“PIT-STOP” ON OCCUPATIONAL HEALTH: AN EXPERIENCE REPORT

“PIT-STOP” SOBRE SAÚDE DO TRABALHADOR: UM RELATO DE EXPERIÊNCIA

“PIT-STOP” SOBRE SALUD DEL TRABAJADOR: UN RELATO DE EXPERIENCIA

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RESUMO

Objetivo: apresentar a experiência vivenciada por graduandos de enfermagem em projeto de intervenção voltado à saúde do trabalhador em uma Unidade de Saúde da Família no interior da Bahia. Método: 82 profissionais participaram. Desenvolveu-se, em 3 momentos, a apresentação de conceitos e doenças relacionadas à Saúde do Trabalhador; a administração de vacinas; o controle glicêmico e de pressão arterial (P.A.); e atividades de orientação à saúde. Resultados: foram visitados 10 ambientes de trabalho na área com a identificação de pessoas acometidas pelas doenças. Realizou-se a vacinação e controle glicêmico e de P.A. em 37 profissionais e 15 participantes receberam orientação nutricional e de ergonomia. Conclusão: é necessário reconhecer que as más condições de trabalho favorecem o adoecimento dos profissionais, as quais geram incapacidades funcionais. Descritores: Saúde do Trabalhador; Unidade de Saúde da Família; Projeto de Intervenção.

ABSTRACT

Objective: to present an experience of nursing students in an intervention project aimed at occupational health in a Family Health Unit in Bahia. Method: participants were 82 professionals. It was developed in three moments, the presentation of concepts and diseases related to Occupational Health; administration of vaccines; glycemic and blood pressure (BP) control; and activities of guidance to health. Results: we visited 10 workplaces in that area with the identification of people affected by the diseases. It was held vaccination and glycemic and BP control in 37 professionals, and 15 participants received nutritional ergonomics guidance and. Conclusion: it must be recognized that poor working conditions favor the illness of professionals and generate functional disabilities. Descritors: Occupational Health; Family Health Unit; Intervention Project.

RESUMEN

Objetivo: presentar la experiencia vivida por graduandos de enfermería en proyecto de intervención dirigido a la salud del trabajador en una Unidad de Salud de la Familia en el interior de Bahia. Método: 82 profesionales participaron. Se desarrolló, en 3 momentos, la presentación de conceptos y enfermedades relacionadas a la Salud del Trabajador; la administración de vacunas; el control glicémico y de presión arterial (P.A.); y actividades de orientación a la salud. Resultados: fueron visitados 10 ambientes de trabajo en el área con la identificación de personas afectadas por las enfermedades. Se realizó la vacunación y control glicémico y de P.A. en 37 profesionales y 15 participantes recibieron orientación nutricional y de ergonomía. Conclusión: es necesario reconocer que las malas condiciones de trabajo favorecen las enfermedades de los profesionales, las cuales generan incapacidades funcionales. Palabras clave: Salud del Trabajador; Unidad de Salud de la Familia; Proyecto de Intervención.

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INTRODUCTION

The term Occupational Health refers to a field of knowledge which aims to understand the relationship between work and the health/disease process. For this thematic field, worker is every person engaged in work activity, regardless of being included in the formal or informal labor market, including in the form of family and/or domestic work. It should be noted that the informal labor market in Brazil has grown sharply in recent years.

The occupational health actions are included in the context of the Health Surveillance, considering the health/disease process as a result of social and productive relationships of humanity.

The Health Surveillance activities are part of the Primary Health Care grounded in the Family Health Strategy and Community Health Workers. Such activities include identification of risk, damages, requirements, living and work conditions, and also the survey of demographic, cultural, political, socioeconomic, epidemiological and health aspects that enable the recognition of the needs and priority problems of a population in a particular locality.

Regarding workers, we must consider the different environmental and organizational risks to which they are exposed due to their inclusion in the work processes. Thus, occupational health actions should be formally included in the agenda of the primary health care. Thus, the assistance already offered to workers is widened as they are viewed as subject to a specific illness that requires specific strategies of promotion, protection and recovery of health.

Understanding the importance of a differentiated approach due to the particularities of occupational health as SUS principle, by its characteristic of assisting the user in their uniqueness and integrity, one must address issues inherent in that particular group.

On the above considerations, the present study aims to:

- Presenting the experience of nursing students in an intervention project aimed at occupational health in a Family Health Unit in Bahia.

METHOD

This project on Occupational Health was designed by students of the 8th semester of nursing at the Federal University of Recôncavo da Bahia as an intervention activity of the curricular discipline Supervised Internship I. Initially, a survey was conducted with the Community Health Workers (CHW) of the Family Health Unit (FHU) Viriato Lobo on the number of workers who work in the coverage area, which was approximately 100 professionals, who are the target audience of this activity.

The development of this research was carried out with professionals working in the area, in their own workplace, which we called "pit stop", an itinerant project whose execution took place in three phases.

At first, there was the presentation of Occupational Health concepts, Repetitive Strain Injuries and Work-Related Musculoskeletal Diseases (RSI/WRMDs) and about the Occupational Health Reference Center (CEREST) of the municipality of Santo Antonio de Jesus-BA. In this context, we displayed images, explained flowcharts and key concepts related to those workers’ professions. We also used the opportunity to distribute an “Occupational Health Kit” to each participant, containing informative brochures, prevention commodities and adult vaccination schedule.

In the second phase, we asked the workers to visit to FHU, where we made some interventions, such as administration of immunobiologicals, glycemic and blood pressure control, and distribution of educational brochures on diseases belonging to the adult vaccination schedule and concepts on Systemic Hypertension and Diabetes Mellitus. In the third and last phase, there were some activities at the FHU aiming to comprehend the greatest number of employees working in that area in partnership with nutritionist and physiotherapist of the Núcleo de Apoio à Saúde da Família (Support Center for Family Health - NASF) who work in this FHU, whose aim was to direct guidance of health promotion and disease prevention to workers’ health.

RESULTS AND DISCUSSION

In the first phase of the project, the students and a member of the FHU were to meet some professionals working in the area, in their workplace, to perform the theoretical explanation on RSI/WRMDs that most affect these workers. The topics were: tendinitis, arthritis, bursitis, and phenomena such as traumatic amputation, diagnostic criteria and therapeutic possibilities.

Considering the guidelines of the Brazilian Health System, health education actions should not be limited to the physical space of...
the unit; it is of utmost importance to conduct educational activities in the coverage area, whether at home, in community centers, and even at their workplace, since these actions contribute to the strengthening of the bond with the community.

On that occasion, 10 workplaces were visited, mostly commercial establishments, namely: pharmacy, convenience stores, beauty salons, repair shops, and a public body office. Participants of this activity were 30 workers, such as clerks, manicures, hairdressers, supermarket cashiers, administrative staff, mechanics, among others.

During the activity, it was revealed that these professionals had prior knowledge about the RSI/WRMDs and recognized some signs and symptoms that may suggest the onset of these diseases. For example, a participant (hairdresser) reported feeling severe pain in the shoulder when performing her work activities, so she started to delegate these functions to another employee. There is, however, the emergence of a functional incapacity as a result from work.

Because it is a multifactorial disease, the development of injuries is related to the existence of certain risk factors that interact between them in the workplace. One should take into account the anatomical region exposed to risk factors, the time of exposure to these factors and the intensity thereof, and also the temporal organization of activity, that is, the duration of the work cycle, the distribution of breaks or the schedule.2

It should be considered as risk factors situations in which the person is required to maintain an accelerated pace due to salary incentives for higher productivity; when the person does a repetitive work without periods of breaks to rest; work done with inadequate posture, musculoskeletal load required by affected limb; the static load maintained by the affected limb; physiological and/or psychological monotony in carrying out the task; the rigidly hierarchical work done under explicit or implicit pressures from managers; the insufficient number of employees; long working hours with frequent performance of extra hours; and working in cold, noisy and poorly ventilated environment.3

Added to this, there is the reflection on labor rights, whether employers are acting in accordance with the law in order to guarantee such benefits, as well as the degree of knowledge of these rights by workers, as these factors can lead to job dissatisfaction and trigger diseases.

Thinking of occupational health is not only restricted to prevention of the etiologic agents of diseases, it is necessary to recognize that the working conditions to which workers are inserted are the factors that favor the illness of these professionals and are one of the main generators of functional disabilities.

The second phase of the Project, named “Occupational Health Pit-Stop” had the main objective to monitor the health of the workers of the area covered by FHU in the unit itself and it was held at an opportune time. To this end, students explained the importance of this monitoring for the workers’ health and then carried out blood pressure measurement, blood glucose measurement and guidelines about adult and occupational immunization schedule and the relevance of it.

During this process it was obtained some data that allow for their examination. Participants of the pit stop were 37 workers, most of whom were female, which makes us think that the health service is more frequented by women.

During the intervention activity we encountered a few high levels of blood pressure and blood glucose, previously unknown by the worker, which may be taking a risk to their health. Thus it is possible to reaffirm the importance of health and disease prevention, especially to this target audience that once ill ceases to carry through their work activities. For example, this was a high result found: 140x90mmHg, 140 mg/dL in fasting, in which the worker was advised and sent for medical and nursing examination for possible treatments and conducts.

The third phase of the project, developed with the help of professionals of NASF working in the FHU, was divided into two moments due to availability and days of work of professionals in the unit.

Both moments started with the presentation of the purpose of the project and explanation of the subject with exhibition of topics and images in the waiting room of FHU Viriato Lobo. We noticed the participation of users in discussions on the topic RSI/WRMDs with identification of diseases in acquaintances or in the users themselves and that there is a greater knowledge of RSI. However, the term WRMD was not recognized in any of the moments and few users had already heard about the CEREST-SAJ.

The first moment was held on Tuesday, March 25, 2014, and was dedicated to nutritional guidelines mediated by the nutritionist of NASF, relevant to occupational health, such as recommended food and tips on
menus that fit with the working day, always taking into consideration cultural customs and purchasing power, in order to maintain a balanced diet with adequate spacing between meals, emphasizing fluid intake and consumption of fruits and vegetables, that by decreasing gastric emptying time may influence the well-being of workers and their production. At the end we served fruit for listeners, who totaled 4 people. On March 26, 2014, 11 participants attended and it was scheduled for physical therapist to give guidelines from the perspective of therapeutic interventions in tackling the RSI/WRMDs and also in preventing these diseases. After conceptual explanation, modalities, such as physical therapy and ergonomics, were explained and how they help in clinical conditions: pain management, muscle strengthening and stretching, stress relief and adaptation of work environments for maintenance of workers’ posture and health.

By listing the different types of exercises, the physical therapist showed the correct performance thereof, as well as its functions and which exercises could be applied by the users without professional supervision. It was also highlighted in the final debate of the psychological issues related to cases of RSI/WRMDs with active participation of users, for example, the feeling of failure, difficulty in labor admission, the recognition of the disease by others and the need of social protection. Informational kits about CEREST-SAJ, adult and occupational vaccination and occupational diseases were distributed among the users.

### CONCLUSION

The realization of the occupational health project aiming to raise awareness among the user community of FHU Viriato Lobo was the first step in the construction of this debate and possible interventions.

The knowledge and identification with occupational diseases were facilitators in the process of explanation of the theme to the public, encouraging discussion and sharing of experiences. However, lack of knowledge about occupational rights, the role of the CEREST-SAJ and the possibility of preventing the health problems suggest that the theme must be developed more often, having better effect on the work environment. At various times they have been cited the delicate relationship between employer and employee and also questions about INSS support.

It is noteworthy that interdisciplinarity is indispensable for the subject given its multiple causes and consequences covering various fields of knowledge, such as nursing, psychology, physical therapy, nutrition, pharmacy, social work, medicine, among others. From this perspective, the work in partnership with the multidisciplinary view of NASF provides greater contemplation in the comprehensiveness of the subject.

The approach of the university students with the theme enables the development of skills for future professional life, reiterating the relevance of activities related to health education and health promotion as strengther of SUS principles.

Academically speaking, stressing the need for nursing publications in this field with development of studies and educational and care strategies seems essential to foster discussions, to assist in addressing the obstacles and solving problems. The performance of a comprehensive nursing, by the organic, humanistic and of empowerment extension of the individual refers to the role of educator inserted in the nurse’s profile.

### REFERENCES


“Pit-stop” on occupational health...


