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SHORT COMMUNICATION

Rehabilitation of occupational stress from the perspective of Health Education

Rehabilitación del estrés laboral desde la Educación para la Salud

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ABSTRACT

Job stress is linked to mental, physiological and neurobiological alterations that contribute to the development of cognitive problems and the depletion of workers' health. This problem has led to an increase in prolonged periods of work inactivity, the emergence of chronic diseases, unfortunate occupational accidents and even, in the most serious cases, the loss of human lives. This tragic situation could be prevented to a large extent through solid Health Promotion and Education. The paper we present adopts a critical perspective with respect to Health Education, considering it not only as a preventive strategy that disseminates information and seeks to maintain optimal health in the economically active population, but also as an interdisciplinary task that involves the redesign of the work organization. Emphasizes the complexity of this alternative approach and its importance in addressing work-related stress more effectively.

Keywords: Rehabilitation; Health Education; Occupational Stress.

RESUMEN

El estrés laboral está vinculado a alteraciones mentales, fisiológicas y neurobiológicas que contribuyen al desarrollo de problemas cognitivos y al agotamiento de la salud de los trabajadores. Este problema ha llevado al aumento de períodos prolongados de inactividad laboral, el surgimiento de enfermedades crónicas, accidentes laborales lamentables e incluso, en los casos más graves, la pérdida de vidas humanas. Esta situación trágica podría prevenirse en gran medida a través de una sólida Promoción y Educación para la Salud. El artículo que presentamos adopta una perspectiva crítica con respecto a la Educación para la Salud, considerándola no solo como una estrategia preventiva que difunde información y busca mantener la salud óptima en la población económicamente activa, sino también como una tarea interdisciplinaria que implica el rediseño de la organización laboral. Enfatiza la complejidad de este enfoque alternativo y su importancia en abordar el estrés laboral de manera más efectiva.

Palabras clave: Rehabilitación; Educación para la Salud; Estrés Laboral.

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INTRODUCTION

Occupational health remains a concern for researchers worldwide due to the physical and mental damage observed in the global working population. The constant and rapid development of information and communication technologies has exacerbated this concern. Numerous studies have identified a growing number of workers experiencing workplace accidents, mental health issues, and other preventable medical conditions caused by occupational stress.[1,2]

A comprehensive approach involving understanding, socialization, and guidance for workers regarding their health in the workplace is essential to raise awareness of the risks associated with their job tasks. Education and health promotion are crucial tools for encouraging action and reducing the daily catastrophe of workers suffering physical and mental health injuries, which can undoubtedly lead to loss of life. Rehabilitation offers a ray of hope, a tangible possibility, in addressing this unfortunate situation.[3,4,5]

Rehabilitation comprises a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.[5,6,7,8] Health conditions may also include pregnancy, aging, stress, congenital anomalies, or genetic predisposition. Rehabilitation is one of the essential services defined in universal health coverage, and there has never been a greater need to strengthen the rehabilitation workforce. Competency frameworks play a significant role in addressing these challenges, especially in contexts where the rehabilitation workforce is emerging.[9,10,11]

Rehabilitation is not only for individuals with disabilities, prolonged disorders, or physical limitations; it is an essential part of health services that should be accessible to anyone with health problems, whether acute or chronic, any limitation, or any injury that hinders their daily activities.[12,13,14] Rehabilitation is not a luxury or a healthcare service available only to those who can afford it. It is not an optional service to be attempted when other interventions fail to prevent or cure a health condition. To realize all rehabilitation's social, economic, and health benefits, everyone must have access to timely, quality, and affordable rehabilitation interventions.[15]

DEVELOPMENT

According to estimates from the World Health Organization (WHO), approximately 2,4 billion people worldwide have a health condition that could benefit from rehabilitation. With changes in health and the characteristics of the global population, this estimated need for rehabilitation is expected to increase in the coming years, given the complexity of current work environments.

Workplaces continue to be risk-prone areas for workers despite technological advancements and the increasing influence of labor organizations in improving working conditions.[16]

However, even though contemporary society has not resolved this issue, the workplace remains an ideal context for developing effective rehabilitation, prevention, and health promotion programs.[17]

The workplace is where economically active individuals spend most of their time and is also one of the most heavily regulated environments. Many rules and regulations can be implemented to improve the quality of life for workers.[18,19,20]

Workers in Cuba can only travel short distances to access preventive and healthcare services. The audience for Health Education and Promotion Programs is guaranteed, thanks to the unwavering support of the Ministries of Public Health, Labor, and Education, which offer comprehensive programs to ensure occupational health care.[21,22]

In reviewing extensive literature on the subject, it is summarized that the Ministry of Education's concept of Health Promotion and Education is based on the following basic concepts:[23,24,25]

1. Health: The physical, psychological, and social well-being of individuals due to their balanced interaction with the environment in which they live.
2. Health Promotion: Providing individuals with the necessary means to improve and exercise greater control over their health.
3. Health Education: A process of lifelong education based on information and actions aimed at acquiring knowledge, healthy habits, and skills that enable individuals to change negative behaviors and strengthen others in promoting healthier lifestyles.

Furthermore, it outlines the contents of School Health, including Sexual Education, as a starting point for organizing, articulating, and strengthening Health Promotion and Education actions in the methodological work system. It is by no means a rigid scheme; its organization is flexible and can be enriched based on the experience of teachers and the specific characteristics of the context in which it is implemented.[26,27]

Its general nature allows for specific analysis at each educational level to determine the extent to which health-related content is addressed in the curricula of various subjects, planned activities, independent work, and processes at all levels and types of education. Each year of life, cycle, grade, or year of pedagogical career can also be considered. Extracurricular avenues, family education, and community education can also be used to determine the objectives for each level for students, teachers, and, in general, in all workplaces.[28]

From a public health perspective, the workplace is an essential segment of the environment and the community. It has permanent interconnections with them and is considered a core setting for preventive health action.[29,30,31,32]

By analyzing these strengths in the prevention, promotion, and health education structured by government policy, it is contradictory to frequently detect physical and emotional health problems in Cuban workers caused by work conditions, identified as occupational stress.[33]

Our proposal is in a very different direction. Health Education must be a comprehensive strategy for changing the work environment, aiming to make transformations from the reorganization of work settings. Health Education and Promotion are not

just about providing information, lectures, or well-planned and executed brilliant conferences. It is about organizing, identifying, and solving problems and deficiencies, supporting, advising, ensuring teamwork, and achieving practical, attractive, and innovative knowledge that creates a balanced emotional climate that counters the disastrous consequences of occupational stress.[34,35,36,37,38]

There is a difference in the amount of stress caused by the work environment that a worker can handle. Stress is the level of activation required for the organism to carry out daily functions and tasks, known as positive stress or eustress. On the other hand, there is negative or harmful stress called distress, which is considered excessive and inappropriate for the demands of a specific situation and can have negative consequences because it exceeds the workers' response capacities.[39,40,41]

Occupational stress can occur for various reasons, including novelty, unpredictability, lack of control, or a perception of threat. These adverse conditions can persist for a specified period. The potential symptoms of this state can be physical, psychological, and behavioral:[42]

- Physically: cardiovascular, respiratory, immunological, gastrointestinal, dermatological, muscular, sexual, sleep, and somatic disorders.
- Psychologically: increased nervousness and anxiety, irritability, negative thoughts, lack of motivation, and concentration difficulties.
- Behaviorally: impulsive and reckless behaviors, escaping from the situation, hostility, increased consumption of stimulants or tranquilizing substances, increased or decreased food intake, decreased leisure time, social life, or intimacy, and reduced performance in tasks.

Furthermore, other variables involved in work-related stress include cognitive assessment and the resources available to the individual. The cognitive assessment is carried out through an evaluation of the stressful event and can lead to three types of assessments: neutral, where events do not require the individual to act; positive, where the situation is considered favorable; and negative, where the situation represents a loss, threat, or challenge. At this point, self-care of health and individual coping is required.[43,44,45]

Self-care is related to personal care that becomes viable based on factors such as prior knowledge, available time, economic resources, age, gender, and social inclusion. It involves specific behaviors depending on the situation, such as medical check-ups, precautions to prevent accidents, self-observation, personal hygiene, and a healthy diet.[46,47]

Worker self-care is necessary for efficient performance and adequate maintenance of psychosocial health. Self-care can be executed through various levels:[48,49]

- Personal level: Developing skills to apply self-control strategies, manage stress, and implement healthy lifestyles.
- Group of workers level: Creating spaces for conversation and mutual recognition, emotional support, and the exchange of personal experiences.
- Professional network level: Establishing networks of interdisciplinary teams that share a social support role.
- External professional counseling and support can involve training or therapeutic work with external agents and mental health professionals.

Conversely, coping is an essential measure of self-care, where techniques for dealing with stressful situations or crises help alleviate stress. Gutiérrez et al.[50] define coping as "a set of constantly changing cognitive and behavioral efforts developed to manage specific internal and external demands that are appraised as exceeding or taxing the resources of the individual".

There are different coping strategies, and they can be categorized into two types: approach and avoidance. Approach behaviors focus on the problem and attempt to manage or resolve stressors, while avoidance behaviors concentrate on emotions, avoiding thinking about the stressor and its implications.

Some stress coping techniques are more individually focused and used to reduce anxiety levels, negative thoughts, and social interactions. Examples include relaxation techniques, breathing exercises, cognitive techniques, and social skills training. Healthy lifestyle habits and time management can also be part of these techniques. Others involve task-related interventions to reduce work performance problems and increase efficiency, such as job enrichment, teamwork creation, rotations, and breaks. Finally, there are coping measures related to organization, including communication, participation, interpersonal relationships, and career development, such as leadership, evaluations, incentives, and safe work environments.[51,52]

Additionally, it is essential to consider maladaptive coping, characterized by the inability and limitation to face life difficulties. This can lead to personal distance, loss of control, refusal of social support, disorganization, and negative thinking.[53]

Health Education in Occupational Safety is undoubtedly an interdisciplinary task of environmental and personal redesign aimed at making unsafe work uncomfortable and safe work easy. This involves redesigning antecedent conditions and consequences for both options. In summary, redesign would involve planning actions that, on the one hand, predispose and make the emergence of safe choices and practices in the working population possible, and on the other hand, reward and maintain such practices over time.[54,55,56]

This concept of Health Education is closely related to the concept of Health Promotion and requires it for development. It also includes elements of the Personal Competency Model because it involves decision-making training and personal development as critical variable that predisposes the choice of safety and rehabilitation behaviors.[57,58]

Actions are proposed to predispose safe choices, some of which are as follows:

- Adequate information regarding risks and safety standards to guide safe behaviors.
- Workers participate in decision-making so that they feel engaged in safety standards changes and are satisfied with the

organization and work environment.

- Training in decision-making and coping with critical tasks and situations that may pose health and safety risks.

Similarly, actions are proposed to facilitate safe choices:

- Environmental design increases the effort required to perform unsafe acts and decreases the effort required by workers to execute safe behaviors.
- Appropriate signage for safe choices.
- Work organization that restricts piecework and promotes autonomy, development, and worker satisfaction.
- Managerial training policy so managers engage with worker health and safety and develop task management with a participatory style.

The above analysis and proposals allow us to explain that workers' knowledge of rehabilitation, education, and health promotion is closely linked to stressful events present not only in their work lives but also in various life contexts, including family, personal, and social settings. This is due to the demanding nature of modern life, which has affected lifestyle, leading to detrimental effects on physical and mental health.

CONCLUSIONS

The workplace is a risk-prone environment for workers if the benefits of rehabilitation, Health Education, and Promotion Programs that apply adequate measures to prevent workplace accidents and occupational stress are unknown. Therefore, it is considered a top priority in all work environments.

Occupational safety and the prevention of occupational stress in workers urgently require an awareness of the risks and, above all, the implementation of interventions aimed not only at assessing work conditions and risk factors but also at changing mindsets, promoting knowledge of rehabilitation, and health education and promotion.

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