



ISSN: 2230-9926

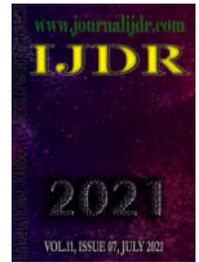
Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 11, Issue, 07, pp. 48353-48359, July, 2021

<https://doi.org/10.37118/ijdr.22290.07.2021>



RESEARCH ARTICLE

OPEN ACCESS

THE OCCUPATIONAL HEALTH OF THE SIGN LANGUAGE TRANSLATOR: FRAGILITIES, CHALLENGES AND POSSIBILITIES

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ARTICLE INFO

Article History:

Received 27th April, 2021
Received in revised form
29th May, 2021
Accepted 1st June, 2021
Published online 25th July, 2021

Key Words:

Sign Language Translator Interpreter,
Quality of Life,
Occupational Illnesses.

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ABSTRACT

This study aimed to investigate aspects associated to the quality of life and work conditions of the Sign Language Translator Interpreter (SLTI) at teaching institutions of Teresina, Piauí, Brazil. The presence of this professional at teaching institutions is a public policy that arose from social and political movements to fill the gap of communication between the Deaf and the non-Deaf. This is a qualitative research of the descriptive kind. Our participants were ten SLTIs from the city of Teresina, Piauí, Brazil. These workers answered to a general health survey form (F36) and to a semi structured interview. Results pointed to several issues related to their professional practice, such as: compromise of their physical and mental health due to repetitive strain injuries during long-term interpretation; absence of rotation; large number of Deaf per room; presence of constant pain when interpreting; lack of support from professionals at the institutions when they worked. Thus, adoption of novel professional habits as to not further compromise the injuries caused are essential as preventive measures for this group of professionals, supporting the implementation and implementation of public policies that advocate care and guidance for the preservation of the health of the SLTI professional.

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Citation: Ana Cristina de Assunção Xavier Ferreira, Lívia da Conceição Costa Zaqueu, Francisca Moraes da Silveira, Tereza Sabina Souza Reis, Camélia Sheila Soares Borges de Araújo, Isis de Paula Santos Mendonça and Cleomar Lima Pereira. "Implicações da vulnerabilidade natural à erosão para uso e ocupação dos solos no entorno da unidade de conservação floresta nacional do jamari", *International Journal of Development Research*, 11, (07), 48353-48359.

INTRODUCTION

Sign Language Translator Interpreters (SLTI) have been between the most sought-after and discussed professionals during current times. The SLTI is a professional that "translates and interprets sign language to the spoken language and vice-versa, in any presented modality, be it spoken or written" (BRASIL, 2004, p. 11). We observe an increase in the amount of research that discusses the training and performance of these professionals, as well as the positive aspects of their presence in the classroom for the educational development of deaf students (LACERDA, 2006; 2012; LODI, 2006; QUADROS, 2004).

Also in this regard, one study shows that when the SLTI is inserted in the classroom, the possibilities for deaf students to receive information in their mother tongue and interact with others increase (LACERDA, 2000). In this sense, Albres (2011) states that this professional provides linguistic accessibility to the Deaf in their process of inclusion and access to information. Historically, ever since their first visualization, which was mostly concentrated in a religious context and whose activities were mostly voluntary, the performance of the SLTI has been undergoing transformations, as their practice was not legally recognized. With their professional recognition, these individuals began to be seen in a different light, that is: as workers. The activity of the SLTI has been gaining prominence, with a wider range in the educational context; in this

scenario, we name these professionals ESLTIs (LACERDA, 2010; 2012; MARTINS, 2016). The SLTI profession was made official by Law n°. 12,319 of September 1st, 2010, gaining ground in several contexts of society. Such recognition represented a great historic landmark for these professionals and for the Deaf community¹ (BRASIL, 2010). In the educational front we have observed a few advances of the SLTI profession, linked to the current public policies that aim to include the deaf student in the regular context of education. Among those, are Law n°. 10,436/2002, also known as the Law of Recognition of the Brazilian Sign Language – LIBRAS (BRASIL, 2002) – and the Decree that regulates it, n° 5,626/2005 (BRASIL, 2005). Thus, state policies² hold a permanent condition, more embracing and with a Law status, with higher durability. We cannot leave out that the national inclusion policies that precede these documents gave impulse to social movements claiming their rights to a more assertive accessibility; among those, we cite: Law of Accessibility n° 10,098/2000 and the Law on National Education Guidelines and Framework³ – LDBEN/1996 (BRASIL, 1996; BRASIL, 2000).

It is possible to visualize the creation of several documents (Special Education Policy from the Perspective of the Inclusive Education – PNEPEI/2008; the novel National Policy of Special Education – PNEE/2020⁴; and the Brazilian Inclusion Law - LBI⁵) that concern accessibility, with the goal of seeking a more assertive inclusion that enables access for all, mainly access to education. Another document that touches this issue is the Federal Constitution of 1988, which rules that education is for all and that it shall be given independently of the conditions presented (BRASIL, 1988). The benefits of the legal recognition of the SLTI professional are evident, such as: definition of their role; more job opportunities, including selective processes and public tenders; as well as a higher visibility in face of the deaf community. Thus, this document (Law 12,319/2010) was of great importance (GUARINELO *et al.*, 2017). It is worth noting that, despite this recognition, we observe that this document does not address any aspect that deals with the quality of life and health of these professionals in the fulfillment of their activities. We must also note that the occupational health of the SLTIs should be further discussed in Brazil, a country that today has plenty of those professionals. Regarding this number, we took as a basis the professionals approved in the National Program for Certification of Proficiency in Translation and Interpretation of LIBRAS/Portuguese Language (PROLIBRAS), carried out between the years 2006 to 2015, with a quantity of 4,159 certifications (INES, 2015).

In this sense, we admit that there are many more; due the extinction of the PROLIBRAS certification exam, several institutions promoted and offered qualifications to graduate these professionals, be it at a higher education, technical or capacitation level. Therefore, it is important that discussions on the health of these professionals gather more attention; the exercise of their activity with quality must be one of the priorities in Brazil, in order to prevent the disease process from taking them away from their activities. In the state of Piauí, located in northeastern Brazil, there is no rotation at the institution that hires SLTI professionals, both in the municipal and state education systems. Their assigned workload is of 4 hours a day, and often they

cannot even take breaks due to the needs of the Deaf; thus, SLTIs routinely perform repetitive movements for a prolonged time (FERREIRA, 2019). In Teresina, the presence of the SLTI in schools is noticeable; some schools hesitate in hiring them, but the Deaf and their families who are aware of their rights will seek legal means to make sure these professionals are in the classroom. Only then is their right guaranteed. An important step is for these approaches to be discussed in the training of the SLTI, with the goal of creating habits in these professionals that will prevent the emergence of syndromes and pathologies during their professional lives.

The recognition that the workplace must provide adequate conditions is the first step; then, it is important to acknowledge the Regulatory Guideline (NR⁶) n°. 17, which seeks to establish standards that will allow for the adaptation of work conditions to the psychophysiological characteristics of the workers, this way providing them with the maximum comfort, safety and efficiency in their performance (PINHEIRO and FRANÇA, 2006). The aforementioned guideline, on its item 17.6.3, foresees a moment of pause in activities that demand static or dynamic muscle overload of the neck, shoulders, back and upper and lower limbs. Still on this topic, on the practice of working with a support SLTI, let us see what is added by Nogueira (2016): This break happens when interpreters act as a team and conduct rotations during the interpretation, every 20 minutes. However, this is not a specific guideline for the work of interpreters; we still lack technical guidelines and the opinions from health professionals, who can contribute at the professional level (NOGUEIRA, 2016, p. 27).

Many hirers do not take into consideration the lack of knowledge of education institutions when concerning the quality of the interpretation performed by the SLTI; a dominant factor for that is financial. Hiring a SLTI is hard, and often only happens due to legal demands. Even harder to imagine would be hiring two at once – it is not common for public education institutions of Teresina, and we believe that it is happening in very few places of Brazil. On this aspect: Rotation between pairs is a reality only in a few education institutions, and usually on the public education system, since the private education system would have to hire more professionals to guarantee such rotations, what generates a financial impact. Thus, maybe to save costs, the rotations have been neglected (AZEVEDO, 2018, p. 3). On the previously highlighted topic, it is worth noting that “it is not enough to hire, it is necessary to listen, and listen responsibly and responsively, so that changes can be effectively made” (SILVA, 2016, p. 59). After all, this professional needs to be in sync with other players of the school space, as they know the particularities of the Deaf, their culture, and may contribute to the educational development of this subject. On this same aspect, Lacerda complements that these professionals can “collaborate with information and observations that can broaden the knowledge of professors on deafness and the many means of approaching a diversity of themes” (LACERDA, 2012, p. 279).

Many are the problems that surround the practice of this professional. Besides the ones we cited throughout this study, we cite those linked to their physical health, due to the repetitive exploration of the upper limbs, leading to injuries from prolonged exertion, affecting muscles, nerves, ligaments and tendons (GUARINELO *et al.*, 2017). Legal documents that discuss occupational health point to an increase in cases of professionals complaining of pain and with a diagnosis of repetitive strain lesion (RSL), in Brazil. According to the Ministry of Health, in 1998, Social Security in review of its technical standard has replaced RSL by Work-Related Musculoskeletal Disorders (WRMD). These disorders have been considered to be an aggravating public health problem. In the case of the ESLTIs of Teresina, Piauí, such increase has been significant (FERREIRA, 2019). Due to the absence of rotations, SLTIs have also presented stress-related problems which, on the other hand, may cause lesions. Regarding this, Pinheiro and França (2006, p. 72) claim that “stress can also cause those lesions that take place on muscles, tendons and nerves, and are very painful”.

¹ Deaf community: spaces where there is interaction and communication through sign language, including, besides the Deaf, professors, translators and interpreters of the sign language, families of Deaf who share common interests and fight for their linguistic and cultural rights.

² We understand as state policies those that involve more than one State agency, generally running through the Parliament or several instances of discussion, resulting in changes to other guidelines or preexistent dispositions, focusing on broader sectors of society (OLIVEIRA, 2011, p. 7)

³From the Portuguese original *Lei de Diretrizes e Bases da Educação Nacional*.

⁴ From the Portuguese original *Política Nacional de Educação Especial*; equitable, inclusive and with long term learning through life. Legal dispositive n°. 10,502/220. This document is currently suspended after several discussions between professionals and entities from the educational sphere, due to arguments that interpret the return of the segregationist practice and of special schools in Brazil.

⁵From the Portuguese original *Lei Brasileira de Inclusão*; legal dispositive n°. 13,146/2015.

⁶From the Portuguese original *Norma Regulamentadora*.

The authors affirm that these disorders have been considered epidemics, expanding in a frightening way. Therefore, it is important that institutions are aware of the necessity of a favorable environment and a good application of ergonomic methods⁷; hence the importance of raising awareness to preventive measures and adoption of ergonomic principles during work. Risk factors must be addressed with all professionals who work as SLTIs, such as: analysis of tasks performed, sudden and repetitive movements, use of force, forced positions, prolonged time, organizational aspects of work and psychosocial aspects (GUARINELO *et al.*, 2017). The SLTIs must be aware of these aspects and, within their possibilities, apply ergonomic concepts in the education institutions they work for. If possible, they must alert everyone involved (direction, teachers, coordination) to the adoption of preventive measures and compliance with current technical standards. In the case of SLTIs, considering their reality (no rotations), preventively, it is recommended to reduce repetitive movements. The adoption of breaks is ideal, and, during these pauses, the professional should perform muscle stretching (MARTINS, 2016).

When the symptoms are already a part of the professional's life, some disorders besides pain are noticeable, such as the leave of the worker from their activities (PINHEIRO and FRANÇA, 2006). For the SLTIs this is even more aggravating, due to the small number of professionals graduated in the state, and, for most cases, due to there being only a single professional for each school. The presence of more than one professional at a certain institution only happens when there are deaf students in different grades/classes. Treatment is necessary and may vary depending on each case. Analysis needs to be careful and should be conducted by habilitated professionals. Still on the topic of treatment, at first, leave is necessary; then, the immobilization of the affected limb will occur and, if needed, physical therapy⁸. Drug interventions only take place in extreme and specific cases; surgery, only after all possibilities have been exhausted (BRASIL, 2012). Interventions of preventive health must be taken seriously by the SLTI. When diagnosis occurs early on, progress is more noticeable (AZEVEDO, 2018). Thus, in this aspect, stretching fulfills the objective of preventing probable lesions. It is common for SLTI professionals to present more intense pains in their hands and wrists, which are more evidently used during LIBRAS interpretation. Such repetitive movements are a part of their activity (MARTINS, 2009; AZEVEDO, 2018). Let us see a complement:

Repetition is the most frequently referred risk factor, but it is not the only determining biomechanical factor, since RSL/WRMD can also appear linked not to repetition, but to statical positions load. Thus, attention must be paid to factors of intensity, frequency and duration (BRASIL, 2001). Amongst the most evidenced lesions in Brazil, the Ministry of Health highlights tendonitis and tenosynovitis, both concentrated in the wrists. Interventions by the public sphere do occur, but they leave much to desire. Awareness must be worked on every day in the workplace; this way, benefits will be for everyone, employee and employer (BRASIL, 2001). Physical exercise as a preventive measure is one of the paths for muscle stretching, and it must be practiced inside and outside the workplace by all workers. Exercising is good and indicated by all health professionals (AZEVEDO, 2018).

A recent study (BECKER *et al.*, 2019) indicated that disease prevention through daily care has been a flag raised by several health professionals, which is evident from the actions promoted by these organizations – measures that should be adopted by all, and mainly the workers. With the access of deaf students to education, the performance of the SLTI is demanded and their presence, thus, is more noticed. We focus, in this study, on the SLTIs that act in the

educational context. In this sense, we opted for using the acronym ESLTI, adding the word “education” to the beginning. With several concerns about the performance of this professional and the working conditions that are promoted to them, and seeking their wellbeing, we bring forth the following questions: have education institutions of Teresina, Piauí, cooperated with the occupational health of the Sign Language Translator Interpreter? How have Sign Language Translator Interpreters dealt with the prevention of occupational illnesses in their daily practice?. Considering the topics discussed above, the objective of this study was to investigate aspects associated to life quality and work conditions of the Sign Language Translator Interpreter (SLTI) at education institutions of Teresina, Piauí. With this proposal, we will observe how these institutions have cooperated with the occupational health of these professionals. As a support, we used form F-36 and the semi structured interview, with more discursive questions, in order to go deeper on their practice as ESLTIs.

IDENTIFY, RESEARCH AND COLLECT IDEA: This study is characterized by its qualitative nature. According to Bortoni-Ricardo (2008), these types of studies seek to know a certain reality, based on the interpretation of non-numerical data. As for our established objectives, it consisted of a descriptive research. Participating in this research were 10 ESLTIs who work with deaf students in the city of Teresina, Piauí. We applied the instruments from January to May of 2020. The criteria adopted to select these participants were: having over two years of experience; professionalization to act as SLTIs; being currently acting and/or accompanying a Deaf at the moment the research was being conducted; and presenting health issues or a history of pain when conducting their activities. One of the instruments we used to collect data was the general health survey form F-36, answered by the participants. We sought to discuss questions that would reveal a higher identification on quality of life. This document is of English origins, being adapted to the Portuguese language, and enables a general assessment of health. The version we used with the participants comprises eleven questions which cover aspects on physical, emotional and mental health, functional situation, pain, among other topics.

The other instrument we used was the semi structured interview script, which had eight discursive questions. It was sent in advance and each participant scheduled a date and time individually to be interviewed virtually through a WhatsApp videocall. This was necessary due to the Coronavirus (COVID-19) pandemic, where we followed guidelines by the Ministry of Health which required physical/social distancing. This interview contained questions on age, professional training, workload, existence of rest breaks, relays with support SLTIs, whether they feel pain in the muscles during performance, and their emotional state. Interviews are constantly present in research, and their application seeks to make significant records and intervene in its conduction when necessary; it also offers an opportunity to clarify any type of response when necessary, making it easy to analyze (MOREIRA and CALEFFE, 2008). To analyze the data contained in this instrument, we adopted the Analysis of Content (BARDIN, 2011). Participants in this study signed an Informed Consent Form (ICF). Due to ethical reasons, the ESLTIs were identified under aliases⁹, as to guarantee their anonymity. Chart 1 presents the profiles of the ESLTI. Based on the description of Chart 1, we observe that all ESLTIs work with Deaf in regular schools, with only one (“Biceps”) working at a specialized institution. They range from 22 to 42 years old, and 60% are female. Out of all interviewed, only 60% are public servants (approved at a public tender), the remaining participants acting under a CLT regime¹⁰. The ESLTIs presented a significant time of experience, making it possible to point out to existing fragilities in the exercise of their profession.

⁷Ergonomics studies the adaptations of work to man (and vice-versa) and their interrelationships, with the purpose of humanizing work, determining rules, norms and precautions, aiming at providing man with attention and care (PINHEIRO and FRANÇA, 2006, p. 3).

⁸Physiotherapy is essential for the treatment of patients with RSL/WRMD, with the main objectives of pain relief, muscle relaxation and prevention of deformities, providing an improvement in functional capacity (MEC, 2002).

⁹Participants were named with names related to muscles, as follows: Trapezius, Deltoid, Biceps, Triceps, Brachial, Cuff, Flexor, Extensor, Palmar and Supine, places where the highest rates of injuries occur.

¹⁰CLT: Consolidation of Labor Laws, from the Portuguese original *Consolidação das Leis de Trabalho*.

Chart 1. Profiles of participants of this study.

ESLTI	Age	Sex	Professional Training	Postgraduate Studies	Experience	Workload
Palmar	38	F	Teaching license in Pedagogy	Specialist in LIBRAS	9 years	60
Triceps	29	M	Technologist in Human Resources	Specialist in LIBRAS and Higher Education teacher	6 years	40
Brachial	27	M	Teaching license in Languages, LIBRAS and Physical Education	Specialist in LIBRAS	5 years	40
Cuff	27	F	Bachelor's in Social Service	Specialist in LIBRAS	5 years	40
Biceps	22	M	High School	Technologist in Translation and Interpretation of LIBRAS	3 years	40
Deltoid	29	F	Bachelor's in administration and Pedagogy	Specialist in LIBRAS	7 years	40
Trapezius	42	F	Teaching license in Biological Sciences	Specialist in LIBRAS	6 years	40
Flexor	23	F	Bachelor's in Fashion, Design and Styling	Specialist in LIBRAS	3 years	20
Extensor	35	F	Teaching license in Mathematics	Specialist in LIBRAS	8 years	40
Supine	37	M	Teaching license in Pedagogy	Specialist in LIBRAS	5 years	40

Source: Elaborated by the authors.

Chart 2. Work specifications

ESLTI	Modality	Nº. of Deaf	Courses
Palmar	High School	2	All referring to High School
Triceps	High School, EJA ¹ , Technical level	5	Math I, II and III; Physics I, II and III; specific courses from the Edification and Nutrition programs.
Brachial	Higher Education and Technical level	10	Linguistics; pedagogical courses; Literature
Cuff	Higher Education	8	Courses from the program of Languages (LIBRAS) and the Master program in Linguistics.
Biceps	Basic Education and philanthropic institutions	Average of 5 per class	Monitoring of Deaf from 0 to 7 years old, and for various daily activities
Deltoid	High School, Technical level, EJA and Higher Education	10	Theoretical courses, with the exception of calculus, and several technical courses from programs of Fashion, Edification and Nutrition
Trapezius	Technical level, Higher Education, EJA	Average of 2 per class	Sociology; Philosophy; History; Physics; Portuguese; Math; History of Bakery; Construction Technology
Flexor	Higher Education	1	Tax law; Civil law; legal practice; Labor law; and Constitutional law.
Extensor	Technical level and Higher Education	1	Math; Physics; and Chemistry
Supine	Higher Education	2	Courses from the program of Languages (LIBRAS)

Source: Elaborated by the authors.

When it comes to their professional training, we notice that only 30% of them come from the Pedagogic area, something that would facilitate the professional activity of a teacher and present significant suggestions to the lecture planning of the professor. The other participants are graduated in diverse areas, with the exception of one, who is only trained at a technical level and is currently attending undergraduate classes; they are the youngest of the participants. In Chart 2 we present the work conditions of the ESLTIs, taking into consideration educational modality, quantity of Deaf they attend to, and the courses in which they conduct their interpretation activities. Chart 2 makes it evident that most ESLTIs act in distinct courses, many of which differ from their original professional training, something that often causes anxieties and fears during their practice. We also observe that only professionals Flexor, Cuff and Supine act exclusively towards Higher Education; the others also extend their practice to the technical level and to EJA. ESLTI Biceps does not act directly inside a classroom, but routinely monitors Deaf at an institution that serves deaf children from 0 to 7 years old, and another one that provides service to Deaf through scheduling. When dealing with courses that are outside their domain, professionals need more preparation and, thus, more time to organize their own studies. They also remark that previous access to lecture planning by professors is relevant.

WRITE DOWN YOUR STUDIES AND FINDINGS

Attending to the main objective of this research, which is to investigate aspects associated to quality of life and work conditions of the Sign Language Translator Interpreter in Education institutions (ESLTI) of Teresina, Piauí, and regarding the answers to the instruments that characterize our sampling, we will begin by analyzing form F-36. Our results demonstrate that, for the ESLTIs, their health is good, although it could be better. This instrument also presented other options, such as "Excellent" and "Very Good"; none of those were selected by the participants. Several activities from their routines were compromised due to their physical and emotional state, and some that demand physical effort are harder to fulfill.

Regarding physical health or emotional issues that interfered with their regular activities concerning family and friends, 40% informed that those interfered "moderately"; 20% "slightly"; 30% "a lot"; and 10% classified this interference as "severe". Faced with this, we realize that the conditions for their professional activities contribute to their physical and emotional health interfering with their regular social activities. Concerning body pain, and according to the intensity degree on the forms, 50% claimed to feel moderate pain, 20% light pain and 30% severe pain. Since this form does not ask about pain when interpreting, we clarified this on the interviews. All participants answered that they feel pain when interpreting; however, the adoption of a few strategies minimizes the intensity of these pains.

Regarding feeling of happiness, we asked how often they felt they were happy; 40% claimed to feel happy a lot of the time, while 40% claimed to only be happy during some of the time, and 10% said only a small part of the time. On whether they were feeling full of vigor, calm and peaceful, 30% said a lot of the time, 30% some of the time, and 10% said a little bit of the time. Only ESLTI Extensor answered most of the time. We can observe, then, that physical and emotional aspects are compromised in the lives of these professionals; several problems from their routines could be interfering in their personal and professional lives. When questioned how often they felt drained, 50% said most times, 30% a lot of the time and 20% said all the time. In the latter, which we consider the most critical aspect due to the percentage, exhaustion predominates in the lives of these professionals, with physical and emotional wear causing damage to their health, therefore affecting their professional practice. Another aspect, still related to emotional problems, and specifically to depression and anxiety, questioned whether participants had left undone some activity from their work or daily routine. On this topic, 60% affirmed that yes, many professional activities were compromised. When these feelings surfaced, the routine of these professionals often led to illness, whether in situations of embarrassment, fatigue, or lack of recognition and support from other professionals.

Chart 3. Hardships during the interpretation activity

Subcategories	ESLTI	Frequency
Little approach to health aspects during professional training	Extensor, Trapezius, Cuff, Palmar	4
High number of accompanied Deaf	Deltoid, Triceps, Brachial, Cuff	4
Existence of a diagnosis	Deltoid, Biceps, Triceps, Brachial, Cuff, Flexor, Extensor, Palmar and Supine	9
Needed medical intervention	Deltoid, Biceps, Triceps, Brachial, Cuff, Flexor, Extensor, Palmar and Supine	9

Source: Study information.

Chart 4. Occupational injuries

ESLTI	DIAGNOSIS
Palmar	RSL in the right wrist
Triceps	RSL; inflammation in the wrist joint
Brachial	Bursitis in the right and left shoulders
Cuff	RSL
Biceps	Bursitis
Deltoid	Bursitis in the right shoulder and tenosynovitis in the right wrist
Flexor	Elbow and wrist tendonitis
Extensor	Quervain's tenosynovitis
Supine	Elbow and wrist tendonitis

Source: Study information.

Chart 5. Interventions recommended by health professionals

ESLTI	INTERVENTION
Palmar	Physiotherapy and leave from work
Triceps	Physiotherapy and drug intervention
Brachial	Physiotherapy and leave from work
Cuff	Physiotherapy, leave and strength training
Biceps	Physiotherapy
Deltoid	Drug intervention for pain, antidepressants, physiotherapy, acupuncture, cupping and strength training
Flexor	Physiotherapy and infiltrations at sites of inflammation
Extensor	Physiotherapy and leave from work
Supine	Physiotherapy and leave from work

It is noteworthy that all participants reported having symptoms of anxiety; 30% said they had already suffered from depression. In this sense, we observe that these professionals have their general health status altered, consequently feeling tired from their interpretation activities and their routine. Therefore, greater attention is needed with the objective of promoting health, and a safe, healthy environment for them, with stimuli for a more efficient professional quality of life. Based on another instrument applied, the interview, the following subcategories are illustrated.

Little approach to health aspects during professional training:

Aspects related to health and well-being should be the concern of all professionals; however, we observe that, for most areas, this is not discussed, with the exception of health-related programs. Concerning the profession of the SLTI, this language uses a visual-spatial communication channel (LACERDA, 2010). Thus, these professionals use their upper limbs, more specifically their hands, to enable communication between Deaf and non-Deaf. Regarding this aspect, public policies for inclusion (Accessibility Law, LIBRAS Law, Brazilian Inclusion Law) do not mention the adequate conditions for the work of these professionals, to aim at their well-being. Regarding this aspect, 40% reported that it was not discussed in their SLTI training. Faced with this and taking into consideration the high demand for these professionals, their lone acting it is still a bottleneck in their performance. As they cannot take breaks and rest their minds, they spend a long time signaling, reaching physical and mental wear (SILVA, 2016).

High number of accompanied Deaf: In view of the current inclusion practice for deaf students in regular schools, we highlight the constant complaints from ESLTIs (40%) regarding the number of Deaf they accompany per class. Many associate this hardship to the fact they act by themselves. The rhythm of learning for each Deaf differs, as it does for the non-Deaf. No class is homogeneous. There are situations when some demand more attention from the ESLTI and questions are diversified. Therefore, they believe that, faced with their current reality, where they do not have a support professional, the number of Deaf they attend to makes their activity harder.

Existence of a diagnosis: With the excessive practice of interpretation, ESLTIs begin to present health issues and constant pain when moving their upper limbs. We acknowledge that pain is unavoidable when there is a too frequent use of those limbs, hence the need for breaks and stretches. Concerning that, 90% pointed to the existence of a diagnosis made by a specialist, as we see on Chart 4. ESLTI Trapezius has no diagnosis by a specialist; this professional practices strategies adopted at home, such as the use of ointments and medications for pain relief, but she reported that she will seek medical advice. In view of the scenario presented in Chart 4, it is possible to see the damage caused to the health of ESLTIs due to repetitive efforts of the upper muscles and to the lack of rotation, breaks and stretching before and after the activity. Had this professional worked in pairs, many of these injuries could have been avoided. Therefore, it is necessary to have public policies for this professional, with this purpose, which take into consideration this relevant aspect for a more assertive practice with the deaf community. It is noteworthy that there is a Bill (9.382/2017) currently in process under a priority regime. This document is awaiting consideration by the Federal Senate; in this Bill, the practice of the rotation is indicated. Below, we bring the wording proposed in this document: "The workload will be of 6 hours a day, or 30 hours a week. On the other hand, Higher translation and interpretation, which lasts for one hour, must be carried out on a rotating basis, with at least two professionals". The project indicates that, when it comes to the interpretation activity, the rotation is necessary. As for the professionals interviewed, they believe that the wording of the Bill should be reformulated, in order to clarify the need and the existing risks if these measures are not put to practice (our emphasis).

Needed medical intervention: Given this scenario, in the city of Teresina, Piauí, we have few professionals who meet the current demand, which grows by the day. However, most professionals who fall ill need to withdraw from their activities under medical guidance. When this happens, it generates losses for the Deaf, who are left without the professional. Regarding the absence of ESLTIs due to health problems, when necessary, Rosa (2016) adds that this professional plays an important role in the education of the Deaf. They are considered mediators of knowledge and are, thus, truly relevant in the process of inclusion of the Deaf in education institutions, therefore deserving attention to their practice and health. In face of the exposed information on Chart 4, all these professionals, after being diagnosed, had to follow medical recommendations, and 90% required interventions with leave from their activities, in some cases, even drug interventions. We will see below, in Chart 5, the recommended interventions: Given these numbers, it is observed that 50% had to take a leave from their jobs. One of the professionals, Flexor, had his diagnosis during his vacation, so he did not have to halt his activities. All professionals listed in Chart 5 were referred to physical therapy. Physiotherapists use techniques to alleviate pain and work with a focus on reducing possible side effects that could be experienced by some patients who make use of medications. In this sense, physiotherapy will combat the discomfort caused by pain. To the participants, we questioned whether they felt an improvement with the interventions recommended by health professionals; 90% affirmed they did. However, they made some notes about it:

With the use of a sling and medication I felt better (PALMAR). Yes, but the doctor said it is temporary and for a more effective resolution surgery is needed (FLEXOR). Yes, much improvement (BRACHIAL). Yes, there was improvement, but after a serious

situation like this, with leave, when situations occur where the interpretation is for a long period, the quality of the signaling decreases, such as: information, but summarized, not giving too much detail and a few moments of consecutive interpretation (TRICEPS). Yes, however, when there is excess, the pain and fatigue intensify (DELTOID).

Yes, it reduced the pains (CUFF).

Yes, but little improvement (BICEPS).

Yes, but I still feel pain, although it is always manageable (EXTENSOR).

Yes, but when I interpret too much, I feel pain then I take a break (SUPINE).

We observe that, with intervention, the pain of these professionals was gradually alleviated. However, given the reports, the rotation with another professional does not happen in the institutions where the participants work. When there is excess of interpretation time, the pain of some ELSTIs returns and break is mandatory; meanwhile, the Deaf waits until the ESLTI can return. Regarding this, we believe that, with the support from another professional, these discomforts would not hinder their practice. It is noteworthy that ESLTI Extensor had to take 45 days of leave in addition to six months of readaptation in their function, concentrating their activities to courses from Exact sciences and abstaining from theoretical courses, as they demand more movements and strategies for contextualization. Their workload is complemented at another sector of the institution they work for. The situation above much worries these professionals, since there has been little change since the discovery of the diagnosis. Another concern of them is the absence of public policies to support them in this context; meanwhile, their routine remains the same, and their health problems are part of their daily lives.

CONCLUSION

This study investigated aspects associated to quality of life and current work conditions of ESLTIs at education institutions in the city of Teresina, Piauí, from the perspective of the ESLTIs. Concerning their professional profiles, they all have a vast journey of professional activity. A worrying fact is that these ESLTIs are acting by themselves, with no rotation and for many years, without breaks and stretching. They all present symptoms and most (90%) have concrete diagnoses of illnesses related to repetitive movements, due to their efforts. In this sense, the absence of a public policy that advocates for this can be the biggest aggravating factor, since without such document, the reality of many professionals will remain the same, and that of others who will commence in this field will be no different, as it is a rising profession. In the opinion of these professionals, institutional management still does not fully understand the particularities of their activity, nor the diseases linked to it, and health promotion actions hardly ever happen, so there are no stimuli to an assertive and appropriate practice. With the conception of a public policy, the possibilities of this scenario to change would be more evident, as support professionals would be provided for in school institutions and thus, rotation would take place. Decreased intensity and reduced interpretation time would prevent the emergence of occupational diseases.

Dealing with the diseases that affect them has discouraged some professionals to remain in this field, as they do not believe very much that this scenario can be different; still, we feel in them the hope for change. Physical and mental fatigue has been crucial for them to think about moving to another field in the future. However, the love for their chosen profession has overcome the pain that many feel. ESLTIs find it hard to deal with it, and the constant search for strategies to alleviate these problems has been part of the routine of many of them. However, they believe that social struggles can be intensified and thus contribute to the approval of a Bill (9,382/17) that has been in progress for a long time. It is believed that, with this study, the exposure of all the illnesses that already affect professionals in the capital of Piauí can awaken, both in professionals undergoing training

and those already experienced, the adoption of preventive measures, such as stretching. In case of illness, that they happen to perform the treatment correctly, always following the guidelines of health professionals. We conclude that there is a need for further discussions about it, as well as other research that deepen the theme and with strategies adopted by these professionals to circumvent this situation. There is also a need to further intensify the creation of public policies, which look at this professional with more attention, because it is with them that the inclusion of the Deaf is more assertive. However, the scenario in Teresina raises concern when it comes to the number of SLTIs who are already ill, and to the absence of preventive actions for those who are beginning their careers. We believe that, if nothing is done to avoid these situations, we shall have more professionals suffering from occupational illnesses and more Deaf without an accompanying professional to mediate their learning. Based on our current situation, without a guiding document, it is necessary to urgently adopt measures that can avoid this issue; everyone needs to be involved and support the ESLTI during their activity. However, it is first necessary to understand the specificities of the profession and the existing link between them and the Deaf. After all, when this partnership takes place, success is possible for all.

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