

ARTICLE

SUSCEPTIBILITY TO ILLNESS OF PRIMARY TEACHERS IN OLINDA: SYMPTOMS, COMPLAINTS AND DIAGNOSES¹

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ABSTRACT: Analysis of the multi-causality of the phenomenon of malaise and sickness of the teachers of the first letters under the physical, psychological and social aspects. The research was done from the perspective of the teachers, considering the possible consequences. The results were obtained through qualitative research with 32 teachers in three municipal schools in Olinda - PE, Brazil. The main objective was to discover and relate the main complaints, symptoms and diagnoses exposed in semi-structured questionnaires. We discovered multiple causes, frequent and recurrent, that provoked this phenomenon, originating in the teaching practice and producing malaise. Among these, we identified insomnia, voice and spine disorders, irritability, physical and mental fatigue, tension, anxiety, and depression. We observe that public policies, directed to this working class responsible for the foundation of the formation of the subject, are urgent and indispensable.

Keywords: Teacher. Malaise. Multiple Factors causing Illness.

ADOECIMENTO DAS PROFESSORAS DAS PRIMEIRAS LETRAS EM OLINDA: SINTOMAS, QUEIXAS E DIAGNÓSTICOS

RESUMO: Análise das multicausalidades do fenômeno do mal-estar e adoecimento das professoras das primeiras letras sob os aspectos físicos, psicológicos e sociais. A pesquisa foi feita a partir da perspectiva dos professores, considerando as possíveis consequências. Os resultados foram obtidos por meio de pesquisa qualiquantitativa com 32 professoras em três escolas municipais de

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Olinda - PE, Brasil. O objetivo principal foi descobrir e relacionar as principais queixas, sintomas e diagnósticos expostos em questionários semiestruturados. Descobrimos múltiplas causas, frequentes e recorrentes, provocadoras desse fenômeno, originando-se na prática docente e produzindo mal-estar. Entre estes, identificamos insônia, distúrbios da voz e da coluna, irritabilidade, fadiga física e mental, tensão, ansiedade e depressão. Observamos que políticas públicas, voltadas a essa classe trabalhadora responsável pelo alicerce da formação do sujeito, são urgentes e imprescindíveis.

Palavras chave: Professora. Mal-estar. adoecimento. Multicausadores.

INTRODUCTION

In the wake of elevated and progressive deterioration in mental, physical and social health in which teachers find themselves, both inside and outside of the work environment, we aim to learn about, list and analyze the phenomenon of teachers' malaise. We set out by seeking to understand illness in 32 professionals involved in primary teaching at three of Olinda's medium-sized Teaching Units, similar to each other in the structures they possess for personnel. We therefore highlight contributing factors and constraints, observing physical, psychological and social aspects within the scenario of teaching practice.

In the context of the teacher's suffering and illness, we discovered scholars such as Esteve Zaragoza (1984, 1994, 1995, 1999), Maslach and Leiter, (1999, *apud* CARLOTTO, 2002, p.23); and in more recent times, Andrade and Cardoso (2016), Baião and Cunha (2013), Borba *et al.* (2015), amongst others. The structural conditions of the Teaching Units contribute to a story of malaise echoed by the teachers, giving rise to the discussion on health and illness, a phenomenon marked by sick leave, work leave and interruptions in work routine and private life - alongside other aspects of physical, emotional and social life. From the literature, we gained an idea of the fundamental causes of the teacher's malaise and illness (FREUD 1924; DALAGASPERINA; MONTEIRO, 2014; REIS, 2014; OZOILO, 2015; DIEHL; MARIN, 2016).

In his study for the years 2007 and 2012, Camargo (2014) detected illnesses that repeatedly caused work leave in certain sectors, education being amongst these. The types of illnesses included injuries in limbs and in the neck, musculoskeletal disorders (repetitive strain injury) and mental disturbances and disorders. It was also observed that the ICD-10 (International Classification of Diseases) referred to mental disturbances as one of the factors responsible for incapacitating the education professional. In the results obtained from our work, we observed that the precarious conditions in some Teaching Units,

the society's perception of the teacher, and the history of devaluing the social and financial status of the profession, all contributed significantly to the negative aspects of the teacher subject.

In this sense, the International Labour Organization (ILO) considers the activity of teaching as one of the most stressful and exhausting, generating repercussions on physical, psychological and professional health (BORGES DOS REIS *et al.*, 2006).

In consideration of what has been highlighted, there has emerged the hypotheses in relation to the influence of teachers' ways of living and the illnesses they relate, by investigation of the teaching segment's proneness to falling ill because of the high levels of stress they suffer and in which they are involved. The work conditions (salaries, displacements, excessive workload, crowded classrooms, working on one's feet, and overuse of the voice, amongst other problems) have left the professional physically drained, thereby harming body and mind. The rowdy students and lack of monitoring by parents are amongst the main factors causing irritability, insomnia, mental fatigue, depressive states and the anxiety which perturb the professionals of these teaching segments. Social factors and the school community (negligent government, absence of policies, management, leadership in the school's office, students, teachers, parents), marriage, family and social life of the teachers, are decisive factors for health problems.

This brings our attention to works born from epidemiological multifactorial theory to understand the diverse factors that permeate this phenomenon (AROUCA, 1976; BARATA, 1998; MACMAHON *et al.*, 1965; PENNA, 2006). This study is justified by the necessity for a more profound knowledge of the relevant factors in teachers' work conditions and health.

Virtually all of the complaints by teachers in table 4 deserve special attention keeping in mind the quantity of subjects who complain of at least four or five of the present variables. The most highlighted ones are the following: tiredness, 93.8%; difficulty in rising early, 87.5%; badly slept nights, 59.4%; anxiety, 37.5% (Table 4).

It is important that works of this kind are done so that the teacher's falling ill is understood from various points of view (physical, mental and social), besides suggesting practical strategies for this current and recurring problem. Furthermore, through the social study of the teacher's condition, we plan to show up an aspect that is little known or studied, which would be the relationship between teachers' social conditions (understood to be social here, to include financial questions and family ties) and teaching practice.

METHODOLOGICAL PATH

The present study sets forth through exploratory and applied research, in view of a search through the characteristics of a determined group, approaching results qualitatively. However, owing to the necessity for quantifying results in mathematical and statistical language, we incorporated a quantitative angle. Taking on the conception of Dejours (*apud* LANCMAN, SZNELMAN (org.), 2004) we looked for the socio-philosophical foundation for the Psychodynamics of Work. The objective was a descriptive construction, following the affirmation by Gil (2010, p. 27) when he proposes that such a study “[...] has as its objective the description of the characteristics of a determined population”.

In the same vein, Vergara (2005, p. 47) cites that even though one does not propose an explanation of the events described, this study will be able to contribute for such an explanation to occur. Therefore, our objective is to enumerate, point out, analyze and explain the malaise and discomforts felt by teachers. In this way, the choice of a descriptive study is justified. We are backed up by the qualitative research of Minayo (2008, 2001), who states the existence of a preoccupation with a deeper understanding of the particularities of a group inserted in a particular organization of society, using the lens of those involved in the social relationships. The author confides in the qualitative approach as being the most adequate. It is from those involved that one can know and summon a progressive ordering of their experience, as well as understanding the internal logics of the group in focus. This group is statistically observable and is therefore quantified to the ends of mathematical explanation. For this reason, we sought the required methodological procedures as the base for reaching the general objective of describing facts and phenomena, collecting data through semi-structured questionnaires.

We therefore constructed a field study – descriptive and qualitative-quantitative. We aimed to identify and list the multiple causes and phenomena possibly responsible for the occurrence of what was observed. In this sense, we paraphrase Gil (2010, p. 27 - 28) when he says that these studies “can also be elaborated with an aim to identify the possible relationships between variables”

The study was done in three schools within the municipality of the City of Olinda in Pernambuco. We used as a criteria of choice the fact that these schools most represented teachers’ leaving the job because of illnesses in the period from 2010 to 2015. In this scenario, we sought to identify the characteristics of this group, by age, gender,

time at work, teaching segment and state of health, amongst others. These Teaching Units, within the parameters of the municipal network of Olinda, are considered to be large. On average, they have 12 classrooms, around 700 students and function in the morning, afternoon and at night, offering segments of Child Education, Primary Education and Basic Education for the Young and Adults.

The sample of teachers for the research came about across criteria considering the following characteristics: teacher definitively readapted for the function of teaching, teacher temporarily absent and who returned to exercise function in the classroom, those who were absent from teaching with medical permission and others who had never been absent, between the years 2010 and 2015. Clearly important was the availability and willingness of these professionals to respond to the questionnaire.

For obtaining results, we attempted to analyze aspects of physical, emotional, and psychological health in the professionals of the chosen teaching segments. We used a semi-structured questionnaire as the instrument for collecting data, with which it was possible to see the professional and personal details of the teacher by adapting the procedures of TALIS – INEP, Reis and Maués (2007) and Bastos (2009). We looked for the professionals at the Pedagogical Meeting at the beginning of the teaching year of 2016, where the main part of the teachers had time available to respond to the study. Other situations and moments, for example playtime, moments on the bus for going from one school to another and lunch break became available, always respecting the best times for the interviewee to respond. The procedure always guarantee absolute privacy and preserving the identity of the Teaching Units and the actors involved. In the process of the construction of the investigation and in all questionnaires, the schools and professionals under examination were identified by a previously established code.

As for ethical issues, the methodological approaches and instruments obeyed ethical procedures established for scientific research in human sciences.

RESULTS AND DISCUSSION

ANALYSIS OF THE SOCIO-DEMOGRAPHIC DATA AND WORK CONDITIONS

The professionals were 45 years old on average, having concluded a specialized course and 12.5% having a master's degree. The employment link with the Municipality of Olinda shows 87.5% to be permanent teachers. 100.0% were female (Table 1).

With regard to the predominance of women in education, the *All for Education* Report reveals that eight in every ten teachers in primary education are women. It states that women occupy 81.5% of the total of teachers for this segment in Brazil (HARNIK, 2011). However, this phenomenon is not restricted to Basic Education. The INEP website, on the page of Statistical Synopses for Basic Education, shows that in 2014, 1,753,870 are female teachers, while 436,873 are men. This affirms that around three quarters of the teachers are women.

Another determining factor to decide upon this sample referred to time spent teaching in Olinda's municipal network where only 25% have less than 10 years of teaching experience. 46.9% of those interviewed have already taught between 10 and 20 years, and 18.8% between 20 and 30. A relevant factor is that 50% of the sample have been in the same school for at least 15 years and 40.6% for at least 20 years. This determines a profound knowledge of the physical and structural reality as well as the social relationships between the community and the unit (Table 1).

Among these findings, we observe a significant prevalence of high workload, where 90.63% of the teachers have between 30 and 40 hours of weekly activities (Table 1). The workload is very often doubled and sometimes tripled, being one of the factors that predominate between those that cause physical, psychological and social suffering and illness in the teacher, sometimes leading to the exit from teaching practice.

Along these lines, in the literature we find authors like Baião and Cunha (2013), Cardoso and Costa (2016), Pizzio and Klein (2015), Reis (2014), amongst others, who indicate high workload, the long day at work, excessive dedication to administrative, bureaucratic activities, and extra assistance, as a determining factor for the teacher's becoming ill. The authors emphasize that the majority of those interviewed revealed working more than 40 hours in more than one institution, some of them in three, and perform activities outside of the classroom and the school.

TABLE 1. Characteristics of socio-demographic aspects of the teachers

VARIABLES		Number of teachers	%
Age	From 30 to 40	6	18.5
	From 40 to 50	21	65.6
	From 50 to 60	5	15.6
Level of Education	Graduate	0	0.0
	Specialization	28	87.5
	Master's	4	12.5
	Other courses	0	0.0
Resident in Olinda	Yes	4	12.5
	No	28	87.5
Travel between home and work	Bus	21	65.6
	Car	9	28.1
	On foot	2	6.0
Number of vehicles taken to travel between work and school	Up to 2	8	25.0
	Up to 3	22	68.8
	More than 3	2	6.0
Has a partner	Yes	29	91.0
	No	3	9.0
Children	1	21	65.6
	2	7	22.8
	No children	4	12.6
Time in teaching	Up to 10 years	8	25.0
	Between 10 and 20 years	15	46.9
	Between 20 and 30 years	6	18.8
	Over 30 years	3	9.4
Time in the profession at the teaching unit	Up to 15 years	16	50.0
	Between 15 and 20 years	13	40.6
	Over 20 years	3	9.4
Day of work at the Teaching Unit in hours	Up to 30 hours	3	9.4
	From 30 to 40 hours	29	90.7
Level taught	Children's Education	5	15.6
	Beginning of Primary Teaching	22	68.8
	Both	5	15.6
Employment relationship with Olinda	Permanent	28	87.5
	Contract	3	9.4
	Other	1	3.0
Quantity of teaching jobs	One	3	9.4
	Two	26	81.3
	More than two	3	9.4
Other paid work	Yes	3	9.4
	No	29	90.6
Hours in working week	Up to 30	3	9.4
	From 30 to 40	26	81.3
	More than 40	3	9.4
Family's earnings expressed in minimum salaries	Less than 3	2	6.3
	Up to 3	3	9.4
	From 3 to 5	24	75.0
	More than 5	3	9.4

Source: data from the research.

Table 1 shows a revealing result in that our research does not differ from, and in fact corroborates with, Reis (2014). His study showed that the long day at work and the quantity of assignments undertaken by teachers, including those outside of the classroom and outside of the school, are factors which unleash malaise, suffering and physical and psychological (and social) illness.

Among the teachers interviewed in our work, the great majority emphasized the necessity of having more than one source of work, sometimes up to three, to provide for the day-to-day necessities of their families. Between them only 9.4% worked one time slot. Yet they tell of difficulties and hardships. At the same time 81.25% work up to 40 hours a week in two networks and 9.38% more than 40 hours a week as a teacher, distributed into three parts of the day.

Another worrisome issue regarding the illness of the teacher, coerced into the necessity of working extensive hours, refers to daily commuting, where 65.5% of the teachers use precarious public transport, being overcrowded, scarce and uncomfortable in the State of Pernambuco. We noted that 87.5% do not reside in Olinda. Furthermore, as shown in Table 2, 68.8% utilize up to three buses daily in commuting between home and work. We also perceived that 87.5% cross municipal lines, some up to two, every day. Such an intensive struggle is a result of the low salaries offered to teachers.

In relation to this feeling of physical, mental and emotional exhaustion in teachers, Silva and Guillo (2015) stated that it occurs when associated with daily obstacles. This daily exhaustion, recurring stress and the occurrence of Burnout Syndrome are detected by Vale and Aguillera (2016) as being the main causes for the decision by these individuals to leave the workplace.

ANALYSIS OF THE PEDAGOGICAL ASPECTS AND FORMATION OF TEACHERS

Putting things into context, Table 2 shows that 6.0% revealed having up to 25 students, predominantly in Preschool Education. However, 28.0% affirm having up to 30 students in their room, in the first and second years; 41.0% of the teachers of the third and fourth years state that they have up to 40 children to work with every day and 25% of the teachers of the fifth year affirm that they have more than 40 students in their class. The professionals claim that the difficulties they confront, and reiterate, make the number of students in the same classroom unworkable.

It is important to highlight that on October 25, 2016, the Secretary of Education in the municipality of Olinda published,

with the recommendation of the municipal council of education, an Amendment to the Ordinance of September 22, 2015, establishing norms, amongst them one which indicates the limit for the number of students for each teaching segment offered by the network. For Preschool Education, the norm defines the quantity of eight to ten students in Groups I and II (for children from zero to one year of age and older than one year, respectively); between eighteen and twenty in Groups V and VI (children four years of age and from five years of age, respectively).

We observed that among the teachers in this framework, only 9.4% could count on more than five minimum monthly salaries for their family's earnings. On the other hand, 6.3% survive on less than three salaries per month and 75.0% with between three and five salaries for the whole family. In this context, Dias (2014) ascertained, in a study of 352 teachers, that the majority were unsatisfied with the salary they receive. Emphasizing the precariousness of teaching as a factor shows how much education is devalued. In the same context, Leonardo and Suzuki (2016) are of the opinion that this is one of the overriding factors for illnesses in teachers.

The teaching profession brings with it necessities which require spending. Ongoing training is one of them, since building on the perfection of skills and enriching knowledge is in continual construction, where teaching practice coherent with social and cultural change, and with the widening of globalization, must be taken into account. It was possible for us to perceive that 90.38% of the teachers of this study demonstrated the need to participate in more training than that offered annually by the Secretary of Education in the municipality (Table 2). Lira and Medeiros (2015) affirm that the teachers feel unprepared before the new dynamics and conflicts to which they are exposed.

What looms over this group is the difficulty in financing courses with their own resources, since we observe that almost 10% of the teachers taking part in this study need another paid job besides teaching in order to overcome and maintain the basic necessities of the family, as shown in Table 1. In this sense, the National Confederation of Workers in Education (CNTE) affirms that the minimum salary for teachers in 2017 should be \$2,298.80 Brazilian reals.

TABLE 2. Characterization of pedagogical aspects.

VARIABLES		Number of teachers	%
Ongoing training within Olinda's network	Yes	32	100.0
	No	0	0.0
Number of ongoing training experiences in Olinda's network	None per year	0	0.0
	1 per year	3	9.4
	2 per year	8	25.0
	More than 2 per year	21	65.6
The impact of the network's training on teaching practice	Large impact	21	65.6
	Small Impact	9	28.0
	No Impact	2	6.0
Necessity for further training	Yes	29	90.4
	No	3	9.4
Training by own means	Yes	4	12.5
	No	28	87.5
The impact of the training by own means on teaching practice	Large impact	21	65.6
	Small Impact	3	9.4
	No Impact	0	0.0
Quantity of students in the classroom	Up to 25	2	6.0
	From 25 to 30	9	28.0
	From 30 to 40	13	41.0
	Mais de 40	8	25.0
Tasks at the Teaching Unit	Classroom	28	87.5
	Planning	28	87.5
	Correcting activities	28	87.5
	Filling in of Teacher Diary	28	87.5
	Others	29	90.6
Time spent on these tasked expressed in hours per week at the Teaching Unit	Classroom 25h-	28	87.5
	Planning 3 to 6h-	26	87.5
	Correction of activities 2 to 6h-	26	87.5
	Filling in of Teacher Diary 3 to 8h-	28	87.5
	Others 1 to 3h-	15	46.9
Taking school work home	Yes	24	75.0
	No	4	12.5
	Sometimes	4	12.5
Time spent on these activities in hours per week	From 1 to 2h	6	18.6
	From 2 to 4h	18	56.2
	From 4 to 6h	5	15.6
	Over 6h	3	9.4

Source: data from the research.

In the area for professional improvement, only 4% of the teachers pay their own way to brush up on and update their knowledge, their practices and curriculum, as described in Table 3. However, 21% state that they participate in more than two of the further training schemes offered by the municipality every year, separated by years, cycles and directed to each teaching segment separately (Table 2).

Among the teachers who affirm that they participate in the schemes offered by the municipal network, 75.0% agree that they have a large impact on daily teaching practice. The experience enriches and nurtures the thirst for knowledge inherent to the profession of teaching, even though in some of these experiences the presenters leave a lot to be desired in the sense of meeting expectations in relation to the subject proposed for each encounter (Table 2).

Some teachers claim that the time dedicated to the training represents a break which they need to get out of the classroom routine, even though it is only once a month. They take on these training sessions as a different activity which, besides releasing them from the work environment, represent possibilities for knowing and exchanging experiences between colleagues, providing unity and the feeling that they are not totally alone.

Another factor observed by the teachers as causing weariness and physical and mental exhaustion refers to the quantity of burdens imposed by the system outside of teaching in the classroom. According to Cabral (2014) the primary teacher's malaise, illness and leaving the post is historical, dating from the beginning of the last century. It is heightened by the implantation of reforms to reorganize the schools, due to the new dynamics demanded, causing tensions and conflicts. Cardoso and Costa (2016) also demonstrate in their research that the excess of extra tasks, amongst other factors, provokes such discomfort.

Table 3 reveals that 87.5% of the teachers must plan, correct activities, filling diaries, besides 90.6% of them claiming that they are made busy by other activities, described as photocopying, rehearsing music and artistic presentations, decorating rooms and the schools for festivities, taking students to the bathroom and sometimes even changing their clothes.

Ozolio (2015) confirms that a third (32.4% of teachers in his research) relate physical and mental drain to the limit. He stresses that in the professionals identified resides the need for policies directed towards preventative measures and the promotion of health. Without taking such action, the author affirms that physical and mental stress can unleash, amongst other illnesses, syndromes such as Burnout, the loss of vital energy, studied decades ago and

considered to be one of the main emotional problems of the teacher (CODO, 1999; CODO *et al.*, 2006).

According to 87.5% of the teachers of our study, the average quantity of time employed with extra tasks outside of the classroom amounts to about four or five hours every week. In this context, 75.0% affirm that they take work home every day and 12.5% from time to time, spending an average of four more hours per week at their residence on these tasks when they could be with family, friends, at leisure or simply resting (Table 2).

ANALYSIS OF THE PHYSICAL CHARACTERISTICS OF THE TEACHING UNITS AND WORK CONDITIONS

Table 3 demonstrates the infrastructure of the Teaching Units under study. 100.0% of the study's participants confirmed the existence of a room and private bathroom for the teachers. However, in only 31.2% of cases is there a dining room and sports quadrant. The teachers stated that there was an auditorium in 81.2% of the schools and in 46.9% there exists a specific room for meetings.

TABLE 3. Physical characteristics of the Teaching Unit and work conditions

VARIABLES		Nº de professoras	%
Predominant physical spaces	Teachers' room	32	100.0
	Dining room	10	31.2
	Teachers' bathroom	30	93.7
	Meeting room	15	46.9
	Auditorium	26	81.2
	Sports quadrant	10	31.2
Predominant teaching resources	TV	32	100.0
	DVD	32	100.0
	Stereo	32	100.0
	Photocopier	21	65.6
	Internet	17	52.9
	Computer	18	56.3
	Projector	16	50.0
	Printer	21	65.6
Camera	32	100.0	
Infrastructure at the school and in the classroom	Bad and/or terrible		%
	Ventilation	29	90.6
	Lighting	29	90.6
	Furniture	26	81.2
	Bathroom conditions	30	93.7
	Conditions of ramps	29	90.6
	Conditions of stairs	29	90.6
Security	32	100.0	

Source: data from the research.

We perceived large classrooms in the schools visited; however, for the quantity of students revealed in Table 2 they become small and unviable for teaching work. Besides having little ventilation and being hot, many of them have only a fan on the wall and the lighting is insufficient. 90.6% of the teachers state that the ventilation and lighting in the classroom are bad or terrible. In our tropical climate, the heat becomes unbearable, provoking restlessness in the students, always wanting to go out to drink water or simply receive some of the breeze on the patio.

Plizzio and Klein (2015) highlight in their study that the infrastructure is inadequate, and amongst other factors, is one of the main causes of illness in the teacher. In a similar fashion, Batista *et al.* (2010) cite the work environment as one of the main contributors to suffering for the professional at schools. In their study, they detected that the temperature observed in schools remained between 26.7°C and 30.43°C. The recommendation by ABNT 17 suggests that interactive environments, for cognition where intellectual attention is demanded, should have a temperature limited between 20°C and 23°C (BATISTA *et al.*, 2010).

According to the teachers, the physical structure of the schools is defined as bad/ terrible by 90.6%. The teachers refer to ramps unsuitable for the law of mobility, steep staircases and, further still, in some of the Units there are reforms and/or constructions which never end, sometimes going on for years without conclusion. Insisting on the question of physical conditions at the Teaching Units, 97.7% of the study's participants indicate that the conditions of the bathrooms are terrible, where some lack water, cleanliness, toilet paper, soap and towels. Furthermore, 81.2% of those questioned relate insufficient furniture, being uncomfortable, old and badly distributed. In that which concerns security at the Units, 100.0% claim that it is poor or terrible, since there are days when porters, guards and security cannot be depended upon during working hours.

With regard to infrastructure and teaching resources, the teachers inform that in 100.0% of the schools they can count on the use of a camera, TV, DVD and sound machine. In 65.6% of cases, they can count on a copier and a printer; and half of the teachers have a projector at their disposal (Table 3). In this area, the teachers affirm that teaching practice and the dynamics of teaching in the construction of knowledge during the process of teaching and learning become much more interesting, rich and attractive, with access to diverse media.

Questioned on the existence of computers and internet, the teachers revealed that they could count on this equipment in 56.3% and 52.9% of schools, respectively (Table 3). In some cases, though, activities had to be prepared at home, with the teacher's own computers, internet and printer (Table 3). These observations by the professionals paint a grave picture, since they readily convey the negative context of bad working conditions under which the teachers live. Pereira (2014) affirms that the absence of benefits for the worker counts as one of the multiple causes for illness in these environments.

This absence or lack of materials and instruments necessary, and vital, for daily teaching practice is inconceivable. It comes at a moment when teaching and technology should go hand in hand to embrace the transformations, changes and growth inherent to the environment, giving shape to an enriching and attractive development; this would serve to facilitate the process of teaching and learning in every way (REIS, 2014; SILVA, 2011; SILVA, 2014).

ANALYSIS OF THE PHYSICAL, PSYCHOLOGICAL AND SOCIAL CONDITIONS THAT INTERFERE IN THE TEACHERS' HEALTH

The main symptoms and complaints causing malaise, suffering and illness related by primary teachers are shown in Table 4, demonstrating that 59.4% tell of symptoms of irritability and stress as constant and recurring. These are the main symptoms perceived by the teachers, a state of tension coming into fourth place as one of the complaints most felt by them.

Depression was related by 44.0% of these professionals, a factor that causes an unknown quantity of syndromes for being a silent disease. However, insomnia comes into second place with 75.0%, telling of the association between not sleeping well with the appearance of stress and tension. In this sense, Ozolio (2015) affirms that 31.8% of the teachers feel stressed and 34.4% already admit they are exhausted. It became apparent during the research that the necessity for an intervention to promote the health of these professionals exists, since one verifies that stress with no treatment can provoke syndromes that hamper teaching practice.

The predominant factors causing illness in the articles studied during the process of the research were stress in 25% of the workers and Burnout Syndrome in 22.2% of them. In this context, Silva (2011) reveals in his investigation that inadequate work conditions, physical structures of the Teaching Units and the great quantity of students per classroom represent the main causes of stress, as well as labyrinthitis and depression in teachers.

On this subject, Costa *et al.* (2013) affirmed that 11.2% of the professionals of his research presented Profile 1 and 3% Profile 2 of Burnout Syndrome. He demonstrated that, because of his results, the prevalence of this illness is worthy of consideration. Besides harming health levels of the workers, education is not exempt from this deterioration.

TABLE 4. Complaints; constant and recurring symptoms in teachers

VARIABLES		N° of teachers	%
Complaints	Tiredness	30	93.8
	Morning rise difficulty	28	87.5
	Bad sleeping patterns	19	59.4
	Anxiety	12	37.5
	Sadness out of nowhere	4	12.5
	Crying easily	4	12.5
	Difficulty in performing routine activities	3	9.4
	Difficulty in making decisions	3	9.4
	Feeling fears without knowing why	4	12.5
	Wanting to give up one's profession	4	12.5
Perceived symptoms	Insomnia	24	75.0
	Tension	19	59.4
	Preoccupation	12	37.5
	Irritation	19	59.4
	Sore throat	22	68.8
	Hoarseness	28	87.5
	Loss of voice	18	56.3
	Headache	17	52.9
	Neck pain	15	46.9
	Back pain	10	31.2
Bad digestion	6	18.8	
	Anxiety	7	21.9
	Depression	13	44.0
	Feeling of incapacity	3	9.4
	Negative feeling in relation to yourself	3	9.4
Have stayed away from school because of illness	Yes	20	62.4
	Preschool	3	9.4
	First years of primary school	17	53.9
	No	12	43.75

What diagnostic was given	Affected throat	20	62.4
	Anxiety crises	7	21.9
	Depression	6	18.8
	Loss of voice	8	25.0
	Twisting of the body	15	46.9
	Tendinitis	9	28.2
	Back pain	10	31.2
	Burnout syndrome	1	3.1
Time absent from work because of illness	From 15 to 30 days	9	
	From 30 to 60 days	7	28.2
	From 60 to 90 days	8	21.9
	Over 90 days	2	25.0
	More than once	12	12.5
	Readapted temporarily	3	43.75
	Primary school	3	9.4
	Readapted definitively	8	9.4
	Preschool	1	25.0
Primary school	7		
Feeling(s) for being distanced	Sadness	20	62.4
	Uselessness	12	43.75
	Anxiety	10	31.2
	Worry	20	62.4
Social relationships in the school community	Conflicts with students	3	9.4
	Conflicts with parents	2	6.0
	Conflicts with community	2	6.0
	Conflicts with management	9	28.0
	Lack of help from management	18	56.3
	Overwork because of tasks outside of the classroom	28	87.5
	Students take time to calm down	8	25.0
	Students interrupt class	10	31.2
	A lot of external noise	9	28.0
Conflicts with colleagues	2	6.0	

Source: data from the research.

Recent literature including research on stress in a variety of contexts has come to our attention. Weber *et al.* (2015) have assured us for decades that occupational stress and the consequences on workers' health are important, forever animating the research of post-graduate courses. Ozoilo (2015) shows in his research that 31.8% of those interviewed point out a high level of stress and 35.6% indicate anxiety. The routine in overcrowded classrooms is far from ideal in terms of the processes of teaching and learning. In a scenario where one perceives how social rights in Brazil are undergoing the globalization of capital, the production line is developing new structures. The school curriculum must be receptive to a world of

change. This necessarily produces in teachers a refined search for meaning in their teaching (GUARANY, 2012).

This means the advent of strange elements into the teaching routine, multiple efforts to become adequate for a change in demands, alongside the accomplishment of new goals. This can cause emotional illness, representing one more factor that causes the professional to give up activities.

Farber (1991 *apud* CARLOTTO, 2002, p. 24-25) considers feelings of tiredness, and of physical and emotional exhaustion in the teacher, as frequent and constant symptoms. The author affirms that feelings of emotional frustration inherent to the phenomenon of exhaustion can cause psychosomatic symptoms, gastric afflictions being amongst them. In our work, 18.8% of our participants revealed states of bad digestion. These can affect the throat and other organs. 52.9% of those questioned related feeling headaches amongst many other symptoms.

According to Farber (1991 *apud* CARLOTTO, 2002, p. 24-25) the teaching professional suffers repeatedly from insomnia, irritations, anxiety, states of rage and sadness, amongst other symptoms, possibly becoming syndromes, Burnout included. With respect to our study, 12.5% of those studied say that they feel sadness and fears with no apparent cause. Spontaneous tears expressing a desire to leave the profession are common.

The Burnout Syndrome is considered to be a determinant of occupational stress affecting health professionals - teachers even more so. The workers have stations in life that involve emotions, a relationship of caring and constant attention, and therefore emotional and physical exhaustion (HUBERMAN, 2000 in NÓVOA, Org. 2000; LEITER; MASLACH, 1988; MASLACH, 1993; MASLACH; JACKSON, 1981; 1986; MASLACH; LEITER, 1999, *apud* CARLOTTO 2002, p.23; VANDERBERGHE; HUBERMAN, 1999).

However, amongst the symptoms revealed by most of the teachers were hoarseness in the voice, occupying first place with 87.5%, sore throat in third place with 68.8%, and loss of the voice in fifth place with 56.3%. In this sense, Valente *et al.* (2015) define voice apparatus, first and foremost, as the most important instrument of the teacher's work. However, according to the author, the tendency is for it to become worn out because of the constant need for its use and the lack of guidance made available for care of the vocal chords during teaching practice. Many afflictions in this area are irreversible and for this reason, the teacher may need to leave her job. Valente *et al.* (2015) cite the research done by Roy (2004) referring to the wearing out of the voice apparatus, found in 57.7% of the teachers interviewed.

Continuing the discussion in the area of the symptoms told by teachers as exposed by Table 4, neck pain experienced by 46.9% of the sample and spine problems (31.2%) demonstrate a significant percentage, deserving attention. According to Camargo (2014), RSI (Repetitive Strain Injury), injuries in the limbs and to the back, as well as abnormal humor and mental states, such as anxiety, make part of the most frequent problems in teachers around the world.

In this way the ICD (International Code of Diseases) “F”, referring to mental problems, and ICD “M”, related to RSI (Repetitive Strain Injury), are those which most appear in sick leave reports of teachers who need to be away from work, temporarily, or to perform other functions in the same organization (CAMARGO, 2014).

Camargo (2014) affirms that in some cases the “F” and “M” ICD appear together, as “ICD F/M” in the reports. It is impossible to be clear about which came first, even being difficult to separate them. In this context, Gouveia (2016) highlights in his study that musculoskeletal and voice problems represent the major causes of the teacher’s becoming ill.

As for the symptoms perceived as being present on a daily basis, most of the professionals, 93.8%, told of constant tiredness closely followed by those who related difficulty getting up in the morning (87.5%). Many of the interviewees, in fact 59.4% of them, assure us of badly slept nights, and 37.5% reveal states of anxiety to verify the statements about lack of sleep. These references reinforce the state of physical and emotional exhaustion spoken of by Plizzio and Klein (2015), when they showed that the causes of the teacher’s hardship arise from the unstable nature of educational institutions, and of the profession, referring to the financial, ethical and moral aspects, leading these workers to a state of emotional and physical stress which can lead to anxiety and depression. Sometimes the result is Burnout Syndrome.

This syndrome, in agreement with the literature that exists, defines itself in the relationship between the intention and the action of the worker, and the conditions that she is submitted to, and exposed to, upon exercising her practice (SLEEGERS, 1999, *apud* CARLOTTO, 2002, p. 26). Dalagasperina and Monteiro (2014) believe that lack of knowledge about Burnout Syndrome represents a negative factor in favor of the greater frequency and seriousness of the syndrome in professionals.

Amongst the 32 teachers in our research only one (3.1%) actually declared that they had been diagnosed with Burnout Syndrome. However, the same subject tells us that only after five years were they able to detect Burnout, having had treatment for diverse phobias, for depression, for anxiety and for other ailments,

like panic syndrome. The same teacher affirms that “it is a sensation of having neither strength, nor energy, nor direction for anything”. She had literally reached the bottom of the well. She also reveals that she even attempted suicide for feeling “insignificant, inoperative and completely disposable” (TEACHER). She reaffirms that treatment with medication and therapies still proceeds. She really needed to readapt herself and try to live again.

Levy *et al.* (2009) affirm that in spite of Burnout not being an illness, they define relevant factors as being serious and of high risk, such as physical, psychological and social stress. These are produced in teaching practice – anxiety, depression and syndromes, such as Burnout, result as a consequence.

There is no unanimity about the relationship between occupational stress and Burnout Syndrome. However, Maslach, Schaufeli and Leiter (2001, *apud* CARLOTTO 2002, p.2) affirm that all of the definitions that exist in the literature support mental and emotional exhaustion, depression, fatigue, stress, among other mental and behavioral symptoms which superimpose themselves across the physical symptoms, can provoke and lead to burnout. This can even occur in people who have never presented evidence of, or suffered from, pathological conditions.

Considering these facts, Costa *et al.* (2013) affirm that the statistics of teachers afflicted by Burnout Syndrome lack due attention, linked to physical, mental and social harm, which would produce a negative effect on the public’s image of teaching quality at the schools. In this sense, Diehl e Marin (2016), in an analysis of 97 articles on the subject, found in 15 of them, focused on multi-disciplinary studies, research which made a link between mental illness and Burnout Syndrome, pointing out stress and anxiety as recurring symptoms which prevailed in professionals.

In Table 4 one perceives that 62.4% of teachers in the research had left school because of illness. The diagnoses most referred to are afflictions of the throat (62.4%), torticollis (46.9%), and back pain (31.2%), tendinitis (28.2%); voice problems affected 25.0%, 21.9% suffered from anxiety, and finally depression came at 18.8%. These numbers came to us as being very significant. We understand that a phenomenon of illness is evident amongst these professionals from the references they have made and which are revealed here.

In this context of falling ill, Table 4 indicates that 43.75% of those questioned by our research have fallen ill more than once in the period from 2010 to 2015. Amongst the teachers, the quantity of days away from the job is significant since, on average, nine

teachers have stayed away from school because of illness for, on average, 46 days. A total of 28.0% of the research's participants have already stayed away from school activities for between 30 and 90 days. Of these professionals, 25.0% have definitively distanced themselves from classroom activities. They have become readapted teachers to exercise other activities at the school.

In this scenario of teachers' leaving classroom activities, room was given for them to relate their emotional state and the feelings related to the impossibility of performing their function. The feelings of worry and sadness became exposed, with a percentage of 62.4%, followed by incapacity (43.75%) and anxiety (31.2%) (Table 4).

It seemed important for us to highlight the necessity for policies that attend to, treat, seek prevention of problems, accompany and care for these professionals, valuing the profession in a widened and unrestricted manner. Valuing the professionals depends mainly on actions and policies aimed towards initial and ongoing training, salaries, career and guarantees of work conditions, as defined by objectives 15, 16, 17 and 18 of the National Education Plan (2014).

We believe that the profession is marked by deterioration and, consequently, education. Beyond the stories of symptoms, complaints, diagnoses and, more seriously, the number away because of illnesses, 87.5% of the teachers affirmed that they are overworked, even outside of the classroom. Furthermore, 56.3% related lack of assistance from school management.

PERCEPTION AND FEELINGS ABOUT THE PROFESSION

Inserted into a scenario of malaise and discomfort, and recognizing the possibility of illness occurring, at times causing one to leave the school, even so we have a group of professionals preoccupied with the result of their work. They commit themselves to improving and enriching knowledge through training offered by the network and beyond it, even if it costs them their own money, since these experiences represent growth and development of new teaching practices.

We know teachers who improve with quality of teaching and performing their services in a way that always improves, even in the face of adversities and the exhaustion produced by precarious work conditions. In this sense we have in Table 5 a total of 84.0% of teachers who consider their work important and pleasurable, principally when they perceive the growth of the construction of knowledge within their students.

Weber *et al.* (2015) demonstrate in their work that social relationships in the school environment, including lack of interest, undisciplined behavior and lack of motivation in the students, and the low performances in school results - often marking down the absence of the family in the educational process as responsible - influence the quality of life of teachers. Therefore, the social life of the school is also part of the multi-factorial framework that causes malaise, discomfort, suffering and illness in the professional.

TABLE 5. Feelings and perceptions of oneself as a teacher and social being.

VARIABLES		Nº of teachers	%
Vision of the professional	Wearying	11	34,0
	Monotonous	4	12,0
	Pleasurable	28	84,0
	Important	28	84,0
	Tiring	18	56,3
Feelings in relation to the professional	Satisfied	22	32,4
	Very satisfied	8	25,0
	Unsatisfied	2	6,0
	Very unsatisfied	0	0,0
Would you like to have another profession?	Yes	12	37,5
	No	20	62,4
What profession would you like to have?	Psychologist	8	25,0
	Lawyer	2	6,0
	Nurse	2	6,0
How much time is spent with the family (hours/week)?	Up to 10	23	71,8
	Up to 20	7	21,9
	More than 20	2	6,0
What is the motive for spending less time?	Lack of time	20	62,4
	Lack of money	19	59,2
	Tiredness	18	56,0
	Distance	4	12,0
Do you have a routine for meeting friends?	Yes	12	37,2
	No	20	62,4
What is the motive?	Lack of time	20	62,4
	Lack of money	19	59,2
	Tiredness	18	56,0
	Distance	4	12,0
Would you like to spend more time with...?	Family	18	56,0
	Friends	14	43,2
	Both	15	46,9
How do you like to spend free time?	Reading	9	28,0
	Hearing music	7	21,9
	Dancing	5	15,6
	Cinema	5	15,6
	Beach	6	18,6

Source: data from the research.

We observed that 56.3% of those questioned considered their profession to be wearying, and 34.0% found it tiring. They burst into happiness when they discover that their class has students constructing their knowledge autonomously; and when they have chosen a heading for their cognitive and social learning. When their students develop and experience growth from a teaching practice which has quality and is representative of what is included on courses, the teachers feel a great sense of pride and satisfaction, even though they recognize and have a deep knowledge of the existence of problems (Table 5).

These teachers recognize the factors that cause malaise, alongside physical and psychological illnesses. They understand and confess that lack of time and money for leisure and the rarity of encounters with friends and family provoke a state of being ill-at-ease and sad, sometimes leading one to develop a negative feeling about the profession and even reflecting upon a way out.

The lack of policies and strong investment directed towards education leave these educators exposed to the recurring and growing social and economic devaluation. It is here that bureaucracy permeates all, causing deterioration in physical and mental health (RODRIGUES, 2014). Even with all the mishaps confronted on a daily basis, 25.0% of all of those questioned nurture a feeling of satisfaction with their teaching practice within the profession. Furthermore it was revealed by 32.4% of them that they feel satisfied about being teachers. Only 6.0% declared themselves to be unsatisfied in their role.

FINAL CONSIDERATIONS

We found positive responses to our hypotheses surrounding the multi-factorial nature of the phenomenon of illness in primary teachers. We identified a variety of the causative elements complained about by teachers. These elements were responsible for physical, psychological and social malaise, obliging the teachers to distance themselves from the classroom. Amongst the things that provoked physical, psychological and social discomfort, in accordance with the answers to the questionnaire, we highlighted the precarious structures of the Teaching Units, overcrowding of classrooms, the necessity for travel between networks and the long day of work with burdens that go beyond the school environment. These were the main things complained about during the investigation.

We raised a new hypothesis, referred to by the teachers, as an element bound up with suffering: the implementation of policies

directed towards assisting professionals in a variety of aspects to diminish, treat or avoid the teacher's malaise in primary teaching. Body, mind and environment should work together in harmony for it to be possible to lessen the causative factors of malaise, discomfort and suffering prevailing over teaching practice. This was what was felt by all professionals in the study.

In this way, the need to find means through policies that seek quality of life for this segment of the work force has been left behind for decades. Finally, linked to this condition is the path to the culture of peace resulting from the right to quality education for all, proposed in the first paragraph by UNESCO, created in 1945. This proposal culminated in the union between UNESCO and the ILO in 1966, aiming to shape the teaching profession as one that would provide quality teaching.

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