

# THE CONTEXT OF TEACHING AND ITS INFLUENCE ON PSYCHIC SUFFERING OF PRIMARY EDUCATION TEACHERS

*O contexto da docência e sua influência no sofrimento psíquico de professoras do ensino fundamental*

*El contexto de la docencia y su influencia para el sufrimiento psíquico de maestras de la enseñanza fundamental*

Original Article

---

## ABSTRACT

**Objective:** To identify the causes of psychic suffering reported by primary school teachers. **Methods:** Qualitative study conducted between December 2013 and June 2014 in Fortaleza, Ceará, Brazil, with data obtained from three focus groups that included 26 teachers from 19 schools. The categorization and interpretation of data were performed using the content analysis technique based on the thematic modality, and the Symbolic Interactionism. **Results:** The participants identified the causes for psychic suffering in the context of teaching, which were gathered in three themes: environmental factors; institutional factors and social and interpersonal relationships. The problems identified by teachers interfere directly or indirectly with their mental health, causing stress, anxiety, depression or discouragement about the professional practice. **Conclusion:** The themes pointed out by the participants revealed that work overload, inadequate environment, aggressiveness of children, individualism of colleagues, lack of school structure and institutional pressures are the causes of psychic suffering.

**Descriptors:** Faculty; Psychological Stress; Health Promotion.

## RESUMO

**Objetivo:** Identificar as causas do sofrimento psíquico referidas por professoras do ensino fundamental. **Métodos:** Estudo qualitativo, realizado entre dezembro de 2013 e junho de 2014, em Fortaleza, Ceará, Brasil, com dados obtidos por meio de três grupos focais, nos quais se dividiram 26 professoras de 19 escolas. Para a categorização e a interpretação dos dados utilizou-se respectivamente a Análise de Conteúdo na modalidade temática e o Interacionismo Simbólico. **Resultados:** As participantes identificaram as causas para o sofrimento psíquico no contexto da docência reunidas em três temáticas: fatores ambientais; fatores institucionais; e relações sociais e interpessoais. Os problemas apontados pelas docentes interferem direta ou indiretamente sobre sua saúde mental, causando estresse, angústia, depressão ou desmotivação com o exercício profissional. **Conclusão:** As temáticas apontadas pelas participantes revelaram que a sobrecarga de trabalho, o ambiente inadequado, a agressividade das crianças, o individualismo de colegas, a falta de estrutura da escola e as pressões institucionais são causas do sofrimento psíquico.

**Descritores:** Docentes; Estresse Psicológico; Promoção da Saúde.

---

Christina Cesar Praça Brasil<sup>(1)</sup>  
Maxmiria Holanda Batista<sup>(1)</sup>  
Anna Karynne da Silva Melo<sup>(1)</sup>  
Flávio Lúcio Pontes Ibiapina<sup>(1)</sup>  
Aline Veras Moraes Brilhante<sup>(1)</sup>  
Raimunda Magalhães da Silva<sup>(1)</sup>

1) University of Fortaleza (Universidade de Fortaleza - UNIFOR) - Fortaleza (CE) - Brazil

Received on: 05/27/2016  
Revised on: 05/30/2016  
Accepted on: 06/26/2016

## RESUMEN

**Objetivo:** Identificar las causas del sufrimiento psíquico referidas por maestras de la enseñanza fundamental. **Métodos:** Estudio cualitativo realizado entre diciembre de 2013 y junio de 2014 en Fortaleza, Ceará, Brasil, con datos obtenidos a través de tres grupos focales en los cuales se dividieron 26 maestras y 19 escuelas. Para la categorización y la interpretación de los datos se utilizó respectivamente el Análisis de Contenido en la modalidad temática y el Interaccionismo Simbólico. **Resultados:** Las participantes identificaron las causas para el sufrimiento psíquico en el contexto de la docencia reunidas en tres temáticas: factores ambientales; factores institucionales; y relaciones sociales e interpersonales. Los problemas relatados por las maestras influyen directa o indirectamente en su salud mental llevando al estrés, la angustia, la depresión o no motivación para el ejercicio de la profesión. **Conclusión:** Las temáticas relatadas por las participantes revelaron que la sobrecarga de trabajo, el ambiente inadecuado, la agresividad de los niños, el individualismo de los compañeros, la falta de estructura de la escuela y las presiones de la institución son causas del sufrimiento psíquico.

**Descriptor:** Docentes; Estrés Psicológico; Promoción de la Salud.

## INTRODUCTION

The work is understood as one of the psychological functions of the subject as it plays a role in the symbolic mediation between the work itself performed by the subject, the actions taken by others and the objects of labor activity, which can have a direct or indirect impact on both health and disease processes since it promotes pain and/or self-fulfillment<sup>(1)</sup>.

Psychic suffering at work can be understood a situation when the labor activity becomes meaningless, which harms the vitality of the subjects and makes working psychologically harmful<sup>(2)</sup>.

In turn, mental health at work refers to the ability to face life challenges in a creative way, developing a purpose and a meaning for the activities assigned and the results to be achieved<sup>(1)</sup>. It is the opportunity to think and speak independently about the quality of work and be involved in the changes needed to achieve a "job well done"<sup>(2)</sup>.

Over the past decades, the relationship between mental health and work has received increasing attention due to various changes in the occupational environment. Among these changes are the intensification of work activities, the high productivity, technological advances and the precariousness of the relationships, which have resulted in a significant increase in the number of workers with health problems, stress and burnout<sup>(3,4)</sup>.

The World Health Organization (WHO) estimates rates of 30% of mental disorders in the employed working population by 2020, with a prevalence of increase in cases of depression, which will become the second leading cause of disability leave behind only ischemic heart diseases<sup>(5)</sup>.

The school does not escape unscathed the changes highlighted<sup>(6)</sup> as research claims that the working conditions of Brazilian teachers are considered poor and have been identified as triggers of physical and psychological illness generators<sup>(7)</sup>. Among the most evident impact is the fact that the school had to take over the task of preparing qualified and multi-skilled workforce for the labor market in a classroom structure focused on streamline learning and knowledge specificity<sup>(6)</sup>. Thus, education went on to be molded in merchandise terms and became fully immersed in new standards of efficacy and productivity as its quality is now measured by assessment tools and the number of students approved in college admission tests and civil service exams<sup>(6)</sup>.

Teachers show a strong sense of frustration faced with the present education scenario and the constant social devaluation of the profession<sup>(8)</sup>. Added to this are the feelings of anxiety, disgust, anger, hopelessness, discouragement, fatigue and stress singled out by teachers in the face of existing pressures in the organization of work<sup>(9,10)</sup>. Such feelings produce psychic suffering associated with the teaching activity and can cause mental disorders that may last or be transient with the consequent removal of teachers from labor activities<sup>(9,11)</sup>. In the Brazilian reality, mental disorders are a major cause of absence from the teaching work<sup>(12)</sup>. It is not without reason that teachers are among the workers mostly investigated in publications on work-related mental disorders<sup>(13)</sup>.

Despite the impact of occupational health on the production chain and the debates on the issue in public health, little attention has been given to health policies for workers and intervention programs<sup>(14)</sup>.

An example of this paradox is the School Health Program (*Programa Saúde na Escola – PSE*)<sup>(15)</sup>, which was established by Decree No. 6.286, of December 5, 2007 in order to contribute to the integral formation of students through promotion, prevention and health care actions with a view to fighting the vulnerabilities that compromise the full development of children and youth of the public education system in Brazil. Although it is targeted to basic education students, managers, health and education professionals, the school community and, in a more expanded way, students of the Federal Vocational and Technological Education System and the Youth and Adult Education program (*Educação de Jovens e Adultos – EJA*), aspects related to teachers' integral health are not covered by the PSE<sup>(15)</sup>. This issue deserves

reflection because of the important role teachers play in the educational environment and the risks and harms to which they are exposed, which also have consequences to their physical and mental health<sup>(9,11)</sup>.

The PSE reports that the school is a privileged space for social living and encourages the establishment of relationships that favor health promotion through a comprehensive education<sup>(15)</sup>. However, it is difficult to provide comprehensive education if the teacher's health is compromised<sup>(9,11)</sup>. An example of this is the illness of teachers, which compromises the quality of teaching given that the absenteeism and the sick leave of these professionals are still a reality in Brazilian schools<sup>(12)</sup>.

In Brazil, according to the School Census<sup>(16)</sup>, there are approximately two million teachers in the basic education system. These professionals are responsible for teaching more than 52 million students. Part of the teachers work in more than one stage of education, with more than a million and a half in primary school.

The reality expressed in the Brazilian scenario does not differ from numbers recorded in the Basic Education of the municipal school system of the municipality of Fortaleza, which has 9,191 teachers. Of that total, 80% are concentrated in primary school. The predominant age group is 40 to 49 years<sup>(17)</sup>.

Considering also that the stress-related symptoms are more common in women<sup>(18)</sup>, the present research focused on the care of psychic suffering of female teachers, which also has a direct influence on the well-being and quality of life of this population.

In this context, there is a close relationship between the mental health care of female teachers and health promotion as the latter refers to the set of strategies that enables enhancing autonomy, emancipation and adoption of interventions that can improve the working conditions, the health and the quality of life of this professional category<sup>(19)</sup>.

Based on the aforementioned and the importance of the preservation of mental health to the teaching work, the present study aimed to identify the causes of psychic suffering reported by primary school teachers.

## METHODS

This is a qualitative exploratory study conducted from December 2013 to June 2014 with three focus groups. Qualitative methodology was used because it incorporates the meaning and intentionality as inherent to acts, relations and social structures<sup>(20)</sup>. In this context, it should be considered the importance of knowledge, which is the process through which people intuit, apprehend and express their perceptions without despising subjectivity. In

this perspective, it is understood that people apprehend the world, externalize it and thus produce knowledge.

The sample comprised 26 female teachers aged 24 to 66 years from a group of 361 primary school teachers of 60 public schools in the municipality of Fortaleza, Ceará, Brazil; the teachers answered a questionnaire on socioeconomic characteristics, education and career and health conditions, particularly the vocal ones. It should be noted that the focus groups included representatives from schools located in the six Education Districts of Fortaleza.

Inclusion criteria were: female primary school teachers working in the classroom who should not be on sick leave due to vocal problems and/or have indication for such and who were available to participate in the focus group. Thus, three focus groups were conducted with an average duration of 2 hours and 30 minutes each. The first focus group included 12 teachers; the second one included seven, and the third included other seven teachers.

To this end, it was used a script with guiding questions on the issue which was developed on the basis of Symbolic Interactionism<sup>(21)</sup>. The following guiding questions were used: "In the context of your activity as a teacher, what are the factors that affect your mental health?"; "Does it affect your quality of life and professional practice? How?";

Data saturation was used to define the final sample and data collection. In qualitative research, saturation of data is achieved when the researcher has already collected some diversity of ideas and the continuation of interviews or additional observations will not lead to new findings<sup>(22)</sup>.

After the detailed reading of the transcripts of the focus groups, data underwent content analysis using a thematic model<sup>(23)</sup>. Then, three themes emerged: environmental factors; institutional factors and social and interpersonal relationships. These themes reflect the problems pointed out by teachers that affect directly or indirectly their psychic suffering, causing stress, anxiety, depression or discouragement about their work.

Data were interpreted on the basis of Symbolic Interactionism<sup>(21)</sup>, which allowed to understand the associations between the knowledge, the action and the interpretation of the aspects of teaching and their influence on the mental health of teachers. The literature<sup>(3,4,8,10,11,24)</sup> on issues related to teachers' mental health also supported the presentation and discussion of the findings. At this phase, empirical results were extrapolated and the theoretical framework was thoroughly searched in an attempt to capture teachers' perceptions of the factors related to the main issue addressed in the present study.

Teachers are identified by letter "T", which refers to the word "teacher", followed by numbers 1 through 26, which allowed to safeguard the anonymity of participants.

The present research is part of a doctoral dissertation and is in compliance with Resolution No. 466/12 of the National Health Council. It was approved by the Human Research Ethics Committee of the University of Fortaleza under Opinion No. 899.798.

## RESULTS AND DISCUSSION

The present research allowed to verify that the teaching context influences the psychic suffering of the primary school teachers interviewed given that, according to the participants, their mental health is directly or indirectly affected by environmental factors, institutional aspects and also by the social and interpersonal relationships.

The intensive exposure to factors that trigger discomfort, fatigue and stress cause psychic suffering in teachers as they need to implement strategies to preserve their health, changing teaching methods and making students participate more actively in classes<sup>(25)</sup>. The physical changes caused by stress, anxiety and nervousness coupled with violence and environmental factors also lead to physical and mental distress<sup>(18,26)</sup>.

The literature<sup>(24)</sup> also shows that the labor system, which establishes productivity goals for teachers similar to the profiles of the industrial production process that relate to career advancement and results as a method of recognition and remuneration, led to a massification of teaching policies and practices. This fact caused losses in the quality of life and occupational health of teachers<sup>(9,11)</sup>.

Given that and the analysis of the participants' reports, and in order to deepen the findings of the investigation and allow a more detailed reflection about the subject at issue, the themes identified in the focus groups and their associated ideas will be discussed.

### Environmental factors

The environmental conditions of work refer to school internal and external factors that have a direct or indirect impact on the mental health of teachers which were clearly highlighted in the reports.

*"[...] The school structure, the classroom structure... That is horrible to us! If we start pointing out the factors, there will be many. The rooms, the dust, the noisy and dusty fans, the children's noise, you competing with children wanting to be heard, you trying to be heard... The working conditions are difficult because the school is surrounded by social ills... all the problems are inside the school... this drugs issue, the violence, all that... we carry all this*

*burden and still we do not get any support to work with that."* (T17)

Studies have shown that the teacher's health is subject to interference from several negative factors ranging from the precarious working conditions (environmental, material or relational) to the difficulties related to care and access to health services<sup>(12,27,28)</sup>. In this sense, it should be noted the importance of taking care of the working environment to the promotion of teachers' health in an effective and comprehensive manner<sup>(19,29)</sup>.

*"Can you imagine a room with forty-four students... in the school there are classrooms with thirty-five, thirty-seven students, and when we start to talk one begins to make a noise, to talk, to whisper... This causes a very great distress and makes us feel helpless..."* (T20)

Studies show that the excessive number of students increases ambient noise and violence at school in addition to demanding greater effort from the teacher during class and conflict resolution<sup>(30,31)</sup>. Moreover, other studies show that the excessive number of activities, the demands of the work environment and the pressure from superiors are factors that trigger stress and anxiety in teachers<sup>(26,32)</sup>.

Overwhelming physical and emotional conditions experienced by the teacher are elements inherent to the situation of exploration in the labor market. Studies show that occupational illness is in many ways related to environmental conditions. However, this is considered less valuable given the search for solutions for the worker to readapt to or rearrange these conditions to maintain the status quo of the labor system<sup>(24)</sup>.

Intense working hours and the need for performing various activities simultaneously among teachers, including the work they take home with them, causes suffering, discouragement, fatigue and stress. The accumulation of responsibilities entails risks to the general health of these professionals<sup>(33)</sup>.

Regarding the ideas associated with environmental interference in the mental health of teachers, there is a presence of internal (environmental noise, lack of hygiene, temperature, lack of infrastructure and excessive number of students) and external (drugs, violence and social ills) factors. This reality contradicts the premise that the school is a social space where collective consciousness is developed based on integrality with the aim to provide better working conditions and become a healthy and health-promoting environment. For that to happen, it is necessary to raise managers' awareness in order to implement public

policies capable of minimizing the risks arising from these adverse conditions<sup>(34)</sup>.

### Institutional factors

Among the institutional factors that affect mental health, the teachers interviewed in this study highlighted the lack of employer's concern regarding their general health and, more specifically, their mental health. They pointed out the difficulties faced by them with regard to being seen as people who need care. Being absent from the classroom is another aspect mentioned by participants as something that causes suffering. Thus, the "caring for oneself" turns into "not caring for others":

*"Now, I will ask you the following question: if I start a treatment, I will be absent from the classroom and I will be anguished because I left a problem... Will the treatment work? Because when it comes to my emotional... Will this treatment work" (T1)?*

The teacher's report reflects the arduous journey to which teachers are generally submitted. Male and female teachers, in addition to working double shifts, long working hours and being employed in more than one educational institution, also face psychological pressure, with demands and orders that must be followed, which lead to professional exhaustion and inability to take care of their own health<sup>(4)</sup>.

In this sense, another report shows the anguish of a teacher in an attempt to seek medical treatment. According to her, there was so much institutional pressure that she went through conflicting situations to find an alternative solution to her problem:

*"It was in the beginning of last year and it was traumatic for me... I mean the school leave for the treatment, because they [the managers] did not allow me to leave. Guys, it was complicated and they told me 'Try it on a Saturday'... You leaving to take care of yourself? You may be dying and you have to stay in the classroom, teach the class voiceless and stay right there... That is what I felt during treatment, it was a disregard for my health and also for my students. If you had been through the same experience... Because it was traumatic for me... I had to fight with the board of directors, the vice-coordination [...]" (T15)*

The illness can be marked by the workers' shame, their blaming and the individualization of the illness in order to separate the working conditions and organization from the production of the disease. The absence from work demands a rearrangement of the ways of life of these workers, destabilizes, tenses and requires escaping resources or the production of forms of escaping<sup>(35)</sup>. The sick leave is

experienced as a rupture with work and often appears through the body. The work invades the worker's body to the point where the situation becomes unbearable. And at the time of illness, the worker's body dilutes into the work and they no longer differ from each other – the worker's body is just work until illness and disability<sup>(35)</sup>.

In the case of illness caused by work, the body can no longer be the worker's multiple and diverse body because it is pain and suffering, and the work is no longer work with the potential for creation and production because it becomes restriction, impotence and limitation<sup>(35)</sup>. In health and disease process, the practices must meet the needs or demands for a broader health, seeking the roots of the problems through public policies<sup>(36)</sup>.

Teachers' illness and sick leave culminate in the compromise of others due to the so-called "presenteeism". This phenomenon occurs when the absence of teachers overwhelms other teachers whose health is already poor. This fact triggers complaints and symptoms such as headache and back pain, breathing difficulties, allergies, irritation, high blood pressure, gastrointestinal disorders, arthritis and depression<sup>(12)</sup>.

In addition to the teachers' work overload imposed by the reform of the educational system, the teachers feel that their profession is undervalued by society, parents, students and managers, which makes them feel disrespected<sup>(32)</sup>.

Another important aspect is that, among voice professionals, teachers seek otorhinolaryngology or speech therapy services less often than the expected, despite the various risk factors they are exposed to in the environment and the symptoms they report<sup>(37,38)</sup>. Among the many causes attributed to this situation, one can be the anguish of having to face a number of situations in the workplace that undermine this demand in addition to the sense of responsibility with the professional practice and the desire not to leave their students without classes<sup>(28)</sup>.

This reality needs to be discussed and revised so that the institutional conditions do not affect the mental health of teachers<sup>(24,35)</sup>.

### Social and interpersonal relationships

Issues related to stress caused by the work environment also call attention because, in addition to the physical environment, interpersonal relationships are factors that predispose to changes in vocal and mental health<sup>(24,35)</sup>.

Difficulties in interpersonal relationships, social interaction, especially with peers, in dealing with the emotions and the need to expose what happens subjectively were some aspects described by the teachers interviewed in the present study as some things that often lead to mental illness.

*"[...] We are mistreated in the classroom, we are mistreated by our colleagues in the teacher's lounge and we are mistreated mainly by the failed education system... Added to these are the problems in the school structure, the pressure from the board of directors, the discouragement, the lack of motivation of most of our colleagues... Each one doing their part only and no one gives a damn if you feel frustrated... So, this aggression that we experience... It is very hard in psychological terms, that is why I had to undergo a treatment two years ago." (T8)*

Among the teachers of the municipal education system of São Paulo, 60% of the educators report the presence of changes in health and suggest environmental factors, work organization and relational aspects as factors contributing to the occurrence of these problems<sup>(39)</sup>.

*"[...] Before, I cried, I stayed in the classroom and knew that it soon would pass... I just invented something different and took some time to myself, I managed to bounce back... Now, I cannot control this emotion anymore. I go out, ask someone from the school to help me and stay in my classroom for a while, I go to the toilet, wash my face and get back... I put myself together to get back to the classroom..." (T1)*

The teacher's report goes back to the fact that human groups exist in action and should be seen in a continuum of interaction that can be modified by the context and the needs. Social interactions give rise to actions and reactions which may change interpretations of situations and objects of everyday life<sup>(21)</sup>. The school is a space for social living; however, it is widely studied due to adverse conditions affecting teachers' mental health<sup>(29-31,40)</sup>.

The discontents caused by conflicting relationships in the classroom, with other teachers or managers, or even with parents of students make the teachers look for alternatives to address the problem. One of these strategies is the exchange of experiences and venting to colleagues, as shown in the following report:

*"[...] During the break, I try not to say anything, even though I see my colleagues who, during the break, vent their feelings about what happened in the classroom... Many of them already take this time to vent and then we are faced with much emotion and at this time I keep watching and I think: 'Wow! We are really emotional and put it all in the voice and emotion!'" (T16)*

This report points out to the need that these professionals have to be heard; however, they do not have the time or specialized services to participate in focus groups, which could help them cope with this compromising scenario of mental health and quality of life<sup>(41)</sup>.

A study on focus groups conducted with primary school teachers showed the importance of this type of strategy aimed at this population as they understood it as an important moment for support and exchange of experiences. In this space, it was possible for these professionals to expose their dissatisfactions, conflicts, disbeliefs, anguish and anxieties with regard to the situations experienced in their professional life<sup>(41)</sup>. These teachers vented many relationship and acceptance problems. Another finding by the authors was the perception of the school conditions, which undermine group work and interpersonal relationships<sup>(41,42)</sup>.

In the present study, it was found that teachers recognize the lack of psychological care in the school context and that these outpourings and experience exchanges take place in the daily routine, during class breaks in the teacher's lounge, between teachers who get along well with each other or managers who inspire embracement and trust. For the participants of the present research, this strategy works as an "outlet", as a way to reduce the emotional stress and learn from the most experienced professionals in an attempt to cope with the indiscipline of the students, with the devaluation of the profession, with the aggression from parents, students and managers, and also the adverse environmental conditions.

In this context, it is important to know the way a person or social group sees the various social situations, their barriers and possibilities in order to understand their behavior. The interpretation enables this ability and allows to understand that people's actions imply reactions, which are also permeated with cultural issues<sup>(43)</sup>.

Some teachers do not establish interpersonal relationships satisfactorily due to professional disputes in the workplace, communication with other school professionals and the lack of integration in the work environment. As a result, it is possible to observe suffering experiences with the presence of the feeling of competitiveness and lack of solidarity<sup>(44,45)</sup>.

Although teachers can identify the various aspects that cause psychic suffering, the data point to the lack of information on this issue, which suggests the need to implement strategies to promote mental health in school. It is noteworthy that 80.6% of participants considered very important to acquire knowledge about mental health and access to educational materials on the issue<sup>(46)</sup>.

Thus, the promotion of teachers' health is an essential factor for improving strategies to empower this population so they can cope with conditions that lead to psychic suffering; strategies include health education activities, increased access to information, emotional support, structural and organizational adjustments, and improvement in interpersonal relationships<sup>(46)</sup>.

## FINAL CONSIDERATIONS

The study showed that the interviewed teachers identified several aspects that cause psychic suffering and that are related to the teaching context, pointing to issues involving environmental factors, institutional factors and social and interpersonal relationships. This leads to think that the teacher needs to be recognized and valued and should be seen not only as a “working tool”, but as a person in its complexity so it is possible to achieve comprehensive health at school. These professionals should be seen as active subjects in this process provided that they are involved in and benefit from actions aimed at their health.

Other factors that draw attention to the results relate to work overload, inadequate working conditions and lack of institutional support for teachers’ health care. These are important social issues that directly influence the school context and the satisfaction and motivation of this professional.

In this context, the school must have broad view of all its aspects and actors in order to understand the context that includes teachers and promote a healthy environment, favoring good working and learning conditions.

In addition, other actions are required, i.e., the school should: recognize the importance of school aesthetics and the direct psychological effect this aspect has on teachers and students; be based on a health care model that includes the interaction of the physical, psychological, sociocultural and environmental aspects; promote the active participation of students; realize that the development of self-esteem and personal autonomy in the teacher are fundamental to health promotion; value health promotion at school for all people who study and work; have a broad view of health services targeted to students/encourage the development of healthy lifestyles and offer viable and attractive options to carry out health promotion actions.

However, the discontent with the environment, the aggressiveness of children, the individualism of some peers, the lack structure in the school and the institutional pressure, herein reflected in the lack support from managers, were identified as elements that trigger mental health problems in the study population as they evoke feelings of frustration, anguish, sadness and discouragement.

Data from the present study should be widely discussed by all actors in order to facilitate the planning of actions to solve the problems at issue. This may, in turn, favor the implementation of actions aimed at the health and well-being of the whole school community, including – evidently – the teacher.

## REFERENCES

1. Bendassolli PF, Gondim SMG. Significados, sentidos e função psicológica do trabalho: Discutindo essa tríade conceitual e seus desafios metodológicos. *Av Psicol Latinoam.* 2014;32(1):131-47.
2. Clot Y. *Trabalho e Poder de Agir*. Belo Horizonte: Fabrefactum; 2010.
3. Zanelli JC. Estresse nas organizações de trabalho: Compreensão e intervenção baseadas em evidências. In: Zanelli JC. *Trabalho, saúde e construção de vida*. Porto Alegre: Artmed; 2010. p. 19-32.
4. Teixeira LN, Rodrigues AL, Silva FM, Silveira RCP. As possíveis alterações no estilo de vida e saúde de professores. *Rev Enferm Cent.-Oeste Min.* 2015;5(2):1669-83.
5. Jardim SR, Ramos A, Glina DMR. Diagnóstico e nexos com o trabalho. In: Glina DMR, Rocha LE, organizadores. *Saúde mental no trabalho da teoria à prática*. São Paulo: Roca; 2010. p. 3-30.
6. Weschenfelder FZ, Trindade GA. Trabalho docente e desenvolvimento capitalista: Uma articulação perversa para a saúde do educador. *Synergismus Syntifica.* 2011;6(1):1-7.
7. Codo W, coordenador. *Educação: carinho e trabalho*. Rio de Janeiro: Vozes; 1999.
8. Arruda RP, Catrib AMF, Brasil CCP, Batista MH, Sampaio PP. The Pain of teaching: considerations regarding educational endeavors. *US-China Education Review A.* 2015;5(4):267-276.
9. Mendes MLM. A precarização do trabalho docente e seus efeitos na saúde dos professores da rede municipal de ensino do Recife. *Humanae.* 2015;9(1):91-109.
10. Porto LA, Carvalho FM, Oliveira NF, Silvany AM Neto, Araújo TM, Reis EJFB. Associação entre distúrbios psíquicos e aspectos psicossociais do trabalho de professores. *Rev Saúde Pública.* 2006;40(5):818-26.
11. Reis EJFB, Araújo TM, Carvalho FM, Barbalho L, Silva MO. Docência e Exaustão Emocional. *Educ Soc.* 2006;27(94):229-53.
12. Van Houtte E, Claeys S, Wuyts F, Van Lierde K. The impact of voice disorders among teachers: vocal complaints, treatment-seeking behavior, knowledge of vocal care, and voice-related absenteeism. *J Voice.* 2011;25(5):570-5.

13. Bárbaro AM, Robazzi MLDC, Pedrão LJ, Cyrillo RMZ, Suazo SVV. Transtornos mentais relacionados ao trabalho: revisão de literatura. SMAD, Rev. eletrônica saúde mental alcool drog [Internet]. 2009 [accessed on 2015 Aug 26];5(2):1-16. Available from: <http://www.revistas.usp.br/smad/article/view/38695>
14. Mudim MCB. Saúde mental e trabalho: levantamento das publicações na SCIELO E PEPSIC. *Barbarói*. 2012;36:110-9.
15. Brasil. Programa Saúde na Escola. Decreto nº 6286, de 05 de dezembro de 2007. Brasília: Presidência da República; 2007.
16. Ministério da Educação (BR). Censo Escolar 2009. Brasília: Ministério da Educação; 2009.
17. Secretaria Municipal de Ensino de Fortaleza (CE). Relatório sobre docentes da rede municipal de ensino 2012. Fortaleza; 2012.
18. Holmqvist S, Santtila P, Lindström E, Sala E, Simberg S. The association between possible stress markers and vocal symptoms. *J Voice*. 2013;27(6):787.e1-787.e10.
19. Silva CO, Ramminger T. O trabalho como operador de saúde. *Ciênc Saúde Coletiva*. 2014;19(12):4751-8.
20. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo: Hucitec; 2010.
21. Blumer H. *Symbolic interactionism: perspective and method*. Los Angeles: University of California Press; 1969.
22. Salgado CM. El muestro en investigación cualitativa. Principios básicos y algunas controversias. *Ciênc Saúde Coletiva*. 2012;17(3):613-9.
23. Bardin L. *Análise de Conteúdo*. Portugal: Edições 70; 2009.
24. Forattini CD, Lucena C. Adoecimento e sofrimento docente na perspectiva da precarização do trabalho. *Laplage Revista*. 2015;1(2):32-4.
25. Vaz C, Regina M, Severo LO, Borges AM, Bonow CA, Rocha LP et al. Voice disorders in teachers. Implications for occupational health nursing care. *Invest Educ Enferm*. 2013;31(2):252-60.
26. Costa DB, Lopes LW, Silva EG, Cunha GMS, Almeida LNA, Almeida AF. Fatores de risco e emocionais na voz de professores com e sem queixas vocais. *Rev CEFAC*. 2013;15(4):1001-10.
27. Araújo TMD, Reis EJFBD, Carvalho FM, Porto LA, Reis IC, Andrade JMD. Fatores associados a alterações vocais em professoras. *Cad Saúde Pública*. 2008;24(6):1229-38.
28. Luchesi KF, Mourão LF, Kitamura S, Nakamura HY. Problemas vocais no trabalho: prevenção na prática docente sob a óptica do professor. *Saúde Soc*. 2009;18(4):673-681.
29. Pereira EF, Teixeira CS, Andrade RD, Bleyer FTDS, Lopes ADS. Associação entre o perfil de ambiente e condições de trabalho com a percepção de saúde e qualidade de vida em professores de educação básica. *Cad Saúde Colet (Rio J)*. 2014;22(2):111-9.
30. Guidini RF, Bertinello F, Zanchetta S, Dragone MLS. Correlações entre ruído ambiental em sala de aula e voz do professor. *Rev Soc Bras Fonoaudiol*. 2012;17(4):398-404
31. Servilha EAM, Pereira PM. Condições de trabalho, saúde e voz em professores universitários. *Rev Ciênc Méd PUCCAMP*. 2008;17(1):21-31.
32. Karmann DF, Lancman S. Professor: intensificação do trabalho e o uso da voz. *Audiol Commun Res*. 2013;18(3):162-70.
33. Souza CLD, Carvalho FM, Araújo TMD, Reis EJFBD, Lima VMC, Porto LA. Fatores associados a patologias de pregas vocais em professores. *Rev Saúde Pública*. 2011;45(5):914-21.
34. Xavier IALN, Santos ACO, Silva DM. Saúde vocal do professor: intervenção fonoaudiológica na atenção primária à saúde. *Rev CEFAC*. 2013;15(4):976-85.
35. Ramos MZL, Tittoni J, Nardi HC. A experiência de afastamento do trabalho por adoecimento vivenciada como processo de ruptura ou continuidade nos modos de viver. *Cad Psicol Soc Trab*. 2008;11(2):209-21.
36. Amorim AKM, Dimenstein M. Desinstitucionalização em saúde mental e práticas de cuidado no contexto do serviço residencial terapêutico. *Ciênc Saúde Coletiva*. 2009;14(1):195-204.
37. Medeiros AM, Assunção AA, Barreto SM. Alterações vocais e cuidados de saúde entre professoras. *Rev CEFAC*. 2012;14(4):1-7.
38. Roy N, Merrill RM, Thibeault S, Gray SD, Smith EM. Voice disorders in teachers and the general population: effects on work performance, attendance, and future career choices. *J Speech Lang Hear Res*. 2004;47(3):542-51.
39. Ferreira LP, Giannini SP, Figueira S, Silva EE, Karmann DDF, Souza TM. Condições de produção vocal de

- professores da rede do município de São Paulo. *Disturb Comum*. 2003;14(2):275-308.
40. Tavares DDF, de Oliveira RAR, Mota RJ Júnior, Oliveira CEP, Marins JCB. Qualidade de vida de professoras do ensino básico da rede pública. *Rev Bras Promoç Saúde*. 2015;28(2):191-7.
41. Carraro PR, Andrade AS. O professor do ensino fundamental em grupos de reflexão. *Rev Mal-Estar Subj*. 2011;11(4):1339-78.
42. Mont'Alverne DGB, Catrib AMF. Promoção da saúde e as escolas: como avançar. *Rev Bras Promoç Saúde*. 2013;26(3):307-8.
43. Silva CL. Interacionismo simbólico: história, pressupostos e relação professor e aluno; suas implicações. *Educação por Escrito*. 2012;3(2):73-84.
44. Cupertino V, Garcia FC, Honório LC. Prazer e sofrimento na prática docente no ensino superior: estudo de caso em uma IFES mineira. *Trab Educ*. 2014; 23(3):101-16.
45. Meira TRM, Cardoso JP, Vilela ABA, Amorim CR, Rocha SV, Andrade AN et al. Percepções de professores sobre trabalho docente e repercussões sobre sua saúde. *Rev Bras Promoç Saúde*. 2014; 27(2):276-82.
46. Soares AGS, Estanilau G, Brietzke E, Lefèvre F, Bressan RA. Percepção de professores de escola pública sobre saúde mental. *Rev Saúde Pública*. 2014;48(6):940-8.

**Mailing address:**

Christina Cesar Praça Brasil  
Universidade de Fortaleza - UNIFOR  
Programa de Pós Graduação em Saúde Coletiva  
Avenida Washington Soares, 1321  
Bairro: Edson Queiroz  
CEP: 60.811-905 - Fortaleza - CE - Brasil  
E-mail: cpraca@unifor.br