

## THE TEACHING WORK AND ITS RELATIONSHIP WITH THE ILLNESS: PERCEPTIONS OF HIGH SCHOOL TEACHERS IN THE PUBLIC NETWORK

EL TRABAJO DOCENTE Y SU RELACIÓN CON LA ENFERMEDAD: PERCEPCIONES DE  
DOCENTES DE SECUNDARIA EN LA RED PÚBLICA

O TRABALHO DOCENTE E A SUA RELAÇÃO COM O ADOECIMENTO: PERCEPÇÕES DE  
PROFESSORES DO ENSINO MÉDIO DA REDE PÚBLICA

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### Abstract

The study aimed to know the perception of high school teachers in the city of Cascavel/PR about the health and disease process in their daily work. A semi-structured script was used for data collection, applied in the form of interviews and analyzed using the Content Analysis Technique. It was found that 66.7% of the teachers carry out their activities in the morning and afternoon, and that 53.3% of them have a weekly workload of 40 hours, which represents an exhausting workday, as they carry out other activities. functions that are not linked to teaching. In this context, teachers get sick due to a combination of factors, and consequently, having to carry out work activities with the same patients, as stated by 100% of the interviewees. And among the health problems reported, the main ones are musculoskeletal diseases, migraines and stress. It is inferred that adverse working conditions resulting from professional devaluation, inadequate physical structure, excess students in the classroom, double shifts and work overload, among others, are causes that lead to illness among teachers. Given this complexity, that is, this kaleidoscope of the health and disease process, it was found that this phenomenon goes beyond the physical and biological body. Therefore, when looking at this subject, it is also necessary to consider the context in which they are inserted, as well as their

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values, beliefs, meanings and perceptions, in order to plan and promote actions aimed at reducing vulnerabilities and health risks in the environment desktop.

**Keywords:** Health-disease process; Faculty; School; Work.

### Resumen

El estudio tuvo como objetivo conocer la percepción de los profesores de enseñanza media del municipio de Cascavel/PR sobre el proceso de salud y enfermedad en su cotidiano de trabajo. Para la recolección de datos se utilizó un guión semiestructurado, aplicado en forma de entrevistas y analizado mediante la Técnica de Análisis de Contenido. Se encontró que el 66,7% de los docentes realizan sus actividades en horario de mañana y tarde, y que el 53,3% de ellos tienen una carga laboral semanal de 40 horas, lo que representa una jornada laboral agotadora, y muchas veces tener que realizar actividades laborales con los mismos pacientes, según el 100% de los encuestados. Entre los problemas de salud reportados, los principales son las enfermedades musculoesqueléticas, las migrañas y el estrés. Se infiere que las adversas condiciones de trabajo producto de la desvalorización profesional, la inadecuada estructura física, el exceso de alumnos en el aula, la doble jornada y la sobrecarga de trabajo, entre otras, son causas que conducen a la enfermedad de los docentes. Ante esta complejidad, es decir, este caleidoscopio del proceso de salud y enfermedad, se constató que este fenómeno va más allá del cuerpo físico y biológico. Así que al mirar esto profesor, también es necesario considerar el contexto en el que se inserta, así como sus valores, creencias, significados y percepciones, a fin de planificar y promover acciones encaminadas a reducir las vulnerabilidades y riesgos para la salud en el trabajo.

**Palabras-clave:** Proceso salud-enfermedad; Docentes; Escuela; Trabajo.

### Resumo

O estudo teve por objetivo conhecer a percepção dos professores do ensino médio do município de Cascavel/PR sobre o processo de saúde e doença no cotidiano do trabalho. Utilizou-se um roteiro semiestructurado para coleta dos dados, aplicado na forma de entrevistas e analisados por meio da Técnica de Análise de Conteúdo. Constatou-se que 66,7% dos professores exercem suas atividades nos períodos da manhã e tarde, e que 53,3% deles arcam com uma carga laboral semanal de 40 horas, o que representa uma jornada de trabalho exaustiva, pois eles exercem outras funções que não estão vinculadas à docência. Diante desse contexto, os professores adoecem devido uma conjunção de fatores, e conseqüentemente, tendo que desenvolver as atividades laborais mesmos doentes, conforme afirmado por 100% dos entrevistados. E dentre os problemas de saúde relatados os principais são as doenças de ordem musculoesqueléticas, enxaquecas e estresse. Infere-se que as condições de trabalho adversas resultantes da desvalorização profissional, da estrutura física inadequada, do excesso de alunos em sala, da dupla jornada e da sobrecarga de trabalho, entre outros, são causas que levam ao adoecimento dos professores. Diante dessa complexidade, ou seja, desse caleidoscópio do processo de saúde e doença, constatou-se que esse fenômeno extrapola o corpo físico e biológico. Assim, portanto, ao olhar para esse sujeito é necessário ponderar também o contexto em que está inserido, bem como, seus valores, crenças, sentidos e percepções, para então planejar e promover ações que visem à redução de vulnerabilidades e de riscos à saúde no ambiente de trabalho.

**Palavras-chaves:** Processo saúde-doença; Professores; Escola; Trabalho.

## **Introduction**

In order to weave understandings about the universe of health and disease, it is necessary to contextualize some aspects of the daily life of the current social moment. Health and disease are words with a strong symbolic load, as they carry images, imaginations and symbols that build social life, it is organized based on the context in which people are inserted.

Social life is shaped by interactions, images and symbols. Consequently, the imaginary corresponds to the images that each one creates from their relationship with the world, as well as encompasses the information that they receive and acquire culturally, in addition to everyday choices (MAFFESOLI, 1995).

From this perspective, health and disease can be understood from the daily experiences linked to the imaginary of each society and each time, everything always correlated with the senses and meanings elaborated on the way people live their experiences.

Thus, the health and disease process is not a simple expression of the biological situation of the organism as a whole. We would say that they are much more historically placed social values, and, because of that, they must be considered in their complexity. So, therefore, we cannot apprehend this process only in its biological aspect, which emphasizes a reductionist conception, but we need to consider other relevant elements that may interfere, such as culture and religiosity.

In pursuit of understanding health and disease process, it is important to consider that there is no threshold between both, but that there is a correlation of factors between these two edges of human life.

We understand that it is through the body that the phenomena of health and illness are manifested in people's daily lives. Considered to be a biopsychosocial system, the body undergoes environmental, social, cultural and religious influences that manifest sensations, feelings and emotions. Pondering the dynamics and movement of human beings, we could say that the body expresses bodily experiences

of health and illness. The body has intentionalities and, through it, the senses intercommunicate. Thus, anchored in phenomenology, in order to understand the health and disease process in the teachers' perception, we look at the body not only as physical, biological and psychological, but as a social and cultural body.

According to Merleau-Ponty (1994), it is through the body that the human being is present and relates to the world. Therefore, the body reveals the total existence of man. He also expresses that the body is the fusion of singular phenomena perceived as corporeity, that is, corporeity is the existence, it is the history of each person. In this sense, it is necessary to take into account subjectivity from the dimension of being, and the perception of health and illness is an intrinsic element in this being.

Being sick is a condition that affects the body and is related to the totality of the human being. According to Vicini (2002), the disease is influenced by biological, spiritual, social, psychological aspects and access to essential resources that promote the maintenance of health and well-being. From this perspective, it is through the body that health and disease are manifested and can be revealed through subjective and objective experiences.

From the point of view of a health professional, it is understood that the relation between teaching activities and the conditions which they are developed have been a challenge and a necessity to better understand the health and disease process, in order to subsidize means of promoting measures to prevent health problems for these professionals.

The requirements and competences required to develop the teaching-learning process, most of the time, are not compatible with the conditions and institutional organization, which, consequently, generates an overload of work and exhaustion on the part of the teacher.

The research developed by Silvany-Neto et al. (2000) studied the profile of 573 teachers from 58 private schools in Salvador/Bahia - Brazil. The results pointed to a population with complaints of illness, among which the following were mentioned: pain in the throat, legs and back, hoarseness and mental fatigue. The work characteristics observed by the authors as causes of these problems were: inadequate

classrooms, repetitive work, exposure to chalk dust, stressful work environment, fast pace of work, performance of activities without adequate materials and equipment and inadequate work position.

In the same perspective, Delcor et al. (2004) carried out a study, also with a group of teachers, in the city of Vitória da Conquista/Bahia-Brazil, in which the results presented were reports of mental fatigue, arm pain, shoulder pain, back pain, throat pain, tingling in the legs and hoarseness. And, with regard to physical efforts, standing up and correcting work were the complaints that prevailed the most.

In addition, in the same study, through the application of the Job Content Questionnaire<sup>4</sup>, unfavorable points for the ideal performance of activities were identified, such as fast pace, inadequate or uncomfortable body position, rapid and continuous physical activity and long concentration periods in a same task. The study carried out by Gomes (2002) in the city of Rio de Janeiro is also enlightening, which evidenced the dissatisfaction of teachers for working in more than one school, for serving an excessive number of students per shift and for having an overload of work determined by different factors, such as: management, policy, infrastructure and time.

Faced with the problems reported by the researchers, the possible relationships between illness and working conditions are perceived, fundamentally those performed in the classroom. It is based on the principle that, in order to have a good performance in work activities, it is necessary to have a quality environment that offers the minimum conditions for the teacher to perform his/her function and that do not compromise the quality of teaching and, therefore, do not offer risks to the teacher's health.

The working conditions linked to the inappropriate physical environment of classrooms, in terms of noise levels, cleanliness, ventilation, lighting and temperature, plus overcrowding, shortage of teaching material and overload work are some factors that represented the teacher's illness profile (GASPARINI; BARRETO; ASSUNÇÃO, 2005).

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<sup>4</sup> *Job Content Questionnaire (JCQ)* is a questionnaire that allows addressing the psychological-social dimension related to leadership and the work team, physical demand and insecurity at work.

In most studies, it is noticed that the classrooms are considered unsuitable for the full development of work, as they lack, for example, adequate lighting and ventilation. Another relevant factor regarding to the classroom and teachers' health is related to ergonomic problems.

It is inferred that the relationships between the performance of teaching activities and the health and disease process are multifaceted and, in this context, ergonomics is one of the paths that allows us to pursue actions that aim to reduce problems triggered by situations related to work environment, which can result in musculoskeletal disorders, such as Repetitive Strain Injuries/RSI and Work-Related Musculoskeletal Disorders/WRMDs (SCHUSTER, 2016; BRANDÃO; ANDRADE; PEDROSA, 2008; GASPARINI; BARRETO; ASSUNÇÃO, 2005; ABERGO, 2000).

In this universe of predisposing factors for teacher illness, the impact of repetitive and occupational movements can generate chronic problems that, in most cases, are only resolved with surgical treatment (ECHEVERRIA; PEREIRA, 2007; MERLO; JAQUES, 2001).

Thus, when we direct our gaze to the classroom and the repercussions of teaching on teachers' health, we need to reflect on what kind of actions are being developed in order to avoid illness and absences for clinical and surgical treatments, and which ones can still be developed.

Given this context, it is important to look at the human beings in their entirety, as well as in their interaction with the environment in which they live. In the case of teachers, it is important to investigate the way in which these professionals understand the health and disease process in their daily lives. Therefore, the questions of our research were: How is the health and disease process expressed in the teachers' daily life? What meanings emerge from the perceptions of these professionals when talking about health and disease? In this perspective, the main objective of the research was to know the perception of teachers who work in high school from public schools in the city of Cascavel/PR, Brazil, about the health and disease process in the daily work.

## Methodology

After approval by the Research Ethics Committee of the Universidade Estadual do Oeste do Paraná (State University of Western Paraná) - Opinion nº 1.621.139, with the Authorization granted by the State Department of Education of the State of Paraná - SEED/PR/Brasil, plus the Informed Consent Form (ICF) for signature of the interviewed professors, the study was developed through field research, in the qualitative dimension in an exploratory way. This research had as target audiences the teachers who worked in the teaching of Health and disease process in the perception of high school teachers from state public schools, linked to the Núcleo Regional de Educação - NRE (Regional Education Center) of Cascavel/PR, Brazil.

It is noteworthy that the aforementioned NRE manages 41 schools, with a professional staff of around 2,035 teachers to meet the demand of 30,974 students at this level of education. The field research was carried out through interviews, which were guided by discursive questions that addressed aspects related to: Leave from work frequently due to illness; if they have ever worked feeling sick; What kind of help do they seek when they are sick; Their daily work has some influence on their health and/or illness; What do they consider important to be healthy; and, finally, from their point of view, what it is to be healthy and what it is to be sick.

As for the inclusion criteria, teachers who work in public schools covered by the NRE were selected, in the aforementioned municipality from different regions of the city. Subsequently, after the schools were selected, with 1 (one) school in each region of the city (North, East, South, West and Central), totaling 5 (five) schools with the highest number of students enrolled, interviews were conducted with 3 (three) teachers in each of these schools, making a total of 15 (fifteen) teachers. All the teachers interviewed had a minimum workload of 20 hours per week, were employed in the Teaching Framework (*Quadro Próprio do Magistério* - QPM) or in the Simplified Selection Process (PSS), making up the sample of volunteer teachers, who agreed to sign the Informed Consent Form (ICF) and who had available time to participate in the interview.

Regarding the exclusion criteria, it was considered: Workload of less than 20 hours per week; Coordination positions and Refusal to sign the ICF. It is worth noting that, to ensure anonymity, codenames P1 to P15 were applied, in an order naturally achieved by the sequence of the interviews carried out. After the process of transcribing the interviews, they were ordered and categorized based on the Content Analysis technique, as proposed by Bardin (1997), correlating the data with the literature review.

## Result and Discussion

- The kaleidoscope of the health and disease process in the perception of teachers

From the vast documentation that history has gathered since antiquity, it is known that the conceptions of civilizations about the process of health and disease have been trajectories of varied constructions of images, symbols and meanings, and in each historical-social moment and in each society these constructions present themselves with different characteristics.

All this symbolic load over the centuries has contributed to the elaboration of a kaleidoscope of the health and disease process, with each process organized from the context in which people are inserted, in addition to providing the possibility of reviewing actions to prevent diseases and promotion of population health.

Thus, in order to encourage discussion on the theme of this dissertation, we went to the field to interview high school teachers who work in public schools in the city of Cascavel/PR, Brazil, and, for that, we selected a sample of 15 teachers.

First, we traced the profile of the interviewees with data referring to sex, age, marital status, number of children, work shift, employment relationship and workload.

In view of the findings above, it is possible to perceive that the prevalence is female in the teaching area, with a percentage of 86.6%. This may be linked to the achievements that women have achieved throughout history, ranging from the right to choose who to marry, to have children or not, to their inclusion in the job market.



Initially, in the so-called modernity with the industrial revolution, formal school education was basically only for men, but gradually, over the course of the 19th century, women were included in this context. However, the intention was to prepare these women to be excellent wives and housewives, full of virtues and full of values and principles of Christian Western civilization. This precept is portrayed in the movie "Mona Lisa Smile", notably in the speech of actress Julia Stiles, who represents the character Joan Brandwyn, when she says to the teacher:

[...] you said we could be whatever we wanted, i chose that. It's too far to go back and serve dinner at 5pm<sup>5</sup> (Movie: Mona Lisa Smile, 1'15", 2003).

Joan Brandwyn was referring to the law position she had won at a desired university, but even so, she had chosen to give up continuing her studies to marry and dedicate herself only to her family. The narrative of this film shows the historical context of an imaginary rooted in the culture of educational institutions that prepared women to assume a role of subordination, and not of female emancipation.

However, many changes have taken place and today we can see that the differentiation in the ways of instruction between men and women is an outdated social reality. Although the entry of women into the teaching profession has occurred slowly, today there is a predominance of this category in the classroom, so much so that the study by Zanato (2016), also carried out in the municipality of Cascavel/PR, Brazil, and the Paraná School Census (2014) demonstrate that the female profile is significantly predominant.

It is noteworthy that the aforementioned research was also carried out with high school teachers, although the configuration of women in teaching has its history linked to the feminization of teaching, as discussed by Hypólito (1997).

On the other hand, the justification for the inclusion of women in the teaching profession was that they had a vocation and aptitude to be teachers. This justification included the idea that the school would be an arm of the home, in addition to the fact that attributes such as fragility, affection, patience and donation would come to characterize the teaching profession (SANTOS, 2008).

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<sup>5</sup> Literal translation of Joan's speech of the movie Mona Lisa smile dubbed in Brazilian Portuguese.

Another reason for the prevalence of women in classrooms can be the result of the expansion of educational institutions, as well as the search for men to occupy other professional careers and with better salary (HYPÓLITO, 1997). The removal of men from the classroom may be linked to the salary issue, as well as to urban and economic expansion, in addition to the fact that the teaching curriculum has been increased from three to four years:

That way, the men would have to spend more time on a training that didn't seem so promising to them. Thus, teaching is now considered a female and second-level activity, exercised as a parallel activity to the role of home administrator<sup>6</sup> (SANTOS, 2008, p. 2).

In view of the above statements, it can be seen that society characterized the profession as a work activity aimed at the female class, since teaching was seen as a profession of devotion, altruism and to exercise it one had to have a vocation. Thus, women would combine maternal attributions with teaching and men would assume the role of providers.

The researched group is predominantly between 41 and 50 years old. This data corresponds to the results of the Paraná School Census (2014), which shows that 51.2% of teachers are over 40 years of age and that 70% are between 29 and 51 years of age.

Similarly, we can correlate these data above with the results of the research by Zanato (2016), in which the prevalent age group is between 34 and 44 years of age, followed by the group of 45 to 55 years of age. It is noteworthy that, according to a study by Schuster (2016), the average age of teachers who presented medical certificates in 2014 in Cascavel/PR/Brasil was 41.83 years old, ranging from 23 to 67 years old.

With regard to the marital status of respondents, 73.3% of teachers are married and 20.0% are single. Likewise, studies by Silvany-Neto et al. (2000), by Delcor et al. (2004) and Schuster (2016) also point to the prevalence of married teachers.

And, coincidentally, the same percentage of married teachers (73.3%) corresponds to the same rate of teachers with children. This data is also prevalent in the research by Schuster (2016).

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<sup>6</sup> Literal translation of the text in Portuguese.

Given the above, it was found that most of our respondents are female, married and have children. These data are relevant for the research, considering that the double shift, the work overload, the little time available for interpersonal relationships and for leisure can greatly influence negatively on the health of these teachers.

To complement the information regarding the identification of our sample, the teachers were asked which daily shift they work in teaching, it is clear that most teachers (66.7%) carry out their work activities in the morning and afternoon. Even so, however, it is also noteworthy that 33.3% of the teachers work in three shifts, which indicates an obvious overload of work.

It is inferred that this excessive working day may be linked to the need for teachers to increase their salary, since most of them are married and have, on average, two children. In addition, in the current situation in which the country finds itself, the salary devaluation has driven teachers to develop their activities in two or three shifts, in the same school or in different schools, in order to compensate for low salaries.

Inevitably, this pace of work can trigger a process of illness, as teachers spend most of their time in the classroom. In this intense routine of activities, which starts early in the morning and sometimes extends into the night, it is very difficult to establish and follow schedules that include, for example, breaks for rest and adequate times for meals.

Due to the volume of work that professors develop, there is no time for leisure, much less for interpersonal relationships, factors that can also contribute to illness (SANTOS; NOVO; TAVARES, 2010).

It is noteworthy that work, when devoid of meaning, can be a source of threats to the physical and psychological integrity of the person (DEJOURS, 2004). Thus, the negative factors of the dynamics at work can frustrate teachers, leading to dissatisfaction and, later, to illness. Regarding to the employment relationship, 9 of the 15 teachers interviewed are permanent and 6 of them are temporarily hired, corresponding to 60.0% and 40.0%, respectively.

As for the working hours, 53.3% of teachers have a weekly workload of 40 hours, which represents an exhausting working day. In the study by Schuster (2016) most teachers also teach 40 hours per week. We emphasize that, possibly, these teachers play other roles, such as housewives, mothers, fathers, spouses, assignments that are not linked to teaching, but that certainly require time and dedication.

Consequently, this double shift, characterized by performing household chores, makes teachers more prone to illness, such as high levels of stress, compromising mental health and the performance of personal and professional activities. Of course, most of the time, the professional has no choice and needs to adapt to this routine. Thus, the double shift is often not an option, but a necessity, due to the context in which one lives.

It is worth mentioning that we are passing through a historical and social period in which women, for numerous reasons, entered the labor market, but, at the same time, they need to manage and carry out domestic work, such as taking and picking up their child from school, helping them at homework, preparing meals, cleaning and organizing the house. According to Zibetti and Pereira:

The analysis of working hours makes it possible to identify the weight that family responsibilities have for women, since while men's working hours are longer than theirs in all types of families, for women these vary according to the presence or not of dependents and relatives who help with the care of the children. In families where female spouses have dependent children and have relatives in the same household, the paid working day increases by one hour compared to those who do not have this support<sup>7</sup> (ZIBETTI; PEREIRA, 2010, p. 262).

Now, regardless of the reasons, whether financial or personal and professional fulfillment, the fact is that women excel in the field of teaching. And, with regard to the health of teachers, establishing a working day in the classroom and allocating time for planning pedagogical activities are aspects of relevance that contribute to teacher well-being.

For Dejours (1992), certain negative working conditions can lead to physical and mental suffering. These conditions can lead to suffering because of the contrast in the

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<sup>7</sup> Literal translation of the text in Portuguese.

teacher's personal history, a history full of projects, hopes and desires that, in the daily life of a work organization, is often completely ignored.

Still according to Schuster (2016), teachers' workday does not end when the bell rings, because, when leaving school, they go home with extra work, such as tests and papers to correct, class diaries to fill in, not to mention the time they need to prepare the upcoming classes and evaluations.

Consequently, these variables, in the working day, can produce negative effects on the health of teachers, ranging from physical and mental exhaustion, absenteeism and long-term absences.

It is worth mentioning that the expenditure of teachers' workload is linked to physical and mental nature, that is, to natural mechanisms of the human being that can directly and indirectly influence health. Therefore, excessive work, in addition to leading to illness, can harm social and family relationships.

As evidenced in our research, most teachers are female, married and have children. They work at least two shifts, 40 hours a week.

Considering this dynamics, it is difficult for teachers, in their trajectories, not to come across some type of health problem. So much so that, throughout the text, it was noticed that teachers report health problems linked to the work environment and work overload.

When we asked teachers if they have ever worked feeling sick, 100% of respondents said "yes". This data instigates many reflections on health, quality of life and classroom performance.

As it is not possible to objectively measure how able the professional is to develop their work activities when sick, then the decision to miss work is a difficult attitude to face. This is an effectively difficult situation, as, most of the time, the professional feels obliged to work even when he is sick, especially when he thinks, for example, of his financial commitments and professional stability.

This dilemma, whether or not to work when sick, can generate stress beyond the psychophysiological capacity of the human being and, thus, contribute to the triggering of other factors that harm health.

When questioned about whether they worked sick, we simultaneously asked about what they were feeling. Most responded that they routinely work under stress (66.7% of them), responses that had the same percentage of those who reported that they work with headache and/or migraine.

As mentioned earlier, nowadays it is almost impossible to live without stress. There are, however, ways to manage it on a daily basis, highlighted by some fields of knowledge in the health area, such as the practice of physical exercises. The stress that this research demonstrates is, however, related to occupational stress. Occupational stress is characterized by Dopp (2011, p. 12) as:

[...] a set of physiological and psychological reactions used by workers or groups of workers, in an active or defensive way, to respond to the set of demands or pressures of the work environment and is recognized worldwide as one of the main factors of reducing the quality of life at work to be faced by education professionals.<sup>8</sup>

This stress, whether intense or prolonged, has negative health consequences. When people are faced with stressful situations, their body tends to emit some signs and symptoms, such as, for example, increased blood pressure and the number of heartbeats (tachycardia), gastrointestinal disorders and muscle pain.

Certainly, teachers are professionals who are constantly exposed to factors that contribute to the increase in the level of stress, so much so that the research indicates a high percentage (66.7%) of teachers who work under stress. Often, teachers are faced with an unfavorable work environment, where much is demanded and few conditions are offered to satisfy these demands. According to Schuster (2016, p. 45):

[...] this mismatch occurs in Brazilian schools that have less than what the teacher requires for the performance of his/her function; this ends up becoming a threatening situation, altering the balance and leaving teachers facing a stressful situation.<sup>9</sup>

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<sup>8</sup> Literal translation of the text in Portuguese.

<sup>9</sup> Literal translation of the text in Portuguese.

It is natural for people to experience stressful situations, especially because the dynamics of life in today's society is increasingly intense. We constantly face stressful situations, such as: traffic congestion and slowness, lack of time and money, the risk of unemployment, exhausting working hours, violence in the classroom, among many other factors.

Inevitably, people are more stressed and sometimes they don't even realize it. Although stress is a natural response of the body, it is important to be aware that stress does not interfere in a harmful way with health, often leading to a very debilitating physical and emotional exhaustion (LAZZAROTTO et al., 2004). The explanation is that, unlike our ancestors, we would say that the pattern of stress to which we are exposed is not something sporadic, fleeting as in the past, but is a constant nowadays.

That way, it is important that each teacher is aware of the warning signs of their body, that will raise the alarm if the stress level is above the limit of each one, emphasizing that each person perceives and deals differently with the tensions of everyday life.

Regarding the problem of headache and/or migraine, more than half of the interviewees (66.7%) stated that they worked feeling this type of pain. Headache is characterized by pain in the cephalic segment, and affects, on average, 90% of the population.

Its cause is multifactorial, most of the time resulting from anatomical, neuromuscular and psychological factors, in addition to being related to stress and emotional factors (SANTOS et al., 2012).

Migraine is a chronic disease that is related to a chemical disorder of the brain (TEIXEIRA, 2009). Usually the person affected by migraine reports that they have intense and pulsating headache, which may be pain accompanied by nausea and vomiting, in addition to intolerance to light. According to Teixeira (2009, p.1):

Both neurons and cerebral vessels are involved as the main protagonists of migraine, and a good definition for the brain of a person with migraine is that of a hyperexcitable brain: it is more easily excited than normal in the face of external stimuli (luminosity, noises, smells) or internal (sleep deprivation, psychological stress).<sup>10</sup>

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<sup>10</sup> Literal translation of the text in Portuguese.

Based on what the authors above describe and based on the data from our research, we can infer that headache and migraine are possibly correlated with stress, since the percentage of teachers who report these problems is the same, that is, 66.7%.

When Teixeira (2009) states that the brain of a migraineur is hyperexcitable, the classroom immediately comes to mind, an environment abundant in external stimuli, such as, for example, the smell of fried food emanating from the canteen, the reflection of the luminosity of the sun on the windowpane, people walking and talking loudly in the corridors, among several other factors that intensify the illness process of that teacher who is predisposed to develop a chronic pathological condition – in this case, migraine.

Followed by stress, headache and/or migraine, we have the Upper Respiratory Tract Infections/URTIs, affecting 60.0% of respondents. The upper respiratory system is made up of the nasal cavities, the pharynx, the larynx and the upper part of the trachea. This system is considered the main gateway for substances into our body, such as gases, vapors and aerosols (example: dust, smoke, mists). Since the nasal cavities are the first anatomical structure to have contact with these agents, they have the function of filtering, humidifying and heating the air that enters in the airways (BAGATIN; COSTA, 2006).

In the case of teachers, chalk dust is an agent that can have an irritating and allergenic action, as found in the research by Silvany-Neto et al. (2000). Chalk dust was one of the problems reported by teachers. It is worth noting that URTIs also include rhinopharyngitis, otitis, sinusitis and laryngitis. Studies claim that annually the population, mainly in industrialized countries, is affected by two to four episodes of URTIs (BAGATIN; COSTA, 2006).

In this context, in addition to a healthy environment for the performance of work activities, it is important to adopt preventive measures, such as avoiding closed and poorly ventilated environments, increasing water intake, keeping vaccines up to date and paying attention to hand hygiene.



Then, there are the voice problems, affecting 53.3% of respondents. Related to this, the most reported problems were hoarseness, dry throat and voice failure. We can consider that teachers are the professionals most predisposed to voice disorders and this is associated with the work environment. What happens is that, most of the time, teachers have to use a very high tone of voice in the classes, this is due to the fact that classrooms are usually overcrowded and there is also interference from various external noises – aspects that end up requiring the excessive use of the voice.

According to Silva et al. (2016), voice-related changes can be occasional or frequent, and one out of every two teachers who are performing their duties have some type of voice-related damage. Our data corroborated the data that Delcor et al. (2004) found in a sample of 209 teachers, with the following problems:

[...] 92.6% of the teachers reported intensive use of their voices, 62.3% felt tired to speak and 57% tried hard to be heard. Hoarseness in the last six months was reported by 59.2% of teachers<sup>11</sup> (DELCOR et al. 2004, p. 190).

There is a high rate of teachers who face problems related to voice. Such aggravations, consequently, harm the professional and personal life of the teacher – remembering that the data from our research show that 53.3% of the teachers have already worked feeling some kind of voice disorder. This rate of disorders is certainly not exclusive to our research alone, but what is striking is that a significant percentage of teachers report that they worked even with their voices compromised.

Likewise, in the study by Silvany-Neto et al. (2000), among the complaints of diseases reported by the 573 teachers surveyed, from Salvador/BA, there are sore throat and hoarseness. It is worth mentioning that the voice is the main instrument for the teacher to mediate the teaching-learning process, so if the teacher insists on working (here the reasons are not relevant) with voice problems, probably in the long term will have severe damage to the vocal cords.

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<sup>11</sup> Literal translation of the text in Portuguese.

Similar to our data, Silva et al. carried out a survey with 121 teachers from four elementary and high schools in the public network in the municipality of João Pessoa/PB, Brazil, and found that:

the most frequent vocal symptoms [...] were hoarseness (62%), voice failure (43.8%), deep voice (42.1%), weak voice (33.9%) and shortness of breath (28.9%) [...] the most reported causes were intensive voice use (70.2%), stress (39.7%), allergy (37.2%) and exposure to noise (33.9%)<sup>12</sup> (SILVA et al., 2016, p. 161).

We can infer that both the data from the research by Silva et al. (2016) as well as our own data point to a complex situation, since the voice is essential for the performance of teachers' activities. These voice alterations are certainly linked to each other, in addition to inappropriate working environmental conditions and excessive use of voice.

According to Dopp (2011), over time the teacher's voice becomes vulnerable, mainly due to inappropriate use, without proper implementation. We can, however, infer that not all teachers are aware of the consequences of voice-related problems, as the majority (53.3%) reported that they had already worked with voice problems. This data is related to what Luchesi, Mourão and Kitamura (2010, p.946) affirm:

The importance of voice preservation is not recognized by most teachers, who demonstrate difficulties in perceiving vocal signs and symptoms as problems<sup>13</sup>.

Considering the number of teachers in our country and what the literature shows regarding the difficulty these professionals have in recognizing problems with their voices, it is necessary that health actions be widely disseminated and shared. Therefore, we understand that it is necessary to improve the articulations between the health and education fields, with the objective of promoting actions that focus on raising awareness and preventing voice disorders.

When we refer to health promotion and prevention, health education is one of the main aspects that compose it. We understand that it is opportune to highlight the importance of advancing in the perspective of promoting and preventing the health of

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<sup>12</sup> Literal translation of the text in Portuguese.

<sup>13</sup> Literal translation of the text in Portuguese.

teachers, in order to avoid acute diseases with potential chronicity, as well as temporary and/or permanent absences. For this, it is not enough to promote specific actions, it is necessary to carry them out systematically to obtain satisfactory and lasting results.

Returning to the question “Have you ever worked feeling sick? And what were you feeling?” (Graph 10), 13.3% of respondents reported that they had worked with musculoskeletal pain. This data demonstrates that we are facing yet another adverse event to the health of the teacher, an adverse event caused, in most cases, by work activities.

Among several aspects that can contribute to the onset of musculoskeletal pain is static overload (DOPP, 2011). We know that teachers are constantly making repetitive and excessive movements. It should be noted that these movements are part of the musculoskeletal disorders called “repetitive strain injuries” – RSI and “work-related musculoskeletal disorders” – WMSD.

It is important to emphasize that the emergence of these disorders is strongly related to the regularity and vehemence of the activities carried out during the teaching period. Inevitably, the act of teaching requires the teacher to repeat movements, such as erasing the blackboard. It is a daily practice that, over time, will lead to the appearance of musculoskeletal problems. Such problems were also found in the research by Schuster (2016), in which musculoskeletal disorders were the third largest cause of teacher absences.

In this context we can mention another serious problem faced by teachers, which is body posture. Posture is one of the crucial factors in the occurrence of disturbances, because most of the time, the teacher remains standing. Consequently, in addition to bringing an overload to the spine, it predisposes to the development of varicose veins in the lower limbs (DOPP, 2011).

Although there is no consensus on the exact cause of varicose veins, it is known that there are risk factors. In this case, one of the causes is associated with standing for long periods, as the veins are responsible for venous return and this blood flow is contrary to the force of gravity. Thus, if the person stands for a long time, it will

inevitably impair the return of venous blood to the heart. This factor appears in the study by Delcor et al. (2004), in which, among the complaints reported by teachers regarding physical exertion, one of them was standing up for long working hours.

Another posture problem that is in the group of musculoskeletal disorders is the elevation of the upper limbs (arms) beyond shoulder height. Considering the teacher's work dynamics, many still use the blackboard to teach their classes. Thus, they constantly write and delete content, using repetitive movements that cause pain in the shoulder joints. Lately, this can lead to chronic problems, such as bursitis<sup>14</sup> (DOP, 2011; SCHUSTER, 2016).

Because of this and considering the usual work environment of teachers, adopting ergonomic measures is important for the prevention of disorders related to professional activities. The very concept of ergonomics says that it has the purpose of providing healthy working conditions and safety to the professional (ABERGO, 2000; BRANDÃO; ANDRADE; PEDROSA, 2008).

Considering, therefore, that health problems may be related to work dynamics, we defend the importance of knowing more precisely the causes that trigger musculoskeletal disorders in order to be able to institute more and more actions to promote and prevent health problems. The knowledge of these causes is necessary as we realize that we still do not have a culture of health and safety at work in the professional teaching area.

After the musculoskeletal disorders, depression also appears as a report (6.67%). It is worth noting that, in the field of psychiatry, in general, depression is considered a set of disorders characterized by:

[...] slowing down of psychic processes, depressed and/or irritable mood (associated with anxiety and anguish), reduced energy (despondency, easy tiredness), partial or total inability to feel joy and/or pleasure (anhedonia), disinterest, slowness, apathy or psychomotor agitation, difficulty concentrating and negative thoughts, with loss of ability to plan for the future and altered judgment of reality<sup>15</sup> (CANALE; FURLAN, 2006, p. 24).

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<sup>14</sup> Bursitis is inflammation of the bursa that protects the joint and bone.

<sup>15</sup> Literal translation of the text in Portuguese.

Depression is a public health problem and, in recent years, the number of people with this mental disorder has increased. The incidence of depression has increased so much that the prevalence in the general population and worldwide is estimated to be, by 2020, the second leading cause of human illness (CUNHA; BASTOS; DUCA, 2012).

It is worth mentioning that one of our interviewees told us that he was diagnosed and followed up by the psychiatric doctor, but that he did not stop working. He explained that if he allegedly requested time off work, he feared he would be removed from his traditional activities upon returning and being relocated to another sector than the classroom – and it was not what he wanted.

Even in treatment for depression, this teacher made an effort to be in the classroom. It is worth asking, in this situation, to what extent is this beneficial? What was it like for him to have to face daily personal and professional obstacles to teaching, knowing that a depressed person can suffer mood swings and psychomotricity changes?

This is yet another worrying situation. Due to its high incidence, depression can lead to profound weakness. It is noticed that society still does not see depression as a disease that needs and can be treated and this lack of knowledge makes few people seek specialized care. Certainly these people, in addition to traditional intervention, need interdisciplinary support.

It is worth noting that 100% of our interviewees have already worked feeling sick, despite the fact that some leave their activities, while others rarely leave or do not leave at all.

With regard to the data collected, 66.7% of the teachers reported that they always leave due to the following problems: musculoskeletal disorders, headache, migraine and upper respiratory tract infections - URTIs. Also 13.3% reported that they rarely leave and, when they leave, it is due to headache, migraine and stress. And, finally, 20.1% do not leave, that is, they work even when they are sick.

There is a high percentage of teachers who always leave work activities, while another portion does not leave, which means that they work sick. According to Gasparini, Barreto and Assunção (2005, p.180):

The study of the relationships between the teaching work process, the real conditions in which it develops and the possible physical and mental illness of teachers constitute a challenge and a need to understand the health-disease process of the teaching worker and to seek the possible solutions. associations with absence from work for health reasons<sup>16</sup>.

The State of Paraná, according to Schuster (2016), has around 80 thousand teachers registered in the network and, per year, on average, 12 thousand teachers are removed from their duties due to illness.

The causes of absences reported by our interviewees are diverse. These are complaints that were also found in other studies, such as the ones by Silvany-Neto et al. (2000), Gomes (2002), Delcor et al. (2004), Gasparini, Barreto and Assunção (2005), Dopp (2011) and Schuster (2016).

As mentioned earlier, the finding of the causes of illness is evident, however, based on what is common knowledge on this subject, actions aimed at this problem do not effectively occur in the school environment.

For Dopp (2011), the dynamics of society has changed, coinciding with a historical process of a rapid transformation of the social context, consequently reshaping the role and daily professional activity of the teacher. So this teacher, most of the time, is faced with an overload of work and the need to put his best efforts there. So, when he can't balance himself in this context, he ends up getting sick.

This balance to which we refer is between body and mind, a balance that, in most cases, is sought by the individual himself, without the support of school institutions and the respective higher administrative bodies.

Disharmony between body and mind can be a trigger for a series of pathological events. Body and mind are inseparable and need care. They need care so much that one of the questions in our interview prompts the interviewee to report what he does to get better when he is sick.

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<sup>16</sup> Literal translation of the text in Portuguese.

The data show that 53.3% of the teachers self-medicate when they are sick, while 46.6% of them seek medical attention. There are, however, those teachers who seek alternatives to treat health problems, as is the case of 33.3% of them, who seek to adjust their diet and another 33.3%, who make use of homemade teas, in addition to those 13.3% who do physical activities, 13.3% who do psychotherapy and 13.3% who do acupuncture.

It is opportune to emphasize that self-medication is a common practice among people. For example, to buy a pain reliever you don't necessarily need a prescription, as you just need to go to the counter of a pharmacy or supermarket and ask the attendant. It should be noted, however, that, even though it is possible to buy a medication without a prescription, this does not exempt people from using the medication improperly (AUTOMEDICAÇÃO, 2001).

In parallel with conventional medicine, we can infer that therapeutic alternatives coexist and, from this perspective, we highlight the National Policy on Integrative and Complementary Practices, approved in 2006, with the objective of ensuring comprehensive care, with emphasis on prevention, promotion and health recovery, including:

[...] traditional Chinese medicine (especially acupuncture), homeopathic and anthroposophic, medicinal plants (phytotherapy) and social thermalism (crenotherapy)<sup>17</sup> (LIMA; SILVA; TESSER, 2014, p. 2).

We can say that the introduction of these practices in the health field in the form of a law is recent. These are therapeutic possibilities that are not within the scope of conventional medicine, but that the population has sought as an alternative for the treatment of health problems, regardless of whether or not there is scientific validation.

As an example of this we can highlight acupuncture, which is traditional Chinese medicine, considered an ancient practice that is currently widely used. So much so that 13.3% of our respondents said they seek to alleviate their health problems through acupuncture. Another practice that has reappeared with intensity, in post-modernity, is the use of homemade teas. It is noticed that the use of this practice has not been suppressed over time, because:

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<sup>17</sup> Literal translation of the text in Portuguese.

The use of medicinal plants in the art of healing is a form of treatment with very ancient origins, related to the beginnings of medicine and based on the accumulation of information for successive generations. Over the centuries, products of plant origin have formed the basis for the treatment of different diseases<sup>18</sup> (BRASIL, 2006, p. 19).

Our survey data showed that 13.3% of respondents seek to restore health with the use of homemade teas, it is worth noting that these practices go beyond scientific evidence. How many messages of healing, magic, prayer chains, miraculous foods do we receive daily via Facebook, Whatsapp, Instagram, Twitter? It would be useless to deny all this.

Maffesoli (2007) states that we are experiencing a moment of cohesion between phenomena that are ancient, even archaic, with technological development. Phenomena that had disenchanting the world now re-enthrall it. And they are very well spread over the internet, a means of virtual communication that has been providing what Maffesoli (2016, p. 67) highlights about our postmodern time through the expression: “[...] synergie de l’archaïque et du développement technologique”. Therefore, when returning to archaic essences, we can infer that we are returning to medicine based on magic and religiosity.

### - Health and disease in the daily life of teaching work

Discussing health and disease in the daily teaching work is a complex and challenging field. First, we emphasize that we did not find, in the literature, a threshold between health and disease, but a relationship between them. Therefore, there is no way to mention one without mentioning the other.

In this perspective, when asking our interviewees about whether the daily work influenced the health and disease process, it was possible to perceive that the work dynamics of these professionals has caused health problems. To exemplify this context, we quote the following statements:

Yes, because everyday tensions are frequent in the classroom, in addition to professional devaluation and threatening public policies [...] (P4).

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<sup>18</sup> Literal translation of the text in Portuguese.



Yes, [...] the environment in which I work is hostile, full of adversities and daily struggles (P6).

Yes. I get little sleep, I get stressed by the noise in the classroom, I have little time for leisure, we have to take a lot of classes, there is no escape valve and then I get sick (P9).

The pace that the teaching profession demands is very intense, physically and mentally. We have to dedicate ourselves with preparations and content transfer, it requires a lot of skill and this leads to physical and mental exhaustion, which directly or indirectly influences the illness process (P11).

[...] dealing with the area of education, mental exhaustion is the first to be felt and with it come headaches, stress, muscle pain due to the tension that exists on a daily basis in a classroom (P15).<sup>19</sup>

In this sense, we can infer that the teachers' daily work greatly influences the health and disease process. According to Gasparini, Barreto and Assunção (2005), the work environment demands from teachers physical, cognitive and affective capacities on a scale above normal so that they can handle their activities, which generates an overload of physical and mental functions, precipitating the disease process.

The everyday circumstances in the classroom, in which teachers move to carry out activities, require a lot of effort, which can often lead to work overload. This phenomenon can harm people's health. Although many teachers manage to perform their duties and remain well-disposed in the face of daily over-effort, others no longer have the same ability and end up getting sick – a condition that is linked to the ability of each individual to overcome everyday professional obstacles.

The teacher (P6) declares: “The environment in which I work is hostile, full of adversity and daily struggles”. It is noted, in this report, that the daily life of school is surrounded by a certain ambivalence, which, at times, is responsible for personal and professional self-fulfillment, and, in others, leads to illness.

It is observed, through the interviewees' speech, that the work dynamics, in most cases, is unfavorable. According to Lazzarotto et al. (2004), the environment influences the way activities are performed. Therefore, if this environment is harmful, unhealthy, it will consequently trigger situations that alter the teacher's mental, physical and social balance. An example of this is the following report: “[...] I get little sleep, I get stressed by the noise in the classroom, I have little time for leisure [...]” (P9).

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<sup>19</sup> Literal translation of the text in Portuguese.

When we think about the basic needs of human life, sleep is something essential for survival, as it is an indispensable biological condition for the physical and mental restoration of the individual. Therefore, variations in sleep patterns can cause biopsychosocial disturbances. Even knowing the importance of sleep for health, like the teacher above, people often cannot get enough sleep due to the workday they do.

This reality present in the teachers' daily life is increased by the profile of the teaching work, since, most of the time, they teach in several classes, in more than one school and still take homework and tests to correct at home. All of this makes the teacher restrict sleeping time depending on the activities he needs to handle. Consequently, sleep deprivation leads to mood changes, attention deficit, which can compromise performance, in addition to triggering diseases such as obesity, high blood pressure, diabetes and cardiovascular disorders (SOUZA; SOUSA; AZEVEDO, 2012).

According to one of the interviewees (P11), “the pace that the teaching profession requires is very intense, physically and mentally. [...] it requires a lot of skill and this leads to physical and mental exhaustion, which directly or indirectly influences the illness process”. When the work environment becomes a source of biopsychosocial imbalance and causes a psychic overload without the possibility of escape mechanisms, then it leads the individual to suffering and, consequently, to illness (DEJOURS, 1992). Situations of this nature have increasingly increased the number of teachers on leave, as pointed out by Schuster (2016). We can infer that all these factors have a negative impact on teachers' work capacity, in addition to the degree of tension to which the individual is constantly exposed. Respondent P15 says:

[...] mental exhaustion is the first to be felt and with it come headaches, stress, and muscle pain due to the tension that exists in everyday life in a classroom (P15).<sup>20</sup>

It is noticed that, due to the tension, other problems arise, such as headaches and muscle pain, linked to mental and physical strain. The tension, to which the interviewee P15 refers, together with the accumulation of activities, can lead the individual to excitement and anguish, symptoms that, if not self-controlled, are sources of illness.

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<sup>20</sup> Literal translation of the text in Portuguese.

Given this scenario, health and illness in the daily work of teaching has been the subject of several studies. It is worth mentioning that the precariousness of teaching work due to low remuneration, professional devaluation, unhealthy working conditions and intense rhythm are pointed out, by Gasparini, Barreto and Assunção (2005), as factors that generate mental and physical overloads for teachers.

Considering the aspects mentioned above by the interviewed teachers, it is possible to infer that the teaching routine interferes directly and indirectly in the health of these professionals. Overload and exhausting work dynamics provide a cycle of physical and mental illness.

#### - Lifestyle and quality of life from the teachers' point of view

When we think of lifestyle, a set of habits and customs immediately come to mind that can contribute positively or negatively to health. According to Ribeiro and Yassuda (2007), lifestyle choices are modulated, modified, encouraged or inhibited by the socioeconomic context in which the individual is inserted.

By observing people's behavior and habits regarding health, it is possible to perceive, more than ever, the impacts on the lifestyle adopted by individuals in postmodern society.

Currently, health problems, for the most part, can be verified through the link between the way people live and the gradual increase in degenerative chronic diseases, for example, Systemic Arterial Hypertension (SAH) and Diabetes *Mellitus* (DM), knowing that one of the reasons for chronic degenerative diseases is a sedentary lifestyle, in addition to obesity and an inadequate diet.

It is clear that lifestyle choices are influenced by the environment in which the individual lives. It is inferred that people are aware of what should be done to avoid the illness process. This is revealed in the narratives of the interviewed teachers. Below, it is possible to verify some reports of the teachers regarding the practices to obtain a lifestyle with quality:

Having a balanced diet, doing physical exercises, filtering unpleasant situations (information and people) (P2).

Material conditions to work, reduced workload to have more free time to do other activities (P4).

Practicing sports, good food, a good night's sleep, reduced workload, more leisure with the family (P5).

Perform physical activity, have a good diet, sleep well, have moments of leisure, peace, physical and emotional balance, reduction of working hours (P6).

Having a good diet, doing physical activity, leisure time, favorable and healthy work environment, having a balance between the physical and mental body (P7).

Quality of life, physical activity, good nutrition and a peaceful mind (P8).

Physical exercise, good nutrition, physical and mental balance, doing things that give you pleasure, such as reading a good book (P9).

[...] extrinsic factors (ahhh) working hours that do not compromise interpersonal relationships, adequate food and schedule routines [...] now the intrinsic (in my view of greater relevance) personal beliefs, life habits and the choices I make (P11).

Take pleasure in the work you do, be financially well, eat properly, practice sports, do health precautions and have good relationships (P14).<sup>21</sup>

It is noticed that these professors list a set of actions, from the point of view of each one, that would be ideal for having a healthy life. It seems, however, even paradoxical what they say, because these same teachers are the ones who said they had, at some point, worked sick, and others, for some reason of illness, had to leave their work activities.

Among the reasons for illness, work overload means that, in practice, they are faced with a lack of time to carry out activities that promote physical and mental well-being. Thus, it is understood that health promotion and disease prevention are achieved not only with curative measures, but also with social and political actions (RIBEIRO; YASSUDA, 2007).

According to the report of Professor P10, the actions should not be restricted to the health area. He considers that, for a person to be healthy, it is necessary to adopt measures such as: “[...] good nutrition, physical exercise [...]”, but that, in addition, “[...] we cannot forget about education, housing and security”.

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<sup>21</sup> Literal translation of the text in Portuguese.

From the point of view of Maffesoli (1996), the lifestyle is established from simple sociability, such as rituals, the neighborhood, to the most complex relationships, which would be the social imaginary and collective memory. All this, therefore, is not something futile, but it is only possible to understand it when people allow us and let us see.

And one of the ways would be through interpersonal relationships, as mentioned by teachers P3 and P15, who consider that: “[...] relating to people you like (P3), and having healthy relationships (P15) [...]” is also part of the list of actions to have health.

It is worth mentioning that, in post-modernity, society is full of new configurations. Maffesoli (2012) highlights that, in addition to our theoretical fictions, there is something that refers us to the resurgence of the archaic, which is there at the foundation of living together. That – repeating a quote already presented above –:

In addition to our intellectual evidence, it is worth noting the emergence of ways of thinking, ways of being, and bodily practices that gentle progressivism had believed to overcome<sup>22</sup> (MAFFESOLI, 2012, p. 84).

Therefore, considering quality of life as the result of forms of social interactions, it would be useless, as Maffesoli (2012) says, to deny that the social construct escapes the cohesion of the archaic with technology. And, in this sense, the internet has facilitated access to information and the strengthening of social networks.

As already mentioned above, it is very difficult, in the case of those who use applications on their cell phone, to have someone who has not received, via the internet, some kind of prayer chain, sympathy, homemade tea recipe, diet to lose weight, among other suggestions. According to Maffesoli (2012), through this tool the subjects of postmodernity also establish their exchange relationships and build affective bonds.

It is observed that, through this “re-enchantment of the world”, Maffesoli refers to the myths, religiosity and cures that go back to the archaic structures of humanity and the immemorial times of Western culture. From the point of view of teacher P9, the anchors for being healthy are “[...] having physical, mental and spiritual balance, having hope and faith [...]”.

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<sup>22</sup> Literal translation of the text in Portuguese.

It is understood, therefore, that considering individual and collective aspects is important to develop and establish health promotion and prevention actions. This consideration of aspects is corroborated in the report of teacher P11: “[...] personal beliefs, life habits and the choices I make will influence my health”.

Things have value as relationships are established with the subjects in their entirety (MAFFESOLI, 1995) and it is in everyday life that teachers develop their perceptions in relation to the health and disease process, because, according to Prado et al. al. (2013), the way in which people relate to each other, considering beliefs and values, will materialize their living in society.

From this perspective, each teacher interviewed exposed their perception regarding what they consider to be important for a person to be healthy. It must be considered, however, that the style and quality of life are modulated by people based on personal inclinations, but based on the context in which they are immersed, considering the historical and social scenario.

#### - Notions of health and disease in teachers' perception

Considering that the health and illness process is linked to extrinsic and intrinsic factors that, in some way, affect the subject, the different conceptions about health and illness, presented in Axis I, seek to clarify this process.

Currently, despite not being predominant, the magical-religious model has been evidenced in the population's ideation of health and illness. This model links disease to sin committed by man and punishment from the gods. Healing, on the other hand, is related to surrender and submission to a supernatural force (CEBALLOS, 2015).

From this perspective, different cultures have spread health prevention and disease treatment alternatives. In Brazil, for example, rituals such as blessings, spiritual surgeries, use of “patuás” and promises to the gods are common. These practices have been increasingly evident in everyday life, even favored by technological devices.

Faced with this bias, which coexists with the biomedical model<sup>23</sup>, to understand health and disease, we need to divest ourselves of our conceptions and transform our perspective. It is necessary to seek ways of visualizing and apprehending this context, preferably having as a starting point the human being in its essence, with all its baggage of beliefs, values, imaginaries, meanings and experiences. These are characteristics that can be revealed through the body – through the body, which is not just physical and biological, but social and cultural.

Merleau-Ponty (1994) considers that the body is both nature and culture, because - no matter how simple gestures, such as a smile, satisfaction, joy, pleasure, sadness - are both natural and cultural. Our body is a moderator par excellence. When it gets sick, it emits signs and symptoms that serve as a warning, so that the subject soon realizes that something is not going well.

In accordance with Merleau-Ponty (1994), we would say that the body has its intentionality and in it the senses intercommunicate through perception. This same body occupies a place in space and time, being provided with expressions that constitute a unity that needs to be lived.

In everyday life, the subject is realized through his body. So there is no way to ignore it. Therefore, health and illness interfere in all aspects of the human being, even though each person perceives this reality differently, like these teachers, since, for them, being healthy is:

[...] feel good, be willing to work and perform any type of activity (P2).

[...] when our physical and psychological conditions allow us to think, create and dream (P4).

[...] have physical, mental and spiritual balance, have hope and faith (P9).

[...] I believe it is the state of well-being, with physical and psychological disposition (P10).

[...] feel good physically and mentally, be willing, without pain and fatigue (P15).<sup>24</sup>

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23 The biomedical model addresses pathogenesis and therapy, classifying diseases according to their form and pathogenic agent. This model is characterized by being individualistic, focused on the figure of the doctor, hospital, curative and fragmented (BARROS, 2002, CEBALLOS, 2015).

<sup>24</sup> Literal translation of the text in Portuguese.

It is possible to understand, in the reports above, that the view on health mainly encompasses two aspects, namely, physical well-being and mental well-being. It is noticed that social, cultural and political issues were not mentioned. It is clear that each subject understands, faces and expresses their feelings according to the way of existing in relationships and experiences in everyday life – which is social, cultural and political. Regarding the notion of illness, for these teachers, it is:

[...] having something bothering you, losing the mood to work and to do other activities [...] (P1).

[...] cannot perform daily activities, no matter how small, suffer tensions in advance before being in the work environment, live constantly anxious, right [...] because we live in a sick society (P4).

[...] when something affects us and we lose control, something that goes beyond the limit and individual capacity [...] (P6).

[...] being sick goes beyond the physical manifestations, I see that it is not being happy, not having good working conditions [...] dissatisfaction, psychological suffering is also a disease [...] (P7).

[...] something out of balance, being sick is not just physical, but the emotional can be shaken [...] (P9).

[...] it would be a change in the state of health, when we present some signs that affect our well-being (P10).

[...] physical and mental indisposition, something that affects the body and somehow escapes its control (P15).<sup>25</sup>

The questions regarding what it means to be healthy and what it means to be sick, brought to light the perception of our interviewees and demonstrate that the health and disease process is experienced by the subjects in a unique way. In addition, the perception of being sick or being healthy depends on the relationship that the person has with their condition of life as a whole. This is what teacher P7 perceives when he states, for example: “[...] being sick goes beyond physical manifestations, I see that it is not being happy, not having good working conditions [...] dissatisfaction, psychic suffering is also a disease [...]”.

To consider the subject as a whole, it is necessary to overcome the Cartesian body-consciousness dualism. According to Merleau-Ponty (1994), it is necessary to look at the human being as a body and the consciousness represented in the body. This philosopher still ponders that the body is like the paradox of the human being, with the ability he has to sometimes show himself and sometimes hide.

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<sup>25</sup> Literal translation of the text in Portuguese.



However, to understand the dynamics of our body it is necessary to live it and this act also encompasses the health and disease phenomena that, throughout life, are expressed in the body. When the subject is illness, one of the teachers, P3, declares that being sick is: “[...] not being able to do things that give pleasure, like talking to people, in fact, I really like talking (lol), enjoy nature and go for a walk [...]”. It can be seen that he mentions the things that he is possibly unable to do when he is sick.

The subject's ability to continuously metamorphose, transformations that are perceived in the body, can be discussed in the context of the health and disease process. For Mendes et al. (2014, p.1599),

Thinking about illness as a form of existence requires us to take a broader view of human beings and their idiosyncrasies<sup>26</sup>.

Certainly, if we look with this focus, we will see that health and illness go beyond the physical and biological aspect. It is important to emphasize this care regarding the idiosyncrasies of the human being, especially the care that health professionals must have with their patients, and this applies to the care they must have with teachers in general, as they intervene in their lives. many existential factors that the biomedical model does not even consider embracing. In the scope of comprehending and understanding that the human dimension transcends theoretical and technical knowledge, it is necessary to look at the person and discern him as a subject who lives in a body and that this body is placed in society and lives in it extraordinary experiences.

### Final considerations

Considering the complexity of the theme, this research aimed, theoretically based on the philosophical current of phenomenology, to detect and understand the perception of teachers from the state education network in the municipality of Cascavel/PR/Brazil, regarding the health and disease process in its teaching professional class.

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<sup>26</sup> Literal translation of the text in Portuguese.

The analysis of informative data obtained from the interviewed teachers, at first, allows us to infer that teachers have faced numerous adversities to perform their activities. Most of them are exposed to an overload of work activities, which includes double working hours, instability and wage, professional and social devaluation, in addition to unhealthy conditions in the workplace. These are circumstances that bring harm to the life of each teacher and that have repercussions on their professional, personal, family and social life, generating suffering and, consequently, a process of illness.

The data from this research also show that the professional category in question is sick. The interviewed teachers mentioned that they had already gone to the classroom sick and that, at times, they had to take time off from work activities. Among the most common complaints are muscle pain, headaches, migraines, voice problems, respiratory tract infections and stress.

Given the above, we can point out that the aforementioned problems seem to be much more complicated than one thinks, because, in most cases, as we noticed in this research, the teacher, even when sick, needs to continue - for various reasons - in the performance of their pedagogical activities. In this logic, in addition to causing more damage to their health, this dynamic can also cause damage to the teaching-learning process for which they are responsible at school.

It is noticed that the context in which the teachers are inserted presents, generally, a dynamic of work of these professionals that has provoked health problems. When it comes to data on the profile and causes of illness among teachers, we find convergence in national surveys, regardless of the population and region analyzed. Thus, the theme of this research was initially awakened by the restlessness of the researcher of this study when she learned, in the coexistence in the professional teaching environment, that teachers really perceived the nuances and negative injunctions of the health and disease process in their daily lives in school institutions.

With the research it was possible to verify that, for most of the interviewed teachers, health and illness are phenomena that transcend the physical and biological body. Thus, evaluating the statements received from the parameters of phenomenology, the interpretation was drawn that the issue of health and disease in human beings involves the social, cultural, environmental, spiritual and mental conjuncture - aspects that interfere directly or indirectly in health of the teacher.

It is to be judged, at this point in the dissertation, that, in addition to this research, with regard to the health of teachers in our municipality of Cascavel, in Paraná, Brazil, something needs to be done to transform the reality that was found. It is worth noting that, in the course of the present studies, we did not come across health promotion and disease prevention actions in relation to this professional class in institutional work environments. According to the professors themselves, when asked what they do when they get sick, they replied that they seek a different alternative that suits them and that they believe is the best thing to do.

Given the above, we infer that health promotion and disease prevention actions should be expanded beyond the existing health units for the general population. With this, it is suggested, here, that it is necessary to disseminate healthy practices in the spaces where these subjects work professionally, in this case, in schools. This suggestion derives from the fact that it is understood that promoting healthy working conditions and reducing vulnerabilities or health risks arising from social, economic, political, cultural and environmental phenomena are measures that bring existential benefits to the lives of teachers and, as a result, greater quality and productivity to their professional performance, with obvious benefit to students and the society in which they work.

In this perspective, we hope to instigate further research on the subject, in addition to awakening the commitment of managers to provide healthy working conditions and professional development.

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