

Teacher malaise, suffering and sickness: from narratives of teacher work and culture to teaching as a profession¹

Mal-estar, sofrimento e adoecimento do professor: de narrativas do trabalho e da cultura docente à docência como profissão

Regina Zanella Penteadó^a

 <https://orcid.org/0000-0002-2357-9380>

E-mail: rzpenteadó@uol.com.br

Samuel de Souza Neto^a

 <https://orcid.org/0000-0002-8991-7039>

E-mail: samuel.souza.neto@gmail.com

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^aUniversidade Estadual Paulista Júlio de Mesquita Filho. Instituto de Biociências. Departamento de Educação. Rio Claro, SP, Brasil.

Abstract

This study aims to present a critical analysis of teacher malaise, suffering and sickness related to the history of the teaching work, the ways of acting in this occupation, and the culture of teaching. The methodology involved a narrative literature review of 12 selected publications to identify the main aspects attributed to epidemiological issues, naturalization of the problem in teaching, public policies, teaching work organization and professional identity. The discussion seeks to highlight the forms of visibility and invisibility of this issue in the social and educational scenario in Brazil, with a focus on teacher work and training and the culture of teaching based on insights of Maurice Tardif regarding the ‘ages of teaching’. This study shows how teacher malaise, suffering and sickness can express collective narratives of teachers characterized by vocation and professional socialization through feminization – and how social, historical and cultural dimensions of teaching work can affect the collective ways to perceive and take care of the body and health, and cause sickness. Finally, it highlights the challenge to consider body/health/well-being in the culture of teaching as elements that support professional development and the professionalization of teaching profession. **Keywords:** Education; Collective Health; Teaching Work; Teacher Training; Teaching Professionalization of Teaching Profession.

Correspondence

Regina Zanella Penteadó

Av. Dois, 1.571, casa 15, Jardim Claret. Rio Claro, SP, Brasil. CEP 13503-240.

Resumo

Este trabalho tem como objetivo apresentar uma leitura crítica da problemática do mal-estar, dos sofrimentos e dos adoecimentos de professores, vinculada à história do trabalho docente, aos modos de ser/estar na ocupação e à cultura do magistério. A metodologia envolveu revisão narrativa de 12 publicações selecionadas, o que possibilitou identificar os principais aspectos atribuídos às questões: epidemiológicos, de naturalização da problemática na docência, políticas públicas, organização do trabalho docente e identidade profissional docente. A discussão busca apontar as formas de visibilidade e invisibilidade dessa problemática no cenário social e educacional brasileiro, com atenção para o trabalho, a formação de professores e a cultura do magistério mediante os aportes de Maurice Tardif a respeito das “idades do ensino”. O estudo mostra como o mal-estar, o sofrimento e o adoecimento de professores podem exprimir narrativas coletivas da docência marcada pela vocação e pela socialização profissional pela feminização - e como dimensões sociais, históricas e culturais do trabalho docente podem interferir nos modos coletivos de perceber e cuidar do corpo e da saúde e levar ao adoecimento. Por fim, aponta o desafio de se pensar corpo/saúde/bem-estar no âmbito da cultura ocupacional docente, como elementos que substanciam o desenvolvimento profissional e o projeto de profissionalização docente.

Palavras-chave: Educação; Saúde Coletiva; Trabalho Docente; Formação de Professores; Profissionalização Docente.

Introduction

In Brazil, the literature on health problems and processes of malaise, suffering and sickness of teachers shows the prevalence of mental and behavioral disorders, voice disorders and musculoskeletal and connective tissue diseases, which affect public and private teachers from all education levels and disciplines, in different moments of their career (Gasparini; Barreto; Assunção, 2005). This literature presents mainly studies in different areas that are not similar to education (psychology; work and organizational psychology; nursing; speech, language and hearing sciences; collective health; physical education; medicine; worker health/occupational health; otolaryngology; biology; engineering; ergonomics and physical therapy). In general, these studies were developed in isolation, addressing specific perspectives, focuses and sections of the areas, without interdisciplinary articulation; they analyze subjects from particular school/educational units or within a municipal or state boundary, and prioritize epidemiological data and information related to complaints/signs/symptoms, emphasizing the reality of environmental, biological, physical and organic risk factors present in schools (Penteado, 2018).

Therefore, the literature presents a gap to be eliminated by studies addressing the problem of malaise, suffering and sickness of teachers using broader and interdisciplinary perspectives that connect the field of education regarding issues of teacher training and professionalization of teaching profession.

The professionalization project of teaching profession represents a trend observed across the 20th century and consolidated in 1980, with ambiguities, distortions, limitations, tensions and challenges. On the one hand, the professionalization process helps highlight the importance of education for economic growth and ensure visibility to teacher training and the need to build a knowledge base that enables teaching to move from an occupation to profession. On the other hand, the interference of globalization, neoliberal policies and international organizations

in education reforms, the teaching work, and teacher work conditions and organization produce deterioration processes that involve an alignment between schools and companies and between school contents and the market demands in order to train workers to achieve greater efficiency, productivity and profit in a competitive society; education treated as a commodity and education reforms as public policies, acting on social regulation and structural adjustments that support the bases of the accumulation system; connection of training elements with the market logic and a flexible, multipurpose and utilitarian perspective that emphasizes experiences, continuing education, distance education and pedagogy of skills; the development of a performance culture and a regime of accountability that joins control, inspections, regulations, prescriptions, judgments, pressure for results, comparisons and samples of 'quality' and 'promotion', responsibility and accountability, and competition and comparisons between peers (Ball et al., 2013; Enguita, 1991; Maués, 2014; Oliveira, 2010; Tardif, 2013) - among other processes that intensify the work of teachers and erode their autonomy and authority, producing other forms of subjectivity in a dual process of re-professionalization and de-professionalization (Ball et al., 2013).

Besides these issues, cultural aspects are also obstacles to professionalization, including teacher malaise, teacher depreciation, proletarianization of the teaching profession, and identification of teaching with priesthood (Cária; Oliveira, 2014; Tardif, 2013). For Tardif (2013), the transition from old teaching forms (vocation and occupation) to contemporary ones (profession) takes into account cultural dimensions and teacher socialization to discuss the professionalization processes.

This study, which analyzes the health-education interface, aims to critical analysis of teacher malaise, suffering and sickness related to the history of the teaching work, the ways of acting in this occupation, and the culture of teaching. This study is guided by the following questions: how is the problem of teacher malaise, suffering and sickness presented in the literature? What are the main aspects addressed and approaches attributed

to the problem? What are the forms of visibility and invisibility of the problem? Would this problem, and the teacher's ways to perceive, handle and take care of their bodies and their health, be somehow linked with the history of the teaching work, the ways of acting in this occupation and the culture of teaching?

Methodology

A narrative literature review on teacher malaise, suffering and sickness was conducted to identify some of the main aspects/focuses attributed to the problem. This review consists of mapping, categorization and analysis of the literature, extracting new knowledge about a theme, discussion of a subject from a theoretical or contextual point of view, and the identification of focuses, gaps and perspectives for future studies. A narrative literature review does not require rigid and explicit protocols of search and selection nor involves the analysis of all sources (Vosgerau; Romanowski, 2014).

Data collection for this narrative literature review was conducted between January and March 2018, through an integrated search in the SciELO database using the following terms: teacher malaise, teacher wellbeing, teacher suffering, teacher sickness, and teacher health. This study had no restriction regarding the publication date and no preference for studies from a specific area, line and/or theoretical-conceptual approach or language. This initial search found 97 publications; then the exclusion and inclusion criteria below were applied:

- Exclusion criteria - studies involving teachers from specific locations or groups of specific characteristics (teachers from a specific school, neighborhood, municipality, region, or from a single state) were excluded, as well as studies that had no focus on teachers (studies that, although including teachers, were focused on students and their families, school employees, school lunch staff, and other agents). Studies that, even when addressing

teachers, did not refer to the scope of this study, and repeated studies, translations and abstracts were also excluded; totaling 86 excluded studies.

- Inclusion criteria - official documents and reviews about teacher's body, health, malaise, suffering and sickness were included, besides articles, book chapters, books or study reports and research addressing the study theme involving teachers from different states of Brazil, from both basic education and higher education. Eleven studies were included.

After the application of the inclusion and exclusion criteria, 11 studies were obtained. One more study, conducted by Codo (1999), was included, as it is the first exhaustive and comprehensive Brazilian study addressing the relationships between teacher sickness and social, institutional issues and work organization and management in schools.

Then, 12 studies constitute this narrative literature review.

The section below presents the results in charts. Then, the theme is discussed, initially considering the forms of visibility and invisibility through which the problem is expressed in the social and educational scenario in Brazil and, later, it addresses the relation with characterizations of the teaching work and the culture of the teaching profession, mainly based on the following insights: (1) the three 'ages of teaching' - conceptions of teaching such as vocation, occupation, and profession (Tardif, 2013); (2) teacher socialization through feminization (Lopes, 1991; Melo; Valle, 2013; Tardif, 2013); and (3) the process of teacher training and professional development (Nóvoa, 2017).

Problem of teacher malaise, suffering and sickness: results of the narrative literature review

The studies of this narrative literature review differ by type and field of publication, by study

design and methodology, and by elements each of them focuses (Chart 1).

The studies were published sparsely starting in 1999, initially with a longer interval between the first studies, reaching two publications in the same year. Exception for the study conducted by Codo (1999), health problems of teachers, such as teacher malaise, suffering and sickness, are indirectly addressed in the first studies, and started to be centrally discussed in the study conducted by Zambon and Behlau (2009).

No repeated authors or study groups were observed, which shows the theme attracts the attention and interest of different researchers across the country.

The publications, initially presented as study reports and books, became articles in scientific journals over time, confirming the increasing interest, importance and status of scientificity attributed to this theme. Among the nine journals that published the studies, most of them (six) are from education, followed by collective health (two recent publications) and physical education (one journal). More limited empirical studies focused on teachers are predominant in other areas, while studies of literature review predominate in periodicals from the area of education.

Regarding the type of study, three are epidemiological studies, most of them (nine) were review studies; the sources and the search criteria are different. Journal search was mainly conducted on the SciELO databases (Bezerra; Moreira, 2013; Pereira et al., 2009) and the Capes portal (Sanches; Gama, 2016; Silveira et al., 2014). The VHL was accessed in two studies published in collective health periodicals (Cortez et al., 2017; Santana; Neves, 2017). One specific journal from the area of education was used in the study conducted by Lüdke and Boing (2007), and Anped in only one study (Sanches; Gama, 2016). Searches exclusively in theses, dissertations, books and compilations were conducted in the study by Souza and Leite (2011). The Education Resources Information Center (Eric) database, specific for the area of education, was not used.

Chart 1 – Characterization of studies of this narrative literature review

Review		Characterization	
Author/year	Type and field	Methodology	Main elements
Codo (1999)	Book	National study: 52,000 teachers and education professionals	Among the health issues, it emphasizes mental and behavioral disorders (anxiety, stress, depression, emotional exhaustion, burnout), voice disorders and musculoskeletal and connective tissue diseases. According to the study, 48% of education professionals present a symptom of burnout, one out of four has emotional exhaustion, and the greatest dissatisfaction and lack of commitment is found in teachers within their first years of work. However, 90% of them are satisfied with their work. Aspects that deserve attention: (1) importance of social relations in the workplace, socialization, support network and social support in teaching for subjectivity and improvement in work relations and satisfaction, expansion of possibilities of adjustments and conditions to cope with conflicts and stressful situations, quality of work, and promotion of health and well-being at work; and (2) the teacher work, which is performed in environments of tension, pleasure and suffering. As a source of suffering in the teaching work, the study reports social relations and conflicts of affection/reason, between the freedom of environment control and the cruel imposition of such control (three axes producing burnout). The study also compares the teaching work and the factory work, highlighting the teacher's non-alienation in relation to work, with relative autonomy and control over the activities.
CNTE (2003)	Study report	Study with basic education teachers from several states	The study reported health problems in 30.4% of the teachers, 43.7% of surgeries and medical licenses in 22.6% of them. It also reported 83% female teachers among them.
Lüdke; Boing (2007)	Article from a journal * Education	Review: <i>Educação & Sociedade</i> journal (100 issues)	The study analyzes the complexities, enigmas, ambivalences and contradictions of the teaching profession. The issue of teacher malaise is indirectly and quickly mentioned. The authors report the understanding of teacher malaise demands attention to keep the operation of organizations and the discourses and representations about the work that emerges from contemporary individualism. However, the specificity of the teaching profession is concealed or implied in almost all articles, not addressing the professional identity and tension between the individual and collective dimensions of the teaching profession. This review did not identify articles about the relation between the teacher work and body and teacher suffering and sickness processes.

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Chart 1 – Continuation

Review	Characterization		
Author/year	Type and field	Methodology	Main elements
Zambon; Behlau (2009)	Book (e-book)	Epidemiological study with basic education teachers (27 Brazilian states)	The study found high presence of five or more symptoms of voice disorders in 35% of teachers, highlighting the severity of this condition, and identified symptoms of vocal problems related to work in 80% of them: vocal fatigue (92.8), discomfort while speaking (90.4%), difficulty speaking (89.2%), dry throat (83.4%), difficulty projecting the voice (82.8%), and hoarseness (82.2%). The severity of the situation is distorted in teachers' interpretations, since many of them perceive these signs and symptoms as part of their profession. Teachers reported the presence of voice problems (63%), of which 39.9% presented chronic situations; however, 34.5% of them searched specialized professional help. The study reported the need for actions to promote vocal health.
Pereira et al. (2009)	Article from a journal * Physical education	Review: Databases: SciELO, <i>PubMed</i> , <i>Medline</i> and <i>Lilacs</i>	The study associates teachers' working conditions with high morbidity rates (involving nervousness, anxiety, burnout, voice disorders and musculoskeletal problems), reporting gaps, such as: studies are concentrated in some states (Bahia, Minas Gerais, São Paulo and Rio Grande do Sul), not covering many realities. Further studies, more public policies and interventions for work organization in schools are required.
Souza; Leite (2011)	Article from a journal * Education	Review: Theses, dissertations, books and compilations based on studies on working conditions and health of basic education teachers in Brazil (1997-2006)	This study identified that mental health was the most studied aspect in studies on psychology and medical and biological sciences. The analysis of teaching work organization appears as a central issue for the theme, as well as the relevance of analyses of new professional requirements with an impact on teachers, their new social challenges and defenses created by teachers, their limits and possibilities to protect them from the morbid situations that surround them, such as voice disorders, stress, depression, and others. This review also showed studies are based on important contributions of the theoretical methodological reference of work psychopathology (by Christophe Dejours) and studies on teacher malaise (by José Maria Esteve), except for studies on biological sciences, which are still based on epidemiology and occupational health in such way that is not related to the social environment. It also reports that studies on human fields (except for social psychology) show little ability to address health problems. On the other hand, studies on biological fields do not address this issue from its social characteristics. Then, research continues to understand problems related to teacher health as a biopsychic process more than as a social process. The problem is not addressed from an interdisciplinary perspective. This review presents several studies that are focused on the issues of stress and burnout. It identifies that the discussion about work and health of teachers had a significant progress during the study period, with studies contributing to several aspects of the theme.

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Chart 1 – Continuation

Review	Characterization		
Author/year	Type and field	Methodology	Main elements
Bezerra; Moreira (2013)	Article from a journal * Education	Review: Database: SciELO Studies on body and education (2008-2012)	This review showed studies addressing the relationship between body and education did not refer to teachers: they are focused on the teaching and learning process of students in physical education, psychology, Portuguese language and arts. Teachers are not addressed by studies on body and health. The publications refer to the body as language and the concern about fragmented, reductionist and dichotomized view of the theme. Teachers need training that enables them to understand the body in its entirety.
Silveira et al. (2014)	Article from a journal * Education	Review: publication on Capes (<i>Coordenação de Aperfeiçoamento de Pessoal de Nível Superior</i>) portal (Capes, 2006-2011)	It reports that teachers constitute a professional class that is highly exposed to stress and highlights the need for evaluative and interventional practices that help understand the processes that favor teacher well-being, using techniques that promote workplace changes, institutional reorganization, development of individual skills and coping resources adapted to the different demands and realities of work.
Pioli; Silva; Heloani (2015)	Article from a journal * Education	Review: studies on effects on teacher work and health from education reforms and managerial policies focused on goals and indicators	The study identified contextual and ideological aspects that involve the expansion of concepts from the private-business sector to educational institutions (autonomy, quality, goals and productivity), and some goals of the National Education Plan (PNE, 2014-2024), explaining alignments to management measures and heteronomous evaluation models, with an institutional logic based on productive sociability. According to the authors, the quality and efficiency discourse conceals processes of control and manipulation of teacher subjectivity. In addition, heteronomous and quantophrenic management produces political fragilization and generates stress and sickness. Punitive evaluative regulation incites individualism and establishes morbid competitiveness. Labor relations tend to be linked with heteronomous rationality, whereas idealized and abstract goals move away from everyday life and are seen as unattainable, except for the generation of fatigue, suffering, stress, and conflicts in work relations. The authors believe the connection of educational institutions with instrumental rationality generates conflicts, frustrations, suffering, stress and/or malaise for teachers and conclude that it is necessary to analyze the current political context of education reforms, which does not favor the required advances and affects the health and well-being of teachers.

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Chart 1 – Continuation

Review		Characterization	
Author/ year	Type and field	Methodology	Main elements
Sanches; Gama (2016)	Article from a journal * Education	Review: publication on the portal of Capes and Amped (<i>Associação Nacional de Pós- Graduação e Pesquisa em Educação</i>) Theses, dissertations and articles	This study presents a portrait of teacher malaise, showing the problem as a trait of the profession, joining several factors that generate frustration, disappointment, discouragement, dissatisfaction and malaise, triggering processes of professional disinvestment, desire and abandonment of teaching, sickness and coping strategies, such as physical or psychological distance from work, which are: relations with students, work intensification (expansion of the professional role to include new tasks and challenges), poor conditions, lack of support and sharing with colleagues, pressure from school surroundings, school and work organization that hinders the necessary bonding, insufficient participation in teaching decisions, excessive bureaucracy, external control of work, lack of pedagogical support and recognition of work by higher authorities, lack of material resources, lack of incentive to improvements, and problems to admit profession-related issues to colleagues. Other aspects are also mentioned as generators of teacher malaise: demands of schooling and professional insertion in a competitive and fast-moving society affect the school with an increasingly larger range of functions, which force the teacher to respond to educational aspirations and pressure for indicators and rates measured by a business model based on the search for effectiveness and efficiency. These and other factors require a reformulation of teacher training in the interaction with social, cultural and political aspects.
Cortez et al. (2017)	Article from a journal * Collective health	Review: Database: Virtual Health Library (VHL, Psychology) – publications on health in teaching work (2003- 2016)	The study shows a cycle of suffering, psychic confusion, voice disorders and other forms of physical and mental sickness that affects teachers in their profession, and shows the predominance of publications in the areas of speech therapy and psychology. Qualitative studies show a more social interactionist perspective, considering the teacher health as a biopsychosocial process. The presence of work psychodynamics indicates a concern about the implication of subjectivity in the constitution of the health-disease process of teachers. Other articulations indicate work as one of the social determinants of the health-disease process. In general, the studies report teacher sickness currently and show the need to develop actions for reorganization of the teaching work and promote the health of teachers. In this sense, the study reports the importance of favoring the multi-determination of the health-disease process in the teaching work, the interdisciplinary understandings about the subject, and the articulation between research and the reality of the teacher work for the development of methodologies and public policies aiming to improve the teacher health. Studies that have analyzed labor legislation showed that few documents explain factors related to the conditions and organization of the teacher work, addressing only environmental agents such as noise, dust, temperature and lighting. Finally, it reports a gap in studies that present strategies to promote the collective health of teachers, and studies are required that address health of teachers from early childhood education, private education, in non-formal education areas and in distance education and consider the impact of contextual political and economic elements on actions, policies and legislation that promote teacher health.

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Chart 1 – Continuation

Review		Characterization	
Author/ year	Type and field	Methodology	Main elements
Santana; Neves (2017)	Article from a journal * Collective health	Review: VHL – publications on collective health management (1990-2014)	This review identified only four studies that address collective health management, showing a discourse and a reality that are silenced in almost all studies. Such silence, although paradoxical, can bring ideas and reflections, showing the importance of discussing the interests involved in speaking out or being silent. Then, the following hypotheses are formulated: (1) teacher-directed programs are conducted, but not advertised; (2) they have not attracted interest from research institutions; and (3) there are no programs addressing teacher suffering and sickness in the scope of public policies. Then, they indicate the need for actions and policies that do not hide the reality and investigations about the poor management of public health and education in relation to the problems of teacher suffering and sickness at work. The health management of teachers, from the perspective of integrality, demands joint actions of educational restructuring. Public policies are required that address the issue of teacher health.

Chart 2 shows the categorization of the main aspects covered by the studies.

The aspects identified are related to each other and will be discussed in the following section to

identify their invisibility and/or visibility in the field of education, particularly in the scenarios that refer to research, public policies, health care/health promotion practices and contexts of teacher training and work.

Chart 2 – Main aspects of studies analyzed

Content Aspects	Description
Epidemiology	In general, the studies report a high prevalence of problems related to the mental health, voice and locomotor system.
Naturalization of the problem in the teaching profession	The studies report teachers are not involved in the studies about body and health and present distorted interpretations of the health problems, as members of the professional characterization and teaching traits.
Public policies	On the one hand, education reforms and influences of processes of work intensification, flexibilization and poor conditions on teacher malaise; on the other hand, the problem of lack of public policies and practices of health care and promotion of teacher health and well-being.
Organization of the teaching work	Organization of teaching work by making the educational context an sickening environment, a place of conflicts between affection and reason, autonomy and control, with social relations between teachers and other agents of the educational field involving difficult interaction and problems to admit issues related to the profession to colleagues and superior staff. A lack of support and sharing is observed among colleagues and poor recognition of teacher work by managers and other superior hierarchical levels; on the other hand, the importance of social relations is recognized in teaching work, as well as a network of social support to enhance the quality of work and promote the health and well-being of teachers.
Teaching identity	Teaching identity in the tension between individual and collective, subjective and social aspects.

Aspects of the problem and its invisibility and/or visibility in the field of education

Empirical studies are more commonly found in psychology and speech therapy, and literature reviews in education. The theme has increasing visibility, but lacks an interdisciplinary approach (Souza; Leite, 2011).

The studies report a high prevalence of problems related to mental health (Codo, 1999; Silveira et al., 2014), voice (Zambon; Behlau, 2009) and the locomotor system, and other forms of teacher suffering and malaise. They corroborate international studies (Esteve, 1999, 2014; Pino Juste, 2018).

The prevalence of voice disorders in teachers is higher than in other professionals, and teachers are those who receive more attention in epidemiological studies and discussions about voice disorders considered as work-related aggravation (Ferreira; Märtz, 2010; Ferreira; Silva; Giannini, 2015).

However, the epidemiological focus may obscure other dimensions of the problem. The studies about work psychopathology and psychodynamics developed by Dejours (1992, 1994) help understand the processes of pleasure, health, suffering and sickness at work and present a theoretical paradigm based on work organization and the different types of physical and psychological suffering that it imposes on workers. Some of its assertions are: health/sickness of workers occur on a continuum with tenuous boundaries between one situation and another, and are subject to reversibility; suffering has a dynamic dimension that requires creative efforts of transformation; and the worker participates, individually and collectively, in this process assuming an important role in the production of defensive systems when seeking to create conditions for the preservation of health, even in very adverse conditions. Dejours observes how certain segments of workers relate to a disease: reluctance to talk about the disease and suffering, and the tendency to hide

or despise it until it is expressed through evident symptoms; the experience of disease perceived as unfortunate, shameful and, in a certain way, also guilty, commonly as an expression of laziness or vagrancy, since it means a rupture of work; a logic not to avoid disease, but to tame it, contain it, control it, learn how to live with it; the resignation to seek a health professional and service is conditioned to the need for the disease to reach such severity that it prevents the continuity of the professional activity. An ideology of shame involves in silence everything concerning the body: sexuality, pregnancy, disease - only the productive body is accepted. A defensive ideology is collectively built versus the anxiety of shame of being sick or being in a body that cannot work; and individual and collective defense mechanisms seek to mask, contain, and hide this anxiety (Dejours, 1992, 1994).

Another relevant contribution of the author refers to the idea of psychic load, which derives from the conflict between the spontaneous worker project and work organization. It is somehow the will of the other one that limits the worker project implementation and prescribes a precise operative mode, while distributing the work among workers and cutting, at the same time, the task content and human relations in the workplace. Then, work organization becomes more relevant and, in the case of psychic load, it increases when freedom decreases - that is, an authoritarian organization increases the psychic load. When rearranging the work organization is no longer possible, when the worker does not have freedom to rearrange his operative modes to find the gestures that allow pleasure or reduce the psychic load of work, when the worker relation with work organization is blocked, when the capacity of restraint is exceeded - then feelings of displeasure, tension and suffering appear, and energy is reduced - fatigue (non-specific translation of physical or psychic overload) ends up having a somatic interpretation. In addition, the subjectivity of the man-work relationship has different effects, which may lead to absenteeism, strikes, or even presenteeism or excessive engagement with a task (Dejours, 1992, 1994).

Oliveira and Sá (2002) identified some inverted narcissism, similar to masochism, in teachers who consider their work as a sacrifice, tending to dedication and suffering as a deformation phenomenon regarding denial of pleasure and renunciation of leisure. The authors understand teachers need to re-signify leisure and entertainment, incorporating them into daily life, and establishing more intense bonds with their own bodies, also in the work environment. To support this understanding, Vieira, Gonçalves and Martins (2016) analyzed the presenteeism of sick teachers and concluded that, in moments of tension with health in the teaching work, they consider the teaching work as an aptitude, as priesthood, dedication and sacrifice, constituting a pastoral missionary ethos of saving children. The authors emphasize that issues related to the body, health and life should be part of the teaching culture, its appreciation and quality of education. The ways teachers deal with their health-disease process also involve considering two distinct aspects: absenteeism - absence from teaching activities - and presenteeism - work performed by teachers in situations of suffering/sickness, sometimes using self-medication (Mireles et al., 2016; Vieira; Gonçalves; Martins, 2016). In this sense, functional readaptation also requires attention: teachers seek medical help only when they could no longer stand the problem, when malaise becomes unbearable and other defense mechanisms, developed by the teachers themselves, can no longer resolve the problem (Brito et al., 2001). Then, processes such as self-medication, medicalization, absenteeism, presenteeism and functional readaptation, as far as they are known and understood, can help explain obscured dimensions and increase the visibility of the problem. Lantheaume (2012) argues that addressing the teacher work in the perspective of the defenses they build against a professional adversity requires observing the daily activity of the teaching work, analyzing the most appropriate forms of resistance, adaptation to unexpected circumstances, discernment of effective arrangements, adjustments to projects, and the use of gestures in situations, assuming

different roles, constructing arguments to different interlocutors; that is, dealing with the real and, at the same time, transforming it - considering these, among other possible ways to avoid the dangers of exhaustion and loss of meaning of actions performed by teachers.

Regarding the naturalization of the problem of teacher malaise, suffering and sickness, studies show teachers find it difficult to perceive the health-disease process at work and take a long time to seek health care services - and when they do it, they present low adherence to treatments and care practices (Biserra et al., 2014; Souza et al., 2014). In addition, teachers do not always value health promotion and prevention and present a culture of problem naturalization to the condition of being a teacher (Arbex; Souza; Mendonça, 2013). In addition, Cortez et al. (2017) highlight passivity and delegation of responsibilities to third parties when it comes to prevention and promotion of teacher health. Teachers, as caregivers of the students, have little aptitude to take care of themselves! (Silva; Heloani, 2009). The teaching culture involves invisibility of care and health promotion, and teacher well-being is neglected in the organization of school work (Fantini; Ferreira; Trenche, 2011).

Schools host a number of programs and actions to promote the health of children and adolescents, involving teachers as important mediators - however, they have not been considered as actors or the focus of programs for their own health (Bicudo-Pereira et al., 2003; Fantini; Ferreira; Trenche, 2011). The organization of teaching work and promotion of teacher well-being, care and health are topics that remain unaddressed in public policies and education reforms (Cortez et al., 2017). Likewise, teacher movements do not usually address practices of teacher care, health and well-being. However, some recent initiatives are focused on voice health of teachers:

- (1) Ferreira et al. (2009) developed a characterization of Brazilian laws for the voice health of teachers and identified 22 documents at the state level (Southeast region) proposing partnerships

between Secretariats of Health and Education to offer annual theoretical and practical trainings provided by a speech therapist and speech therapies and/or medical treatments to teachers with voice disorders. Then, the criticism of Cortez et al. (2017) is appropriate: the legislation emphasizes the curative model over health promotion;

- (2) In August 2018, the General Coordination of Worker Health of the Ministry of Health released a document titled *Work-Related Voice Disorder (WRVD)*, which offers recommendations and parameters for Occupational Health Surveillance (Visat) and the National Network of Worker Health Attention (Renast), aiming to identify and report cases of WRVD and guide actions promoted by Visat, to promote changes in work environments and processes and improve the quality of life of workers in voice-related circumstances. Risk factors for WRVD are: (1) those related to work organization; (2) those related to work environment; and (3) those related to the individual. The document represents an important step forward, ensuring visibility to WRVD in the Brazilian National Health System (SUS) and supporting its recognition as a public health/worker health problem for the adoption of measures to promote voice health of teachers. However, teachers are considered the target audience of actions promoted by Visat and conducted by the SUS teams, and not as partners;
- (3) In July 2017, the Chamber of Deputies approved Law Project 2.776/2011, which creates the National Voice Health Policy, which guarantees, in the SUS, health services to teachers and other voice professionals. The law project foresees an annual evaluation with an ear/nose/throat physician, a psychologist, a speech therapist and a social worker, as well as voice rehabilitation and training activities and incentive to adopt teaching

technologies that reduce vocal effort. The project indicates advances, but it has limitations: it prioritizes voice health over other dimensions of teacher health and well-being, and disregards the participation of teachers. By ensuring actions from health professionals providing information, care and treatment to teachers, teachers emerge as people who have a lot to listen/receive and nothing to say/offer, who are unable to discuss about their own care, health and well-being, or of their colleagues. That is, teachers have no visibility and importance even in projects for teacher care and health!

The analyses and discussions clearly show the invisibility of the theme that involves the body, care, health and well-being of teachers in studies, policies, health practices at school, care practices, and contexts of teacher training and work. Such invisibility produces questions that extend the discussion considering the relations with some of the characteristics of the teaching work and the culture of the teaching profession: What forces are obstacles for teachers to discuss themes related to their own bodies and health promotion and well-being of teachers? What aspects of teaching history interfere in these processes? Can the health-disease-care process of teachers also have a narrative dimension in the teaching profession?

Teacher body, health and well-being: narratives of teacher work and culture to think of teaching as a profession

School education, as we know it today, appeared in Europe in the period between the 16th and 18th centuries, in the context of the Protestant Reformation and Catholic Counter-Reformation. The first schools were created in the Christian communities, promoting systematization of education and the teaching work. Christian education made significant social

contributions as it recognized the child (Jesus was a child) and the woman (Mary was Jesus' mother), with the mission to educate the communities of mankind. Christian education, however, is based on the ideal of perfection ('Be ye therefore perfect, even as your Father which is in heaven is perfect' - Matthew 5:48); if understood literally, it generates repression, self-control, discipline, fight against oneself, and self-government and community government, finding redemption in charity, dedication and suffering (Cambi, 1999).

The study conducted by Rodrigues (2001) helps understand the body relations with historical, cultural and educational processes in Europe in the 1500s, which support body control and discipline in the religious dimension and end up influencing the teaching culture. Associated with the matter, flesh, instinct, desire and sin, and seen in opposition to the soul (linked with the spirit, abstinence, sacrifice and sublimation), the Christian education attributed a secondary role to the body and promoted a Manichean dualistic culture related to the body. In addition, the Protestant ethic of hard work, discipline and frugality had an influence on the configuration of the processes identified by Dejours (1992, 1994): workers are reluctant to talk about sickness and suffering and tend to hide and undervalue sickness, wrapped in shame and silence for everything related to the body.

When considering the conceptions that give rise to reflections about teaching, Tardif (2013) presents a mosaic of 'ages of teaching' as important references to question the status of teachers and their working conditions. The author observes that the evolution of teaching is not linear; it has periods of consistency, deviations, setbacks, and combination of old systems (aptitude and occupation) and contemporary forms (profession) that are found in several countries, especially in Latin America and Brazil. For Tardif, transitions from 'the age of aptitude' to 'the age of occupation', and from these to 'the age of profession' cause tension, resistance and opportunism.

The 'age of teaching as an aptitude' occurs between the 17th and 19th centuries under the

influence of the Church. In the age of aptitude, teaching was a gift, a profession of faith, a mission or dedication to be fulfilled full time, serving God. Teaching was based on the moral character and pedagogical traditions of religious communities. Its practices were oriented to discipline and control of children and the body (for example, students had to remain sitting in the classroom without moving, respecting the instructions, and keeping posture, speech, gestures and other behaviors under control), with reprehension and severe physical punishment commonly applied. This vocational perspective permeated the teaching work and culture, the teaching practices, interactions, knowledge and processes of training, socialization and professional identity, at schools and in religious communities in those days. It started a deep and long-lasting influence on subsequent concepts in teaching and the teaching work, which is still seen today (Tardif, 2013).

With the missionary and vocational feeling, sexual stereotypes also guide the choices of teachers. The unification of teachers, a fundamental dimension of professional socialization in the Brazilian reality, occurs through feminization. Girls in school show social and economic inequalities, marked by power games, hierarchies, prejudice and discrimination that created spaces and roles of women in society, under the stereotypes of sociability, sensitivity, self-control, organization, affection, dedication, discretion, shyness, patience, understanding, obedience, submission, docility, delicacy, self-denial, detachment, devotion and sacrifice, among others (Lopes, 1991; Melo; Valle, 2013). Lopes (1991, p. 26) partially explains such positions in norms of conduct and duties of teachers: "certain defects must be avoided: pride and desire for promotion; self-love, self-care, self-satisfaction."

The 'age of teaching as an occupation' occurred in the 19th and 20th centuries, in the perspective of creating the republics, with public education (first primary and then secondary education) going to State control, and a secular, disciplinary and authoritarian character, aiming to create submissive military employees. The task of teaching is considered a job, and the image of the

teacher is consolidated as a promoter of the new social and political order, but keeping a teaching model that is similar to a priest who, to obtain a license to teach, should fulfill certain conditions, such as age, qualifications and moral behavior (however, teacher training schools were created in the 19th century only).

The 'age of teaching as a profession' occurs in the 20th and 21st centuries, starting in 1980s when teaching is seen as a professional activity that requires knowledge, autonomy and university education.

Thus, despite the context and historicity, the professional identity of the teacher combines a vocational and missionary past, the recognition as an occupation and as a profession, still with traces of neoliberalism (Lefone, 2016).

When considering the circumstances that place the teaching work as an aptitude (a conception of Christian education), which considers teaching as a mission and dedication, serving the children, and finds in the teacher the moral model of virtue and perfection, characterizing postures of submission, self-denial, and dedication, which are associated with a Manichean culture (which promotes control, condemnation, repression and discipline of the body in the religious dimension) and feminization, aspects seen in the teaching culture, the teachers - through their forgotten, neglected, controlled, disciplined, suffered and sick bodies - express (for themselves, for the educational system and for society) one of the facets resulting from a professional socialization that affects the vocational vision of teaching.

The teaching culture seems to produce a possible explanation of the invisibility of teacher body, health and care in education, which is expressed:

- (1) in forgetting or denying the body and their own needs due to their dedication to others;
- (2) in difficult perception and interpretation of work suffering symptoms;
- (3) in Manichean culture when dealing with the body;
- (4) in body discipline and control and body expressions (whether in the professorial

habitus or in psychodynamic or psychosomatic language);

- (5) in the naturalization of teacher malaise, problems, suffering and sickness;
- (6) in the low level of autonomy and social depreciation that lead to poor expectations;
- (7) in a certain 'satisfaction' when they state to colleagues that they have worked until exhaustion;
- (8) in extending the time of suffering and delaying the search for professional help;
- (9) in the challenge to realize and create limits regarding work demands, the responsibilities assumed, and working time administration in relation to the health-disease process and the quality of life;
- (10) in the model of perfection and virtuosity which prevents teachers from assuming their human condition before students and colleagues, and in case of difficulties, doubts, needs, dilemmas, conflicts and/or something that they cannot control, they do not know, are not aware of, are unable to do, and in case of any mistake (therefore requiring support and help from inside and outside the teaching environment, breaking the isolation that characterizes the teaching work);
- (11) in the lack of a collaborative and sharing culture in teaching (which demands other ways to understand professional training and development processes).

The situations above mentioned show how the teacher body, considering the problem of malaise, suffering and sickness in the teaching work, can express a collective narrative of a professional culture that involves obstacles for teacher to recognize (in themselves and their colleagues, superior staff at work and society) their human condition and potential as social agents in teacher care and promotion of teacher health and well-being.

Then, the problems of teacher malaise, sufferings and sickness have to be considered in the professional teaching culture, taking into account the implications in the processes

of training, professional socialization and professional development of teachers, with developments in the professionalization movement. Another question is presented to promote reflections and indicate possibilities to be developed in future studies: If the teacher body, due to malaise, suffering and sickness, expresses narratives of a vocational relationship with work, can we consider we are still in the age of aptitude and, therefore, more distant from the idea of teaching as a profession?

With this perspective, this study proposes something different: consider teacher health and well-being as elements that support the professional development of teachers and the professionalization of teaching profession. This study assumes that the teacher care, health and well-being could contribute to the analysis of professional culture and socialization of teachers, driving progress in professionalization, starting by suggesting other meanings for the collective history of male and female teachers, in society and profession, representations and social imaginaries related to teaching as a profession, and the figures of male and female teachers as professionals, giving them visibility, relevance, respect, appreciation and dignity in the field where they are inserted, without disregarding any discipline.

Nóvoa (2017) considers professional development of teachers should be seen as a continuous project, interconnecting initial and continuing education along the career, influenced by factors related to the teachers themselves and their needs and specificities in each stage, taking into account the complexities of the teaching work and its historical, cultural, organizational and institutional contextualization. Then, it shows the need for teaching to evolve from an individual to a collective matrix and enhance the collective dimension of teachers with appreciated collaboration and accountability in learning and building true professional training.

Silva and Heloani (2009) consider that, in order to create this collective matrix, relationships of trust should be developed, without which no one will be submitted to the judgment of the

other and work cooperatively. The construction of a collective matrix within a heteronomous management model of labor relations based on individualism and competitiveness is significantly prevented in the daily work of teachers, at any level of education they operate.

In this perspective, Dejours (1994) reminds that human relations represent an important factor of the psychic load of work. Then, a collective matrix depends on a space to discuss about the daily work, a democratic space of free circulation of words, acts of language and communication actions whose expression flows freely (Silva; Heloani, 2009). It is particularly relevant when considering the interactive dimension of teaching: as a work of interactions among social actors in the daily life of schools (Tardif; Lessard, 2005) and as a deeply emotional activity whose social support plays a role that cannot be underestimated (Pino Juste, 2018). This way, facing new forms of teaching work is enabled through the articulation between personal skills, resources of the occupation, and work collectives, considering that they are creators of meanings, holding solidarity and empowering the ability to act and generate pleasure at work. The collective mobilization of teachers against the challenges of their work is driven by their strength, building their social and symbolic greatness. Educational policies should encourage the appreciation of cooperation in the pragmatic search for solutions to promote more adequate work environments to the professional well-being of teachers (Lantheaume, 2012).

Then, attention to care, health and well-being in school should not be restricted to students, but must include the teachers and the training relationships in which they are involved, with special attention to social relations and the work organization of teachers. Attention should be dedicated to the teaching culture and the production of meanings in the teaching work and being a teacher (in the perspective of transformations) when discussing the possibilities of a continuous attention to the body (even with suffering or sickness), care and teacher well-being, linked with projects of professional development for teachers and professionalization

of the teaching profession. In this sense, the attention to the body and related processes in teaching can be promising for the investigation of the teaching culture and objectivation of the teaching knowledge, and for the definition of a professional identity of teachers.

The discussion of the teacher health-disease-care process has to be expanded to overcome the hygienist logic of individualization, accountability and blame of teachers, and advance in relation to sanitary and preventive approaches, focused on the environmental, biological, physical and organic risk factors present in the schools. Attention to these factors or preventive actions is also important. However, interdisciplinary approaches are required that consider political, social and cultural aspects that interfere in teacher training and the conditions and organization of the teaching work, supporting the professionalization of teaching profession. In turn, the processes of formulation and implementation of public policies for education and health - especially those of direct impact on teacher training and teaching work and involving the interests of teacher care, health and well-being - need an active participation of teachers.

Maués (2014) argues that, in a logic of teacher training as free, critical, active, engaged citizens, open to the world, who can contribute to the construction of a new, more just, democratic, egalitarian and solidary society, a special change is required: teachers will need to be trained on a knowledge base in which their dignity as a person and professional is respected, which requires training for citizenship and the ability to critically analyze the reality and contribute to social well-being. So teacher care has to be promoted, because how can teachers contribute to social well-being if they experience professional malaise at work?

Final considerations

The narrative literature review showed that the interest, importance and status of scientificity attributed to the problem of teacher malaise, suffering and sickness have increased in the fields

of education and collective health, reporting the need for interdisciplinary approaches.

This article, when addressing the study problem, linked with the social, historical and cultural dimensions of the teaching work, the ways of being a teacher, and teaching as a profession, showed that teachers perceive and deal with their bodies and the health-disease-care process under desensitizing and sterilizing effects of a teaching culture derived from feminization, still based on the conception of teaching as an aptitude and a dualistic and Manichean view of the body.

In this study, the discussion about teacher care and health is connected with the perspectives of professional development of teachers and professionalization of teaching profession. Teacher malaise involves teaching narratives linked with lack of social and political investments in public education and the teaching career. Then, facing the problem demands social and political changes and shows the need for teacher professionalization also in a dimension that implies preserving and valuing their dignity and active participation, seeking strategies for the promotion of care, health and professional well-being - in this change, teacher training will play a critical role.

Finally, this study links health and education and represents an invitation to think about themes related to body, care, health and well-being of teachers as elements that constitute the teaching dimensions, with potential for the development of other meanings in the teaching culture, in the processes of objectivation of the teaching knowledge, in the organization of teaching work, in social relations in educational institutions, in places of training, socialization and professional development, and in discussions about professionalization.

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Authors' contribution

Both authors conceived and designed the study together, developing its methodology, text and article revision.

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