplasms manifest themselves in different forms, each one requiring specific therapeutic responses, imposing physical and mental efforts that trigger emotional reactions that can be better faced and overcome if can count on support from experienced, competent and compassionate professionals, who spare no effort to provide a comprehensive and adapted care program, as has been carried out in the *Ressignificar* Program.

The fruits of these efforts can be observed insofar as it is considered that, as far as possible, the program offers comfort during

the journey that goes from diagnosis to the end of treatment, and that many employees are able to return to work, whether in the same functions and positions, whether in positions or readapted functions and that they express satisfaction with the program and the service received. These are the gains that the *Ressignificar* Program provides for employees on leave. These results can be used to develop and improve the *Ressignificar* Program and other existing employee monitoring programs and also to develop new health promotion programs and actions aimed at employees in general.

CONCLUSION

The richness of experience was extracted thanks to the research work carried out with public servants, notably through interviews and the narratives they generated, as well as the systematization of information and data related to the program carried out by researchers.

It is hoped that this case study will serve as a

model and inspiration so that other welcoming programs for cancer patients can be created and developed in other locations and in other federative units so that those with similar stories can also benefit. Continuing education is an appropriate and promising strategy for carrying out such projects.

CREdiT author statement

Conceptualization: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Methodology: Lima, LC. Validation: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Formal analysis: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Research: Ribeiro, AAS. Resources: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Preparation of the original draft: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Writing-review and editing: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Viewing: Lima, LC; Cipullo, MAT; Ribeiro, AAS; Pereira, TRB. Supervision: Lima, LC; Cipullo, MAT. Project administration: Lima, LC.

All authors read and agreed to the published version of the manuscript.

REFERENCES

1. Instituto Nacional do Cancer [internet] – Introdução. [access on 26/10/2023]. Available at <https://www.gov.br/inca/pt-br/assuntos/cancer/numeros/estimativa/introducao>
2. Salci MA, Sales CA, Marcon SS. Sentimentos de mulheres ao receber o diagnóstico de câncer. Rev. enferm. UERJ, Rio de Janeiro, 2009 jan/mar; 17(1):46-51. Available at <http://files.bvs.br/upload/S/0104-3552/2009/v17n1/a008.pdf>
3. Instituto Nacional do Cancer [internet] – Cadernos de Psicologia [access on 26/10/2023]. Available at <https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//caderno-de-psicologia-2.pdf>
4. Cestari E, Carlotto MS. Reabilitação profissional: o que pensa o trabalhador sobre sua reinserção. REVISPSI [Internet]. 2012;12(1):93-115. Available at http://pepsic.bvsalud.org/scielo.php?pid=S1808-42812012000100006&script=sci_abstract

5. Yin RK. Estudo de caso: planejamento e métodos. 3rd ed. Porto Alegre: Bookman; 2005.
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde 12th ed. São Paulo: Hucitec; 2010.
7. Prodanov CC, Freitas EC. Metodologia do Trabalho Científico: Métodos e Técnicas da Pesquisa e do Trabalho Acadêmico [ebook], 2nd ed., Universidade Feevale. 2013. Access on 20/10/2023. Available at <https://www.feevale.br/Comum/midias/0163c988-1f5d-496f-b118-a6e009a7a2f9/E-book%20Metodologia%20do%20Trabalho%20Cientifico.pdf>
8. Ribeiro AASR. Resignificar: Narrativas de servidores sobre o adoecimento e a relação com o trabalho após o diagnóstico oncológico. Masters dissertation. Santos: Universidade Federal de São Paulo; 2023.
9. Dutra E. A narrativa como uma técnica de pesquisa fenomenológica. Estudos de Psicologia. 2002;7(2):371-8. Access on 20/10/2023. Available at <https://www.scielo.br/j/epsic/a/vc3HmxqjLnrQpFpLwskhzm/abstract/?lang=pt>
10. Santos. Decreto 7149, de 17 de junho de 2015. Institui o programa de gestão de afastamento por licença médica do servidor público e dá outras providências. Diário oficial de Santos SP. Available at <https://leismunicipais.com.br/a/sp/s/santos/decreto/2015/715/7149/decreto-n-7149-2015-institui-o-programa-de-gestao-de-afastamento-por-licenca-medica-do-servidor-publico-e-da-outras-providencias>
11. Departamento intersindical de estatística e estudos socioeconômicos (DIEESE) [internet]. Boletim especial 8 de março – Dia da Mulher/As dificuldades das mulheres chefes de família no mercado de trabalho – Access on July 28th, 2023. Available at: <https://www.dieese.org.br/boletimespecial/2023/mulheres2023.pdf..>
12. Arantes AC. A morte é um dia que vale a pena viver. 1st ed. Rio de Janeiro: Casa da Palavra; 2016.
13. Dejours C. Subjetividade, trabalho e ação. Revista Produção. sep./dec. 2004;14(3):27-34. Access on 20/10/2023. Available at: <https://www.scielo.br/j/prod/a/V76xtc8NmkqdWHd6sh7Jsmq/?lang=pt>
14. Molinier P. Psicodinâmica do trabalho e relações sociais de sexo: um itinerário interdisciplinar. 1988-2002. Revista Produção 2004;14(3):14-26. Access on 27/10/2023. Available at: <https://www.scielo.br/j/prod/a/4WDd8LxFrB3yYLczWySK8Mq/?lang=pt>
15. Silva RVS, Deusdedit J, Matista M, Agero M. A relação entre reconhecimento, trabalho e saúde sob o olhar da Psicodinâmica do trabalho e da clínica da atividade: debates em psicologia do trabalho. Gerais, Rev. Interinst. Psicol. 2015;8(2):415-27. Access on 02/10/2023. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202015000300010

Received: 31 october 2023.
Accepted: 23 january 2024.
Published: 30 january 2024.