Introduction

The relationship between physical practices and physical activities with health promotion are associated with the current conceptions of physical education and health in each age (SOARES et al., 1992). The moving body is a fundamental expression of life and physical exercises and practices have a historical relationship to health.

The promotion of health has relevance that goes beyond the impact on the health conditions of the population; their directions should seek to transform the profile of community engagement and social welfare. In this process, multiple resources must be articulated and integrated taking into account different interests, needs and motivations of the social actors in the local scenario (MACDONALD; VEEN; TONES, 1996).

According to Tavares (2013) one of the main goals of public health is to increase individual participation in regular practice of moderate to vigorous physical activity. The continuation of this objective should include processes that identify individuals at increased risk for adverse events related to physical exercises and daily practices. Before diagnosing the PFRH of an individual or groups of individuals, it is important to understand their lifestyle and health status.

The components of Physical Fitness Related to Health (PFRH) should consider indexes of muscular strength / endurance, flexibility, cardiorespiratory capacity and body fat. These indexes relate to health status (in the prevention and reduction of disease risks), as well as in the organization to perform daily activities in an individual or social way (quality of life and body awareness). For this purpose there are several tests that propose to evaluate the components of the PFRH. A test is defined as a static instrument that is used to measure or evaluate, since the evaluation is a dynamic process, designed around the PFRH of a specific individual. The tests vary in complexity, validity, reliability and costs involved (ACSM, 2015).

Thus, in this investigation, assessment of body composition had been made by measuring the skin folds. Body composition is considered a component of PFRH due to the relationships between the amount and distribution of body fat with changes in the level of physical aptitude and the health status of people (ACSM, 2015). In addition, the waist and hip circumference were measured to obtain the Hip Waist Ratio Index, which is a simple method for determining body fat distribution (ACSM, 2015; TONES, 1996). The evaluation of cardiorespiratory fitness, the 1-mile test was defined as a research resource. This test allows the estimation of the VO2 (ml/kg/min) of individuals with lower physical condition or who shows limitations in the performance of more intense physical exertion, as proposed by Kline et al. (1987). To compare individuals who differ in body size, VO2 is expressed relative to body weight, like mL/kg/min. The relative VO2 estimates the energetic value of activities involving body weight support, such as walking, running, aerobics and climbing stairs (HEYWARD, 2002)

In the evaluation of muscle strength and endurance, was important to identify possible strength deficits through abdominal testing (ACSM, 2015). Dynamic muscle strength is often determined by the maximum amount of resistance (load) in a repetition, that is, the load that the individual is able to withstand in a single effort. Although this evaluation produces a good measure of absolute force, it requires considerable time because it is determined by trial and error. In the assessment of flexibility, has been relevant to understand the performance of individuals in the "sit and reach" test based on the understanding that in activities of daily living those subjects with higher flexibility indexes tend to move more easily and are less susceptible to injuries. In addition, low levels of flexibility can lead to irreversible chronic problems, causing discomfort, incapacity of movement, pain, drop in performance in daily activities, limiting the quality of life of the individuals (GUEDES, NETO, GERMANO, LOPES, & SILVA, 2012). With this perspective in mind, it is important to emphasize that lifestyle has come to be considered as a fundamental aspect in promoting health and reducing mortality. For a large part of the population, the greatest risks to health and well-being stem from the individual's own behavior, resulting both from the information and will of the person, as well as from the opportunities and barriers present in the social reality, including policies to promote the quality of life of workers (ARAUJO & ARAUJO, 2000).

In this context, it is expected that the PFRH diagnosis of IFMG Campus Congonhas servers will play an important role in the possibility of future construction of a Physical Activity program and worker's body awareness aligned with institutional quality-of-life policies that are attentive to the process of democratizing corporal practices in a critical and participative way. This will increase the knowledge of the relationship between Physical Activity, work, quality of life and health of the employees who work in this institution.

1. Objectives

This study aims to diagnose and compare the physical fitness related to the health of servers, of the effective and outsourced staff, who work at the IFMG Campus Congonhas, as well as to analyze the Physical Fitness Related to Health of each group of workers and compare the results of the groups in their differences and similarities with regard to labor specificity.

1. Methodology

The methodology combined the researches: bibliographical and field. In the bibliographical research were reviewed terms such as: Physical Fitness Related to Health, quality of life, physical activity, physical exercise, sedentarism and corporal consciousness of the worker. The bibliographic survey was carried out in the IFMG Campus Congonhas library, in the digital library systems, in the academic search sites (BDTD, Electronic Scientific Library, Scielo, among others) and in the CAPES Journal Portal.

In the field research were used protocols for measuring body indexes and motor tests. For the procedures of testing and data collection, the investigation was ethically evaluated through the Plataforma Brasili (CAAE: 68059817.6.0000.5098). Only after authorization from the Research Ethics Committee were fieldwork started. We invited a pilot volunteer so that the
The research is in the analysis step of the data. The procedures for the analysis of the data already collected are taking place as follows: 1) Organization and pre-screening of questionnaires and physical assessment sheets; 2) Separation of the physical evaluation sheets by segment of the workers (Professors, Administrative and Outsourced Technicians); 3) Interpretation of data through free software platform atu.afig.com; 4) Organization of the spreadsheets with the data interpreted for each subject in their respective work group; 5) Statistical treatment for validation of interpretations; 6) Analysis and discussion of results. The following is the results and a previous analysis of the results: Population Professors = 69 subjects / Collected = 40 subjects / Scholarship students could know the tests and validate the application in the intended sample.

3. Results and Partial Discussions

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Partial results indicate that 68% of the professors’ population evaluated had an PFRH level between REGULAR and RUIM. At the moment it is the group with better perspective of conditions that generate quality of life. The population of administrative technicians is the one with the lowest participation in the study, only 48% volunteered. Of these, 85% have an PFRH level between REGULAR and RUIM. Already the Outsourced population is the one with the greatest adhesion volume, 76% have already participated in the tests. Of these, 70% have an PFRH level between RUIM and MUITO RUIM. This means that life conditions and life choices can determine the level of PFRH of individuals, based on specific social determinants (schooling, economic condition, access to health services, among others).

Gonçalves (2004) defends the idea that the quality of life is related to the way people live and assimilate their daily life, involving: education, housing, transportation, work and health. It is possible to perceive that several factors contribute to the results of the physical evaluations of the volunteers, but as a focus of this study one can diagnose peculiar characteristics in each group evaluated. It is believed that levels of education/schooling and financial conditions are able to determine the classification of individuals through the tests applied. These factors are related to other personal conditions such as: body awareness, availability to perform physical exercise among others.

1. Bibliography


Este estudio tiene por objetivo diagnosticar y comparar la aptitud física relacionada a la salud de servidores, del cuadro efectivo y tercerizado, que actúan en el IFMG Campus Congonhas. Los componentes de la Aptitud Física Relacionada a la Salud (AFRS) deben considerar índices de fuerza / resistencia muscular, de flexibilidad, de la capacidad cardiorespiratoria y grasa corporal. De acuerdo con el departamento de RRHH del IFMG Campus Congonhas existen en su cuadro funcional: 69 docentes, 45 técnicos administrativos y 39 tercerizados. Es importante comprender tal realidad para componer posibilidades en el desarrollo de políticas institucionales que valoren la calidad de vida del trabajador. La metodología combinó las investigaciones: bibliográfica y de campo. En la investigación bibliográfica se revisaron términos como: Aptitud Física Relacionada a la Salud, calidad de vida, actividad física, ejercicio físico y conciencia corporal del trabajador. En la investigación de campo se utilizaron cuestionarios, protocolos de medición de índices corporales y pruebas motores. Se midieron: masa corporal, estatura, pliegues cutáneos, el perímetro de la cintura y el perímetro de la cadera. Los voluntarios fueron sometidos a una batería de pruebas motores que obedeció el siguiente orden: sentarse y alcanzar (flexibilidad), abdominal modificado (fuerza / resistencia muscular) y caminar de 1609 metros (aptitud cardiorespiratoria). Los datos recogidos pasaron por una selección exploratoria cualitativa cuantitativa buscando analizar la AFRS de cada grupo de trabajadores y en la secuencia comparar los resultados de los grupos en sus diferencias y similitudes. Los resultados preliminares apuntan que las condiciones de vida y de opción en la vida pueden determinar el nivel de AFRS de los individuos. El grupo de trabajadores con mayor vulnerabilidad social no alcanzó niveles positivos de AFRS.

Palabras Claves: Aptitud física, salud y trabajo.

Este estudio tem por objetivo diagnosticar e comparar a aptidão física relacionada à saúde de servidores, do quadro efetivo e terceirizado, que atuam no IFMG Campus Congonhas. Os componentes da Aptidão Física Relacionada à Saúde (AFRS) devem considerar índices de força/resistência muscular, de flexibilidade, da capacidade cardiorespiratória e gordura corporal. De acordo com o departamento de RH do IFMG Campus Congonhas existem em seu quadro funcional: 69 docentes, 45 técnicos administrativos e 39 terceirizados. Torna-se importante compreender tal realidade para compor possibilidades no desenvolvimento de políticas institucionais que valorizem a qualidade de vida do trabalhador. A metodologia combinou as pesquisas: bibliográfica e de campo. Na pesquisa bibliográfica foram revisados termos como: Aptidão Física Relacionada à Saúde, qualidade de vida, atividade física, exercício físico e consciência corporal do trabalhador. Na pesquisa de campo foram utilizados questionários, protocolos de medida de índices corporais e testes motores. Foram mensuradas: massa corporal, estatura, dobras cutâneas, o perímetro da cintura e o perímetro do quadril. Os voluntários foram submetidos a uma bateria de testes motores que obedeceu a seguinte ordem: sentar-e-alcançar (flexibilidade), abdominal modificado (força/resistência muscular) e caminhada de 1609 metros (aptidão cardiorespiratória). Os dados coletados passaram por uma triagem exploratória qual-quantitativa buscando analisar a AFRS de cada grupo de trabalhadores e na sequência comparar os resultados dos grupos em suas diferenças e similaridades. Os resultados preliminares apontam que as condições de vida e de opção na vida podem determinar o nível de AFRS dos indivíduos. O grupo de trabalhadores com maior vulnerabilidade social não atingiu níveis positivos de AFRS.

Palavras Chaves: Aptidão física, saúde e trabalho.