

## RESEARCH

**Transtornos mentais que mais acometem professores universitários: um estudo em um serviço de perícia médica**

Mental disorders that most affect university teachers: a study in a medical expertise service

Trastornos mentales que más afectan a los docentes universitarios: un estudio en un servicio de perícia médica

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## ABSTRACT

**Objectives:** verifying the types of mental disorders that most affect teachers treated in a service of medical expertise. **Method:** a retrospective study of documental nature with a quantitative approach developed in a Higher Education Institution of João Pessoa city - PB. The sample was composed of 254 sheets of teachers treated in a service of medical expertise of the institution selected for the study, in the period from January to 1999 to March 2011. Data obtained were analyzed through frequency and percentage. **Results:** almost all the sample was composed of female teachers, aged between 40 and 49, and depression was responsible for 52% absenteeism of teachers, followed by schizophrenia (12%), bipolar disorder (10%), acute reaction to stress (8%), anxiety (7%), delusional disorder (4%), and others (8%). **Conclusion:** the mental disorder that most affects the searched teacher category is depression. Therefore, further investigations are needed that can analyze the severity of this problematic pathology in academic area. **Descriptors:** Teacher; Mental Health; Professional Diseases.

## RESUMO

**Objetivos:** identificar os transtornos mentais que mais provocam afastamento de docentes em uma instituição de ensino superior. **Método:** um estudo retrospectivo de natureza documental desenvolvido em instituição de ensino superior do município de João Pessoa - PB. A amostra foi constituída por 254 fichas de docentes atendidos em um serviço de perícia médica da instituição selecionada para o estudo. Os dados obtidos foram analisados quantitativamente por frequência e percentual. **Resultados:** quase toda a amostra foi composta por docentes do sexo feminino, com faixa etária entre 40 e 49 anos, e a depressão foi responsável por 53% dos afastamentos de professores, a esquizofrenia (12%), o transtorno bipolar (10%), a reação aguda ao estresse (8%), a ansiedade (7%), os transtornos delirantes (4%) e outros (8%). **Conclusão:** o transtorno mental que mais acomete a categoria docente pesquisada é a depressão. Portanto, são necessárias novas investigações que possam analisar a gravidade dessa problemática. **Descritores:** Saúde mental, Docentes, Doenças Profissionais.

## RESUMEN

**Objetivos:** Determinar los tipos de trastornos mentales que involucran a más profesores en un departamento de expertos médicos. **Métodos:** Estudio retrospectivo de carácter documental con un enfoque cuantitativo, desarrollado en la institución de educación superior de la ciudad de João Pessoa - PB. La muestra estuvo constituída por 254 profesores fichas en un departamento de personal médico de la institución seleccionada para el estudio entre enero de 1999 marzo de 2011. Los datos se analizaron por frecuencia y porcentaje. **Resultados:** Casi la totalidad de la muestra consistió de maestras, de edades comprendidas entre los 40 y los 49 años, y la depresión representó el 52% del absentismo de los docentes, seguido por la esquizofrenia (12%), trastorno bipolar (10%), reacción aguda al estrés (8%), ansiedad (7%), trastornos delirantes (4%) y otros (8%). **Conclusión:** El trastorno mental que afecta a la categoría más buscado está enseñando la depresión. Por lo tanto, se necesitan más investigaciones que puedan analizar la gravedad de este problema en el ámbito académico patología. **Descritores:** Profesor, Salud Mental, Profesionales de Enfermedades.

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## INTRODUCTION

The health of teachers has been a source of concern to various segments of society. This concern is due to the fact that the employee of the Education area is experiencing a great moment of social pressure, which causes the need to show a good development in their work. In this context, the teacher ends up wearing psychologically, physically and emotionally, which can cause stress, depression and feelings of job dissatisfaction, due to the effort to be a good teacher.

In this context, mental strain is inevitable and can be viewed as a product of an unequal correlation of powers imposed on labor and the worker, triggering forces which focus on the biopsychosocial health-disease process. Or rather, a correlation of powers and forces, in which the performer's work becomes the loser, and the work becomes an activity whose exhaustive component is greater than the parts and the development of their skills.<sup>1</sup>

With regard to mental disorders related to work in Brazil, they are the fourth leading cause of removal and second only to injuries, poisonings, muscle diseases and neurological diseases. In 1999, the Ministry of Social Security (DOU 12/05/1999 - No. 89) presented the new list of occupational diseases and work-related, which contains a set of twelve diagnostic categories of mental disorders. Several of these disorders include symptoms related to depression. So, discern in such a context the ways in which the work operates in the genesis and evolution of depressive episodes increases the diagnostic challenge, which requires, always, a proper study of the history of life and work so that the correlations are identified. Investigations regarding the mental health of teachers worker put highlighted a progressive deterioration of framework conditions and work organization that category in Brazil.

The consequences arising from such disorders can be witnessed in the academic environment. In public universities, despite the efforts of teachers, it visualizes a chronic state of difficulties to manage work processes, either through intensification of precarious working conditions, or the inability to transform demand actions effectively in awareness processes of society about the risks involved in this relationship.<sup>2</sup>

A reality in which the teacher of higher education is increasingly committed to mental health, the importance of this study lies in getting an overview of the main psychiatric diseases that affect this category. Based on the foregoing, the survey aims to identify mental disorders that cause more removal of teachers in a higher education institution.

## METHOD

This is a retrospective study of documentary nature, with a quantitative approach, developed in the medical board sector of a higher education institution in the city of João Pessoa - PB, located in João Pessoa -PB.

The universe of the study consisted of 476 faculty chips served in the medical corps of the institution selected for the study. To select the sample, the following criteria were considered: the chips contemplate the following information: date of service where the diagnosis was notified; aged teacher, International Statistical Classification of number of Diseases and Related Health Problems - ICD 10 - corresponding to the disease presented by the professional. We analyzed 476 records, 254 of which (diagnoses of mental disorders) composed the sample.

Data collection occurred from January to March 2011 in that sector. The data collection covered the period from January 1999 to March 2011. The data were properly recorded in a pre-encoded form, covering issues related to the study objectives; then they were entered into the database created in the Statistical Package for Social Sciences (SPSS), version 17.0. For the analysis, we proceeded to the distribution of the frequency of the collected variables.

For realization of the research, they were followed ethical observances established by Resolution No. 196/96 of the National Health Council, which regulates research on humans in the country. The research project was approved under protocol number 741/10, with CAAE No. 0573.0.126.000-10.

## RESULTS AND DISCUSSION

Of the 254 chips including diagnosis of Mental Disorders through ICD10, disorders have been identified related to depression, schizophrenia, bipolar disorder, acute stress reaction, anxiety, delirium disorder, dissociative disorder, alcoholism, phobias, somatization disorder, multipurpose drug and other substances, mood disorder, manic episodes, psychosis and personality disorder, as shown in Table 1:

**Table 1** - Distribution of frequency and percentage of diagnosing mental disorders in teachers of an institution of higher education. João Pessoa, 2011.

Mental disorders	Frequency (n)	Percentage (%)
Alcoholism	3	1,2
Anxiety	16	6,3
Depression	132	52,0
Multiuse of drugs and other substances	2	0,8
Manic episodes	1	0,4
Schizophrenia	30	11,8
Phobias	3	1,2
Psychosis	1	4

Acute reaction to stress	22	8,7
Bipolar disorder	26	10,2
Delusional disorder	8	3,1
Dissociative disorder	4	1,6
Mood disorder	2	0,8
Personality disorder	1	0,4
Somatization disorder	3	1,2
<b>Total</b>	<b>254</b>	<b>100,0</b>

The manifestation of mental disorders by categories of age was also identified. It was observed that there was a higher incidence of these disorders in the category between 40 and 49 years old, according to table 2:

**Table 2** - Distribution of frequency and percentage of diagnosing mental disorders in teachers of a higher education Institution according to age group. João Pessoa-PB, 2011.

Mental disorders	Years Old				TOTAL	
	30 - 39	40 - 49	50 - 59	60 - 69	n	%
Alcoholism	0	1	2	0	3	1,2
Anxiety	5	7	4	0	16	6,3
Depression	21	64	30	17	132	52,0
Multiuse of drugs and other substances	0	1	1	0	2	0,8
Manic episodes	1	0	0	0	1	0,4
Schizophrenia	5	14	10	1	30	1,8
Phobias	0	2	1	0	3	1,2
Psychosis	0	0	1	0	1	0,4
Acute reaction to stress	5	11	5	1	22	8,7
Bipolar disorder	9	7	9	1	26	10,2
Delusional disorder	1	4	2	1	8	3,1
Dissociative disorder	0	2	1	1	4	1,6
Mood disorder	0	1	0	1	2	0,8
Personality disorder	0	0	0	1	1	0,4
Somatization disorder	1	1	1	0	3	1,2
<b>Total</b>					<b>254</b>	<b>100</b>

Regarding identified mental disorders, depression was considered responsible for the largest number of removals, which is consistent with other studies related to the mental health of the university professor.<sup>3,4</sup> This disorder can develop from the difficulties related to work, it will no longer being seen as the meaning of life, suffering modification over time and is perceived only as an economically useful activity. Thus, the work also ceases to be the main factor of socialization and loses the main occupation status of each.<sup>5</sup>

Another important factor causing the removal of teachers is related to the working week and the commitment in relation to personal fulfillment with the profession. Thus, the work ceases to be exciting and becomes meaningless, since the professional wears and go so far as to give up their assignments.<sup>6</sup> In this sense, the worker is subject to immerse in a depression characterized by job loss meaning. This causes considerable damage to the mind of the individual and it reaches their social identity and destroys their interest in the work, becoming extinct pleasure. There is confusion between working life and the affective, so that the employee cannot withdraw from the job or in their family and/or leisure time, and the work activity is present even during sleep and dreaming. It can be seen from there, there is dissociation between the emotional world and the conscious mental life, which compromises the emotional balance and discernment.<sup>7</sup>

The genesis of depressive episodes in their relation to work processes usually hinged to a significant loss or a succession of frustrations checked in context. The depressive episode Development odds increase with the lack of social support and the absence of

concrete alternatives to overcome what happened.<sup>8</sup> It is important to mention that, through the identification of symptoms such as apathy, irritability, loss of interest, sadness, motor delay, insomnia and fatigue and a good knowledge of pathology, can facilitate the diagnosis of depression and begin treatment at an accelerated time frame<sup>9</sup>. In addition, studies show that the higher the weekly frequency of physical activity, the less likely presentation of work-related diseases.<sup>6</sup>

Other authors report that although some teachers seem to enjoy positive affect and life satisfaction, in contrast, score high on depression and general welfare, confirming a fact that points to the fragility of the mental health of a category whose depressive disorders related to work are increasingly present, demanding attitudes facing this most urgent condition possible.<sup>9</sup>

Much remains to research that the worker is exploited in his intellect. This exploitation is so subtle that do not clearly understand. Various social issues are involved in this trajectory, such as gender and other derived from the groups to which they are attached, suggesting a further deepening of the studies. Ie, burnout, depression, depression and psychosis are placed in the same category, and disease processes are confused, often with character flaws. It is emphasized in the literature<sup>10</sup> that depression is a serious disorder that can affect the entire family and social life of the patient, because it destroys families, careers and relationships.

The results also point to schizophrenia and bipolar disorder as second and third causes of absence from work, respectively. Even with frequencies lower than depression, these are disorders that are characterized by seriousness and commitment and that interfere directly, not only on teaching recovery, as well as a possible return to work activities.<sup>11</sup> In this sense, they are pointed out as causes of absenteeism and teachers clearance<sup>12</sup> existing prejudice and stigma in relation to having a mental illness, which can only be overcome with the knowledge and information to the patient, family and society. Additionally, the absenteeism rate found in the survey also points out the use of alcohol and psychotropic drugs such as disorders that cause departure from the workplace. According to the medical consultancy IMS Health, Brazil leads the world market in use of antidepressants and anxiolytics.

Associated with this reality, suicide is presented as one of the major consequences related to intoxication of these drugs and psychoactive drugs. According to the Map of Violence in Brazil<sup>13</sup>, Joao Pessoa presented a "jump" of the twenty to the thirteenth position among the capitals with the highest suicide rate. This is an extremely worrying given little attention. The identification of alcohol consumption profile can be very useful for understanding the distribution of various aspects related to this habit. A better understanding of the socio-demographic characteristics linked to groups with higher exposure to risk factors and behaviors contribute to the development of more effective and equitable health policies and programs.<sup>14</sup>

At the end of this work, one realizes that a simple teacher attitude, the look of the layman, it may seem dismal, ill will, lack of motivation, irresponsibility and related feelings might be taking a pathological dimension, which requires managers at institutions and the worker himself a greater awareness of this situation.

## CONCLUSION

Studies on different aspects of mental disorders represent a thematic still expanding of special interest to professionals, students and researchers, particularly those in the health field. The research in question made it possible to identify mental disorders that cause more removal of teachers in a higher education institution. This contributed to further analyze factors related to this type of disorder.

Nevertheless, particularly in the local scene, we need to conduct studies to understand far more factors involved in the occurrence of this type of disorder. Thus, it is noted that this study has limitations, since there is still much to be explored within this theme. However, these gaps can be filled by other research, results of which could be associated with this. Therefore, it is necessary to give special attention to the mental health of teachers in higher education, especially with regard to the incidence of depression. It is known to be depressed teachers in the classroom can jeopardize their relationship with the students, with the managers and the very educational institution.

From this perspective, the findings also point to a need for interventions that consider mental disorders as work conditions and potential existing in the teaching category of higher education. These interventions should include managers, teachers themselves and those responsible for the work quality of life in the institution.

It is known that for a proper intervention and consequent improvement of the organization of teaching in higher education, with regard to mental health as a cause of removal, it is necessary to have effective knowledge not only of the incidence of these disorders, as well as the specific types. This study is also relevant for providing this information. Therefore, it is expected that this research will support new research about the mental disorder, especially in the field of teaching, so that professionals, students and society understand much this theme.

## REFERENCES

1. Souza JRS, Oliveira GF, Damasceno MS, Silva AC. Prevalência da Síndrome de Burnout em Profissionais da Educação. *Caderno de Cultura e Ciência*. 2012; 11(1): 70-9.
2. Cruz RM, Lemos JC, Welter MM, Guisso L. Saúde Docente, Condições e Carga Horária de Trabalho. *Revista Electrónica de Investigación y Docencia*. 2010; (4): 147-60.
3. Assunção AA, Oliveira DA. Intensificação do trabalho e saúde dos Professores. *Educ Soc*. 2009; 30 (107): 349-72.
4. Batista JBV, Carlotto MS, Coutinho AS, Augusto LGS. Prevalência da Síndrome de Burnout e fatores sociodemográficos e laborais em professores de escolas municipais da cidade de João Pessoa, PB. *Rev bras epidemiol*. 2010; 13 (3): 502.

5. Dantas EA, Borges L. O. Saúde organizacional e síndrome de burnout em escolas e hospitais. *Estudos e Pesquisas em Psicologia*. 2012; 12 (1): 116-44
6. Russo Rafael RM, Bezerra ACO, Silva EB et al. Burnout syndrome: profile of stress in teachers working in higher education institutions of the baixada fluminense, RJ. *R pesq: cuid fundam online [periódico na internet]*. 2011 [acesso em 2013 abr 13]; 3(3): 2329-37.
7. Gil-Monte PR, Marucco M. Prevalencia del “síndrome de quemarse por el trabajo” (burnout) en pediatras de hospitales generales. *Revista de Saúde Pública*. 2008; 42 (3): 450-6.
8. SELIGMANN-SILVA, E. Trabalho e desgaste mental: odireito de ser dono de si mesmo. São Paulo: Cortez Editora, 2011.
9. Fonseca PN, Chaves SSS, Gouveia VV. Professores do ensino fundamental e bem-estar subjectivo: Uma explicação baseada em valores. *Psico - USF*. 2006; (1): 45-52.
10. Beck AT, Alford BA. Depressão causas e tratamento. Porto Alegre (RS): Artmed, 2011.
11. Gorz A. Trabalho Necessário e Racionalidade Econômica. *Revista Novos Rumos*. 2012; 24 (10): 15-20.
12. Esteve FC, Galvan AL. Depressão numa contextualização contemporânea. *Revista Aletheia*. 2006; (4): 127-35.
13. Waiselfisz JJ. Centro Brasileiro de Estudos Latino- Americanos. Mapa da violência. Municípios brasileiros. Rio de Janeiro (RJ); 2008.
14. Ferreira LN et al. Perfil do consumo de bebidas alcoólicas e fatores associados em um município do Nordeste do Brasil. *Cad Saúde Pública* . 2011; 27 (8): 1473-86.

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