

INTERVENTION OF HEALTH EDUCATION ON HIGHWAY BR 116: EXPERIENCE REPORT

Gislene de Jesus Cruz Sanches*

Mara Lúcia Miranda Silva**

Lívia Lessa de Oliveira***

Iracema Costa Ribeiro Gomes****

Ilanderlei Andrade Souza*****

Sérgio Donha Yarió*****

ABSTRACT

This study aimed to describe the intervention activity in health education of the extension project Saúde at the BR. It is a descriptive study, of an experience report and the activities carried out at the base of the Federal Highway Police, are part of the semester schedule of the extension project. Intervention activities included nutritional guidelines on oral health, ergonomics, use of medications and psychoactive substances and on the influence of spirituality in coping with stress situations. They were associated to the evaluation of health conditions with: blood pressure measurement, capillary glycemia and immunization, verification of anthropometric measures and evaluation of body mass index, as well as practical demonstrations of health care, such as workout and relaxation. It was evidenced that the activities of health education incorporated characteristics of intervention directed to the reality of the target public as an active subject of the process of care to improve life quality.

Keywords: Health Education. Occupational Health. Truck Drivers. University Extension.

INTRODUCTION

Health education is one of the main strategies in health promotion. Thus, promoting health interventions allows interaction between health professionals and the participants in the action as a strategy for recognizing and coping with the difficulties inherent in the people addressed, with a view to understanding the potential of action for essential and supportable interventions. In this context, health education is understood as scientifically produced knowledge in the field of health, intermediated by multiprofessional team with the goal of achieving improvements in lifestyle⁽¹⁾.

Based on multicomponent strategies, the results of health education interventions provide changes in behavior and lifestyle leading to considerable consequences on quality of life and health promotion⁽²⁾. This way, considering the mobility situation of truck drivers, we note the importance of health education interventions in order to alleviate labor difficulties and to promote their health.

Considering the peculiarities of the work environment and the demands of the labor relations,

truck drivers daily suffer charges in carrying out their labor activity in the expectation of supplying the needs imposed by the financial growth directed to reach productivity goals and consequently increase the required economic return by capitalism⁽³⁾.

Among this demand so peculiar to today's society, cargo transport is a service that demands unusual work characteristics, requiring truck drivers, increasingly singular skills for their professional practice⁽⁴⁾.

Thus, truck drivers may be more vulnerable to chronic-degenerative diseases and psychological disorders, due to the characteristics of working conditions that involve this professional group. It is necessary to consider that these professionals work in environments, sometimes unhealthy, that expose them to situations such as climatic conditions, route of pathways, traffic conditions and equipment failure, increasing exposure to risk factors that contribute for physical and mental illness⁽⁵⁾.

This way, concern is related to care as a focus of health promotion and quality of life of this category, instrumentalizing educational activities as a prerogative for health education actions in order to

*Nurse. Master. State University of Southwest of Bahia (UESB).

**Nurse. Master. State University of Southwest of Bahia (UESB).

***Physiotherapist. Master. State University of Southwest of Bahia (UESB).

****Nurse. Master. State University of Southwest of Bahia (UESB).

*****Dentist. Master. State University of Southwest of Bahia (UESB).

*****Dentist. Doctor. State University of Southwest of Bahia (UESB).

gradually improve the conditions experienced in the duty⁽⁶⁾.

Considering the interface between education and health as a starting point for critical thinking about reality, it is possible to think about health education as a form of human empowerment to intervene and transform living conditions, with a view to achieving health as a conquered right⁽⁷⁾.

The educational process is something inherent to the human being and its appropriation is common sense in the daily life of individuals corroborating with the individual and collective distinction of the best or most convenient choices for better quality of life. At the moment, formal education is not being considered⁽⁸⁾, but everyday education, experienced by experiences and practical learning.

Based on these considerations, this study aimed to describe the intervention activity in health education of the Health extension project in the BR highway.

METHOD

Health education is one of the main strategies in health promotion. Thus, promoting health interventions allows interaction between health professionals and the participants in the action as a strategy for recognizing and coping with the difficulties inherent in the people addressed, with a view to understanding the potential of action for essential and supportable interventions. In this context, health education is understood as scientifically produced knowledge in the field of health, intermediated by multiprofessional team with the goal of achieving improvements in lifestyle⁽¹⁾.

Based on multicomponent strategies, the results of health education interventions provide changes in behavior and lifestyle leading to considerable consequences on quality of life and health promotion⁽²⁾. This way, considering the mobility situation of truck drivers, we note the importance of health education interventions in order to alleviate labor difficulties and to promote their health.

Considering the peculiarities of the work environment and the demands of the labor relations, truck drivers daily suffer charges in carrying out their labor activity in the expectation of supplying the needs imposed by the financial growth directed to reach productivity goals and consequently increase the required economic return by capitalism⁽³⁾.

Among this demand so peculiar to today's society, cargo transport is a service that demands unusual work characteristics, requiring truck drivers,

increasingly singular skills for their professional practice⁽⁴⁾.

Thus, truck drivers may be more vulnerable to chronic-degenerative diseases and psychological disorders, due to the characteristics of working conditions that involve this professional group. It is necessary to consider that these professionals work in environments, sometimes unhealthy, that expose them to situations such as climatic conditions, route of pathways, traffic conditions and equipment failure, increasing exposure to risk factors that contribute for physical and mental illness⁽⁵⁾.

This way, concern is related to care as a focus of health promotion and quality of life of this category, instrumentalizing educational activities as a prerogative for health education actions in order to gradually improve the conditions experienced in the duty⁽⁶⁾.

Considering the interface between education and health as a starting point for critical thinking about reality, it is possible to think about health education as a form of human empowerment to intervene and transform living conditions, with a view to achieving health as a conquered right⁽⁷⁾.

The educational process is something inherent to the human being and its appropriation is common sense in the daily life of individuals corroborating with the individual and collective distinction of the best or most convenient choices for better quality of life. At the moment, formal education is not being considered⁽⁸⁾, but everyday education, experienced by experiences and practical learning.

Based on these considerations, this study aimed to describe the intervention activity in health education of the Health extension project in the BR highway.

RESULTS AND DISCUSSION

To systematize the accomplishment of the activities, initially, the drivers were invited by two highway policemen to watch the institutional video of the PRF on accident prevention as a strategy of education in traffic, occurring at this stage, the first contact with the educational action as prerogative for the awareness process.

The truck drivers were divided in groups with 10 people, randomly selected as the trucks were parked, with an average time of stay in the activity of 35 minutes, systematically following the order of participation in the reception stands, spirituality, health care, physiotherapy, physical education, psychology, dentistry and nutrition, being

accompanied by a multiprofessional team. During the reception they were informed about the project, its objectives and directed to the stand of spirituality where it was proposed, through images that refer to the search for individual meaning of life, outcropping of spirituality as a way of meeting with hope and willingness to live.

Spirituality corresponds to the opening of the consciousness of the meaning of life, allowing the qualitative appreciation of this process⁽⁹⁾. This activity was proposed as a way to meet with their personal emotions, moment of self meditation and reunion or rapprochement with daily life that even physically distant, can be experienced and subjectively revival. It was also a time to overcome resistance and facilitate "spiritually" participation in subsequent activities.

Facing the challenge of improving the care of the human being, respecting it as an integral being, thematic actions that favor holistic consideration allow us to approach our expectations and wishes, contributing to each one's ability to express the best of oneself⁽¹⁰⁾. It was observed positive reactions from both the driver and the truck driver, with demonstrations of affection and emotions that led to reflections on self behavior, lifestyle and health conditions.

Following, the implementation of health care was performed by nurses and focused on cardiovascular and metabolic problems with blood pressure and capillary glycemia. These problems due to working conditions and lifestyle affect the health of truck drivers and are important in the attention to the care of these workers, requiring from the nursing a different eye at the issues related to the health of the worker, having as reference the health promotion⁽¹¹⁾.

It is noteworthy that the work routine of these professionals makes this population vulnerable to metabolic and cardiovascular diseases. It is proven that sedentary lifestyle, poor nutritional habits and sleep disturbances, long working hours, and use of inputs to increase long-term alertness are determinant for the risk of diseases⁽¹²⁾. There is an association between work habits and metabolic syndromes, such as systemic arterial hypertension and diabetes⁽¹³⁾.

Through the measurement of blood pressure and the verification of capillary glycemia, it was possible to proceed with the orientation regarding pathologies, risk factors, consequences and especially for individual care. The truck drivers, participants of the activity, in whom elevated blood pressure and glycemic levels were identified, after orientations on

the possibilities of improvement with healthy behavior, even in adverse conditions, were referred to the professionals of the advanced team of Via Bahia, for initial attendance and, when necessary, forward of interurrences to referral hospital.

After reevaluation of these professionals, three truck drivers with hypertensive peak and one with hyperglycemia were forwarded to the hospital of reference of the municipality headquarters of the activity and only released after normalization of blood pressure or blood glucose. Concomitant guidelines were given for the search and follow-up in health services in the municipalities that were places of rest, due to the mobility situation that makes it difficult to follow up on a single referral service.

Integrated to this stand, a pharmacist advised on the risks related to the incorrect or inappropriate use of medications and also the risks of exposure to psychoactive substances. A study indicates that truck drivers have a high level of consumption of cigarettes, alcoholic drinks and caffeinated beverages, as well as using amphetamines⁽¹⁴⁾, as a characteristic related to working conditions, specific to this professional category, and require interdisciplinary integration in the guidelines for awareness.

The working conditions of truck drivers determined by the overload of work combined with the absence of health services, education and few leisure options, leads to the consumption of psychoactive substances, also leading to feelings of isolation and loneliness⁽¹⁵⁾.

Understanding the integrality of the human being as attribution for the health care and consequently for the health education the professionals of physiotherapy and physical education carried out activity that were complemented with the intention to bring possibilities of solutions to the problems raised.

Physical therapists guided ergonomics, postural care and stretching to prevent injuries and pain, associating a practical demonstration of work exercises adapted to the reality of this public, which can be incorporated into daily life, demystifying the idea of the need for elaborate spaces for physical activity

The evaluation of the physical educators was composed of measurement and evaluation of anthropometric values, such as weight, height, waist and hip circumference, body mass index (BMI), correlated with physical activity and guided cardiovascular and metabolic risks.

Corroborating with the need to implement

physical activity using strategies of adaptation to the reality, a study indicates that the time for the practice of regular physical exercises for these workers is scarce which leads to the worsening of the health conditions, making important the daily routine structuring to perform physical and postural exercises⁽¹⁶⁾.

Truck drivers constantly suffer from the intense pace of work imposed on them and this circumstance leads to greater physical-mental and emotional-affective imbalance that directly affect health, being related to the appearance or aggravation of numerous organic and mental disorders, which influences life quality⁽¹³⁾.

Considering the importance of issues related to Psychological matter, in the psychology stand professional used appropriate methodology, with informal conversations, so as not to characterize psychological care. Thus, they provided guidelines for coping with situations of stress and sensitization to the need to use the appropriate moments for relaxation and individual discovery of subjective skills that stimulate assertive and emotionally balanced attitudes

Due to the inherent characteristics of working conditions, there is the risk of triggering mental disorders affecting any person, sector or organization, so the psychologist should stimulate the worker to develop their abilities and potentialities⁽¹⁷⁾. Mental and behavioral disorders related to work result not from isolated factors, but from working contexts in interaction with the body and the psychic apparatus of workers⁽¹⁸⁾.

Regarding oral health, guidelines were drawn up on adequate brushing and care routines for the prevention of dental problems. The nutritional orientation was developed for the valuation of healthy food as a way of health care, even in a condition of mobility. Faced with this panorama, nutritionists demonstrated new and possible healthy ways of eating, adapted to the context of this professional group. On the other hand, processed foods, rich in sodium, fats and sugars were prepared, and in the occasion the orientation of the nutritionists was

directed to the risks caused by the exaggerated consumption of these foods in the compromise of health.

As potentials of the activity are highlighted: the implementation of strategies to sensitize drivers to the need for health care; awakening in society the recognition of this professional category for the economic development of the country; and to alert them about the vulnerability to which they are exposed.

As challenges and difficulties are highlighted: the need for intersectoral policies to ensure education, including health education, vocational training, better working conditions and access to health services with appropriate characteristics for mobile workers⁽¹⁵⁾.

The peculiar characteristics of this profession eventually lead truck drivers to adopt unhealthy living habits, so the guidelines should address a range of problems and risks that usually affect these drivers. For this, partnerships that promote integrality, interdisciplinarity and intersectorality are essential⁽¹⁹⁾.

FINAL CONSIDERATIONS

It was evidenced that the activities of health education incorporated characteristics of intervention directed to the reality of the target people as an active subject of the process of care to improve the quality of life.

It is hoped that these actions can help to produce changes in society and contribute to the formulation and implementation of new interventions focused on health promotion. It is therefore made explicit the need for health actions and social support to these professionals with the implementation of public policies directed to these individuals.

Health status in relation to quality of life may be considered as a background against the need for work. There is vulnerability to risky practices, increased use of drugs, alcohol and sex, demanding the development of programmed actions aimed at prevention in the various health sectors for truck drivers.

INTERVENÇÃO DE EDUCAÇÃO EM SAÚDE NA BR 116: RELATO DE EXPERIÊNCIA

RESUMO

Este estudo objetivou descrever a atividade de intervenção de educação em saúde do projeto de extensão Saúde na BR. Trata-se de um estudo descritivo, tipo relato de experiência, com atividades realizadas na base da Polícia Rodoviária Federal que integram o cronograma semestral do projeto de extensão. As atividades de intervenção contemplaram orientações nutricionais, saúde bucal, ergonomia, uso de medicamentos e substâncias psicoativas e, sobre a influência da espiritualidade

no enfrentamento às situações de estresse. A avaliação das condições de saúde, contou com a aferição da pressão arterial, glicemia capilar e imunização; verificação de medidas antropométricas e avaliação de índice de massa corporal, bem como, demonstrações práticas de cuidados de saúde, como a ginástica laboral e o relaxamento. Evidenciou-se que as atividades de educação em saúde incorporaram as características de intervenção direcionadas à realidade do público-alvo, como sujeito ativo do processo do cuidado para a melhoria da qualidade de vida.

Palavras-chave: Educação em Saúde. Saúde do Trabalhador. Motoristas de Caminhão. Extensão Universitária.

INTERVENCIÓN DE EDUCACIÓN EN SALUD EN LA AUTOPISTA BR 116: RELATO DE EXPERIENCIA

RESUMEN

Este estudio tuvo como objetivo describir la actividad de intervención en educación en salud del proyecto de extensión Saúde na BR (Saúde en la autopista BR). Se trata de estudio descriptivo, del tipo relato de experiencia y las actividades realizadas en la base de la Polícia Rodoviária Federal (Polícia Federal de Carreteras brasileña) integran el cronograma semestral del proyecto de extensión. Las actividades de intervención abarcan orientaciones nutricionales, sobre salud bucal, ergonomía, uso de medicamentos y sustancias psicoactivas y sobre la influencia de la espiritualidad en el enfrentamiento de situaciones de estrés. Fueron asociadas a la evaluación de condiciones de salud con: la toma de la presión arterial, glucemia capilar e inmunización, verificación de medidas antropométricas y evaluación de índice de masa corporal, así como demostraciones prácticas de cuidados de salud, como gimnasia laboral y relajamiento. Quedó evidente que las actividades de educación en salud incorporaron características de intervención dirigidas para la realidad del público blanco como sujeto activo del proceso del cuidado para mejoría de la calidad de vida.

Palabras clave: Educación en Salud. Salud del Trabajador. Conductores de Camión. Extensión Universitaria.

REFERENCES

1. Neto NMG, Sá GGM, Vasconcelos EMR, Silva TM, Santos AMR, Carvalho KM. Health education interventions on first aid measures for lay people in Brazil: integrative review. *Cienc Cuid Saude* [on-line]. 2017 (citado em 05 mar 2018), out-dez; 16(4). doi: <http://dx.doi.org/10.4025/cienccuidsaude.v16i4.38305>.
2. Ribeiro EHC, Garcia LMT, Salvador EP, Costa EF, Andrade DR, Latorre MRDO, et al. Assessment of the effectiveness of physical activity interventions in the Brazilian Unified Health System. *Rev Saude Publica*. 2017; 51:56. doi: <https://doi.org/10.1590/S1518-8787.2017051006654>.
3. Lacaz FAC. Continuum a adoecer e morrer os trabalhadores: as relações, entraves e desafios para o campo Saúde do Trabalhador. *Rev Bras Saude Ocup* (online). 2016 (citado em 22 fev 2017); 41(13):01-11. doi: <http://dx.doi.org/10.1590/2317-6369000120415>.
4. Ferreira SS, Alvarez D. Organização do trabalho e comprometimento da saúde: um estudo em caminhoneiros. *Rev Elet Sist Gest* (online). 2013 (citado em 20 fev 2017), mar; 8(1):58-66. Available in: <http://www.revistasg.uff.br/index.php/sg/article/viewFile/V8N1A5/V8N1A5>.
5. Beltrão FLL, Pena PGL. Associação entre síndrome metabólica e saúde no trabalho. *Rev Bras Med Trab*. 2013 (citado em 16 mar 2017); 11(1):3-18. ISSN Online 2447-0147. Available in: <file:///C:/Users/pse/Downloads/v11n1a02.pdf>.
6. Sedano GS, Ferreira SCM, Valente GSC, Chrisostimo MM. Educação em saúde: um desafio do enfermeiro do trabalho na atenção à saúde dos caminhoneiros. *J. res.: Fundam. care.* (online). 2010 (citado em 02 mar 2017), abr-jun; 2(2):760-769. Available in: <http://www.redalyc.org/pdf/5057/505750818002.pdf>.
7. Hipólito MCV, Masson VA, Monteiro MI, Gutierrez GL. Quality of working life: assessment of intervention studies. *Rev Bras Enferm* [Internet]. 2017;70(1):178-86. doi: <http://dx.doi.org/10.1590/0034-7167-2015-0069>.
8. Gadotti M. Educação popular, educação social, educação comunitária: conceitos e práticas diversas, cimentadas por uma causa comum. *Revista Diálogos. IV Congresso Internacional de Pedagogia Social: domínio epistemológico*. Brasília. 2012 (citado em 02 mar 2017); dez; 18(1):10-32. Available in: <https://portalrevistas.ucb.br/index.php/RDL/article/view/3909/2386>.
9. Simão TP, Chaves ECL, Iunes DH. Spiritual distress: the search for new evidence. *J. res. Fundam. care.* (online). 2015 (citado em 15 mar 2017); 7(2):2591-602. doi: <http://dx.doi.org/10.9789/2175-5361.2015.v7i2.2591-2602>.
10. Dal-Farra RA, Geremia C. Educação em saúde e espiritualidade: proposições metodológicas. *Rev. bras. educ. med.* 2010; out-dez; 34(4):587-97. doi: <http://dx.doi.org/10.1590/S0100-55022010000400015>.
11. Rocha EM. Prevalência de obesidade e sedentarismo em caminhoneiros. *Revista Univar*. 2015 (citado em 15 mar 2017); 13 (1): 165-169. Available in: https://www.researchgate.net/publication/322527245_Prevalencia_de_obesidade_e_sedentarismo_em_caminhoneiros.
12. Notto VO, Brandão VL, Alves AF, Silva L M, D'Alessandro WB. Associação entre índice de massa corporal e circunferência da cintura com hipertensão arterial sistêmica em caminhoneiros. *Rev. Cereus*. 2017; jan-abr; 9(1):163-177. Available in: <http://ojs.unirg.edu.br/index.php/1/article/view/1295>.
13. Mansur AP. Risk Factor for Cardiovascular Disease, Metabolic Syndrome and Sleepiness in Truck Drivers. *Arquivos Brasileiros de Cardiologia*. 2015 (acesso em 28 jan 2017); 6 (105): 560-565. doi: <http://dx.doi.org/10.5935/abc.20150132>.
14. Masson VA, Monteiro MI. Estilo de vida, aspectos de saúde e trabalho de motoristas de caminhão. *Rev Bras Enferm*. 2010 (acesso em 18 dez 2017); jul-ago; 63(4):533-40. doi: <http://dx.doi.org/10.1590/S0034-71672010000400006>.
15. Leyton V, Sinagawa DM, Oliveira KC, Schmitz W, Andreuccetti G, De Martinis BS, et al. Amphetamine, cocaine and cannabinoids use among truck drivers on the roads in the State of São Paulo, Brazil. *Forensic Sci Int.* (online). 2012 (acesso em 25 jan 2017); 215(1-3):25-7. doi: <http://dx.doi.org/10.1016/j.forsciint.2011.03.032>.
16. Knauth DR, Leal AF, Pilecco FB, Seffner F, Teixeira AMFB. Staying awake: truck drivers' vulnerability in Rio Grande do Sul, Southern Brazil. *Rev Saude Pública*. 2012; 46(5):886-93. Available in: <https://scielosp.org/pdf/rsp/2012.v46n5/886-893/en>.
17. Ruas A, Paini JFP, Zago VLP. Detecção dos fatores de risco para o desenvolvimento de doenças cardiovasculares dos profissionais caminhoneiros: prevenção, reflexão e conhecimento. *Perspectiva, Erechim*. 2010 (acesso em 10 jan 2017); mar; 34(125):147-15. Available in: http://www.uricer.edu.br/site/pdfs/perspectiva/125_82.pdf.

18. Gomes BF, Bonvicini CR. Saúde mental e o trabalho de caminhoneiros de cargas nas rodovias. *Psicologia e Saúde em Debate*. 2016; nov; 2(supl2):8-11. doi: <http://dx.doi.org/10.22289/2446-922X.V2S1A3>.

19. Souza WFS. Transtornos mentais e comportamentais

relacionados ao trabalho: o que a psicologia tem a dizer e a contribuir para a saúde de quem trabalha? *Fractal, Rev. Psicol.* 2013; jan-mar; 25(1):99-108. doi: <http://dx.doi.org/10.1590/S1984-02922013000100007>.

Corresponding author: Gislene de Jesus Cruz Sanches. Rua José Moreira Sobrinho - Jequiezinho, Jequié - BA, CEP: 45206-190.

Submitted: 14/05/2017

Accepted: 28/06/2018