



WELLNESS AND HEALTH OF TEACHERS IN A PUBLIC EDUCATIONAL INSTITUTION

BEM-ESTAR E SAÚDE DE DOCENTES EM INSTITUIÇÃO PÚBLICA DE ENSINO BIEN ESTAR Y SALUD DE DOCENTES EN INSTITUCIONES PÚBLICAS DE ENSEÑANZA

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ABSTRACT

Objective: to identify the well-being at work and health changes of teachers of a higher education institution. **Method:** descriptive, correlational, cross-sectional study of quantitative approach carried out in a public educational institution. The sample was 82 professors of Biochemistry, Nursing, Pharmacy and Medicine. The Andrews Faces Scale, the WHO-5 Well-being Index and the Psychological Well-Being Scale (PWS) were used to assess well-being. **Results:** in the Andrews Faces Scale, the predominant face was 2 "happiness", with 39%. In the well-being, 64.59% of the teachers presented satisfactory well-being; 24.7% of teachers said they had been away from work due to depression, panic syndrome, Burnout syndrome; 1.2% reported they had been out of work due to occupational accident (OA) with sharp material. **Conclusion:** well-being, good interpersonal relationships and its close relationship with personal growth and life goals are fundamental for the promotion of health in the work of teachers. **Descriptors:** Faculty; Universities; Occupational Health; Health Planning.

RESUMO

Objetivo: identificar o bem-estar no trabalho e as alterações de saúde dos docentes de uma instituição de ensino superior. **Método:** estudo descritivo, correlacional, transversal, de abordagem quantitativa, realizado numa instituição de ensino pública. A amostra foi de 82 docentes de Bioquímica, Enfermagem, Farmácia e Medicina. Para avaliar o bem-estar, foram utilizadas Escala de Faces de Andrews, Índice de Bem-estar (WHO-5) e Escala de Bem-estar Psicológico (EBEP). **Resultados:** na escala de Faces de Andrews, a face predominante foi 2 "felicidade", com 39%. No bem-estar, 64,59% dos docentes apresentaram bem-estar satisfatório. 24,7% dos professores disseram ter se afastado do trabalho devido à depressão, síndrome do pânico, síndrome de Burnout; 1,2% relatou afastamento devido à AT com material perfuro cortante. **Conclusão:** o bem-estar, bom relacionamento interpessoal e sua estreita relação com o crescimento pessoal e objetivos de vida são fundamentais para a promoção da saúde no trabalho dos docentes. **Descritores:** Docentes; Universidades; Saúde do trabalhador; Planejamento em Saúde.

RESUMEN

Objetivo: identificar el bien estar en el trabajo y las alteraciones de salud de los docentes de una institución de enseñanza superior. **Método:** estudio descriptivo, correlacional, transversal, de enfoque cuantitativo, realizado en una institución de enseñanza pública. La muestra fue de 82 docentes de Bioquímica, Enfermería, Farmacia y Medicina. Para evaluar el bien estar, fueron utilizadas Escala de Faces de Andrews, Índice de Bien Estar (WHO-5) y Escala de Bien Estar Psicológico (EBEP). **Resultados:** en la escala de Fases de Andrews, la fase predominante fue 2 "felicidad", con 39%. En el bien estar, 64,59% de los docentes presentaron bien estar satisfactorio. 24,7% de los profesores dijeron haberse alejado del trabajo debido a la depresión, síndrome del pánico, síndrome de Burnout; 1,2% relataron alejamiento debido a la AT con material perfuro cortante. **Conclusión:** el bien estar, buen relacionamiento interpersonal y su estrecha relación con el crecimiento personal y objetivos de vida son fundamentales para la promoción de la salud en el trabajo de los docentes. **Descritores:** Docentes; Universidades; Salud laboral; Planificación en Salud.

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INTRODUCTION

Well-being is about a self-assessment in which the positive feelings prevail over the negative ones, in which there is a general satisfaction towards life, related to specific aspects such as work, Independence and health, among others.¹ Emotions correlated with pleasure, comfort and enthusiasm are linked to positive feelings that correlates to a state of high well-being; however, feelings such as distress and depression represent negative feelings that match a low-welfare state.²

Well-being at work is the combination of three fundamental elements: satisfaction, involvement and organizational commitment. Satisfaction is defined as a state of pleasure before the experiences of the activities performed. On the other hand, involvement refers to the degree to which the development of work affects the self-esteem of the individual and, finally, affective organizational commitment is about the state in which there is identification in the combination of one's objectives with the work organization.³ Well-being at work is the survey of positive characteristics, in which the working hours are rewarding, making the subject feel productive with the organization that employs him or her.³

In the 1990s, the number of studies about the health-disease process in the occupational group of teachers increased, giving visibility to the process of illness, highlighting the need for interventions in working conditions and thus evidencing that the current problem of their illness could be connected to the work environment.⁴

The health status of the professors of Federal Universities has been suffering from problems that include psychological and ergonomic problems, related to work, as well as other problems that may be related to several factors, among them extensive workload, conduction of research and guidance to students, exposure to risks of accidents in the practical classes, extreme demands involved in the work and ambition for professional growth that lead to sacrifices such as poor diet and bad lifestyle habits that, consequently, change the worker's welfare.⁵ There is a direct relationship between the individual's well-being and health, as well as their relationship with external environment, work environment and their personal life.

OBJECTIVE

- To identify the well-being in the work and the health changes of teachers of a higher education public institution.

METHOD

This is a descriptive, correlational and cross-sectional study of a quantitative approach carried out at a public educational institution located in Divinópolis, Minas Gerais, Brazil.

The study population consisted of 151 professors from the Nursing, Pharmacy, Biochemistry and Medicine courses who were invited to participate in the study via institutional e-mail, and then via personal e-mail in four calls. The inclusion criteria adopted were being an effective teacher and not being away from academic activities, neither in part time nor in full time. The final sample consisted of 82 teachers who accepted to participate in the study and who met the inclusion criteria.

A semi-structured questionnaire was used with questions related to the characterization of the sociodemographic and work profile. To assess well-being, authors used the Andrews Faces Scale, the WHO-5 Well-being Index and the Psychological Well-being Scale (PWS).⁶⁻⁸

The Andrews Face Scale is a visual scale containing seven figures of stylized faces representing expressions ranging from extreme happiness to extreme sadness. The interviewee should point out that figure that most closely resembles how they feel about their life in the last month. The figure that represents extreme happiness receives score one (1) while that which shows extreme sadness receives score seven (7). That is, the lower the declared score, the greater the degree of psychological well-being. The variables of this test grouped the scores one (1) and two (2) to indicate high well-being; scores three (3), four (4) and five (5) to indicate average well-being; and six (6) and seven (7) to indicate low well-being.⁶

The already validated WHO-5 Well-being Index is self-applicable and contains five items that seek to investigate personal well-being. Each item corresponds to an affirmation related to subjective states such as joy, good humor, vitality and interest. Each alternative must be answered by a frequency scale ranging from 0 to 5 (0 = never; 5 = all the time). The gross score is calculated by summing the scores of the five responses, in which zero represents the worst possible quality of life and 25 represents the best

possible quality of life and well-being. Then, the results are transformed from 0 to 100 and multiplied by 4. Higher scores mean better well-being.⁷

The Psychological Well-Being Scale (PWS), validated in Brazil, consists of 84 items, of which 44 are positive and 42 are negative, divided into six subscales that evaluate the dimensions of the PWS, containing 14 items each. The items are answered on a six-point Likert scale, whose extremes are "I strongly disagree" and "I strongly agree".⁸

The Statistical Package of Social Sciences (SPSS) version 21.0 was used to analyze the data. Data was doubly entered in Excell spreadsheet for Windows 7. Initially, to characterize the studied population, the frequency distribution was performed. For the individual analyzes of each instrument and its associations, Pearson's Chi-square test and Mann-Whitney test were used in the analysis of numerical variables with asymmetric distribution and in the correlation between

variables, the Pearson correlation coefficient was used with a 5% of significance level.

For the preservation of the ethical aspects of research with human beings, the provisions of the Resolution of the National Health Council (CNS) and of the Brazilian Ministry of Health (MS) 466/2012 were followed and the research project was submitted to analysis by the Ethics Committee in Research with human beings of the institution proposing the research, receiving Approval under Opinion No. 813.214.

RESULTS

Cronbach's alpha for the WHO Index was 0.83 and PWS was 0.78, representing the internal reliability in the scales.

Table 1 shows the results obtained in the sociodemographic profile approach of the present study.

Table 1. Sociodemographic and occupational profile of the teachers of a public educational institution in Divinópolis. Divinópolis (MG), Brazil, 2015. (N=82)

	N	%
Gender		
Female	54	65.9
Male	28	34.1
Marital status		
Married	51	62.2
Single	18	22
Divorced	9	11
Living together	3	3.7
No answer	1	1.2
Having children		
Yes	43	52.4
No	39	47.6
Degree of education		
Specialization	1	1.2
Master's degree in progress	2	2.4
Complete Master's degree	2	2.4
Doctorate in progress	16	19.6
Complete Doctorate	61	74.7
Course		
Nursing	42	51
Medicine	10	12
Pharmacy	16	20
Biochemistry	14	17
Total	82	100

Regarding the number of children, there was an average of 1.42 children per teacher, of which three was the maximum number of children per teachers.

Regarding the work regime, the present study showed that 71 (87.7%) had exclusive dedication to teaching, research and assistance (ED) and 10 (12.3%) had another parallel activity. Regarding the workload, 53.8% worked up to eight hours a day, 16.3% worked more than 10 hours a day and 5% worked between 8 and 10 hours a day. However, despite the extensive workload,

85.4% of teachers stated that they need to take work to home to achieve the goals proposed as teachers in this public institution. When questioning them about how many hours, on average, they work at home after service hours, the majority (57.1%) reported working 1-3h/day, followed by 28.6% who worked 4-6h/day when they got home.

Also, it was found that 69 (84.1%) professors worked in the daytime period, followed by 14.6% who worked both during the day and night periods. It is worth noting that the courses on this campus are all diurnal.

Concerning pauses during the work day, 39.5% reported performing them, 24.7% did not perform them and 35.8% had intervals; the pause time ranged from 1 to 2 hours, and the majority (67.6%) paused less than 1 hour during the work day. It is important to address the fact that the study site is in a remote neighborhood and that most teachers remain on the campus all day long.

Regarding leisure in the work environment, 77 teachers (93.9%) answered that there are

no suitable environments for leisure or to talk comfortably with colleagues, students or to pause for snacks during the workday; many of them reported having just a few tables outdoors in the middle of trees for socializing between students and teachers.

Table 2 shows the results obtained in this study concerning the health of teachers.

Table 2. The health and work of teachers of a public educational institution in Divinópolis. Divinópolis (MG), Brazil, 2015. (N=82)

Variables	n	%
Use of daily medication		
No	51	62.2
Antidepressant drugs	8	9.8
Anxiolytic drugs	12	14.6
Antihypertensive drugs	7	8.5
Others	4	4.8
Occupational accident (OA)		
Yes	7	8.5
No	75	91.5
Leave from work due to OA		
Yes	1	1.2
No	81	98.8
Leave from work due to illness		
Yes	20	24.7
No	61	75.3

In the teachers' answers, 63 (77.8%) stated that their teaching activities involve risks of work accidents, occupational diseases related to laboratory activities and practical classes in health services such as hospitals and health units. As to the occurrence of sick leave, teachers reported that they had to be away of work due to depression, panic syndrome, Burnout syndrome and cyst in the vocal cords, and there were cases of myalgias and repetitive strain injury. Also, 1.2% reported they had to be away from work due to OA with sharp material.

The time of sick leave had a median of one month ($SD \pm 2.08$); being a minimum of 17 days and a maximum of six months, after which 44.4% felt cured and 55.6% still considered themselves as sick. In the comparison of the variables labor and risk to

health, there was no statistical significance ($X^2 = 1.29$; $p = 0.26$).

When analyzing teachers' self-perception through the Andrews Faces Scale, the predominant face was 2 "happiness", with 32 (39%) teachers; face 1 was chosen by 19 (23.2%) teachers who self-rated themselves as "extremely happy". This means that 51 (62.2%) teachers chose faces 1 and 2, which represented a high psychological well-being. Faces 3 (25.6%), 4 (8.5%) and 5 (3.7%) represented 31 (37.8) teachers, who presented medium well-being.

When performing the Person's X^2 Test between the variable use of medication and the Andrews Face Scale, there was a statistical difference ($p = 0.04$) for face 3, which was significantly higher in the group that did not use medication ($33.3\% > 12.9\%$).

Table 3. Domains of the Psychological Well-Being Scale (PWS) and the teachers of a public educational institution in Divinópolis. Divinópolis (MG), Brazil, 2015.

Variables	Mean	Standard deviation
Autonomy	13.53	2.75
Domain of environment	11.20	3.22
Personal growth	16.30	2.05
Positive Relationships	15.38	2.83
Goals in life	16.32	2.15
Self-acceptance	16.07	2.08

The non-parametric Mann-Whitney test performed with the variables gender and the six domains of the PWS did not find a statistically significant difference between these variables ($p > 0.05$).

When applying the WHO-5 Well-being Scale, the study found an average of 16.16 (SD ± 4.05), which meant that 64.59% of the teachers presented a satisfactory well-being.

When performing analysis between the PWS and sick leave through the non-parametric Mann-Whitney test, no significance was found ($p = 0.329$). In the comparison between the domain positive relationships of the PWS and the use of daily medication, a statistical significance was found ($p = 0.04$) when

compared to teachers who did not use medication.

Table 4 below shows the correlation coefficient between the PWS domains.

Table 4. Correlation coefficient between the different domains of the PWS and the teachers of a public educational institution in Divinópolis. Divinópolis (MG), Brazil, 2015. (n=82)

Domains		Autonomy	Domain of environment	Personal growth	Positive relationship with others	Goals in life
Domain of environment	Correlation*	0.302				
	p-value	0.006				
Personal growth	Correlation*	0.184	0.053			
	p-value	0.099	0.637			
Positive relationship with others	Correlation*	0.197	0.144	0.337		
	p-value	0.075	0.195	0.002		
Goals in life	Correlation*	0.257	0.289	0.501		
	p-value	0.020	0.008	0.000		
Self-acceptance	Correlation*	0.282	0.236	0.507	0.354	0.428
	p-value	0.010	0.033	0.0001	0.001	0.0001

* Spearman correlation coefficient.

According to the results presented in Table 4, the Spearman Correlation Test was performed, which verified the statistical significance between the domain positive relationship with the others and the domain personal growth ($r = 0.34$; $p = 0.002$), which found positive correlation of reasonable intensity; it had also significant correlations with the domains goals in life ($r = 0.50$; $p < 0.001$), positive correlation of good intensity; self-acceptance ($r = 0.51$; $p < 0.001$), positive correlation of good intensity. Self-acceptance and goals in life ($r = 0.43$; $p < 0.001$) had positive correlation of reasonable/good intensity.

DISCUSSION

Corroborating this study, in relation to gender, a study conducted in Jequié-BA aimed at evaluating the university teachers' lifestyle

by verifying the existence of association with sociodemographic and occupational factors and found a significant number of women in university work. The great presence of women in the teaching profession is related to an attribution of this activity as culturally linked to the "feminine role" of caring and educating.⁹

Similarly to the results of the sociodemographic profile of this study, a sectional investigation carried out with 130 teaching nurses of the Federal Universities of Rio Grande do Sul found that 56.9% of the professors had a doctorate; 74.6% were married; 50% had one to two children; 50.5% had per capita family income of up to six minimum wages and 73.8% had up to three dependents.¹⁰

With regard to pauses and leisure in the work environment, reinforcing the results, a

study describes that extra-class activities, especially the preparation of classes and tests, corrections of activities and the release of notes, increase the working day and overload teachers, making the teaching activity even more intense and causing damage to health and quality of life.¹¹

A cross-sectional study carried out in 18 public hospitals in Rio de Janeiro aimed to analyze the differences between the genders in the description of the professional and domestic workload by evaluating its association with behaviors related to the health of nurses and showed a prevalence of association between workday and excessive consumption of fried foods, coffee, absence of physical exercise and higher prevalence of overweight/obesity.¹²

A study carried out in the city of Bagé-RS aimed to investigate the health condition, lifestyle and the working characteristics of the teachers working in that municipality. It was found that most of the teachers had postgraduate degree (59%), 65.2% of the subjects were physically active, while 32.3% were overweight and 14.4% were obese. Teachers with more teaching time presented a prevalence of overall poor/regular health perception, about twice worse than the others.¹¹

With regard to sick leaves, an investigation carried out with nursing teachers from a private institution in Niterói aimed at identifying the working conditions and reasons for sick leave among university teachers showed that 25% of work leaves were related to musculoskeletal and genitourinary impairment (15.66%), respiratory impairment (14.58%) and cardiovascular and vocal impairment (both with 9.38%).¹³

It is known that working conditions have a strong influence on the profile of illness and on teachers' satisfaction.

A study carried out with professors of the Federal University of Espírito Santo showed that most of the teachers characterized the infrastructure working conditions as "precarious", "bad" and "unsatisfactory". In addition, the results show that teachers worked with old tables, cabinets and air conditioners, in poor conditions of conservation; classrooms had noisy fans, burned out lamps, windows and doors that did not close properly. These conditions made them characterize their work with discontentment, discouragement and even suffering.¹⁴

As for teachers' satisfaction, an investigation carried out with 1,210 professors

from six universities in Shenyang, China, aimed to evaluate the level of job satisfaction among university professors and factors associated with it. The results showed that Chinese university professors had a moderate level of job satisfaction, an average of 60.7%, and the presence of positive external factors had stronger effects on this satisfaction. The study points out that the improvement of organizational support can increase teachers' level of work satisfaction. In addition, the study found that 22.3% of participating teachers have already suffered from occupational stress due to working hours and service conditions and these factors can lead to the impairment of teachers' health.¹⁵

When analyzing the self-perception of the teachers of this study through the Andrews Faces Scale, the predominant face was 2, which represents "happiness" (39%), and 3.7% of the teachers indicated that they felt "sad". Although the percentage of teachers who indicated the "sad" face was inferior (3.7%) when compared to the other faces, it is important to highlight this result, since it may be related to a manifestation of stress and/or exhaustion. Ratifying the aforementioned, a study carried out with health professors from a public university in the North of Brazil aimed to investigate clinical manifestations of stress and stressors at work and found that 24.2% of the teachers presented clinical manifestations of stress, among which the most frequent symptoms were physical (63.6%) and psychological symptoms (36.4%).¹⁶

A study carried out with nursing professionals who work in a university hospital in Triângulo Mineiro aimed to know the level of well-being at work. The results indicated an average level of well-being among the participants, which caused concerns due to the possibilities of consequences on the quality of work and on the assistance provided by professionals.¹⁷

Among the health changes that have affected the teachers, the authors highlight the psychological disorders, ergonomic problems related to work and other general problems. Among psychological disorders, we can mention stress, depression and mental exhaustion.¹⁸

It is important to point out that teachers' workload interferes negatively with mental health and can influence sleep, psychic illnesses and even affect social interaction.¹⁹

A study conducted in Germany with the aim of identifying predictors of mental health in teachers verified in its results that excess worry, personal problems and physical

complaints are relevant to future mental health problems.²⁰ In other research carried out with teachers from the UK and Hong Kong, the findings showed that perceived stress is related to mental health conditions and that overwork and low pay are the main indicators of emotional imbalances among teachers.²¹

The amplified concept of health should be an ongoing search²² and, combined with the well-being and appreciation of teachers' work, should reflect in the quality of their work as healthy professionals and trainers of new workers.

CONCLUSION

This research enabled identifying that the working conditions and the exhaustive workload experienced by the teachers are factors that have facilitated the appearance of health problems. Despite the high workload of teachers, they are happy with their work and feel fulfilled in the profession. The well-being in the teachers' work and their satisfaction are also related to indicators such as infrastructure, personal relationships, leisure at work and workload. These events have been described as factors related to the onset of diseases such as depression, stress and anxiety.

In this sense, the well-being in the teaching work is fundamental so that a quality academic education is provided. In the teaching work, it is important not only the infrastructure but also a good interpersonal relationship and its close relationship with personal growth and life goals. It is extremely necessary to deepen research about the well-being and health changes of teachers, since there are few studies focused on this area. Therefore, it is expected that this research may provide a reflection on the need to promote health and well-being of teachers in the university environment, since a healthy and satisfied worker develops their work with greater commitment and professional motivation.

REFERENCES

1. Sposito G, MD'Elboux D, Cintra FA, Neri AL, Guariento ME, Sousa MLR. Relações entre o bem-estar subjetivo e a funcionalidade em idosos em seguimento ambulatorial. Rev bras fisioter [Internet]. 2010 [cited 2016 Aug 14];14(1):81-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-35552010000100013
2. Couto PR, Paschoal T. Relação entre ações de qualidade de vida no trabalho e bem-estar laboral. Psicol Argum [Internet]. 2012 [cited 2016 Aug 14];30(70):585-93. Available from: <http://www2.pucpr.br/reol/index.php/PA?dd1=6145&dd99=view>
3. Chiuzi RM, Siqueira MMM, Martins MCF. As dimensões da organização positiva e seus impactos sobre o bem-estar dos trabalhadores. Mudanças [Internet]. 2012 [cited 2016 Aug 14];20(1-2):31-40. Available from: <https://www.metodista.br/revistas/revistas/index.php/MUD/article/view/3244/3292>
4. Araújo TM, Sena IP, Viana MA, Araújo EM. Mal-estar docente: avaliação de condições de trabalho e saúde em uma instituição de ensino superior. Rev baiana saúde pública [Internet]. 2005 [cited 2016 Aug 14];29(1):6-21. Available from: http://inseer.ibict.br/rbsp/index.php/rbsp/article/viewFile/108/pdf_528
5. Teixeira LN, Rodrigues AL, Silva FM, Silveira RCP. As possíveis alterações no estilo de vida e saúde de professores. Rev Enferm Cent-Oeste Min [Internet]. 2015 [cited 2016 Aug 14];5(2):1669-1683. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/876/869>
6. McDowell I, Newell C. Measuring health: a guide to rating scales and questionnaires, 2 ed, Nova Iorque: Oxford university Press; 1996.
7. WHO. Process of translation and adaptation of instruments. [cited 2013 sept 13]. Available from: http://www.who.int/substance_abuse/research_tools/translation/en/.
8. WHO-5. Psychiatric Research Unit, WHO Collaborating Center for Mental Health, Frederiksberg General Hospital, DK-3400 Hillerød, s/d.
9. Fernandes MH, Rocha VM, Roncalli COAG. Fatores Associados à Prevalência de Sintomas Osteomusculares em Professores. Rev salud pública [Internet]. 2009 Apr [cited 2016 Aug 14]; 11(2):256-67. Available from: http://www.scielo.org/scielo.php?script=sci_arttext&pid=S012400642009000200010&lng=en
10. Tavares JP, Beck CLC, Magnago TSBS, Zanini RR, Lautert L. Distúrbios psíquicos menores em enfermeiros docentes de universidades. Rev Latinoam Enferm (Online) [Internet]. 2012 Feb [cited 2016 Aug 14];20(1):175-182. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010411692012000100023&lng=en
11. Santos MN, Marques AC. Condições de saúde, estilo de vida e características de

trabalho de professores de uma cidade do sul do Brasil. Ciênc saúde coletiva [Internet]. 2013 Mar [cited 2016 Aug 14];18(3):837-46. Available from: http://www.scielo.br/scielo.php?script=sci_ar_ttext&pid=S141381232013000300029&lng=en

12. Fernandes JC, Portela LF, Rotenberg L, Griep RH. Jornada de trabalho e comportamentos de saúde entre enfermeiros de hospitais públicos. Rev Latinoam Enferm (Online) [Internet]. Sept-Oct 2013 [cited 2016 Aug 14];21(5):[08 screens]. Available from: http://www.scielo.br/pdf/rlae/v21n5/pt_0104-1169-rlae-21-05-1104.pdf

13. Oliveira JM, Santos PF, Feliciano RG, Assis MM, Cortez AE, Valente GSC. Riscos e doenças ocupacionais do docente universitário de enfermagem: implicações na saúde do trabalhador. Rev pesq: cuid fundam online [Internet] 2013 [cited 2016 Aug 14];5(1):3267-75. Available from: http://www.seer.unirio.br/index.php/cuidad_ofundamental/article/view/1903/pdf_684

14. Borsoi ICF. Trabalho e produtividade: saúde e modo de vida de docentes de instituições públicas de Ensino Superior. Cad Psicol Soc Trab [Internet] 2012 [cited 2016 Aug 14]; 15(1):81-100. Available from: <http://www.revistas.usp.br/cpst/article/view/49623>

15. Pan B, Shen X, Liu L, Yang Y, Wang L. Factors Associated with Job Satisfaction among University Teachers in Northeastern Region of China: A Cross-Sectional Study. Cooper CL, ed. Int j environ res public health (Online) [Internet] 2015 [cited 2016 Aug 14];12(10):12761-75. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4626998/>

16. Oliveira MGM, Cardoso CL. Stress e trabalho docente na área de saúde. Estud psicol (Campinas) [Internet] 2011 [cited 2016 Aug 14];28(2):135-41. Available from: <http://www.scielo.br/pdf/estpsi/v28n2/01.pdf>

17. Alves PC, Neves VF, Coleta MFD, Oliveira ÁF. Avaliação do bem-estar no trabalho entre profissionais de enfermagem de um hospital universitário. Rev Latinoam Enfermagem (Online) [Internet]. 2012 [cited 2016 Aug 14];20(4):701-9. Available from: http://www.scielo.br/scielo.php?script=sci_ar_ttext&pid=S0104-11692012000400010&lng=en

18. Caran VCS, Freitas FCT, Alves LM, Pedrão LJ, Robazzi MLCC. Riscos ocupacionais, psicossociais e sua repercussão na saúde de docentes universitários. Rev Enferm UERJ [Internet] 2011. [cited 2016 Aug 14];

19(2):255-61. Available from: <http://www.facenf.uerj.br/v19n2/v19n2a14.pdf>

19. Carvalho SM, Paes GO, Leite JL. Trabalho, educação e saúde na perspectiva das concepções de enfermeiros em atividade docente. Trab educ saúde [Internet]. 2010. [cited 2016 Aug 14]; 8 (1):123-136. Available from:

http://www.scielo.br/scielo.php?script=sci_ar_ttext&pid=S198177462010000100007&lng=en&nrm=iso

20. Seibt R, Spitzer S, Druschke D, Scheuch K, Hinz A. Predictors of mental health in female teachers. Int J Occup Med Environ Health. [Internet] 2013 [cited 2016 Aug 14];26(6):856-69. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/24464565>

21. Tang JJ, Leka S, MacLennan S. The psychosocial work environment and mental health of teachers: a comparative study between the United Kingdom and Hong Kong. Int Arch Occup Environ Health. [Internet] 2013 [cited 2016 Aug 14];86:657-66. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22836937>

22. Silveira RCP, Robazzi MLCC. Articulation in teaching-service within the Sistema Único de Saúde and the implications for nursing. J Nurs UFPE on line [Internet] 2012 Apr [cited 2016 Aug 15];6(4):947-55. Available from: <http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/viewArticle/2554>

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