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Health promotion practices in teachers' work

Práticas de promoção da saúde no trabalho do professor
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Abstract

Objective: To understand health promotion practices of workers carried out by health teachers at a public technological education institution.

Methods: This is a qualitative research of the participatory action research type, articulated with Paulo Freire's Research Itinerary, which consists of three interconnected stages: thematic research; coding and decoding; critical unveiling. Five Culture Circles were developed between April and June 2018, involving the participation of 21 health teachers.

Results: Teachers revealed that working conditions, interpersonal relationships, work environment, and lifestyle habits are factors that affect workers' health. They perceive that workers' health policy is not consistent with the service, which must be reorganized for greater efficiency. They pointed out practices to promote health: balance between work and personal life, formation of mutual help groups and exchange of knowledge in the work environment, leisure, emotional preparation, healthy eating and maintaining interpersonal relationships, bringing benefits to their quality of life.

Conclusion: The approximation between health promotion and worker's health was evidenced, demonstrating that it can be developed in different settings and participants. Practices that enable health promotion can bring many benefits to improve their quality of life.

Resumo

Objetivo: Compreender as práticas de promoção da saúde do trabalhador que são realizadas pelos professores da área da saúde de uma instituição pública de ensino tecnológico.

Métodos: Pesquisa de abordagem qualitativa do tipo pesquisa ação participante, articulada com o Itinerário de Pesquisa de Paulo Freire, que consiste de três etapas que estão interligadas: investigação temática; codificação e descodificação; desvelamento crítico. Foram desenvolvidos cinco Círculos de Cultura, entre abril e junho de 2018, envolvendo a participação de 21 professores da área da saúde.

Resultados: Os professores desvelaram que as condições laborais, relacionamentos interpessoais, ambiente de trabalho e hábitos de vida são fatores que afetam a saúde do trabalhador. Percebem que a política de saúde do trabalhador não está condizente com o serviço, o qual deve ser reorganizado para maior eficiência. Apontaram práticas para promover saúde: equilíbrio entre trabalho e vida pessoal, formação de grupos de ajuda mútua e troca de conhecimento no ambiente de trabalho, lazer, preparo emocional, alimentação saudável e manter as relações interpessoais, trazendo benefícios para sua qualidade de vida.

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Conflicts of interest: nothing to declare.

Conclusão: Evidenciou-se a aproximação da Promoção da Saúde com a Saúde do Trabalhador, demonstrando que esta pode ser desenvolvida em diferentes cenários e participantes. As práticas que possibilitem a Promoção da Saúde podem trazer muitos benefícios para melhoria de sua qualidade de vida.

Resumen

Objetivo: Comprender las prácticas de promoción de la salud del trabajador que realizan los profesores del área de la salud de una institución pública de enseñanza tecnológica.

Métodos: Estudio de enfoque cualitativo tipo investigación-acción participante, articulado con el itinerario de investigación de Paulo Freire, que consiste en tres etapas interconectadas: investigación temática, codificación y decodificación, revelación crítica. Se desarrollaron cinco Círculos de Cultura entre abril y junio de 2018, con la participación de 21 profesores del área de la salud.

Resultados: Los profesores revelaron que las condiciones laborales, las relaciones interpersonales, el ambiente de trabajo y los hábitos de vida son factores que afectan la salud del trabajador. Percibieron que la política de salud del trabajador no se condice con el servicio, el cual debería reorganizarse para lograr mayor eficiencia. Señalaron prácticas para promover la salud: equilibrio entre trabajo y vida personal, formación de grupos de ayuda mutua e intercambio de conocimientos en el ambiente de trabajo, recreación, preparación emocional, alimentación saludable y mantener las relaciones interpersonales, que ofrecen beneficios para su calidad de vida.

Conclusión: Se evidenció la aproximación entre la promoción de la salud y la salud del trabajador, lo que demuestra que esta puede desarrollarse en diferentes escenarios y con diferentes participantes. Las prácticas que permiten la promoción de la salud pueden ofrecer muchos beneficios para mejorar la calidad de vida.

Introduction

Health promotion has been discussed over time, in order to understand ways for people to live in better living conditions. Factors other than physical and mental health are considered, encompassing health determinants such as work, housing, leisure, family and friends.^(1,2) Health promotion develops in different settings, such as in Occupational Health and in the school environment, in which this research was carried out.

Health promotion was defined in the Ottawa Charter as “the process that seeks to allow people to increase control and improve health” (WHO, 1986, p. 1).⁽³⁾ However, although the concepts of health promotion are defended in the Charter, there are divergences in relation to the theme. There are two different discourses: one related to the biological model with a focus on disease and changes in lifestyles and another that seeks to reinforce the emancipatory perspective and encourage individual and collective empowerment that seeks the autonomy of people to transform reality.⁽¹⁾

Workplaces should receive special attention. In the 21st century, according to the World Health Organization, the workplace was established as one of the priority settings for health promotion because it influences physical, mental, economic and social well-being. In the school area, there has been an increase in the health of teachers, as-

sociated with the conditions and characteristics of their work.⁽⁴⁾

Work and its relations with health are guided by socio-cultural, economic and productive aspects, according to the society in which they live. Such relationships, in the school environment, need an understanding work organization, education professionals and triggering conditions of the health-disease process methods. This knowledge provides subsidies for the investigation of labor processes and the repercussions on health, resulting from the interaction between the environment and the individual.⁽⁵⁾

In the face of social and health conditions that affect sectors of the working population, it is necessary to expand studies related to health promotion in the work environment, by identifying and describing the interventions carried out.⁽⁶⁾ In educational institutions emerges the promotion of actions in favor of improving educational work and training related to health care, for the development of skills in search of quality of life and healthy living for all individuals involved in the educational setting.⁽⁷⁾

Considering the above, it is questioned: What are the health promotion practices of workers carried out by health teachers at a public technological education institution? From then on, the study aimed to understand the practices of promoting workers' health that are carried out by health teachers at a public technological education institution.

Methods

This is a qualitative research of the participant action research type, which considers research as a pedagogical movement connected to social transformation, allowing the study to result in practice.⁽⁸⁾ Through dialogue in a horizontal, critical and reflective way, participatory action research promotes the autonomy and empowerment of subjects, with the valorization of scientific and popular knowledge to face a problem.

The participatory action research aims to achieve socially relevant results and is characterized by the involvement of mediator and participant, and the relationship between researcher and researched does not occur with the mere observation of the first by the second, but identifying with the social reality.⁽⁸⁾

The study was based on the assumptions of Paulo Freire, in which the Research Itinerary was made, composed of three dialectical stages, which are interconnected: 1) thematic investigation; 2) coding and decoding; 3) critical unveiling.

Thematic research aims to identify the generating themes extracted from participants' reality. The contextualization occurs as situations are identified through dialogue, in which participants raise the contradictions, the concrete and real situations in which theirs are living here and now. In the second stage there is the contextualization and problematization of the generating themes, becoming aware of the lived world. It represents an analysis of the lived situation, a dialectical moment in which participants start to admire and reflect on their action. In the third phase, the transformation of the lived context is sought. Participants become aware of the vivid situation, in which the weaknesses and potentialities of reality are discovered. There is an action-reflection-action process that enables participants to understand and intervene in reality by confronting contradictions.^(7,9,10)

The stages of Freire's Research Itinerary take place in spaces called Culture Circles, which consist of a critical reflection, emerging the awareness of the lived world. Participants, through dialogue, re-elaborate the world and when reconstructing it, they realize that it is also built by them.^(9,10) Moreover, the

Culture Circle makes it possible to bring researchers and study participants closer together, in which the subject of interest to the researcher becomes a collective interest through a deep reflection of reality.

The study was carried out in a capital of southern Brazil, at a federal institution of professional, scientific and technological education, which has 391 teachers. Twenty-one teachers participated in the study. Teachers in full exercise of teaching between staff and employees, with at least two years of experience in teaching in the health area, were included. Those who were away on vacation or on leave of any nature during the period of development of the study were excluded.

Four Culture Circles were held that took place on the educational institution's premises, between April and June 2018. During the meetings, the environment was arranged in a circle and the dialogues were recorded on video, and later transcribed in a targeted manner.

The Culture Circles were organized every two weeks, with a duration of one and a half hours each. The first Circle was designed to go through the thematic research phase of Freire's Research Itinerary, in which the group was encouraged to dialogue, being instigated through two guiding questions: What factors related to your work can harm your health? What health promotion practices do you develop in your work environment? At that moment, participants were divided into pairs to encourage discussion and afterwards, their reflections were socialized for the large group.

In the second Culture Circle, the stage of coding and decoding was developed, in which the meanings and understanding of the themes raised by the group at the previous meeting were sought, with the theoretical framework of promoting health and workers' health to mediate the dialogues. Generating themes were discussed in all Culture Circles, which were investigated, coded and decoded by the group, registered on the blackboard, classified and grouped by theme proximity and similarities. Eight themes involved health promotion, and four, occupational health, boosting communication in other Culture Circles.

In the third and fourth Culture Circles, a synthesis of the generating themes was carried out,

which were coded and decoded. In these last two Circles, participants randomly selected a topic, exposing their opinion with interference and discussion, seeking to highlight health-promoting practices. Through the action-reflection-action process and awareness of the reality experienced, teachers were able to understand and be motivated to promote their health in their work space.

Critical unveiling occurred since the first meeting, when participants, during the discussions, became aware of their reality and expressed actions and practices to transform their reality and promote health. As it is a participatory research, analysis of the themes occurred according to what emerged in the Culture Circles and concomitant to its development.

The study was carried out in accordance with the ethical principles contained in Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*), starting after approval by an Institutional Review Board, under CAAE (*Certificado de Apresentação para Apreciação Ética - Certificate of Presentation for Ethical Consideration*) 80121317.4.0000.0121. In order to guarantee anonymity, participants were given codenames that they had chosen at random.

Results

The 21 study participants worked as teachers in health courses, being: nursing technician, technologist in radiology, professional master's degree in radiological protection, initial and continuing training course on caregivers for older adults, receptionist of health services. Most participants were female (72%), married (62%), aged 25 to 50 years. As for degree, nursing stands out with 52%, followed by 33% of technologists in radiology, 10% of physicians and 05% of engineers, and the teachers were specialists (09%), master's degree holders (43%) and physicians (48%). Job tenure in teaching ranged from two to 28 years, but the majority (53%) had more than ten years of experience. In the first Culture Circle, 35 themes were raised, 12 of which were coded and decoded, and of these, two

were worked on critical unveiling: health promotion and occupational health (Chart 1).

Chart 1. Thematic investigation of the generating themes and coding and decoding of the investigated themes

Generating themes	Coding and Decoding	Critical unveiling
Balancing Work-Life	Balancing Work-Life	Health promotion
Taking work home		
Individual time		
Formation of groups and mutual aid	Formation of mutual aid groups	
Knowledge exchange		
Practices of physical activities	Practices of physical activities	
Meditation		
Pilates		
Dance		
Soccer in the campus		
Body worship with demands and demands that bring stress		
Healthy eating	Healthy eating	
Damage reduction through exhaust valves	Damage reduction through exhaust valves	
Leisure to avoid stress		
Good social relationship	Good social relationship	
Emotional preparation for interpersonal relationships		
Raise awareness and allow health practices	Raise awareness and allow health practices	
Individual empowerment		
Ergonomics	Working environment and ergonomics	
Working environment		
Pressure of work	Pressure of work	Occupational health
Impact of educational policies, and pedagogical and bureaucratic processes		
Productivity demands		
Psychological pressure on federal civil servants		
Withdrawing of colleagues for health reasons and work overload for those who replace	Work relationships between students, colleagues, and managers	
Work relationships between students, colleagues, and managers		
Classroom conduct between students and teachers	Lack of training for teaching	
Lack of training for teaching		
Activity planning	Teacher devaluation	
Teacher devaluation		
Feeling of being disposable		
Only teaching		
Public service devaluation media		
Public service dismantling		
Feeling of working hard, but not productive		

Health promotion

Within the theme of health promotion, 35 themes were investigated, which by grouping and significance were coded and decoded, with eight more relevant themes emerging.

Participants were unanimous in stating that the balance between work and personal life is a factor that interferes with their health promotion, pointing out that they cannot achieve such a balance and sometimes take work home:

“We have to find a balance between work and personal life, that we never know where this limit is.” (Grass)

“What is this line that separates the staff from the professional, that we are unable to do this and the work goes home together.” (Hope)

Teachers revealed that working conditions are factors that contribute to reproducing this situation. During the course of all Culture Circles, they debated that the formation of mutual aid groups for the exchange of knowledge in the work environment is relevant to avoid stress, have emotional preparation and a good social relationship to maintain interpersonal relationships:

“What we could do to improve workers’ health is to have a group among us to discuss and reflect.” (Rolling Stones)

The work environment and ergonomics can contribute to the illness of teachers. They revealed that they can promote their health through the creation of favorable work environments. The work environments, as they present risks to the health of workers, should receive attention to minimize them, an aspect recognized by participants who identified as risks the physical arrangement, transport of loads, noise, temperature, exposure to biological materials, exposure to ionizing radiation, and accidents. They emphasize that the institution provides mechanisms to promote workers’ health, but it is necessary to advance on this theme:

Teachers identified the need to reorient workers’ health services in the institution, reflecting that there are health-promoting actions that go beyond those required by law. However, they suggested improvements in favor of efficiency:

“There is an Occupational Health policy, but the service must be reorganized to be more efficient.” (Clove)

Healthy eating was discussed on several occasions as a health promotion practice. It was discussed about the food in the institution’s canteen,

and it was suggested the alteration of the public notice for the provision of this service so that the option of healthier food must be offered.

Teachers are able to relate healthy eating as a health-promoting practice, they recognize the benefits, trying to do it:

“Theoretically, in the canteen bidding you have to offer three whole food options [...] but the appearance is so ugly.” (Luna)

“To suggest that they (canteen) expand healthy foods of price competition [...] I am waiting for the next public notice to suggest this change.” (Bread)

Teachers pointed out that the institution provides some spaces for some health-promoting practices such as physical activities and meditation. But they feel uncomfortable doing it for fear of what their coworkers might think about it:

“There is meditation on campus, Pilates twice a week [...] but if someone sees [...] there is time for that [...] at work.” (Blue)

In the research development, some teachers returned to physical activity practices or at least organized themselves to carry them out. In the final assessment of all Culture Circles, there was an emphasis on the benefit of this work in motivating the practice of physical activity.

Occupational health

During the dialogues, issues related to strong work pressure, productivity demands, psychological pressure on federal employees, the devaluation and dismantling media of the public service, the impact of educational policies, pedagogical and bureaucratic processes, work relations were addressed. among students, colleagues and leadership, professional devaluation, feeling of being disposable as issues that permeate teachers’ daily lives, making it difficult to meet the needs of each student:

“The teaching work, where the increase in productivity and charges has an impact on the Worker’s

Health [...] also the impact of the new educational policies implemented and the teacher is not prepared for that.” (Mandala)

“Teacher devaluation, especially the students do not respect you [...] which leads to demotivation.” (Gab)

“We are not prepared, this is distressing because I want to do the best for that student who has some difficulty, as a person with special needs, and I as a teacher have to find a way.” (Hope)

“One of the difficulties is knowing how to individualize the student [...] but at the same time he is part of a general that I cannot treat differently [...] and how to meet his needs?” (Grass)

Teachers coded and decoded that the impact of educational policies, pedagogical and bureaucratic processes can interfere positively and negatively on workers' health. They revealed that there are public policies related to occupational health at the federal and institutional levels, but they have implementation failures, often occurring on time and without continuity programs (requiring emphasis on teacher training to assist in planning activities), related to teacher initiatives, depending on their interest:

“Two years ago, more or less, a federal occupational health sector was created [...] but it has no control.” (Luna)

“I already had a very different experience; I was away and went for a specialist [...] the physician was extremely rude [...] I was only seen twenty days after my return.” (Heart)

Finally, it is possible to infer that the increase in teachers' assignments in the current context, working conditions and the lack of articulation with policies lead to physical and mental illness, resulting in suffering and increased absenteeism, resulting from work administration and unsatisfactory health.

Discussion

Balancing work-personal life is linked to physical, emotional, overwork and bureaucratic activities, as well as the inadequate working conditions that teachers are exposed to. The imbalance of these conditions affects well-being and even quality of work.⁽⁷⁾

The occupational stress experienced by the teacher is related to work overload, lack of control over time, students' behavioral problems, excessive bureaucracy, the implementation of new educational initiatives and the difficulty in relating to supervisors are the main burnout factors.^(7,9)

Moments of dialogue in groups can alleviate the stress experienced as the group itself is a powerful tool in the production of care, as it presents itself as a space for sharing knowledge, technical and popular, as well as a place for welcoming and forming networks.⁽¹¹⁾ It is group meetings that promote socialization, changes in life and learning habits, paying attention to the fact that it is not enough to just bring people together in a group, but to strengthen interpersonal relationships and provide a permanent process of reciprocity among participants, which can be a transformative tool in the search for behavioral changes and coping strategies.⁽¹²⁾

The harmful environmental agents in the teacher's work are noise, dust, temperature and inadequate lighting. In legislation there is a greater emphasis on the curative model to the detriment of teachers' health promotion.⁽¹³⁾ Health promotion practices, aiming at collective concern at work, reduce occupational stress. Furthermore, articulating research and work optimizes working conditions, and dialogical group interventions reflect on changing habits and better working conditions.⁽¹²⁾

Teachers do few physical activities, which reinforces the hypothesis that the current teaching work structure can hinder their practice in their free time, and it is necessary to consider health promotion actions, regarding this practice.⁽¹⁴⁾

The health promotion strategies reported by participants are in line with the principles proposed in the Ottawa Charter⁽³⁾ and in accordance with the priority themes of the Brazilian National Health Promotion Policy, such as training and permanent

education, adequate food and healthy, bodily practices and physical activities.⁽¹⁵⁾

The contextual aspects of teachers' daily lives bring harm to their health. This situation is related to excessive tasks and relationship difficulties, increased occupational burden, demand for high institutional ratios, high pressure for performance and low level of task control, noise, hostility among students, personal and salary devaluation, institutional problems and inadequate school infrastructure for work.⁽¹³⁾

When considering the sum of the factors pointed out as difficult in conducting his work, the teacher experiences moments of physical, emotional and stress. In this context, an escape valve can come through leisure activities in the work environment and outside it, since they contribute to harm reduction. The absence of this, associated with daily demands, can lead professionals to have health problems with an emphasis on mental health.⁽¹⁶⁾

It is necessary to consider the presence of the naturalization of malaise and illnesses involved with being or being a teacher, given the difficulties in the health-disease process perception at work and the delay in seeking health care services. Health promotion must be involved in the teaching culture by avoiding neglect of well-being in school work organization.⁽¹⁷⁾

The frequent cause of absenteeism for the health treatment of teachers is psychiatric disorders, originating from several factors: interpersonal relationships; dissatisfaction with work and deteriorating working conditions; public service worker image; accountability for service deficiencies, for possible crises by public institutions; accumulation of functions and poor management in the organization of work; highly hierarchical management model and taken over by bureaucracy; federal civil servant stereotype characterized by slowness. In this regard, it is suggested to implement health promotion and prevention measures in the workplace, with a view to favoring the health of workers and reducing absenteeism rates.⁽¹⁸⁾

Such factors signal the demands of teachers regarding their health care and the aspects that can be developed by a network that prioritizes health care actions for workers, to the detriment of curative medicine. Only the involvement of teachers' health

management is insufficient to resolve the issue, since the educational context presents itself as a diseased space, and it is essential that it be restructured with the intertwining of health and education policies.⁽¹⁹⁾

The limitations of this study include the limited number of current researches related to the theme of health promotion in the work of teachers and the difficulty of gathering participants for the development of Culture Circles, due to the teaching activity's characteristics.

Conclusion

In the development of this research, the interconnection between health promotion and occupational health was evident. Teachers identified that working conditions and interpersonal relationships are factors that affect their well-being, in the same way that the work environment and life habits make it possible to promote Health, with repercussions on improving their quality of life. They revealed that there is a policy for occupational health, both at the federal and institutional levels, but it needs a reorientation of services provided. During the dialogues in the Culture Circles, some practices stood out: searching for a balance between work and personal life; forming groups of mutual aid and exchange of knowledge in the work environment; reducing harm through leisure to avoid stress; having emotional preparation; good social relationship to maintain interpersonal relationships; healthy eating. The choice of method was positive for directing the Culture Circles, which, through dialogue, sensitive topics were unveiled. The research brought contributions to teachers' health promotion, at the moment when they unveiled their lived reality. It is hoped that participants can be encouraged to reflect on their practice and develop the suggestions that emerged during the Circles, promoting their health.

Collaborations

Antonini FO, Heidemann ITSB, Souza JBB, Durand MK, Belaunde AMA and Daza PMO col-

laborated with the study design, data analysis and interpretation, article writing, relevant critical review of intellectual content and approval of the final version to be published.

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