

Functional Readaptation and Psychological Distress in Nursing: A Critical Analysis of Work Management

Readaptação Funcional e Sofrimento Psíquico na Enfermagem: Análise Crítica Sobre a Gestão do Trabalho
Readaptación Funcional y Malestar Psicológico en Enfermería: Un Análisis Crítico de la Gestión del Trabajo

RESUMO

Objetivo: Analisar as repercussões da readaptação funcional informal e do desvio de função na saúde mental de uma enfermeira do setor público. **Método:** Relato de experiência descritivo-reflexivo, fundamentado na vivência profissional em uma instituição pública de saúde. A análise foi realizada mediante a articulação da prática institucional com a literatura sobre saúde do trabalhador, enfermagem, gestão do trabalho e as diretrizes da Organização Mundial da Saúde. **Resultados:** A ausência de formalização pericial e de planejamento organizacional converteu a readaptação em um isolamento funcional. O ambiente administrativo, desprovido de suporte e com ambiguidade de papéis, atuou como novo estressor, intensificando o sofrimento ético-político e a desvalorização profissional. **Conclusão:** A readaptação, quando reduzida a um manejo administrativo sem amparo técnico, falha em seu caráter protetivo e agrava o adoecimento mental. Evidencia-se a necessidade de modelos de gestão que promovam ambientes laborais compatíveis com as condições dos profissionais de enfermagem.

DESCRIPTORES: Enfermagem; Saúde Mental; Saúde do Trabalhador; Condições de Trabalho; Gestão em Saúde.

ABSTRACT

Objective: To analyze the repercussions of informal functional rehabilitation and job deviation on the mental health of a public sector nurse. **Method:** Descriptive-reflective experience report based on professional experience in a public health institution. The analysis was performed by articulating institutional practice with the literature on occupational health, nursing, work management, and World Health Organization guidelines. **Results:** The absence of formal expert assessment and organizational planning turned rehabilitation into functional isolation. The administrative environment, lacking support and with ambiguous roles, acted as a new stressor, intensifying ethical-political suffering and professional devaluation. **Conclusion:** Rehabilitation, when reduced to administrative management without technical support, fails in its protective role and aggravates mental illness. There is a clear need for management models that promote work environments compatible with the conditions of nursing professionals.

DESCRIPTORS: Nursing; Mental Health; Worker Health; Working Conditions; Health Management.

RESUMEN

Objetivo: Analizar las repercusiones de la readaptación funcional informal y el desvío de funciones en la salud mental de una enfermera del sector público. **Método:** Relato de experiencia descriptivo-reflexivo, basado en la experiencia profesional en una institución pública de salud. El análisis se realizó mediante la articulación de la práctica institucional con la literatura sobre salud laboral, enfermería, gestión del trabajo y las directrices de la Organización Mundial de la Salud. **Resultados:** La ausencia de formalización pericial y de planificación organizativa convirtió la readaptación en un aislamiento funcional. El entorno administrativo, carente de apoyo y con ambigüedad de roles, actuó como un nuevo factor de estrés, intensificando el sufrimiento ético-político y la desvalorización profesional. **Conclusión:** La readaptación, cuando se reduce a una gestión administrativa sin apoyo técnico, falla en su carácter protector y agrava la enfermedad mental. Se evidencia la necesidad de modelos de gestión que promuevan entornos laborales compatibles con las condiciones de los profesionales de enfermería.

DESCRIPTORES: Enfermería; Salud mental; Salud del trabajador; Condiciones de trabajo; Gestión en salud.

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service without compromising their health and the quality of care^(1,2).

However, in institutional practice, it is observed that functional rehabilitation is not always carried out in a manner consistent with its ethical and legal assumptions, and it is common for workers to remain in situations of role deviation, even if formally rehabilitated. This contradiction reveals weaknesses in the man-

INTRODUCTION

The functional rehabilitation of healthcare workers is an important mechanism for protecting workers'

health, especially in the face of work-related illness. In nursing, a profession marked by high physical, emotional, and organizational demands, rehabilitation should enable professionals to remain in

agement of health work and can intensify the physical and psychological suffering of professionals^(1,2,3).

In the context of public health services, these situations become even more complex, as they are intertwined with administrative issues, a lack of human resources, and restrictive interpretations of labor legislation. For nursing, such practices have repercussions not only on workers' health, but also on the organization of work and the quality of care provided^(1,3,4).

Thus, this article aims to report the experience of a rehabilitated nurse who remained in a deviant role in a public health service for three years, analyzing the implications of this experience for worker health, professional ethics, and nursing work management.

METHOD

This is an experience report study with a descriptive and reflective approach, based on the professional experience of a nurse working in the public health service. The experience reported took place in a public institution between 2022 and 2025, involving the process of functional rehabilitation and continued work in activities characterized as a deviation from the nurse's normal duties.

The report was constructed based on the systematization of experiences in daily work, organized critically and analytically, in light of the scientific literature related to occupational health, nursing, and health work management. No data from medical records, identifiable institutional documents, or information that could identify individuals or the institution were used.

The ethical principles governing scientific production were respected, with the preservation of the anonymity of the professional and the institution involved, in accordance with National Health Council Resolution No. 466/2012. As this is an experience report, the study was not submitted to the Research Ethics

Committee for review.

RESULTS (EXPERIENCE REPORT)

The experience took place in a public health institution, in an administrative sector, to which the nurse was referred after becoming ill due to work-related causes. The change of sector was presented as a functional readaptation strategy, but was not formalized by means of a specific medical-expert report.

The conduct of this process revealed significant administrative flaws. The professional's insertion into the new sector occurred without prior planning, without a clear definition of activities compatible with her health condition, and without systematic monitoring by management. The absence of technical-legal formalization weakened institutional recognition of the rehabilitation and opened space for subjective interpretations of her work capacity.

In this context, the rehabilitation took on an informal and predominantly administrative character. Even though she was assigned to the administrative sector, the nurse began to perform activities that went beyond the scope of the rehabilitation, constituting a deviation from her role. These demands were often justified by institutional needs and a shortage of human resources.

Remaining in this scenario of uncertainty and overload generated serious psychological repercussions, manifested by feelings of insecurity, helplessness, and ethical-moral suffering. The absence of spaces for listening and mediation contributed to the intensification of suffering, evidencing that the inadequate conduct of functional rehabilitation can aggravate mental illness, rather than promoting protection and rehabilitation at work.

DISCUSSION

The experience reported shows that functional rehabilitation, although conceived as a strategy to protect workers'

health, took on a predominantly administrative character, limiting its effectiveness in rehabilitation and prevention of mental illness. Studies indicate that when dissociated from qualified technical assessments and management sensitive to the mental health of the professional, this measure tends to lose its protective character^(1,2).

The work environment to which the nurse was assigned proved incompatible with her psychological condition, intensifying her mental suffering. The literature shows that work contexts marked by excessive demands, role ambiguity, and fragile institutional protection significantly increase the risk of mental illness among health workers, with a significant impact on nursing^(1,2,4,5).

The absence of expert formalization in the rehabilitation process weakened the delimitation of activities and compromised the coordination between management and occupational medicine. International guidelines reinforce the central role of occupational medicine in mediating between health conditions, work organization, and worker protection, an aspect absent from the experience analyzed^(5,6).

However, the fact that the professional remained in a deviant role for three years highlights a critical gap in management, understood as the inability to implement reasonable accommodations. According to international guidelines, return to work should be accompanied by changes in tasks and supervisory support. The lack of training for managers in dealing with mental health results in negligent conduct that individualizes the problem, treating illness as an absolute disability rather than a condition that can be managed through adjustments in the work environment.

In this context, job deviation emerges as a consequence of institutional fragility, often naturalized under the discourse of human resource scarcity and productivity maintenance. Contemporary studies associate this organizational logic with

the intensification of mental suffering in the public health sector ^(3,7,8,9).

Thus, the report demonstrates that promoting workers' mental health requires more than functional relocation, demanding updated institutional policies, effective coordination with occupational medicine, and strategies aligned with international recommendations on mental health at work ^(1,5,7).

The implications for nursing go beyond the individual case. This is a category historically exposed to high workloads, intense emotional demands, and management models that often prioritize service continuity at the expense of worker health. In this scenario, fragile rehabilitation processes tend to reproduce and deepen vulnerabilities already present in everyday work life ^(1,2).

The absence of clear protocols and systematic monitoring by occupational medicine compromises the mental health of the rehabilitated professional, the quality of work, and the safety of care and administrative processes. Evidence indicates an association between mental illness in nursing, increased absenteeism, turnover, and prolonged leave, with direct impacts on health teams and services

^(1,2,7).

Thus, strengthening institutional policies for functional rehabilitation, improving occupational medicine practices, and actively involving nursing in management spaces are key strategies for promoting mental health in the profession, recognizing workers as subjects of rights and not just as a productive force ^(1,5,7,10).

CONCLUSION

This experience report showed that functional rehabilitation, when conducted informally, without expert support, and dissociated from effective institutional occupational health policies, may fail to fulfill its protective function and contribute to the worsening of mental illness. The experience analyzed demonstrates that the simple relocation of workers, especially to inappropriate administrative or technical environments, does not guarantee rehabilitation or the preservation of mental health.

The mental illness observed is not a sign of individual fragility, but rather an expression of organizational processes marked by weaknesses in work management, occupational medicine, and the

prioritization of service continuity over worker health. This institutional logic tends to naturalize suffering, render the psychological impacts of work invisible, and transfer responsibility for structurally produced conditions to the individual.

For nursing, the findings reinforce the need to strengthen functional rehabilitation policies based on qualified technical assessments, systematic monitoring, and work environments compatible with the health conditions of professionals. It is also important to highlight the importance of the active participation of nursing in management and decision-making spaces, in order to challenge practices that reproduce illness and contribute to the construction of more ethical, healthy, and sustainable work environments.

Finally, this report seeks to contribute to the debate on mental health and work in nursing by highlighting that worker protection should occupy a central position in institutional policies. Recognizing mental suffering as a collective and organizational issue is fundamental for promoting decent working conditions, valuing nursing, and providing effective care for those who care for others.

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