

QUALITY OF LIFE OF TEACHING PROFESSIONALS: ASPECTS RELATED TO PHYSICAL AND MENTAL HEALTH

CALIDAD DE VIDA DE LOS PROFESIONALES DE LA ENSEÑANZA: ASPECTOS RELACIONADOS CON LA SALUD FÍSICA Y MENTAL

QUALIDADE DE VIDA DO PROFISSIONAL DOCENTE: ASPECTOS RELACIONADOS À SAÚDE FÍSICA E MENTAL

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Abstract

This article addresses the quality of life of teaching professionals, especially aspects related to physical and mental health. It is an excerpt of a master's research, carried out with 37 teachers who work in basic education in the state network of Bahia, in which the WHOQOL-bref questionnaire (World Health Organization Quality of life - abbreviated version). This is an investigation that demonstrates the relationship between health and quality of life, and it shows that the more satisfied with health, the better the quality of life will be considered. It is proven the good perception that these professionals have about their quality of life, especially in the subjective aspects. Nevertheless, it is intended to bring to the debate how much this perception provides the victim with the risk of blame.

Keywords: Teacher; Quality of life; health.

Resumen

Este artículo aborda la calidad de vida de los profesionales de la enseñanza, especialmente los aspectos relacionados con la salud física y mental. Se trata de un extracto de una investigación de maestría, realizada con 37 docentes que actúan en la educación básica en la red estatal de

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Bahia, en la que se utilizó el cuestionario WHOQOL-bref (Organización Mundial de la Salud Calidad de vida- versión abreviada). Esta es una investigación que demuestra la relación entre la salud y la calidad de vida, y que cuanto más satisfecho con la salud, se considerará mejor su calidad de vida. Se comprueba la buena percepción que estos profesionales tienen sobre su calidad de vida, especialmente en los aspectos subjetivos. No obstante, se pretende traer al debate cuánto esta percepción proporciona a la víctima el riesgo de culpabilización.

Palabras clave: Docente; Calidad de vida; salud.

Resumo

Este artigo aborda a qualidade de vida do profissional docente, sobretudo os aspectos relacionados à saúde física e mental. É um recorte de uma pesquisa de mestrado, realizada com 37 professores que atuam na educação básica da rede estadual da Bahia, em que foi respondido questionário World Health Organization Quality of life – Qualidade de vida da Organização Mundial da Saúde – versão abreviada (WHOQOL-bref). Trata-se de uma investigação que demonstra a relação existente entre saúde e qualidade de vida, de modo que quanto mais satisfeito com a saúde, melhor será considerada a qualidade de vida. Fica comprovada a boa percepção que esses profissionais possuem acerca da sua qualidade de vida, sobretudo nos aspectos subjetivos. Não obstante, pretende-se trazer para o debate o quanto essa percepção proporciona para a vítima o risco da culpabilização.

Palavras-chave: Docente; Qualidade de vida; Saúde.

Introduction

Quality of Life and health of teaching professionals can be considered a relevant topic for society. Without quality of life and health, teachers are unable to carry out their work satisfactorily and this causes damage to the worker's life, in addition to directly affecting the capitalist system, which has a central position in work.

Thinking about the quality of life of teaching professionals requires a brief reflection on teaching work and the term “work”, which represents an essential function of life, it is a construct that occupies a relevant space in the existence of human beings, as it is a fundamental factor in the constitution of individuals, creation and maintenance of social bonds, as well as for the maintenance of mental health (DEJOURS, 2008).

The current working conditions have required high performance from education professionals and generated demands of a managerial nature that aim to bring education closer to a mercantilist logic allied to the policy of the minimal State. In view of this, the reforms that took place in education and social security are fully supported by these

market interests. This scenario produces precarious work in this category and, with it, a picture of hopelessness, discouragement, apathy, concomitant with the feeling of lack of recognition, which together with the devaluation and loss of social meaning lead the worker to a state of anguish and frustration, consequently, the illness (FORATTINI; LUCENA, 2015).

According to Gonçalves (2004), the capitalist logic promotes the idea that health and quality of life improve through the adoption of healthy lifestyles, which, according to the same author, becomes a strategy of making the subject responsible for their levels of life quality, reducing the State's obligations and blaming the victim, who is individually responsible for changing habits and adopting new lifestyles. Therefore, when analyzing the quality of life levels of groups or subjects, it is always necessary to consider the condition, habit and lifestyle variables that surround them and establish a critical eye.

In this study, we deal with aspects that take into account that it is not possible to establish a single concept of quality of life, despite that, we will try to establish elements that can contemplate the objective aspects, seeking to understand reality based on quantifiable and concrete elements, but, also contemplating the subjective aspects, such as the physical, emotional and social conditions in view of the perception of each individual.

Thus, this article aims to discuss the concepts and aspects related to the quality of life of teaching professionals, especially those related to physical and mental health. In addition, it aims to demonstrate, through data, how much the concepts of health and quality of life complement each other.

Theoretical foundation

According to Mendes (2008), work can serve both to emancipate and to subject the individual, however, what has happened is the subjection of the worker to work in contemporary capitalist society and this is due to the game of social domination that is associated with the laws of economic rationality, manifested in the principles of productivity, flexibility and consumption. Contradictorily, such precepts make work a vehicle of servitude and not of emancipation.

Work can be both a source of health and illness, and what will determine this will be the way it is established. Suffering arises when work does not produce meaning for the worker, so that he does not find a purpose or qualification, often the relationships between men and the organization of work are difficult, consequently, these conditions become a source of illness (DEJOURS, 1992).

For Tardif and Lessard (2014), understanding teaching work is one of the keys to understanding current transformations in society, work and globalization. In this sense, we understand that teaching is an important way to understand current transformations, while these changes in the social space interfere in the economic and technological sectors, influencing the morphology of teaching work. Still according to the authors,

teaching is a job whose object is not made up of inert matter or symbols, but of human relationships with people capable of initiative and endowed with a certain capacity to resist or to participate in the action of teachers (TARDIF; LESSARD, 2014, p. 35)⁴.

According to Dejours (1992; 1994), the worker repeatedly does not recognize and has difficulty verbalizing his illness, due to feeling ashamed, thus he despises and omits his suffering and silences his body. This is related to the very way in which the teaching profession was constituted, since the first schools emerged in the 16th and 18th centuries in Europe in Christian religious communities that had perfection as a model, which culminated in a repressive, controlling education, that is found in the suffering, in redemption and charity its place. With that, a government of oneself and the other was promoted, as for the body, control and discipline were established, under the influence of a Protestant ethic that preached the idea of hard work and a lot of discipline (CAMBI, 1999; RODRIGUES, 2001).

Given this scenario, teaching was a mission that had to be carried out with total dedication, within Christian and religious ideas, in the service of God. It was a profession of faith, in which teaching was a gift, a vocation. Soon after, it became a job whose objective was to maintain the political and social order, and to be a teacher at that stage

⁴ Translated by the authors.

moral behavior was necessary, age was considered, which were requirements demanded to exercise the profession similar to those of a priest. (TARDIF, 2013). Currently, the profession continues to be crossed by these ideas and has also been anchored in neoliberal practices (LEFONE, 2016).

These neoliberal practices have been spread and sustained through an unprecedented exploitation of labor in favor of mercantilist ideas, which aim at profit and are totally at the service of the market. The teacher, subjected to this context, becomes just an executor of pedagogical forms subordinated to business management and external evaluations that demand results without considering the processes and material conditions for carrying out the work, leaving it meaningless and with very specific and pragmatic objectives.

In line with this logic, the teacher is given greater responsibility for the student's learning, who is individually responsible for the success or failure of this learning, which generates competition, weakening the relationship between peers, difficulty in belonging to a group and accentuation of contradictions in the work environment (MARTINS, 2018).

Therefore, individualism, competition and increasingly artificial ties have proliferated in the teaching environment, thus, in order to meet the demands of high performance, the contracts and working hours of these professionals have been expanded, forcing them to exhaust themselves at work, which affects their personal life and disregards their human condition and subjectivity.

In this context, many teachers place work as an absolute priority, with this, they neglect its limits, and this has been configured in suffering within a reality of precariousness of teaching work and education, which is seen as a commodity (MARTINS, 2018).

According to 'authors', the intense workload and neglect of the signs and symptoms that the subject presents associated with his work activities becomes a risk to his overall health and consequently ends up promoting illness, and this is something that we find a lot in the teaching scenario in view of the precariousness of work in this category.

The precariousness of labor relations directly affects the working class, those who live off work and sell their strength to generate productive work, in particular, the service sector, in which teachers, public servants from municipal, state and federal networks are included and are part of it (ANTUNES, 2009).

Most teachers in our country work in precarious conditions. Mancebo *et al.* (2006), in the editorial of the *Revista Estudos e Pesquisas em Psicologia*, point out some factors related to the precariousness of work, such as excessive working hours, since many work more than 40 or 60 hours a week to meet their expenses. It turns out that this extensive journey directly interferes with personal and social life, with their physical and emotional health. According to Forattini and Lucena (2015, p. 39-40),

the lack of recognition, devaluation and loss of social meaning lead the worker to a state of anguish and frustration and, consequently, to illness. The workload in a profession [...] must be understood from two aspects: the physical load borne by the body and the mental load that the author proposes to separate in a specific reference the affective and relational elements which he called the psychic load of the job.⁵

In summary, the teaching working conditions can be considered worrying. The current context obliges teachers to review their practices and reinvent themselves, which makes this category of professionals overloaded, who, in addition to facing long working hours, end up developing health problems such as anxiety, stress and depression. Most teachers in our country already face precarious working conditions. As a result, there is a need to discuss and prioritize an education model that focuses on the social role it plays for humanity, because, given the new forms of work, it is clear how much the current context has directly interfered with the personal and social life and the physical and mental health of this category of workers.

Work can be considered a means of promoting health when it is able to generate pleasure for the individual, for that, it is necessary to promote learning, creation and innovation, being the active subjects within the process, so that the worker masters the work and Not the other way around. Seen as a human need and inseparable from

⁵ Translated by the authors.

existence — in addition to being a great source of possibility of creating identity, interaction and socialization with others and transformation — when work does not meet these requirements, it can become sickening, since it ends up negatively influencing the individual, therefore, trigger diseases (MENDES, 2007). This affects health and contributes to loss of quality of life.

- Health and Quality of Life

Health was understood, within modern medicine, based on the functioning of the body, from the perspective of anatomical and organic changes resulting from the disease process. This model of medicine did not cover the collective and social determinants, as it was centered on the idea that the concept of health was the absence of disease (BEZERRA; SORPRESO, 2016).

The concept of health, from 1946 onwards, faced with a depressive context arising from a post-war world, is no longer understood within this health-disease binary, in which health was presented in the sense of preventing, controlling, eradicating diseases, having within this logic as a focus on risk factors. In 1948, the concept of health came to be understood by the World Health Organization (WHO) as a complete sense of physical, social and emotional well-being, not just as the mere absence of disease or some disabling condition (ALMEIDA, 2000).

Based on the concept brought by the WHO, industrialized countries, within their health context on the effect of this process, carried out an ideological movement based on health promotion, expanding the concept and associating it with virtue and human values, whose ideal model includes, in addition to physical, social and emotional, intellectual and spiritual well-being (ALMEIDA, 2000).

The concept of health, based on the model of complete well-being, receives some criticism, given that it is often considered utopian because it approaches perfection and, over time, undergoes changes and becomes a concept involving social, political and economic aspects. Thus, it considers that social, environmental, economic factors and working conditions strongly influence the health-disease process (CARVALHO, 2005).

Within this expanded idea of health, Brazil, in 1986, influenced by movements that took place in Latin America during the 1970s and 1980s, in response to the crisis in the public health system and authoritarian regimes, and experiencing a process of redemocratization and the health reform movement, formulates the concept of health as:

In a broad sense, health is the result of the conditions of food, housing, education, income, environment, work, transportation, employment, leisure, freedom, access and possession of land and access to health services. Therefore, it is mainly the result of social organization forms, of production, which can generate great inequalities in living standards (BRASIL, 1986, p. 4)⁶.

This conception was legitimized in the 1988 Constitution, which began to consider health a right for all and a duty of the State. Within these transformations on the conception of health, in the 21st century, the concept of health becomes strongly linked to health promotion, strongly involving the social needs in health and the quality of life of the population (BEZERRA; SORPRESO, 2016).

When we consider a broader sense, the concept of health is linked to the cultural and social context and related to the way each person attributes meanings to their process of living, which is not reduced to objective, biological evidence, but to the way of being, to reproduce and recreate life in a subjective and multidimensional way, considering the concrete and real context in which the individual lives (DAMOLIN *et al.*, 2011).

Therefore, the concept of health must be seen in a broader way, overcoming the health/disease antagonism and going beyond generalist ideas and perfection, which end up limiting the possibilities of human existence, towards a movement of creation, autonomy and invention, in which the subject finds his own way of developing health for himself and for those around him.

Questions about the health and quality of life of teaching professionals emerge with relevance in the face of precarious working conditions that have been pointed out in current research as generators of physical and mental illness. This situation triggers the feeling of emptying the meaning of work, as well as reflects on the illness and,

⁶ Translated by the authors

consequently, on the professional's quality of life. In this regard, it should be noted that the individual's quality of life is not restricted to objective factors. The analysis of quality of life also takes into account subjective aspects such as: interpersonal relationships, fulfillment as a professional and job satisfaction. According to Almeida, Gutierrez and Marques (2012, p. 21),

the analysis of quality of life from a subjective perspective also takes into account concrete issues, however, it considers historical, social, cultural and individual interpretation variables on the conditions of material goods and services of the subject. It does not seek a characterization of living standards solely on objective data; relates them to subjective and emotional factors, expectations and possibilities of individuals or groups in relation to their achievements, and the perception that actors have of their own lives, considering even immeasurable issues such as pleasure, happiness, anguish and sadness.⁷

Health and quality of life are related issues, since health contributes to improving the quality of life of individuals and quality of life is essential for health. Often, the terms health and quality of life are used as synonyms, however, they are concepts that have specificities and, at the same time, a great relationship. Authors such as Buss (2000) address the contribution of health, in addition to the contribution of many components of social life for a good quality of life. Considering quality of life and living conditions as synonyms, the same author addresses that health influences conditions and quality of life, or the opposite.

According to Nahas (2017), the concept of quality of life is different from person to person and tends to change throughout the life of each one. Even so, there is a consensus that there are multiple factors that determine people's quality of life. The combination of these factors results in a network of phenomena and situations that abstractly can be called quality of life.

Therefore, quality of life is a broad concept, considered as the individual's perception of their position in life, in the context of the culture and value system in which they live, given the relationship to their goals, expectations, standards and concerns (WHOQOL, 1994). Tani (2002) argues that for a concept that encompasses so many aspects — for which it is difficult to draw up an operational definition — there is

⁷ Translated by the authors.

recognition that expresses a noble goal to be pursued, resulting in the preservation of its meaning and value.

Health and quality of life are topics that are related, since health contributes to improving the quality of life of individuals and quality of life is a fundamental aspect of being healthy. For Nahas (2006, p. 14),

quality of life is the perception of well-being resulting from an individual parameter consisting of heredity and lifestyle and the socio-environmental parameter, related to education, security, housing, leisure, work and environment⁸.

The idea of well-being comes from parameters of the upper classes, holders of capital and access, as well as the innovations that establish possibilities for improvement. Gutierrez (2000) considers the risk of analyzing quality of life in a depoliticized way, since we should not disregard the influences of the State and the market, because if we disregard it, we can establish a reductionist characteristic to the countryside, thus reducing the responsibility of the State on the supply conditions for improving the quality of life.

Methodology

The quantitative method was used, where the questionnaires on quality of life were analyzed in a descriptive-analytical way. At first, contact was established with teachers from schools in the state network of Bahia and the ongoing study was presented, as well as the Free and Informed Consent Form (TCLE). A total of 37 professionals agreed and made themselves available to participate in the research.

Three data collection instruments were used. The first was the sociodemographic/labor and Working Conditions and Health questionnaire taken from the questionnaire on teacher appreciation (QVD) validated by Moreira (2021), addressing questions such as: age, sex, marital status, number of children, schooling, working time, working hours, if you have comorbidities and if the participant practices any physical activity.

⁸ Translated by the authors.

The second was the WHOQOL-bref World Health Organization Quality of Life Questionnaire (abbreviated version), which is meant to be applied to adults and consists of 26 questions, two of which are general questions about quality of life and health, and the others divided into four domains: domain 1 - physical, with 7 questions; domain 2 - psychological, with 6 questions; domain 3 – social relations, with 3 questions and domain 4 – environment, with 8 questions.

The third instrument was the QWLQ-bref World Health Organization Quality of Working Life Questionnaire (abbreviated version) consisting of twenty questions. Indicated to be applied to adult individuals, inserted in the labor market, covering the following domains: four questions from the physical domain, three from the psychological domain, four from the personal domain and nine from the professional domain (CHEREMETA *et al.*, 2011).

The questionnaires were sent *online* to the participants, using the Google Forms tool. The collected data were organized in tables in Microsoft Excel, for a detailed and organized analysis, with the calculation of percentages.

The research was approved by the Research Ethics Committee of the State University of Bahia with opinion number 4,410,612. This is an excerpt from a master's research, which is part of the support Research Project of Profa. Dr. Berta Leni Costa Cardoso, entitled Indicators of Health and Quality of Life of Teachers and Students: Comparative Study between Genders.

Results and discussion

With regard to the characteristics of the sociodemographic profile of the subjects in this investigation, there is a predominance of female individuals (91.9%), in which the entire group is over 50 years old, married individuals correspond to (67.9%), regarding the number of children, more than half (54%) had 2 or 3 children. In the researched group, 91.9% have a postgraduate degree at a specialization level, with 73% working forty hours a week and all of them having more than twenty years as teachers in the state education network in the state of Bahia.

Regarding comorbidities, 48.6% claimed to have some disease, when asked which disease, the answers were as follows: anemia 5.5%, hypertension 55%, neoplasia 11%, reflux 5.5%, obesity 5.5%, diabetes 11%, tendonitis 5.5%. The data indicate that the participants only took physical illness into account, which does not mean that those who said they did not have any disease or even the others who claim to have the aforementioned diseases are healthy, as being healthy goes far beyond the absence of disease and can be influenced by several factors, such as lifestyle and social environment (Table 1).

Table 1- Sociodemographic data of teachers in the state education network in the state of Bahia, 2021.

Age		
51 to 55 years old	21	56.8%
56 to 65 years old	16	43.2%
Gender		
Female	34	91.9%
Male	03	8.1%
Status		
Single	8	21.6%
Married	25	67.9%
Divorced	2	5.6%
Widowed	1	2.8%
Stable union	1	2.8%
Number of children		
0 or 1	13	35.2%
2 or 3	20	54 %
4 or 5	4	10.8%
Scholarity		
Undergraduation	03	8.1%
Graduation	34	91.9%
Working time		
25 to 30 years	29	78.4%
31 to 35 years	04	10.8%
36 to 40 years	04	10.8%
Workload		
20 hours	02	5.4%
40 hours	27	73%
60 hours	08	21.6%
Comorbidities		
Yes	18	48.6%
No	19	51.4%
Specified comorbidities		
Anemia	1	5.5%
Hypertension	10	55 %
Neoplasia	2	11%
Reflux	1	5.5%

Obesity	1	5.5%
Diabetes	2	11%
Tendinitis	1	5.5%
Practice of physical activity		
Yes	27	73%
No	10	27%

Source: Research data (2021).

When analyzing the WHOQOL-bref, even though facets 1 and 2 are included in the Physical Domain, namely Quality of Life and Health, we decided to analyze them individually, because, throughout the study, we realized that quality of life and health, at times, it is confused in its meanings.

However, the results always show, in all assessments, quality of life with higher indices than health, which makes us infer that quality of life is much broader. As the analysis of the questionnaire shows, quality of life goes beyond physical health, but also encompasses the psychological state, the level of independence, social relationships at home and at work, and even the relationship with the environment (Table 2).

Table 2- Degree of satisfaction regarding the Quality of life and health of teachers in the state education network in the state of Bahia, 2021.

Levels	Health	Quality of life
Very dissatisfied	0%	0%
Dissatisfied	17.6%	5.9%
Neither dissatisfied, Not satisfied	26.5%	17.6%
Satisfied	44.1%	61.8%
Very satisfied	11.8%	14.7%

Source: Survey data (2021).

By correlating the health and quality of life variables, the data express the relationship between them, demonstrating that the more satisfied with health, the better the individual's quality of life. Directly proportional to the degree of dissatisfaction, given that the participants demonstrated that the lower the degree of satisfaction with their health, the lower their satisfaction with their quality of life. This reality leads us to think that health promotion is related to improving quality of life, and reinforces the understanding that the term quality of life encompasses other aspects in addition to health, therefore, it refers to a much broader concept.

According to Nahas (2017), having a good health condition is not only an important goal, but a means to achieve all other goals in life. For the author, working to be healthy is the best insurance for a quality life. Thus, the individual must understand the differences between the health factors that can be controlled and those that cannot.

In a study with self-rated health, such as that by Santos and Marques (2013), most individuals rated their health as good (38.5%), this item was positive, since the other percentages were as follows: very good (28.8%) and excellent (18.4%), similar results were found in the study by Silva and Silva (2013), in which 76.6% of the teachers considered their health as good or very good. Silva's work (2018) justified the reason for these high rates in relation to the evaluated teachers who perceive their health to be good, in the midst of a hostile work environment (86%). The fact that people have always moved to try to face and regulate the aggressions and changes that occur at work, shows the profile of many professionals in the search for resilience, to survive amidst the difficulties faced in the profession.

We analyzed the WHOQOL-bref according to the four domains and twenty-four facets, being Domain 1 – physical domain, Domain 2 – psychological domain, Domain 3 – social relations and Domain 4 – environment. The average score in each domain indicates the individual's perception of their satisfaction in each aspect of their life, relating to their quality of life. The higher the score, the better this perception. Values greater than three are considered good or very good, and values less than three are considered bad or very bad.

A total of 76.5% of the participants perceived their quality of life as good or very good, and 5.9% as bad or very bad. When analyzing the domains, we calculated the average of each domain, and when analyzing Domain 1, Domain 2 and Domain 4, we obtained an average of 3.2, while in Domain 3, the average was 3.5. The Evidence points to a percentage of 70% satisfaction regarding the social relationships of the participants, and 64% regarding the physical domains of quality of life, which involves physical fitness related to vigor, energy, fatigue control, as well as the capacity for work, in addition to the psychological domain that constitutes the maintenance of thoughts and positive perception about oneself and the environment (Table 3).

Table 3 — Description of the variables and respective results of the WHOQOL-bref of teachers from the state education network in the state of Bahia, 2021.

Variable	Categorization	Questionnaire used	Result Average (sum of scores divided by the number of participants)
Quality of Life	Poor, very poor, neither bad nor good, good and very good	WHOQOL-Bref – Question 1	3,85
Health	Bad, very bad, neither bad nor good, good and very good	WHOQOL-Bref – Question 2	3,5
Domain 1 –	Bad physique (≤ 3), Good (≥ 3)	WHOQOL- Bref – Questions 1,2,3,9,10,11,12	3,2
Domain 2 – Psychological	Bad (≤ 3), Good (≥ 3)	WHOQOL- Bref – Questions 4,5,6,7,8,24	3,2
Domain 3 – Social Relations	Bad (≤ 3), Good (≥ 3)	WHOQOL- Bref – Questions 13,14,15	3,5
Domain 4 – Environment	Bad (≤ 3), Good (≥ 3)	WHOQOL- Bref – Questions 16,17,18,19,20,21,22,23	3,2

Source: Survey data (2021).

The data demonstrate a high degree of satisfaction in relation to the domains that make up the quality of life. Analyzing the results from this perspective makes us realize the existing contradictions, and how much the individual analysis transfers to the subject the responsibility observing only the objective aspects, contemplating the expectations in relation to comfort and well-being, points of view that, according to Vilarta and Gonçalves (2004), will seek an understanding of reality based only on quantifiable and concrete elements, which makes it necessary to establish, in view of the data presented, a critical look.

With regard to the analysis of the general perception of the quality of life of the participating teachers, it was found that the teachers perceived their quality of life as good. According to Tabeleão, Tomassi and Neves (2011), we can consider that work may or may not be a generator of quality of life, therefore, we can see that despite the overload and precariousness of work, with all the demands that the profession requires, participants, even so, have a positive perception of their quality of life (QoL), that is, the workload and the characteristics of the profession, which are often evaluated as physically and emotionally exhausting, have not negatively affected the domains of personal life.

The physical domain involves aspects related to pain, energy, discomfort and fatigue, sleep and rest, dependence on medication or treatments, as well as work capacity (FLECK et al., 1999). Due to the way of working that the profession requires, the occurrence of pain becomes a constant for this class, causing damage to their physical health, consequently triggering absences at work, which is a domain that directly interferes with quality of life.

Studies such as Silva and Silva (2013) show that the symptoms related to the profession are the most diverse. It was found that most reports point to discomfort or pain in the lumbar spine (75.7%), neck (62.6%), thoracic spine (57.6%) and shoulders (56.8%). In this study, reported psychic symptoms had a prevalence of 17.8%. Data like this show that teachers, in the midst of work, perceive psychic pain or ignore it, perceiving only physical pain.

As for the psychological domain, it consists of questions related to positive and negative feelings, learning, memory and concentration, self-esteem, body image and appearance (FLECK et al., 1999). The teaching work is presented due to several stressful psychosocial factors, capable of leading them to perceive this domain in a more negative way. The way the profession is exercised is a factor that can contribute to the psychological exhaustion of the professional and contribute to the loss of quality of life.

According to Nahas (2017, p. 268), stress is a natural aspect of life itself. Every day we face conflicts and situations that require decisions, responsibilities and obligations that cannot be ignored. It is not always possible to avoid stress, and while it can be a threat to health, it can also be a necessary stimulus for positive adaptations in our body.

Physical exhaustion and exhaustion from work effort, usually, give way to mental tiredness and fatigue which, according to Nahas (2017), go far beyond the emotional problems associated with this type of stress, since the frequent releases of the so-called “workout hormones” stress” (adrenaline, noradrenaline and cortisol) can lead to a decrease in immunity, with serious consequences for health.

Silva's research (2018) shows that the main diseases and symptoms attributed to work were mainly related to mental health and/or vocal health, followed by musculoskeletal problems. The problem of stress was pointed out by teachers as the main aggressor to health with which they live in their daily work. Simplício and Andrade (2011) identified emotional exhaustion, characterized by a lack of energy, enthusiasm and a feeling of depletion of resources, as a symptom harmful to the health of professionals.

The social relationships domain involves personal relationships, social support and sexual activity (FLECK *et al.*, 1999). Social support is the balance point between work and family, benefiting a factor of QoL. Meira *et al.* (2014) establish some factors that interfere with the teacher's quality of life, such as: work overload, care for one's own health and professional devaluation. The study points out that the consequences of teaching work end up generating emotional tension, deprivation of leisure and musculoskeletal disorders. These factors end up generating an imbalance between the family and the work of professionals.

The “environment” domain encompasses issues related to physical safety and protection, the home environment, financial resources, health and social care, recreation and leisure opportunities, the physical environment and transportation (FLECK *et al.*, 1999). Studies by Penteado and Pereira (2007) reflect on the reduced possibilities of personal, social and professional investment, due to insufficient remuneration in relation to their needs, which, in the evaluation of this domain by teachers, may be showing the devaluation of this class of workers.

Personal feeling is very important in relation to the assessment of quality of life, so much so that only the subject is able to assess it, however, when analyzing a construct that transits through objective and subjective aspects, we corroborate the thinking of Tubino (2002), for whom, no analysis of individual quality of life can be developed without contextualizing it in the collective quality of life, in an attempt to obtain more data to assess the various aspects that involve quality of life.

To think about quality of life is to relate the notion, understanding and historical construction with the psychic feelings of the population in family, love, social and environmental life, that is, a social, relational and cultural content that involves everything from access to material goods to the use of these goods (ALMEIDA; GUTIERREZ; MARQUES, 2012, p. 107). Thus, it becomes possible to understand the meanings of quality of life when it is perceived as a cultural construction.

Regarding the quality of life at work, from a personal, health, psychological and professional point of view, the QWLQ-bref questionnaire was applied to assess the quality of life at work. It is important to know the reality and aspects related to quality of life at work, to understand how this reflects on the quality of life and health of teachers, especially those professionals who are already tired and at the end of their careers, in the disinvestment phase, to try to understand how involvement and satisfaction with work and the organizational conditions in which this group performs its function, can lead to teacher discomfort.

Considering that the arithmetic mean is one of the most used measures to arrive at the central tendency of a set of observations, we believe it is of fundamental importance to calculate the mean for the data analyzed in each of the domains that make up the questionnaire, and the perception of the participants in the variables investigated were evaluated according to a 5-point interval scale, where 1 corresponds to “very low”, 2 corresponds to “low”, 3 corresponds to “medium”, 4 corresponds to “high” and 5 corresponds to “very high”. , as shown in Table 4.

Table 4 - Quality of life at work – QWLQ-bref of teachers from the state education network in the state of Bahia, 2021.

Variable	Categorization Used	Questionnaire Used	Results
Physical Domain	Low (≤ 3), Good (≥ 3)	QWLQ-Bref – average of questions 4,8,17,19	3.7 (74%)
Psychological Domain	Low (≤ 3), Good (≥ 3)	QWLQ-Bref – average of questions 2,5,6,9	3.68 (73.6%)
Personal Domain	Low (≤ 3), Good (≥ 3)	QWLQ-Bref – average of questions 6.1 0.11.15	3.77 (75.5%)
Professional Domain	Low (≤ 3), Good (≥ 3)	QWLQ-Bref – average of questions 1,3,7,12,13,14,16,18, 20	3.64 (72.9%)

Source: Research data (2021).

From the analysis of the QWLQ-bref questionnaire data, an average of 3.69 (73.8%) was obtained in the evaluation of quality of life at work (QWL) as a Global factor. The Physical/Health domain had an average of 3.7 (74%). The Psychological domain 3.68 (73.6%), the Personal domain 3.77 (75.5%) and the Professional domain 3.64 (72.9%). The evaluations of the four domains of the QWL of the participants were considered satisfactory, allowing us to think that, despite the working conditions and a series of difficulties faced by the category, these factors in the evaluation of the professors do not have great interference in the QWL.

Studies carried out by Walton (1974) indicate that reconciling work and private life is one of the QWL factors, which directly implies the division between time dedicated to work and other time dedicated to personal and family life. What is discussed in this context of QWL is that time, commitments and work tensions should not invade the time and commitments of personal life, however, this balance is the great difficulty encountered by most professionals, especially in a scenario of precariousness and intensification of work, where work done at home, which is presented in many categories as part of this conciliation policy, in the teaching category has served to increase the difficulty in separating work time from free time.

Silva (2018) states that the teacher's work has a strong tendency to invade his personal life. This invasion takes two forms: material (correcting tests, planning classes and activities, etc.) and emotional (explicit violence, continuous attachment to work, when you stop doing something because of work, even when you are not work, etc.), according to the survey, this may help explain the teacher's recurrent illnesses.

Final considerations

Reflecting on the teacher's quality of life is, above all, understanding the working conditions of this category, bearing in mind that work plays an essential role in human life, since it is closely linked to the individual's training process, to the construction of social bonds and the maintenance of their mental health.

In contemporary times, the transformations that have taken place in the field of work have directly affected the teaching profession and provoked a process of precariousness in the work of this class. This reality is at the service of an economic game based on a neoliberal logic that sees education as a commodity and demands high performance from teachers, despite precarious working conditions, which involve low wages, long working hours, among others.

The concept of quality of life is linked to both subjective and concrete factors of the individual's life, that is, it is linked to their perception of life and the conditions that life takes place in the concrete field. In this way, this concept involves working conditions, as well as the subject's professional and work satisfaction. Therefore, within the current scenario, we see that the teacher's quality of life has been affected, in the same way, to emotional and physical health, given that the concept of quality of life is related to health and involves both physical and mental aspects of the subject's life.

The data obtained in this research show that the more satisfied with one's health, the better the individual's quality of life. The opposite is also true, since the lower the degree of satisfaction with health, the lower the satisfaction with the quality of life. This reality leads us to think that health promotion is associated with improved quality of life.

However, this study demonstrates that teachers have a good perception of their quality of life, even with hostile working conditions. This demonstrates resilience on the part of these professionals. With regard to health, we see that work has generated stressful situations, emotional tension, musculoskeletal disorders, physical and emotional exhaustion, deprivation of leisure, lack of investment in other activities due to remuneration and time issues. All this ends up contributing to a loss of quality of life for these professionals.

References

ALMEIDA FILHO, N. de. O conceito de saúde: ponto cego da epidemiologia? **Revista Brasileira de Epidemiologia**, v.3, p.4-20, 2000.

ALMEIDA, M. A. B. de; GUTIERREZ, L. G.; MARQUES, R. **Qualidade de vida:** Definição, conceitos e interfaces com outras áreas de pesquisa. Escola de Artes, Ciências e Humanidades – EACH, 2012.

ANTUNES, R. **Os sentidos do Trabalho:** ensaio sobre a afirmação e a negação do trabalho. 2. Ed. São Paulo: Boitempo, 2009.

BEZERRA, I. P. M.; SORPRESO, I. C. E. Conceitos de saúde e movimentos de promoção da saúde em busca da reorientação e de práticas. **J Hum Growth**. v.26. n.1. p. 11-20, 2016.

BRASIL. Ministério da Saúde. **VIII Conferência Nacional de Saúde**. Brasília: Ministério da Saúde, 1986. (Anais).

BUSS, P. M. Promoção da saúde e qualidade de vida. **Ciência & Saúde Coletiva**, v.5, p.163-177, 2000.

CAMBI, F. **História da pedagogia**. São Paulo: Editora Unesp, 1999.

CARVALHO, S. R. **Saúde Coletiva e Promoção da Saúde:** sujeito e mudança. São Paulo: Hucitec, 2005.

CHEREMETA, M. et. Al. Construção da versão abreviada do QWLQ-78: um instrumento de avaliação da qualidade de vida no trabalho. **Revista Brasileira de Qualidade de vida**, v. 3, n.1, 2011.

DALMOLIN, B. B. et al. Significados do conceito de saúde na perspectiva de docentes da área de saúde. **Esc Ana Nery**, v.15, n.2, p. 389-394, 2011.

DEJOURS, C. **A loucura do trabalho- estudo de psicopatologia do trabalho**. São Paulo: Cortez- Oboré, 1992.

DEJOURS, C. Addendum: da psicopatologia à psicodinâmica do trabalho. In: Lacman, S., Sznelwar, L. I. (Orgs.). **Christophe Dejours: da psicopatologia à Psicodinamica do Trabalho**. Brasília: Paralelo 15, 2008.

FLECK, M. P. A. et al. Aplicação da versão em português do instrumento de avaliação de qualidade de vida da Organização Mundial da Saúde (WHOQOL-100) **Revista de Saúde Pública**, Rio de Janeiro, v. 33, n.2, p.198-205, 1999.

FORATTINI, C. D.; LUCENA, C. Adoecimento e sofrimento docente na perspectiva da precarização do trabalho. **Laplage em Revista**, v. 1, n.2, p. 32-47, 2015.

GONÇALVES, A. Em busca do diálogo do controle social sobre o estilo de vida. In: VILARTA, Roberto (orgs) **Qualidade de vida e políticas públicas: saúde, lazer e atividade física**. Campinas, IPES, p.17-26, 2004.

GONÇALVES, A.; VILARTA, R. Qualidade de vida identidade e indicadores. In.: GONÇALVES, Aguinaldo; VILARTA, Roberto (orgs). **Qualidade de vida e atividade física: explorando teorias e práticas**. Barueri: Manole, 2004.

GUTIERREZ, G. Lazer, exclusão social e militância política. In: BRUHNS, H. e Gutierrez, G. (orgs). **Temas sobre o lazer**. Campinas: Autores Associados, 2000.

LEFONE, F. R. Identidade docente: a idade da complexidade. **Cadernos de Educação**, v. 15, n. 30, p. 3-26, 2016.

MANCEBO, D. et al. Em discussão: o trabalho docente. **Estudos e Pesquisas em Psicologia**, v. 6, n. 1, p. 1-5, 2006.

MARTINS, L. M. O sofrimento e/ou adoecimento psíquico do (a) professor (a) em um contexto de fragilização da formação humana. **Cadernos cemarx**, n. 11, p. 127-144, 2018.

MEIRA, T. R. M. et al. Percepções de professores sobre trabalho docente e repercussões sobre sua saúde. **Revista Brasileira de Promoção de Saúde**, Fortaleza, v. 27, n 2, p. 276-282, 2014.

MENDES, A. M. et al. **Psicodinâmica do Trabalho: teoria, método e pesquisa**. São Paulo: Casa do Psicólogo, 2007.

MENDES, A. M. et al. **Trabalho e saúde- O sujeito entre a emancipação e servidão**. Curitiba: Juruá, 2008.

MOREIRA, D. M. S. **Análise da valorização docente a partir do processo de validação de um instrumento de pesquisa**, 2021. 188f. Dissertação (Mestrado em Educação) – Programa de Pós-Graduação em Educação, Universidade Estadual do Sudoeste da Bahia, UESB, Vitória da Conquista – Ba, 2021.

NAHAS, M. V. **Atividade física, saúde e qualidade de vida: conceitos e sugestões para um estilo de vida ativo**. 4. ed. Londrina: Midiograf, 2006.

NAHAS, M.V. **Atividade física, saúde e qualidade de vida: conceitos e sugestões para um estilo de vida ativo**. 7. Ed. – Florianópolis, Ed. Do Autor, 2017.

PENTEADO, R. Z.; PEREIRA, I. M. B. Qualidade de vida e saúde vocal de professores. **Revista de Saúde Pública**, v.41, n.2, p.236-243, 2007.

RODRIGUES, J. C. **O corpo na história**. Rio de Janeiro: Fiocruz, 2001.

SANTOS, M. N. dos; MARQUES, A. C. Condições de saúde, estilo de vida e características de trabalho de professores de uma cidade do sul do Brasil. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 18, n. 3, p. 837-846, 2013.

SILVA, J. P. da. **Quando o trabalho invade a vida**: um estudo sobre a relação trabalho, vida pessoal cotidiana e saúde de professores do ensino regular e integral de São Paulo. 2018. Tese (Doutorado em Ciências). Faculdade de Saúde Pública – Universidade de São Paulo, 2018.

SILVA, L. G.; SILVA, M. C. Condições de trabalho e saúde de professores pré-escolares da rede pública de ensino de Pelotas, RS, Brasil. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 18, n. 11, p. 3137-3146, 2013.

SIMPLÍCIO, S. D.; DE ANDRADE, M. S. Compreendendo a questão da saúde dos professores da Rede Pública Municipal de São Paulo. **Psico**, v. 42, n. 2, p. 159-167, 2011.

TABELEÃO, V. P., TOMASI, E., & NEVES, S. F. Qualidade de vida e esgotamento profissional entre docentes da rede pública do Ensino Médio e Fundamental no Sul do Brasil. **Cadernos de Saúde Pública**, Rio de Janeiro, v.27, n.12, p.2401-2408, 2011.

TANI, G. Esporte e qualidade de vida. In: MOREIRA, W. W.; SIMÕES, R. (Orgs). **Esporte como fator de qualidade de vida**. Piracicaba: UNIMEP. p. 103-16, 2002.

TARDIF, M. A profissionalização do ensino passados trinta anos: dois passos para a frente, três para trás. **Educação e Sociedade**, v. 34, n. 123, p. 551-571, 2013.

TARDIF, M.; LESSARD, C. **O trabalho docente**: elementos para uma teoria da docência como profissão de interações humanas. 9. Ed. Petrópolis: Vozes, 2014.

TUBINO, M. J. G. **500 Anos de Legislação Esportiva Brasileira**: Do Brasil Colônia ao Início do Século XXI. Rio de Janeiro: Shape, 2002.

VILARTA, R.; GONÇALVES, A. Qualidade de Vida – concepções básicas voltadas à saúde. In: GONÇALVES, Aguinaldo e VILARTA, Roberto (orgs). **Qualidade de vida e atividade física, explorando teorias e práticas**. Barueri: Manole, p.27-62, 2004.

WHOQOL GROUP. The development of the World Health Organization quality, of life assessment instrument (the WHOQOL). In.: ORLEY, J.; KUYKEN, W. (Eds.) **Quality of life assessment international perspectives**. Heidelberg: Springer, p.41-60, 1994.