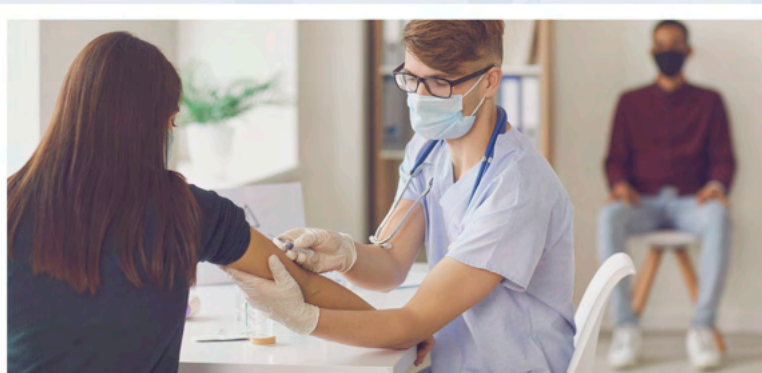


**Soraya Araujo Uchoa Cavalcanti**  
(Organizadora)



# Os impactos da Covid-19

para profissionais, serviços e políticas públicas

**Soraya Araujo Uchoa Cavalcanti**  
(Organizadora)



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## APRESENTAÇÃO

A coletânea *Os impactos da Covid-19 para profissionais, serviços e políticas públicas* é composta por 13 (treze) capítulos produtos de pesquisa, ensaio teórico, revisão integrativa, relato de experiências, dentre outros. A pandemia de Covid-19 exigiu dos docentes, discentes e profissionais de saúde em geral a reestruturação de suas práticas profissionais cotidianas, e neste sentido, apresentamos alguns desses produtos, pesquisas, reflexões e experiências. Os textos foram agrupados por discussões temáticas.

O primeiro capítulo apresenta os resultados da pesquisa sobre ansiedade, estresse e qualidade de vida de professores universitários frente às mudanças do trabalho no contexto pandêmico. O segundo, discute os impactos da pandemia na saúde mental dos trabalhadores da política de saúde. O terceiro, discute os impactos do contexto pandêmico na saúde mental da população. E o quarto discute especificamente como esse contexto pandêmico influencia o trabalho e a saúde mental da equipe de Enfermagem.

O quinto capítulo apresenta os resultados de pesquisa acerca da atuação do Enfermeiro no processo de luto de familiares no contexto da pandemia de Covid-19. O sexto, discute a importância da liderança em Enfermagem, o apoio e a empatia junto aos liderados. O sétimo, por sua vez, discute as reflexões provenientes da experiência de Estágio Curricular Supervisionado no campo da Enfermagem em hospital universitário nessa conjuntura.

O oitavo capítulo apresenta como esse cenário pandêmico impulsionou mudanças na rotina das cirurgias ortopédicas. O nono, por sua vez, apresenta os resultados do estudo de coorte junto aos pacientes com lesão renal internados em UTI em decorrência da Covid-19. O décimo, apresenta as características mais frequentes em pacientes com Covid-19 com diagnóstico de ventilação espontânea prejudicada.

O décimo primeiro capítulo apresenta a experiência da utilização do WhatsApp enquanto estratégia de acompanhamento de crianças no contexto pandêmico. O décimo segundo abrange as implicações da flexibilização do trabalho, decorrentes da pandemia do COVID-19, nas trajetórias profissionais de psicólogos. E finalmente, o décimo terceiro capítulo, apresenta os resultados da pesquisa acerca do nível de atividade física e qualidade de vida entre professores de um centro universitário no contexto pandêmico.

Soraya Araujo Uchoa Cavalcanti




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# CAPÍTULO 1

## ANXIETY, STRESS AND QUALITY OF LIFE IN PROFESSORS DURING THE COVID-19 PANDEMIC

*Data de aceite: 02/05/2022*

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**ABSTRACT:** The need for social isolation, due to the pandemic, made it necessary to adapt the teaching classes at all levels. Many educational institutions have moved their activities to the online version and teachers have started to use information and communication technologies in order to maintain teaching and encourage student learning. This change can impact the mental health of university professors due to the accumulation of attributions. Therefore, the aim

of this study was to assess the level of stress, anxiety and quality of life in teachers during the COVID-19 pandemic. This is a descriptive observational, cross-sectional study with a quantitative approach with Brazilian professionals, developed between August and October of 2020. Teachers from public and private educational institutions, who have changed their teaching modality to distance learning, aged between 18 and 60 years, responsive, without cognitive, hearing or vision disorders were included in this study. The selected subjects were instructed to answer questionnaires related to quality of life, perceived stress and anxiety, in addition to the term of free and informed consent. The project was submitted for evaluation and approval by the Ethics Committee for Research with Human Beings and received a favorable opinion under number 4.118.649. The results were tabulated in an Excel for Windows 2019 data sheet. Regarding anxiety, there was balance in the score, with 26 individuals (49.0%) having no or mild anxiety disorder and 27 (50.9%) with moderate (17.0%) or severe anxiety disorder (34, 0%). As for perceived stress, we observed that twenty-two individuals (41.6%) had low or normal stress levels and that 31 volunteers (58.4%) had moderate, high or very high levels of stress. Finally, quality of life had a mean score in the physical component of  $44.69 \pm 9.03$  and in the mental component of  $40.07 \pm 11.09$ . what demonstrates a quality of life was compromised in this population, and finally the percentage of teachers with a high level of stress perception was considered high.

**KEYWORDS:** Occupational Diseases; Coronavirus; Anxiety; Professional Exhaustion; Motivation; Quality of life.

## ANSIEDADE, ESTRESSE E QUALIDADE DE VIDA EM PROFESSORES DURANTE A PANDEMIA DO COVID-19

**RESUMO:** A necessidade de isolamento social devido à pandemia, tornou necessária a adaptação das aulas de ensino em todos os níveis educacionais. Muitas instituições de ensino migraram suas atividades para a versão online e os professores passaram a utilizar as tecnologias de informação e comunicação com o intuito de manter o ensino e incentivar o aprendizado dos alunos. Essa mudança pode impactar a saúde mental dos professores devido ao acúmulo de atribuições laborais e pessoais. Portanto, o objetivo deste estudo foi avaliar o nível de estresse, ansiedade e qualidade de vida em professores durante a pandemia de COVID-19. Trata-se de um estudo descritivo observacional, transversal, com abordagem quantitativa com profissionais brasileiros, desenvolvido entre agosto e outubro de 2020. Professores de instituições de ensino públicas e privadas, que mudaram sua modalidade de ensino para ensino a distancia, com idade entre 18 e 60 anos , responsivos, sem alterações cognitivas, auditivas ou visuais foram incluídos neste estudo. Os sujeitos selecionados foram orientados a responder questionários relacionados à qualidade de vida, percepção de estresse e ansiedade, além do termo de consentimento livre e esclarecido. O projeto foi submetido à avaliação e aprovação do Comitê de Ética em Pesquisa com Seres Humanos e recebeu parecer favorável sob o número 4.118.649. Os resultados foram tabulados em uma planilha do Excel para Windows 2019. Em relação à ansiedade, houve equilíbrio no escore, com 26 indivíduos (49,0%) com transtorno de ansiedade leve e 27 (50,9%) com transtorno de ansiedade moderado (17,0%) ou grave (34,0%). Quanto ao estresse percebido, observamos que vinte e dois indivíduos (41,6%) apresentavam níveis de estresse baixo ou normal e que 31 voluntários (58,4%) apresentavam níveis de estresse moderado, alto ou muito alto. Por

fim, a qualidade de vida apresentou pontuação média no componente físico de  $44,69 \pm 9,03$  e no componente mental de  $40,07 \pm 11,09$ , o que demonstra uma qualidade de vida foi comprometida nesta população, e por fim o percentual de professores com alto nível de percepção de estresse foi considerado alto.

**PALAVRAS-CHAVE:** Doenças Profissionais; Coronavírus; Ansiedade; Esgotamento Profissional; Motivação; Qualidade de vida.

## ANSIEDAD, ESTRÉS Y CALIDAD DE VIDA EN DOCENTES DURANTE LA PANDEMIA DEL COVID-19

**RESUMEN:** La necesidad del aislamiento social por la pandemia hizo necesario adaptar las clases docentes en todos los niveles educativos. Muchas instituciones educativas migraron sus actividades a la versión en línea y los docentes comenzaron a utilizar las tecnologías de la información y la comunicación con el fin de mantener la enseñanza y fomentar el aprendizaje de los estudiantes. Este cambio puede impactar en la salud mental de los docentes debido a la acumulación de trabajo y asignaciones personales. Por lo tanto, el objetivo de este estudio fue evaluar el nivel de estrés, ansiedad y calidad de vida en docentes durante la pandemia de COVID-19. Se trata de un estudio observacional, descriptivo transversal con abordaje cuantitativo con profesionales brasileños, desarrollado entre agosto y octubre de 2020. Docentes de instituciones educativas públicas y privadas, que cambiaron su modalidad de enseñanza a distancia, con edades entre 18 y 60 años, Se incluyeron en este estudio respondedores, sin alteraciones cognitivas, auditivas o visuales. Los sujetos seleccionados fueron instruidos para responder cuestionarios relacionados con calidad de vida, percepción de estrés y ansiedad, además del formulario de consentimiento libre e informado. El proyecto fue sometido a evaluación y aprobación por el Comité de Ética en Investigación con Seres Humanos y recibió dictamen favorable bajo el número 4.118.649. Los resultados fueron tabulados en una hoja de cálculo de Excel para Windows 2019. En cuanto a la ansiedad, hubo equilibrio en el puntaje, con 26 individuos (49,0%) con trastorno de ansiedad leve y 27 (50,9%) con trastorno de ansiedad moderado (17,0%) o severo. (34,0%). En cuanto al estrés percibido, se observó que veintidós individuos (41,6%) tenían niveles de estrés bajos o normales y que 31 voluntarios (58,4%) tenían niveles de estrés moderados, altos o muy altos. Finalmente, la calidad de vida tuvo un puntaje promedio de  $44,69 \pm 9,03$  en el componente físico y  $40,07 \pm 11,09$  en el componente mental, lo que demuestra que la calidad de vida se vio comprometida en esta población, y por último, el porcentaje de docentes con un nivel alto de estrés percibido se consideró alta.

**PALABRAS LLAVE:** Enfermedades Profesionales; Coronavirus; Ansiedad; Agotamiento Profesional; Motivación; Calidad de vida.

## INTRODUCTION

The new coronavirus, called SARS-CoV-2, which causes COVID-19 disease, was detected on December 31, 2019 in Wuhan, China. On January 9, 2020, the World Health Organization (WHO) confirmed the circulation of the new COVID-19 (Lana et al., 2020). On January 16, the first import into Japanese territory was notified. On January 23, Brazil

registered its first case. On January 30, WHO declared the epidemic an international emergency. (Pheic, 2020).

Following the WHO recommendations, social distancing was instituted as a preventive strategy, having shown to be effective against COVID-19, waiting for the production of vaccines and treatments against such virus (Del Rio & Malani, 2020). In response to this, schools around the world had to adapt to a rapid change of their curricula to the online format (Rose, 2020), which greatly challenged education in several countries.

Carvalho et al. (2020) analyzed that in a developing country like Brazil, this scenario is even more challenging. Many public institutions had their classes suspended due to the pandemic, since the lack of infrastructure in the institutions and the considerable number of students in social vulnerability make it difficult to resume teaching activities. On the other hand, private institutions present a different reality, as they continued their activities in the remote version (Santos & Zaboroski, 2020).

To continue the activities remotely, it was necessary to adapt the classes, as well as use information and communication technologies, in order to maintain teaching and encourage students to learn. Concomitant to the teaching activities, the extension and research activities that also continued. In addition, there were routine changes at home, where those who needed to release their employees took over the household activities and demands with children, who also had their classes and school routine changed (Silva et al., 2020).

The amount of changes needed due to COVID-19, associated with the short time for organization, can increase the pressure on the teacher and result in mental illness. It is possible that there is, in addition to the external charge, a self-charge so that the tasks are fulfilled within the stipulated deadlines. Thus, amidst uncertainties, stresses, anxiety and depression, the burnout syndrome can arise (Araújo et al., 2020).

According to Shaw (2020), COVID-19 can have an impact on the mental health of university professors due to the accumulation of attributions such as updating and uncertainties about the disease, pressure from the educational institution, marital, maternal and domestic life. One of the strategies indicated for maintaining mental health and physical health is the practice of physical activity. However, it has also been negatively impacted by COVID-19, as it has been shown to reduce physical activity and increase sedentary behavior during social distancing, which leads to a possible compromise in quality of life (Peçanha et al. , 2020).

Quality of life is closely related to good regulation of biological rhythm, mood and sleep disorders, and all these variables are negatively potentiated with social isolation and sedentary lifestyle, since systematic physical exercise can bring many benefits both in the physical and mental sphere of the human being, providing a better quality of life (Kabak et al., 2021; Mello et al., 2005).

Given the above, the aim of this study was to assess the level of stress, anxiety and

quality of life in teachers during the COVID-19 pandemic.

## **METHODS**

### **Ethical considerations**

The project was submitted for evaluation and approval by the Ethics Committee for Research with Human Beings through BLIND under the BLIND number 33026820.6.000.5546, with a favorable opinion under the number 4.118.649. All subjects received an explanation about the study's objectives and procedures. Aware that they could withdraw from the study at any time, they signed the Informed Consent Form using a digital signature. This work was developed in accordance with Resolution 466/12 of the National Health Council (CNS).

### **Selection of subjects**

This is a cross-sectional, descriptive and observational study with a quantitative and qualitative approach and for convenience, which was carried out throughout Brazil between the months of August 2020 and October 2020. Fifty three teachers of both sexes were included. The invitation to participate in the research took place through an e-mail sent by the researchers, also sent by the direction of educational and research institutions, and through dissemination on social networks.

On a digital platform of Google's Online Documents, questionnaires and the Informed Consent Form (FICF) were written and potentially sent to the subjects as an invitation to participate in the study. The questionnaires were presented in a way that is easy to understand and self-apply.

### **Inclusion and exclusion criteria**

Participated in the study all Brazilian individuals of both sexes, aged 18 to 65 years, who self-declared healthy, who work in public or private educational institutions, who have changed their teaching modality from classroom to distance learning. and who agree to participate in the survey. Individuals who were unable to understand the instructions or consent to the study, with the presence of hearing, visual or communication disorders, or with moderate or severe cognitive/psychiatric disorders were excluded from the study.

## **ASSESSMENT TOOLS**

### **Generalized Anxiety Disorder Scale 7 Items – GAD-7**

A *Generalized Anxiety Disorder* – GAD 7 is a brief instrument for the assessment, diagnosis and monitoring of anxiety, developed by Spitzer et al. (2006) and validated by Kroenke et al. (2007), according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). It consists of seven items, arranged on a four-point scale:



0 (never) to 3 (almost every day), with scores ranging from 0 to 21, when measuring the frequency of anxiety signs and symptoms in the last two weeks. It is considered a positive indicator of signs and symptoms of anxiety disorders, value equal to or greater than 10 (Bergerot et al., 2014). Score: 5 to 9 = mild anxiety; 10 to 14 = moderate anxiety; 15 to 21 = severe anxiety. The scale was translated into Portuguese for this study.

### **Perceived stress scale– PSS**

PSS is a scale that suits different age groups due to its nonspecific context. This absence of context-specific issues is a relevant factor in the scale and may be associated with the reason why it has been validated in several languages (Cohen, 1986; Cohen & Williamson, 1988; Yosetake et al., 2018). In Brazil, the full version (PSS 14) was translated and validated with psychometric qualities within standards, in an elderly population, but its use can be performed in different age groups, including adolescents and young adults (Yosetake et al., 2018).

PSS 14 is composed of 14 questions with answer options ranging from zero to four: zero=never; um=almost never; two=sometimes; three=almost always; four=always. Questions with a positive meaning (4, 5, 6, 7, 9, 10, 13) are scored backwards. The remaining questions must be added directly. The total PSS score is the sum of the individual scores of each question, ranging from zero to fifty-six (Yosetake et al., 2018), whose interpretation is made considering: the higher the score, the greater the perceived stress. The PSS classification can be stratified into 5 levels, low stress level (below 18), normal stress level (19 to 24), moderate stress level (25 to 29), high stress level (30 to 35) and very high stress level (above 35) (Faro, 2015).

### **Short-form health survey (SF-12)**

The SF-12 is a faster application alternative to the Short-Form Health Survey (SF-36) instrument (Ciconelli et al., 1999). It consists of twelve items derived from the SF-36 and assesses eight different dimensions of quality of life, considering the individual's perception of their health in the last four weeks. Each item has a group of responses distributed in a graduated Likert-type scale, and the final score also ranges from zero to 100 (Silveira et al., 2013).

### **Sociodemographic data**

Sociodemographic and occupational data such as gender, age, address, occupation, weekly working hours, platform used by the educational institution for remote classes and on the challenges encountered in this model, were collected through a virtual questionnaire produced by the researchers.

### **Statistical analysis**

The research results were tabulated in an Excel for Windows 2019 data sheet. For the sample characterization data, anxiety and perceived stress, descriptive analysis were

performed with values of absolute (n) and relative (%) frequencies. Mean and standard deviation were also used for anxiety and perceived stress, as well as for age and quality of life.

## RESULTS

The sample consisted of 53 teachers, 18 men and 35 women, and the mean age was  $39.47 \pm 9.94$  years. Data referring to marital status, title, type of institution and degree that teaches, teaching time and weekly working hours can be seen in table 1.

<b>Marital status</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Married	23	43.4
Single	20	37.7
Stable union	6	11.3
Widower	2	3.8
Divorced	2	3.8
Total	53	100.0
<b>Higher degree</b>		
Doctorate degree	12	22.6
Master degree	20	37.7
Postgraduated	16	30.2
University graduate	5	9.5
Total	53	100.0
<b>Type of institution</b>		
Public	20	37.7
Private	28	52.8
Both	5	9.5
Total	53	100.0
<b>Student profile</b>		
University graduate	31	58.5
elementary	4	7.5
kindergarten	1	1.9
High School	1	1.9
Technician	2	3.8
more than one	14	26.4

Total	53	100.0
<b>Teaching time</b>		
0 to 10 years	29	54.7
11 to 20 years	16	30.2
over 20 years	8	15.1
Total	53	100.0
<b>Work week time</b>		
Up to 20 hours	15	28.3
More than 20 hours	38	71.7
Total	53	100.0

Table 1. Characterization of the sample through descriptive analysis of marital status, title, type of institution and degree it teaches, teaching time and weekly working hours.

In the anxiety assessment, a mean of  $10.44 \pm 6.39$  points was observed. There was a balance in the score according to the TAG classification, with 26 individuals (49.0%) without anxiety disorder, that is, with mild anxiety; and 27 (51.0%) with anxiety disorder, that is, presenting moderate (17.0%) or severe (34.0%) anxiety (Table 2).

(GAD-7)	Frequency (n)	Percentage (%)
Mild anxiety (5-9)	26	49.0
Moderate anxiety (10-14)	9	17.0
Severe anxiety (15-21)	18	34.0
Total	53	100.0

Table 2. Distribution of participants according to the level of anxiety according to the Generalized Anxiety Disorder Scale 7 (GAD-7).

As for perceived stress, an average of  $27.02 \pm 10.34$  points was observed. Twenty-two individuals (41.6%) had low or normal stress level, most had moderate, high or very high stress level (31 volunteers, 58.4%). The classification stratification into 5 levels is detailed in table 3.

Perceived Stress Scale – PSS	Frequency (n)	Percentage (%)
Low (under 18)	9	17.0
Normal (19 to 24)	13	24.6
Moderate (25 to 29)	9	17.0
High (30 to 35)	11	20.7
Very high (over 35)	11	20.7
Total	53	100.0

Table 3. Distribution of participants according to perceived stress.

Finally, the quality of life presented a mean score in the physical component of  $44.69 \pm 9.03$  and in the mental component of  $40.07 \pm 11.09$ .

## DISCUSSION

From the analysis of the results, it was possible to highlight some aspects. Most of the teachers were women, with a master's degree, taught at a private institution and had a higher education degree for up to 10 years and a weekly workload of more than 20 hours. The mean value classified the sample as having moderate anxiety and perceived stress and low quality of life.

Despite the teaching time and weekly workload lower than in another study (Pedrolo et al., 2021), it is possible that the accumulation of activities, in addition to the concern and change in routine due to the public health problem experienced at the time, has influenced regarding anxiety, stress and quality of life, as mentioned in the study by Araújo et al. (2020).

The number of studies that research on stress and health has grown markedly in the last decade (Faro, 2015). With the arrival of the pandemic caused by the new Coronavirus (COVID-19), this look was more necessary for the general population and for education professionals, since the educational practice had to go through several changes, which impacted the teachers' work routine (Rose, 2020).

Some issues, such as little or no skill with the use of technological tools associated with the context of self-demanding and pressure from educational institutions and work overload in relation to domestic demands can lead to a greater risk for the development of psycho-emotional suffering, which can be aggravate and generate a mental illness (Gomes et al., 2021; Silva et al., 2020).

These findings corroborate the results of the present study, because although it was observed that the percentage of teachers with anxiety disorder and without anxiety disorder

was balanced, it was seen that almost half of the studied sample had a mild percentage of anxiety, that is, no teacher had a zero score in this questionnaire.

Furthermore, regarding perceived stress, most presented a moderate, high or very high level of stress, corroborating Araújo et al. (2020), who reported that amidst the uncertainties of the pandemic period, stress, anxiety and depression can increase and lead to the burnout syndrome.

Both stress and social distancing can negatively affect quality of life (Lima, 2020; Ornell et al., 2020). The quality of life of the teachers evaluated in this study scored below the cutoff point (50 points) expected for the general population in the physical and mental domains, the latter being the most affected.

In the study by Pedrolo et al. (2021) the presence of stress was also observed in professors from a federal institution, with a predominance of psychological symptoms in relation to physical ones. However, when they assessed the general quality of life index, it was classified as good, contrary to this study. Above all, the instruments used in the two studies to assess quality of life and stress were different.

Alvarenga et al. (2020), in turn, used the brief WHOQOL as well as Pedrolo et al. (2021), however, they found a low level of perception of the QoL of public and private teachers, where only the physical domain was at a satisfactory level. In the mental domain, the negative evaluation was unanimous in all the studies mentioned, corroborating the results found here.

It is then suggested that educational institutions are more sensitive to this new reality of the teacher and recognize the limitations and potential of this moment, since the mental suffering arising from this new reality impacts the professional's work activities (Gomes et al., 2021).

## **CONCLUSION**

The data from the present study suggest that the social isolation and the consequent change in the teaching modality caused by the covid-19 pandemic cannot be indicated as potentiating increases in anxiety, depression and reduced quality of life. Future comparative studies should be developed with a larger number of subjects to elucidate this issue.

## **CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest.

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This research did not receive any kind of funding.

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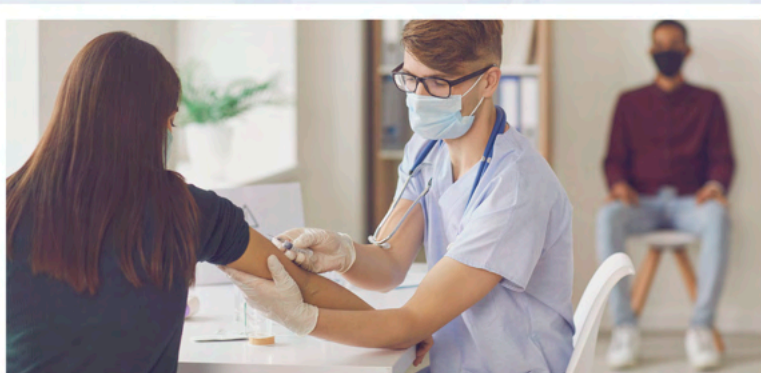
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