

Teachers readapted in public schools: illness and prospects for returning to the classroom



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Abstract

This article aims to characterize public basic education teachers in Recife and other municipalities in the metropolitan region undergoing functional readaptation, indicating the pathologies that most affect them, as well as their prospects for returning to the classroom. The research is based on studies on illness and teacher malaise. We carried out a survey of 31 professionals, who responded to a mixed questionnaire. The responses were organized and analyzed with the support of Atlas.ti software. The results revealed that teacher illness is a reality and implies functional readaptation. The pathologies that keep teachers away from the classroom the most are emotional. Most of these professionals do not expect to return to the classroom due to their limited health conditions linked to the process of professional devaluation. The findings suggest that the quality of teaching work requires investments in working conditions, recognition and appreciation.

Keywords

readaptation; teachers; illness.

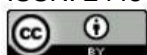
Professores readaptados em escolas públicas: adoecimento e perspectivas de retorno à sala de aula

Resumo

Este artigo tem como objetivo caracterizar os professores de educação básica pública de Recife e outros municípios da região metropolitana em readaptação funcional, indicando as patologias que mais os acometem, bem como suas perspectivas de retorno à sala de aula. A pesquisa se ampara em estudos sobre adoecimento e mal-estar docente. Realizou-se um levantamento junto a 31 profissionais, que responderam a um questionário misto. As respostas foram organizadas e analisadas com o suporte do *software* Atlas.ti. Os resultados revelaram que o adoecimento docente é uma realidade e implica readaptação funcional. As patologias que mais afastam os docentes da sala de aula são de ordem emocional. A maior parte desses profissionais não tem expectativa de retorno à sala de aula devido às suas condições limitadas de saúde articuladas ao processo de desvalorização profissional. Os achados sugerem que a qualidade do trabalho docente exige investimentos em condições laborais, reconhecimento e valorização.

Palavras-chave

readaptação; professores; adoecimento.



Docentes readaptados en escuelas públicas: enfermedad y perspectivas de regreso a las aulas

Resumen

Este artículo tiene como objetivo caracterizar a los docentes de educación básica pública de Recife y otros municipios de la región metropolitana en proceso de readaptación funcional, indicando las patologías que más los afectan, así como sus perspectivas de regreso a las aulas. La investigación se basa en estudios sobre la enfermedad y el malestar docente. Se realizó una encuesta a 31 profesionales, que respondieron a un cuestionario mixto. Las respuestas fueron organizadas y analizadas con el apoyo del software Atlas.ti. Los resultados revelaron que la enfermedad docente es una realidad e implica una readaptación funcional. Las patologías que más alejan a los docentes de las aulas son las emocionales. La mayoría de estos profesionales no esperan regresar a las aulas debido a sus limitadas condiciones de salud vinculadas al proceso de devaluación profesional. Los hallazgos sugieren que la calidad del trabajo docente requiere inversiones en condiciones de trabajo, reconocimiento y apreciación.

Palabras clave

readaptación; maestros; enfermedad.

1 Introduction

The new configurations at the school revealed that the phenomenon of malaise has been affecting men and women in a wide range of professions, including teaching. The malaise has been connected to a decline in physical and mental well-being in the workplace, which can manifest as illness and, in some instances, as a decision by teachers to readapt and leave the classroom.

The objective of this article is to present the findings of a broader research project (Santos, 2024) on the characteristics of public basic education teachers who work in municipal and state schools in Recife and other municipalities in the metropolitan region undergoing functional readaptation. The aim is to identify the pathologies that most affect them and to assess their prospects for returning to the classroom. The motivation to pursue further research on the subject matter of this text is consistent with the authors' professional background and training with over a decade working in the field of education.

The dialogues held in school spaces permit an intimate examination of the challenges inherent to the teaching profession. These challenges include the prevalence of colleagues absent from the classroom due to health reasons, difficulties in relationships with the management team, and the phenomenon of readapted teachers, even those who have not yet fully recovered, returning to work to maintain their

institutional ties, among others. The prevalence of these episodes in our collective experience, coupled with the scarcity of initiatives or services that can provide sustained assistance to educators undergoing illness, gives rise to concern and motivates action.

Regarding to the subject of illness, a study¹ conducted by the World Health Organization (WHO) and the World Bank revealed a 50% increase in the number of individuals diagnosed with depression or anxiety between 1990 and 2013. Another study on teacher health was conducted by the Associação Nova Escola (Teixeira, 2018) in 2018, involving over five thousand educators in Brazil. The findings revealed that anxiety, stress, headaches, and insomnia are among the most prevalent issues affecting teachers. The survey results indicated that 66% of the teachers surveyed had already taken time off from work due to health reasons and that 87% of participants believed that their health problem was associated with or intensified by their work.

In line with our findings, which are based on our experience with teaching, we present evidence from surveys conducted in various regions of Brazil indicating an increase in absences from teaching work due to health issues, further expanding our concerns.

As reported by the Secretaria da Fazenda e Planejamento de São Paulo (Paixão, 2019), in 2018, 53,276 teachers were dismissed due to mental and behavioral disorders. By August 2019, the number of teachers on leave had risen to 27,172. The Secretaria de Planejamento e Gestão (Seplag) of Cuiabá (Pereira, 2020) indicates a gradual increase in the number of teacher dismissals. The statistical data revealed an increase in the leaves of absence from 2,478 in 2017 to 2,744 in 2019. The data indicated that the prevalence of leaves of absence was higher among teachers aged 41 to 50 years old, with mental disorders identified as the primary contributing factor. In the state of Mato Grosso do Sul (Aquino, 2019), in 2019, according to data from the Municipal Pension Institute of Campo Grande, 1,914 teachers applied for a license between January and September. This equates to an average of 212 teachers absent from the classroom per month.

¹ The study also analyzed the cost of providing treatment to patients in 36 countries, including both developed and developing countries, between 2016 and 2020. This analysis aimed to determine the financial implications of ensuring access to psychotherapy and medication for depression on a global scale. The research estimates that the total cost to the global economy will be approximately US\$1 trillion. Available in: <https://news.un.org/pt/story/2016/04/1547361-depressao-e-ansiedade-custam-por-ano-us-1-trilhao-economia-global>. Accessed on: 2 Aug. 2021.

A survey conducted with the Ouvidoria Geral's Office² on the absence of teachers from public schools in Pernambuco due to illness revealed that a total of 21,233 licenses were granted in the period from January 19, 2017 to November 5, 2020³. These data prompted us to search for studies and research that addressed the issue of teacher illness in the state of Pernambuco. With this in mind, we located the studies by Mendes (2015) and Oliveira and Vieira (2014).

In collaboration with the Sindicato de Trabalhadores do Estado de Pernambuco (Sintepe) and the Grupo de Estudos sobre Políticas Educacionais e Trabalho Docente (Gestrado/UFMG), Oliveira and Vieira (2014) conducted a research study entitled "Trabalho na educação básica em Pernambuco". In this study, the authors wrote a chapter on the favorable conditions and obstacles to health promotion among workers in public education networks in the state of Pernambuco.

In that text, health problems could be specified based on data on licenses, diagnoses, and frequent symptoms. The most frequent leaves of absence were for surgery (23%), maternity leave (17%), and problems related to depression, anxiety, and nervousness (13%). In a smaller number of cases, absences were attributed to a variety of factors, including problems related to the voice (9%), musculoskeletal diseases (8%), stress (7%), accidents (6%), and infectious diseases (6%).

The research conducted by Mendes (2015) aimed to identify the characteristics of burnout syndrome in teachers who are nearing the end of their careers in elementary education within the Recife-PE Municipal Education System. The study also sought to examine the interrelationship between burnout and the precarious nature of teaching work. The findings indicated a high prevalence of the syndrome among teachers in this educational system, also accompanied by indications of stress. Additionally, the author observed that institutional assessments contribute to the perception of professional failure, which, in turn, increases the incidence of teacher illness. In schools, the processes and requirements demanded by evaluation systems have been causing distress and, as a consequence, the dehumanization of teachers.

² The data was obtained through access to the Lei Estadual de Acesso à Informação No. 14,804/2012 and Decree No. 38,787/2012, which granted access to the Portal da Transparência. This portal was utilized to obtain the aforementioned data, which was subsequently forwarded by the Unidades de Perícias Médicas of the state of Pernambuco.

³ The 2020 Census revealed that 86,285 teachers were registered in basic education in the state of Pernambuco.

Another phenomenon that attracted the attention of scholars and the general public alike was the global situation, which was profoundly affected by the Coronavirus (Covid-19) pandemic. This situation had a significant impact on educational systems. During this period, restrictive security measures were implemented, which, in addition to promoting the closure of schools, led to the halt of in-person teaching activities at all levels, with remote learning becoming the norm.

This teaching format necessitated a reorganization of the teaching process, resulting in teachers being compelled to rethink their pedagogical approaches and interactions with students and colleagues. Undoubtedly, this novel work environment contributed to the exacerbation of pre-existing teacher burnout, potentially increasing the risk of occupational illness among educators.

Concerning the impact of remote work during the pandemic on teachers' mental health, the findings of the extension action by Coelho et al. (2021) indicate the presence of symptoms associated with mental disorders, including anxiety, depression, and stress. However, the researchers also observed that their work was met with recognition, whether from families, students, or society at large, which served as a significant motivator to persevere in their profession despite the numerous challenges they faced.

In their 2020 study, Gonçalves and Guimarães applied an online questionnaire to teachers across the country. Their findings revealed that the pandemic led to significant changes in the nature of teaching work, which in turn introduced new risks of physical and psychological distress associated with prolonged periods of sedentary activity and extended use of computers.

In a study on the impact of the pandemic on teaching work, Araújo and Yannoulas (2021) conclude that female teachers were the most affected by the crisis. The authors posit that the increase in work overload, atypical working hours, acceleration in the performance of activities, invasion of the private dimension of life, and lack of material conditions greatly affected teaching production, with the main target being female teachers, who had their working hours multiplied.

In light of those considerations, this article, the outcome of a more comprehensive investigation, endeavors to delineate the characteristics of public basic education teachers in Pernambuco undergoing functional readaptation. It also identifies

the pathologies that are most prevalent among them and presents an analysis of their prospects for returning to the classroom.

2 Methodology

To achieve the objective proposed, a research design was developed in the form of a questionnaire. This study employed a mixed questionnaire as a data collection technique, which was deemed an appropriate exploratory approach. As outlined by Gil (1999, p. 128), the questionnaire is a technique comprising a relatively high number of questions presented in writing to respondents with the objective of eliciting opinions, beliefs, feelings, interests, expectations, and experiences.

The objective of the questionnaire was to gain a deeper understanding of the primary and secondary factors that configure the teacher malaise. Consequently, the questionnaire was divided into two sections. The initial set contained sociodemographic questions, whereas the subsequent set sought to ascertain the primary health concerns that have caused the teacher to leave the classroom and their expectations⁴ to return to work following the period of absence.

In December 2021, we initiated our investigation into the field, which had previously been conducted remotely due to the pandemic. Upon our arrival at the school, we introduced ourselves to the administrative staff and asked whether any teachers were absent from the classroom or had been readapted due to illness.

A total of 31 teachers readapted who had previously worked in early childhood education, in the initial and final years of elementary school, and in high school in state and municipal schools⁵ located in Recife and other municipalities in the metropolitan region were selected. The selection of these subjects was based on the following criteria: teachers who worked in the different stages of basic education and who were in readaptation. In addition, the professional must demonstrate a willingness to respond to inquiries regarding their temporary or definitive removal from the teaching profession.

⁴ A Likert scale was used to assess teachers' expectations (option from 0 to 10) regarding their return to work. This enabled them to position themselves and justify their position.

⁵ In state schools, enrollment offers are to the final years of primary and secondary education. Municipal schools, on the other hand, offer early childhood education and the initial years of primary education.

The requisite criteria were met through a positive response to participation, resulting in the identification of a group of 31 readapted teachers. The participants worked in various stages of basic education, including early childhood education, the initial and final years of elementary education, and secondary education. They were teachers at different stages of their careers, teaching students of varying ages, levels, and areas of training. In compliance with ethical precepts, all participants signed a free and informed consent form.

Of the 31 professionals who responded to the questionnaire, 29 were female teachers and two were public basic education teachers from different municipalities in Pernambuco (Recife, Jaboatão, Olinda, Camaragibe, and Ipojuca). These two teachers were away from the classroom due to illness. The involvement of teachers from various municipalities within the metropolitan region was due to the low participation of these professionals exclusively in the city of Recife. Due to their illness, there were many refusals to participate.

The average age of the teachers is 48 years old. Concerning the level of academic training, 27 teachers have completed a lato sensu specialization course (87%), two have completed a master's-level course (6.5%), and two have completed an undergraduate-level course (6.5%).

Considering that commuting to work can be a significant source of stress and anxiety for some professionals due to the lengthy journeys and congested traffic in Recife and the metropolitan region of Pernambuco, we need to understand the neighborhoods and cities in which teachers reside, the places where they work, and the most commonly used means of transportation for commuting. According to the responses, 16 teachers live in municipalities other than the one in which they work; 15 live and work in the same municipality, with four teachers living in one municipality and working in two different municipal education systems⁶.

The transportation utilized by educators varies. Among the participants, 11 teachers reported using a car, 17 indicated the use of more than one public transportation mode (bus/subway), and only three stated that they do not utilize transportation to reach their place of work, as they reside near their workplace.

⁶ In the metropolitan region of Recife, it is possible for a teacher to reside in one municipality within this urban complex and to be employed in two different municipalities in the city in which they reside. For instance, we identified teachers who resided in Recife and were employed in Camaragibe and Olinda.

As for the length of professional practice, the largest percentage of teachers (51.6%) have been in the field for over 20 years. Nine teachers (29.0%) have been teaching for up to 30 years, while three teachers have been in the profession for less than 10 years. Additionally, three participants (9.7%) have been teaching for over 30 years.

Of the participants, 16 work in the initial years of elementary school (51.6%), three work in high school (9.7%), six teach in early childhood education (19.3%) and six in the final years of elementary school (19.3%). The vast majority reinforce the need to take on more than one job, as this way they can maintain the supply of their basic needs and those of their families.

The responses to the questionnaire items were analyzed using the Atlas.ti software. As stated by Silva Junior and Leão (2018), the program is an effective tool for researchers who utilize content analysis. The software is capable of analyzing a wide range of textual data, including articles, interviews, questionnaires, photographs, music, films, maps, and other forms of media.

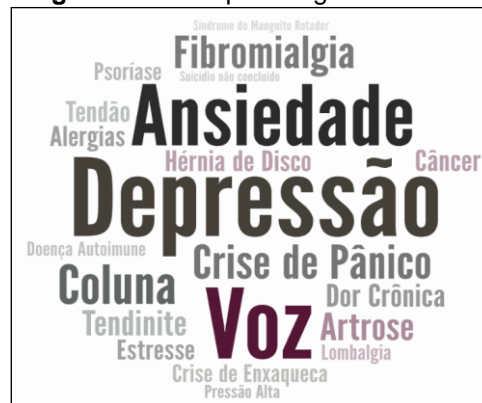
3 Results and discussion

The answers given by the participants were organized into two categories, namely: “Main pathologies that affect teachers” and “Expectations of returning to the classroom”.

3.1 *Main pathologies that affect teachers*

The responses of the participants regarding the pathologies that affect them (Figure 1) were classified into three broad categories: psychological problems, voice-related problems, and musculoskeletal problems. Additionally, three teachers were identified who reported a single pathological condition (cancer, autoimmune disease, or psoriasis). Twenty-eight teachers were found to have multiple pathological conditions.

Figure 1 – Main pathologies indicated



Source: Authors' own (2024).

In the previous figure, the words "depression," "anxiety," and "panic" were highlighted. These words appear in the teachers' responses and can be linked to psychological issues. In addition to the aforementioned conditions, other pathologies affect the physical health of teachers. These include problems related to the voice, such as allergies, cracks or calluses on the vocal cords, and musculoskeletal problems, including fibromyalgia, herniated discs, tendonitis, migraine, and others.

Regarding psychological problems, it is worth mentioning that, according to the Pan American Health Organization (PAHO, 2018, p. 2), "[...] depression is the result of a complex interaction of social, psychological and biological factors". Thus, it presents characteristics such as: "[...] sadness, loss of interest, lack of pleasure, oscillations between feelings of guilt and low self-esteem, in addition to sleep or appetite disorders" and "[...] feeling of tiredness and lack of concentration" (WHO, 2002).

As illustrated in Figure 1, the most prevalent pathology among the studied group was depression (15), followed by anxiety (11) and panic attacks (5). Our findings indicate that such issues may co-occur, with depression sometimes accompanied by anxiety and at other times by a panic attack. As the majority of the group consisted of women, it was possible to identify 13 female teachers and two male teachers in the group who exhibited symptoms of depression.

Stress is one of the most common problems faced by human beings. It can be "[...] characterized by a state of tension, causing an intense imbalance in the body, which can trigger several serious illnesses" (Lipp, 2001, p. 131). Anxiety disorders are understood to result from a "dysregulation" of the psychic mechanisms responsible for

identifying vulnerable states to potentially dangerous situations (Ferreira-Costa; Pedro-Silva, 2018, p. 359).

In the participants' responses, these disorders seem to be associated with stress due to work. Some of them experience a mix of panic and anxiety. Teacher P30's⁷ statement is enlightening when she refers to her indisposition for work and life: “[...] *I feel disabled, very depressed and unhappy [...] I have thoughts of ending everything, disappearing, walking away and never coming back.*” Other participants revealed problems that relate to the classroom.

As stated by Gasparini, Barreto, and Assunção (2005), when considering the working conditions of teachers, the efforts undertaken by educators to utilize their physical, cognitive, and affective capabilities in training individuals can result in significant stress and, subsequently, depression.

In his 2017 work, the Korean philosopher Han identifies a phenomenon he terms the "burnout society." He argues that the hyperactive performance culture that pervades modern society is a significant contributor to the prevalence of fatigue among individuals. This logic generates psychological distress, which, being related to professional performance, ultimately affects the individual's life. Additionally, Burnout Syndrome, which is a precursor to depression, can be viewed as a logical and pathological consequence of self-exploitation in the workplace. This phenomenon provides a clear illustration of this dynamic.

Participant P25 relates his health problem to work when he states: “*I feel nervous when I enter the classroom*”. While teacher P10 reports that, when he starts thinking about going to class, the anxiety is so much that “It makes me want to cry, run”.

For five teachers, because they feel prevented from carrying out their activities due to physical problems that affect their mobility, they experience feelings of limitation and frustration that end up triggering psychological issues. In this regard, Mendes (2007, p. 96) states that, “[...] in the context of a desolate environment that constrains their autonomy and impairs their creativity, the teacher also experiences one of the most profound forms of human suffering, psychological distress.”.

The case of teacher P4, the youngest in the group, aged 37. The teacher, in statements made during the administration of the questionnaire, disclosed a significant

⁷ Abbreviation used to refer to participants.

incident related to her ongoing illness. As reported, she developed panic syndrome and a generalized anxiety attack, illnesses that, linked to other personal difficulties, culminated in a suicide attempt (an episode in which she cut her wrists), fortunately, unsuccessful. To this day, teacher P4 has remained under constant psychiatric and therapeutic monitoring. One factor that she was eager to emphasize was that, as a consequence of her absence and leave, she felt isolated and, at times, subjected to judgment by her colleagues and school administrators. The teacher acknowledged that she felt culpable for her inability to respond effectively to the challenges she was facing.

In a study on depression among teachers from the municipal education system in Feira de Santana, Bahia, Lima and Leite (2017) highlight the unhealthy physical workspaces and stress as the primary justifications for diagnosing depression. Regarding depression, the authors state that:

Mood disorders represent one of the earliest forms of mental illness and, in some cases, facilitate early diagnosis. Among the most common signs and symptoms are sadness, lack of pleasure, pessimism, hopelessness, anguish, excessive fear, indecision, social isolation, inactivity, suicidal thoughts, low self-esteem, frequent crying, anxiety, indecision, excessive tiredness, drowsiness, insomnia, hormonal changes, low immunity, physical pain without a justifiable medical finding, difficulty concentrating even on the simplest and most routine tasks and changes in memory (Lima; Leite, 2017, p. 10591).

In addition to illustrating the principal symptoms that affect teachers with depression, the authors underscore the necessity of viewing health and well-being beyond disease prevention. This perspective enables individuals to perceive themselves as integral to the care process, both for themselves and for others. Such efforts can also help to reduce the impact of teacher absences due to illness.

In their investigation and description of the illness profile of teachers, Gontijo, Silva, and Inocente (2013) found that these teachers exhibited similar profiles regardless of the region under study. The study revealed that illness is a significant concern for teachers across the country, regardless of their level of education. Consequently, they identified the following factors as contributors to the illness: age, workload, number of students (the greater the number, the lower the achievement and the greater the disenchantment with work), shift in which they work, school violence, interpersonal relationships established with parents and students, and general conditions of work organization.

We identified a higher incidence of teachers suffering from psychological disorders and a high prevalence of mental illnesses in teachers. This result confirms the findings in the literature, mainly the studies by Baldaçara et al. (2015), Ferreira-Costa and Pedro-Silva (2018) and Gasparini, Barreto and Assunção (2005).

We investigated whether there would be a greater propensity for psychological problems among female teachers and found, based on the study by Justo and Calil (2006, p. 74), that, when describing epidemiological, biological, social, and psychological aspects associated with gender differences in depression, the predominance of depression in women was confirmed, with a prevalence of 72% of cases.

In the second group of pathologies, we listed physical diseases related to the voice and musculoskeletal.

Regarding voice problems, the responses of seven participants indicated the presence of nodules or calluses on the vocal folds and hoarseness in six female teachers and one male teacher. Two teachers (P25 and P27) additionally indicated that, in conjunction with symptoms of hoarseness, vocal changes, and fatigue, they experience bouts of depression and anxiety. Studies such as those by Medeiros and Vieira (2019) and Valente, Botelho, and Silva (2015) reveal that difficulties in vocal use are highly prevalent in teachers when compared to other occupational groups and that the problem is associated with the environment and organization from work.

Our findings indicate that work-related dysphonia, hoarseness, or difficulty in voice production may also be associated with symptoms of mental distress due to the demands experienced as a result of work organization. This is consistent with the result also present in the study by Hermes and Bastos (2015).

The other group of pathologies mentioned by the participants is musculoskeletal diseases, such as: fibromyalgia, chronic pain (lumbar or cervical), pain in the spine, pelvis and knee, tendonitis, disc herniation, rotator cuff syndrome⁸, osteoarthritis, rupture of the tendon, considered as diseases of the musculoskeletal tract.

The issues were identified in the responses of ten teachers, aged between 41 and 57 years old. The responses indicate that prolonged periods of seating, inadequate seating conditions, prolonged periods of standing, the weight carried in bags, folders, books, and

⁸ Rotator cuff syndrome is a type of injury that affects the structures of the shoulder, resulting in pain, swelling, and difficulty in performing everyday tasks.

activities, and the use of technological resources (phones, notebooks, etc.) may be contributing to musculoskeletal discomfort. These factors may be intensifying discomfort during the pandemic.

Teacher P29 reported that she has an autoimmune disease and that, as a consequence, her mobility was compromised, which requires her to undergo physical therapy regularly. The illness and treatment made it difficult for her to work in the classroom, which led her to work in the library after definitive readaptation.

Concerning musculoskeletal disorders in relation to teacher's work, studies such as those by Ceballos and Santos (2015) and Ferreira et al. (2015) indicate that the symptoms result from the performance of excessive repetitive movements without a period for muscle relaxation. The authors emphasize that the most frequently affected regions are the spine (cervical, dorsal, and lumbar), upper back, neck, and upper limbs (shoulders, wrists/hands/fingers), and lower limbs (ankles and/or feet).

When examining the relationship between these issues and the working environment, it was found that eight participants reported working in more than one school. Teachers P8, P12, P17, P19, P22, and P24 have resorted to doubling and even tripling their working days as a means of survival for many teachers.

According to the participants, work overload causes exhaustion of the body and mind, as commuting between school units requires time spent in traffic, which interferes, for example, with the time that would be dedicated to meals, rest between one shift and another, to planning and organizing work. Anyway, as teacher P24 states: "Weekends meant fainting from exhaustion. I didn't have time for anything else!"

3.2 Expectations for returning to the classroom

To find out about the expectations of teachers on leave regarding their return to the classroom, we presented a scale from 0 to 10, so that 0 would indicate no desire to return, and 10 would indicate a great expectation of returning to that space. After marking the option on the scale, participants had to justify their answers.

Of the 31 participants, nine showed fluctuations or contradictions in their answers, and 22 registered option 0 on the scale presented, revealing that they had no intention of returning to the classroom.

Among the participants who exhibited fluctuations in their responses, four teachers selected option 6 on the scale, which indicates a moderate expectation of return. However, they justified their decision not to return to the classroom by citing the following reasons: “[...] *to avoid worsening my depression*” (P23); “[...] *I don't see myself in the classroom anymore*” (P6); “[...] *even when faced with the impossibility of returning to the room, I would return if I could today*” (P14).

Two justifications ranged from the intention to return, the lack of work, and, at the same time, the clear impediment to carrying out activities in the classroom, due to the health condition. Participant P7, for example, noted that she misses the classroom and recognized that her health situation prevented her from returning: “[...] *I really miss the classroom, but unfortunately I am unable to return*”. This teacher registered a 3 on the scale.

Another teacher, P8, who scored 4 on the scale, elucidated that she was required to work three shifts and highlighted how the intensification of her teaching had an adverse impact on her health: “[...] *I am no longer able to remain on duty for three shifts due to my vocal cords*”.

According to the result, we indicate that only three teachers (P1, P12, and P17) revealed some desire to return to the classroom. Two teachers explained that they missed the classroom, however, they highlighted that their health condition prevented them from returning to activities. Participant P1, who scored 10 on the scale, explained: “[...] *I really want to return, but only with the strength of God. I have faith that I will be able to do it*”, and teacher P12, who scored 9 on the scale, put it this way: “*I want to feel useful again, even though I know I can't go back*”. Teacher P17, who scored 8 on the scale and was on leave due to tendinitis and depression, revealed, in her justification, a positive feeling towards the possibility of returning to the classroom, when she stated: “*I have hope in education and that I continue an effective tool for change*”.

The analysis of these responses indicates that these three participants may be employing coping strategies to manage situations that cause them discomfort and illness. Despite the adversities they face, they demonstrate resilience and a desire to remain in the teaching profession. For example, participant P24, who marked option 0 in the expectation of returning to the classroom option, despite a justification that shows her

apparent interest in teaching, acknowledged that she was unable to return to the classroom, that she did not see the point in returning to teaching, by stating:

[...] I love teaching, I get along really well with my students, but when you are faced with the number of classes you have to take on, each with 35 to 40 students, look! And there's still that damn thing about the 'online evil', where we have to feed this number of students per class. I was unable to breathe! [...] Weekends meant fainting from exhaustion. I didn't have time for anything else! But if I could, I would go back to teaching (P24).

From the answer, we deduced that, as much as she felt satisfaction in teaching and establishing a good relationship with her students, teacher P24 demonstrated that she felt the consequences of the process of intensifying her teaching work, of no longer having health or ability to work, including by highlighting that she took on more than six classes in three alternating shifts.

Of the participants, 22 scored 0 on the expectation scale for returning to the classroom. We highlight some responses: "I can't see myself going back to the classroom, because I immediately want to cry and run out of the room" (P10); *"[...] I can't go back to teaching, I feel insecure and anxious"* (P18); *"I no longer have the physical conditions to return"* (P5).

Despite undergoing a temporary readaptation process, these teachers exhibited signs of insecurity, indicating a lack of confidence and willingness to resume their roles in the classroom. This environment, which has been identified as a potential source of distress and illness, ultimately prevented them from experiencing anticipation for their return to their professional duties.

A group, made up of nine female teachers, explained that they were permanently readapted. Here are some statements: *"No desire to return. I am permanently readapted"* (P21); *"I am already in the process of definitely readapting"* (P13); *"Zero, because I am undergoing permanent readaptation, so there is no plan for me to return to the classroom"* (P11). This group, based on the right they obtained to definitive readaptation, declared that they had no expectations of returning.

According to the research we had access to, given the factors that cause discomfort and illness (Brand, 2013; Domingues, 2018; Pezzuol, 2008), functional readaptation is indicated as one of the consequences of this process. We note that these studies do not address the expectation of returning to the classroom.

In his study, Domingues (2018) examines the meanings attributed by teachers to their professional condition and the implications of these meanings for their health and well-being. The results showed that facing the process of becoming and remaining a readapted teacher constitutes a process that generates suffering, especially due to the experience of invisibility described by the participants.

In a study conducted in the city of Toledo, Paraná, Brand (2013) investigated the factors that contribute to the illness and readaptation of teachers undergoing readaptation. The findings indicated that conflictual work relationships, the distress, and discomfort caused by illnesses resulting from prolonged professional activity, and other factors can act as triggers for readaptation.

Pezzuol (2008) conducted a study in collaboration with teachers who had been readapted to work in public schools in the state of São Paulo. The objective of the study was to examine the readaptation process in greater detail. The author proposes that how the readaptation process is conducted can result in the emergence of new sources of distress, due to the exclusion and anguish experienced by those undergoing readaptation. This, in turn, can turn into a disruption in the teaching professional identity and a reduction in self-esteem.

4 Final considerations

the public system of Pernambuco undergoing functional readaptation. This entailed identifying the pathologies that most affect them and examining their prospects for returning to the classroom.

Regarding the pathologies that most affect teachers, the results showed diseases of the psychological, vocal and musculoskeletal tract. Depression and anxiety were the most common, followed by nodules and cracks in the vocal cords and hoarseness. Concerning musculoskeletal problems, the following were mentioned: fibromyalgia, chronic pain (lumbar or cervical, spine, pelvis, and knee), tendinitis, herniated disc, and autoimmune diseases. The findings of the research presented here confirm what is known in the literature on the subject, especially about the pathologies that most affect teachers. The fact that caught our attention was that Burnout Syndrome was not mentioned by the teachers, which we admit is still a subject little known to the group.

The results confirm that, when experiencing the process of malaise at work, teachers become destabilized and experience a loss of meaning in the personal and professional areas, causing illness. Furthermore, teachers must remain absent from the classroom when they become ill and undergo readaptation. The majority of these professionals justify their lack of expectations regarding their return to the classroom based on their limited health conditions, which are perceived to be linked to the process of professional (de)valuation.

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