Mental health of teachers: spirituality as a protective strategy in pandemic times

A saúde mental dos professores: a espiritualidade como estratégia protetiva em tempos de pandemia

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ABSTRACT

This study investigated whether the spiritual well-being of teachers was a protective factor against stress, anxiety and depression during the COVID-19 pandemic. For this purpose, 733 teachers from different regions of Brazil answered online the following instruments: a questionnaire to obtain sociodemographic data, the Spiritual Well-Being Scale (SWBS) and the Depression, Anxiety and Stress Scale - Short Form (DASS-21). Data were collected in September and October 2020, and quantitatively analyzed using linear regression. The results revealed that the dimension of spirituality related to existential well-being was protective for the emergence of symptoms of anxiety, stress and depression. On the other hand, religious well-being was predictive of higher scores for the same disorders. Characteristics such as age, gender, income, type of school were related to the manifestation of psychopathological symptoms and the level of spirituality.

Keywords: Mental health. Pandemic. Spirituality. Teachers.

RESUMO

Foi investigado se o bem-estar espiritual de professores foi fator protetivo para quadros de estresse, ansiedade e depressão durante a pandemia da COVID-19. Para tanto, 733 professores de diversas regiões do Brasil, responderam, no formato *on-line*, os seguintes instrumentos: questionário para obtenção de dados sociodemográficos, a Escala de Bem-Estar Espiritual (EBE) e o *Depression, Anxiety and Stress Scale - Short Form* (DASS-21). A coleta foi realizada nos meses de setembro e outubro de 2020. Os dados foram analisados quantitativamente através de regressão linear. Os resultados revelaram que a dimensão da espiritualidade alusiva ao bem-estar existencial foi protetiva para o surgimento de sintomas de ansiedade, estresse e depressão. Por outro lado, o bem-estar religioso foi preditivo de maiores escores dos mesmos transtornos. Características como idade, gênero, renda, tipo de escola, apresentaram relação para a manifestação de sintomas psicopatológicos e o nível de espiritualidade.

Palavras-chave: Espiritualidade. Pandemia. Professores. Saúde mental.

INTRODUCTION

Psychic illness of teachers has been the subject of research in different Brazilian regions. Taking into account the specificities of each type of study, a common finding found in research on this topic is the significant illness of teachers: in Vitória da Conquista, state of Bahia, 55.9% sample of 808 teachers had minor mental disorders[1]; 50.3% sample of 751 elementary and high school teachers in the municipality of Belo Horizonte, state of Minas Gerais, had a number of symptoms compatible with mental illness[2]; the relationship between mental illness and musculoskeletal pain was present in teachers from Jaboatão dos Guararapes, state of Pernambuco, with 73.5% of the 525 participants presenting symptoms of stress[3].

Furthermore, studies on specific mental disorders, such as stress, anxiety and depression, revealed similar data, indicating teacher illness. A study with teachers who worked in both public and private schools reported that public school teachers requested more leave from work for psychiatric reasons (66.7%), mostly due to major depressive disorder, and, with regard to drug treatment, 48.3% educators in the public network and 17.2% of those working both in the public and private network used psychotropic drugs at the time of the study, in which antidepressants were the most used[4]. In a sample of teachers from a municipal school system in a city in the interior of the state of São Paulo, the rates of anxiety (25%) and depressive (15%) disorders were higher than the Brazilian and world average[5].

The aforementioned studies consider teaching as a profession at risk and the condition of teacher's illness is shown in statistical data. In 2018, there were more than 50 thousand leaves of teachers from the state public network of São Paulo due to mental health problems. This is equivalent to more than 40% of all leave of these professionals in this period, making it the main cause for the teacher to leave their position[6]. In short, research and all the literature revealed the situation of teacher illness aggravated by a set of characteristics that are specific to the profession, such as dissatisfaction with work, inadequate infrastructure and equipment, relationship problems between teachers, students and guardians, and function overload[1,2,3,5,7].

In addition to this situation, at the time of this study, the COVID-19 pandemic generated new challenges for teaching practice. In Brazil, the shift from face-to-face to remote teaching has been in existence for over a year, revealing that a significant percentage of teachers do not feel adapted or comfortable with this new reality[8], the access difficulties for students from disadvantaged classes continue without resolution[9], while a new pandemic moment, even more critical than that

experienced in 2020, forces students and teachers to continue indefinitely with distance education for basic and higher education[10].

In addition to the problems related to teaching, scientific studies reveal that the experience of the pandemic period tends to trigger psychological reactions in the general population such as fear (of getting the disease and infecting other people), anguish, loneliness, sadness and insomnia[11,12], with the highest incidence of mental illnesses being proven in the period, with emphasis on anxiety, depression and stress[12,13,14,15]. The literature review on mental illness and pandemic revealed that anxiety, depression, stress and post-traumatic stress disorders were the most commonly identified diseases in the general population and in health professionals[16]. A study carried out with a Chinese population sample also showed a high incidence of depression and anxiety among the inhabitants[12,15].

Publications on the issue of mental health and its relationship with the pandemic have not yet addressed the population of Brazilian teachers, but studies with nurses, physicians, health professionals and the general population showed an increase in illness as a common characteristic for all these types of sampling during the pandemic[16,17].

In the current period, studies related to mental health of teachers are necessary, considering that with their illness, the school as a whole becomes ill and its social function - the formation of citizens to live in a democratic regime - is severely impaired[5]. Along with this, the investigation of strategies to face this situation is relevant, since we still do not have a forecast for the end of the pandemic, at least in Brazil[10].

In view of the expansion of mental illness, it is urgent to ask questions regarding certain individual characteristics that can contribute to coping strategies and possible prevention of worsening mental disorders during this pandemic period[14]. Expanding the range of possibilities to prevent mental illness includes investigating strategies that are aggregated and made available to the population that may not always have access to psychological interventions and specialized treatment[12]. Spirituality is an example of a construct and individual characteristic that has been shown as a protective factor for mental health[18].

Spirituality can be understood as the subjective experience of union and belonging to something superior to the subject, which can be the cosmos, nature or a divine entity, for example. Thus, spiritual well-being is related to positive sensations - such as pleasure, joy, satisfaction, purpose and safety - resulting from this relationship[19]. In addition to contributing to the construction of the system of meanings and the conducts adopted in everyday life, there are studies in the literature that consider spirituality as a protective factor in

situations generating stress and adaptations, as well as a promoter of mental health[19].

Regarding the population object of this study, there are studies carried out in Brazil that investigated the levels of anxiety and depression in public basic education teachers, and found that groups composed of participants who had a religion had a lower proportion of anxious and depressed people[5,7].

Therefore, this study investigated whether the spiritual well-being of teachers was a protective factor for situations of stress, anxiety and depression during the COVID-19 pandemic. The hypothesis is that there is higher illness during this period and that it is pertinent to analyze protective factors for mental health. It is further hypothesized that spiritual well-being has a positive effect on teacher mental health during the pandemic.

METHODOLOGY

PARTICIPANTS

Participants in this study were 733 teachers aged between 20 and 69 years (M = 41.7 years; SD = 9.9). The characteristics of the sample are listed in Table 1:

Table 1. Sociodemographic characterization of Brazilian teachers (2020)

Variables		n	%
Gender	Male	150	21
	Female	583	79
Teaching network	Public	451	61
	Private	282	39
Level at which they teach	Child education	179	24
	Elementary I	182	25
	Elementary II	209	29
	Elementary Specialist Teacher	45	6
	High school	152	21
	Higher education	159	22
Income	1 minimum wage	9	1
	Between 2 and 3	169	23
	Between 3 and 5	214	29
	Between 5 and 7	165	23
	Over 7	176	24

INSTRUMENTS

1) *Inclusion and exclusion criteria*: Contain two questions with the inclusion and exclusion criteria defined for the study: working as a teacher for at least 2 years and having no psychiatric disorder before the pandemic.

2) *Sociodemographic data form*: form prepared by the researchers containing the following questions: gender, age, religion, family income and type of school where they taught.

3) *Spiritual Well-Being Scale*[19]: The SWBS is an instrument subdivided into two sub-scales (10 items each), one for religious well-being (RWB) and the other for existential well-being (EWB). Items referring to RBW contain a reference to God, and those of EBW do not contain such a reference. Half of the questions are written in the positive direction and half, in the negative one. The scale has 20 questions that should be answered using a Likert scale of six options: Strongly Agree (CT), Agree More Than Disagree (Cd), Partially Agree (CP), Partially Disagree (DP), Disagree More Than Agree (Dc), and Strongly Disagree (DT). Questions with positive connotation (3, 4, 7, 8, 10, 11, 14, 15, 17, 19 and 20) have their scores summed as follows, CT=6, Cd=5, CP=4, DP=3, Dc=2 and DT=1. The remaining questions are negative and should be added upside down (CT=1, Cd=2, CP=3 and so on). The scale total is the sum of the scores of these 20 questions and the scores can range from 20 to 120.

4) *Depression, Anxiety and Stress Scale - Short Form (DASS-21)* is a scale developed to measure and differentiate symptoms of anxiety and depression. It groups these symptoms into 21 questions about three basic structures: (a) the presence of negative affect, depressed mood, insomnia, discomfort, and irritability, symptoms that encompass both anxiety and depression; (b) factors that are specific symptoms of depression; and (c) factors that are specific symptoms of anxiety. This scale was adapted and validated in Brazil by Vignola & Tucci[20]. The authors inform that this instrument involves a theoretical model that adequately discriminates symptoms of anxiety and depression, which does not occur so well with other instruments and was translated and adapted for different countries and for different age groups.

In DASS-21, participants indicate the level of intensity of symptoms described in each item of the scale during the previous week. It is a 4-point Likert scale, with 0 (not applied at all) and 3 (applied a lot, or most of the time). Depression, anxiety and stress are indicated by the sum of the scores of the 21 items. Each subscale contains seven items to assess the emotional state of depression, anxiety and stress.

All subscales had adequate levels of internal consistency, being 0.92 for depression; 0.90 for stress; 0.86 for anxiety. With regard to the reliability of the factor structure, the authors found acceptable values, with 0.86 stress, 0.83 anxiety and 0.90 depression. The score is the sum of the items obtained in each subscale and to

calculate the final score, the total of each subscale is multiplied by 2. It is important to highlight that the DASS-21 allows the verification of symptoms commonly found in situations of stress, anxiety and depression, but with this scale alone, it is not possible to make a specific diagnosis of a mental disorder. Therefore, it would be necessary to collect more information that the instrument does not cover.

PROCEDURES FOR DATA COLLECTION AND ANALYSIS

This was a quantitative inferential study investigating whether the independent variables spiritual well-being (existential and religious) constituted protective factors against the illness of teachers (anxiety, depression and stress levels) in times of pandemic. The 733 teachers who participated in the study were recruited using the "snowball" technique, which is a technique for non-probabilistic samples[21]. The researchers sent, via social media (WhatsApp, Facebook, Instagram), a Google Forms link containing the informed consent form and the research instruments. The form was shared between September and October 2020, with new bulk texting every week. Thus, participants from the five regions of Brazil responded to the survey.

The research was submitted and approved by the Human Research Ethics Committee of the Psychology Institute, University of São Paulo (USP), under the number CAAE 35356120.2.0000.5561. The Google Forms survey that was answered by the participants had the Informed Consent Form (ICF) on the first page and the participant could only advance by clicking on the option "I read, I want to participate in the survey and I agree with the content described in that term" which meant agreement with the participation in the study and, in this way, the questions were available. If the participant did not choose this option, the survey would not allow access to the questions. Optionally, the insertion of an email address was requested to send the collective feedback for the study.

The criteria for participating in the study were to work as a teacher for at least two years and the exclusion criterion was to have been diagnosed with some mental illness before the pandemic.

Data were analyzed using Student's t-test for comparisons of means between two groups (female and male). Pearson's correlation coefficient was calculated between levels of well-being, and depression, anxiety and stress scores. Multiple linear regression analysis models were constructed to test the influence of well-being variables on illness. The enter

procedure was used and the significance level used was 5%.

RESULTS

The exclusion criterion of participants who had a diagnosis of mental illness before the pandemic revealed a prevalence of illness limited to this period, in which stress was the main reason for impairment in mental health of teachers (9% participants had pathological levels, which could be mild, moderate, severe or extremely severe, as listed in Table 2). Data also revealed levels of symptoms of depression (5%) and anxiety (4%).

Table 2. Prevalence of pathological stress scores and tendency towards anxiety and depression in Brazilian teachers (2020)

	Depression		Anxiety		Stress	
	N	%	N	%	N	%
Normal	700	95	701	96	671	91
Mild	12	2	12	2	20	3
Moderate	6	1	5	1	11	2
Severe	9	1	4	0	10	1
Extremely severe	6	1	11	2	21	3

With the exception of depression levels, for which there were no differences in the mean values according to gender, all other variables showed a statistically significant difference between participants who described themselves as men and women ($p < 0.05$). These data demonstrate that women have higher levels of spiritual well-being, both in their religious and existential dimensions, as well as higher levels of anxiety and stress (Table 3).

Table 3. Comparison of scores for depression, anxiety, stress, spiritual and religious well-being, between men and women

Variables		M	SD	*p*	T	DF
Religious WB	Men	3.94	1.61	0.000	-5.707	202.839
	Women	4.75	1.31			
Existential WB	Men	4.23	1.10	0.001	-3.406	201.724
	Women	4.56	0.89			
Depression	Men	0.75	0.75	>0.05		
	Women	0.81	0.73			
Anxiety	Men	0.53	0.66	0.002	-3.146	731
	Women	0.73	0.73			
Stress	Men	1.07	0.76	0.026	-2.225	731
	Women	1.23	0.76			

M/SD: mean and standard deviation; T: Student's t-test; DF: degrees of freedom; P: significance level; Pearson's correlation test.

Regarding mental health variables, age showed an inverse but weak correlation with depression ($r = -0.167$, $p < 0.01$), anxiety ($r = -0.133$, $p < 0.01$) and stress ($r = -0.281$, $p < 0.01$). These results indicate that the older the participants, the lower the levels of depression, anxiety and stress. Age also had a weak and positive correlation with religious ($r = 0.194$, $p < 0.01$) and existential ($r = 0.185$, $p < 0.01$) well-being. Although these correlations are weak, it is worth noting that they are significant, indicating that there is an association between the variables.

There was no relationship between the income and the participants' stress levels, however, an inverse correlation was found, however, weak with depression ($r = -0.128$, $p < 0.01$) and anxiety ($r = -0.120$, $p < 0.01$), signaling that the higher the teacher's income, the lower the levels of depression and anxiety. Income also had a weak and positive correlation with existential well-being ($r = 0.106$, $p < 0.01$) and negative with religious ($r = -0.073$, $p <$ 0.05), that is, the higher the income, the greater the existential well-being and the lower the religious well-being.

There was no statistically significant difference between the groups ($p > 0.05$) of public and private school teachers for most of the investigated variables, however, public school teachers achieved higher mean value in religious well-being [t $(542.22) = 4.13$; $p = 0.000$], while teachers from the private network showed higher levels of stress [t $(565.04) = -3.64$; $p = 0.000$].

Regression models were structured to predict the impact of religious and spiritual well-being (independent variables) on variables associated with mental health. For this purpose, three distinct models were built, considering one of the mental health variables as dependent, namely: depression, anxiety and stress. Table 4 lists the of Pearson correlation coefficient estimates and linear regression analysis between the dependent variables of anxiety, depression and stress, and well-being.

Table 4. Prevalence of existential well-being as a protective factor against anxiety, depression and stress in Brazilian teachers (2020)

	Religious well-being			Existential well-being		
	(*r*)	R² (%)	β	(*r*)	R² (%)	B
Depression	-0.184*	0.347	0.098	-0.568*	0.347	-0.521
Anxiety	p>0.05	0.179	0.155	-0.330*	0.179	-0.380
Stress	-0.135*	0.191	0.077	-0.421*	0.191	-0.450

r: Pearson correlation; R²: level of impact; β= standardized coefficients; * Significant at 0.1% probability ($p < 0.01$) - Multiple linear regression analysis.

For the depression variable, the multiple linear regression analysis resulted in a statistically significant model [$F_{(2.730)}$ = 194.191, $p < 0.05$; R^2 = 0.347]. Considering the R^2 = 0.347, we can state that the effect of well-being on depression was large[22]. Therefore, religious well-being was a predictor of the depression variable (β = 0.098; t = 5.270; p = 0.00) and existential well-being had a negative impact on the depression variable (β = -0.521; t = -18.728; p = 0.00). The mathematical equation that described the relationship between the independent variables and the depression variable is: depression = 2.700 + 0.098 . religious well-being - 0.521 . existential well-being. Thus, we can affirm that high scores of existential well-being are a condition that can prevent depressive disorders, but on the other hand, religious well-being scores cannot.

The regression model for the anxiety variable was also statistically significant [$F_{(2.730)}$ = 76.692, $p < 0.05$; R^2 = 0.179], with the effect of well-being on anxiety being considered moderate (R^2 = 0.179)[22]. Existential well-being again showed a negative impact (β = -0.380; t = -12.356; p = 0.00), as well as, again, religious well-being was predictor (β = 0.155; t = 7.553; p = 0.00) of anxiety. The mathematical equation that describes the relationship between well-being and the depression variable is: anxiety = 1.694 + 0.155 . religious well-being - 0.380 . existential well-being. Thus, high scores of existential well-being can be considered as preventive factors for anxiety, as well as we can state that religious well-being can predict anxiety.

Regarding the stress variable, the regression model had a statistically significant result [$F_{(2.730)}$ = 86.420, $p < 0.05$; R^2 = 0.191], and the effect of well-being on stress was also considered moderate (R^2 = 0.179)[22]. Once again, existential well-being had a negative impact (β = -0.450; t = -12.507; p = 0.000), and religious well-being also had a predictor role (β = 0.077; t = 3.559; p = 0.000) on the stress level of teachers. The mathematical equation that describes the relationship between well-being and the stress variable is: stress = 2.669 + 0.077 . religious well-being - 0.450 . existential well-being. Thus, good levels of existential well-being are preventive factor for stress, as well as religious well-being can trigger higher levels of stress.

DISCUSSION

Teachers had lower levels of anxiety, depression and stress than those reported by Wang *et al.*[15] e Zhang *et al.*[23], who analyzed the incidence of these

pathologies, respectively, in the general population and in healthcare professionals in China during the pandemic period. Considering only levels of anxiety and depression, the values were also lower than those obtained by Ferreira-Costa and Pedro Silva[5,7], who studied these disorders in basic public school teachers in a period before the pandemic. This difference can be explained by the exclusion criteria of the present study, which did not include teachers who already had a history of mental disorders. Studies show that having previous pathologies is a predictor of higher levels of anxiety, depression and stress[16,17]. With regard to health professionals, the fact that they are "in the front line" and that they are constantly at risk of getting the virus are aggravating factors that teachers are not subjected to.

As for the gender variable, women participating in the study showed higher levels of stress and anxiety symptoms than men. These data are in line with those obtained by Barros *et al.*[13] and Moreira, Souza and Nóbrega[16] carried out also during the pandemic period. Analyzing specifically the pandemic period, it can be assumed that adaptations that occurred had a more intense impact on women, as, in addition to changes in work, many of the household activities and care for other family members seem to remain a female responsibility[13]. An example of this

increased demand is the greater participation of parents - especially the mother - in the remote education of their children[8]. Another aggravating factor for this situation is related to the fact that isolation increased the rate of domestic violence, in which women are the main victims[24].

Although the elderly are considered a risk group for COVID-19, which could trigger greater concern or, at least, a tendency towards illness in this age group, it was found in this study that the older the participants, the lower the presence of symptoms of anxiety, depression and stress. Similar data were obtained by Barros *et al.*[13], who observed that the levels of illness in the elderly were lower than in young people, and argued that this is because the routine of elderly was less impacted than that of young people. With respect to work, many are already retired, so the fear of impact on their income is also lower[13]. Nevertheless, as the population of this study is made up of active teachers, and a significant part of the sample is made up of civil servants with job stability, it is possible to infer another way of explaining this result, which concerns the life experience, which may have generated greater resilience in older adults[5].

Regarding the teacher's salary, lower financial gains have already been observed as predictive factors for mental

illness[4,7]. These results are in line with research carried out during the pandemic period, in which a relationship was found between income and quality of life[25]. It is believed that those with lower salaries have less alternative income for emergencies (such as savings and rental properties, for example), making them socially and mentally more vulnerable in situations affecting the economic activity, such as the case of the pandemic.

As for spirituality, those with higher salaries had lower levels related to religious well-being, similarly to that reported by Thurow *et al.*[26], in a research with doctoral students. It is possible that those who experience financial problems, more often, place their hope in a religion or in their faith in a superior entity, as a strategy to overcome adversity[26].

In relation to teachers from the private network, the fact that they have shown higher levels of stress may be related to insecurity regarding employment. Public school teachers usually have job stability, while dismissals in the private network can occur with the reduction of students. Excessive demands and work were the main complaints of teachers in the private network in a study carried out by Delcor *et al.*[27], and were related to higher rates of mental illness.

Regarding the difficulties pointed out by teachers to adapt their work to the

pandemic reality, these are pointed out as factors contributing to professional illness[12]. In the case of teachers, studies suggest that inadequate physical and material environment for teaching classes are related to higher levels of mental illness[2,5]. Even with access to computers and quality Internet, most teachers were not qualified to carry out their work in remote mode. Additionally, they were forced to adapt their homes – previously a private place for leisure and rest – to become a working environment as well. Greater adaptations produce greater wear and, consequently, higher levels of mental illness[5]. This situation may explain why an increase in illness was found among teachers who reported themselves healthy before the pandemic.

Finally, spirituality proved to be a predictive factor of protection against mental illness, as found in the study by Turke *et al.*[28]. However, only in the dimension linked to existential well-being was this observed. In other words, teachers who had higher levels of existential well-being had lower levels of stress, anxiety and depression.

Existential well-being refers to the positive expectation regarding future, optimism and a sense of purpose in life[19]. Unlike religious well-being, it is not necessarily linked to a devotion to a higher god or entity. These results are in line with

those obtained by Chaves *et al.*[29], who analyzed the relationship between anxiety and spirituality in university nursing students and found that those with low levels of optimism and hope had higher rates of anxiety. To some extent, this characteristic explains why teachers with higher levels of existential well-being had lower scores for stress, anxiety and depression.

For religious well-being, we found the opposite: those who presented higher levels in this dimension had a higher proportion of symptoms of stress, anxiety and, mainly, depression. Religiosity has always been a topic of debate in academia regarding its role in the mental health of the population[18]. Although religiosity can exhibit positive aspects, such as serving as support in facing challenges arising from disease processes, scholars such as Gomes *et al.*[30] point out that it can also manifest in a harmful way, as the difficulties experienced by the subject can cause feelings of orphanhood towards their God, of divine punishment, in addition to questions that can generate anguish and conflicts with their faith.

Importantly, women and those who were older present higher levels of spiritual well-being, both in their religious and existential dimensions. However, only this last group had lower levels of stress, anxiety and depression. As already mentioned,

women had higher levels of stress and anxiety. It is possible that the existential well-being experienced by them has not been able to stand out in the face of particularities that generate anguish that women are having to face in the pandemic.

FINAL CONSIDERATIONS

The pandemic triggered an increase in stress, anxiety and depression in the population of Brazilian teachers. However, existential well-being proved to be a protective factor for teachers, that is, a eudaemonic existential reading of life itself, leads to positive emotions and sensations experienced by those who identify a purpose and meaning for life, manifesting as an important predictor of non-illness even in a pandemic emergency.

On the other hand, the population, especially teachers who self-designated themselves as Christians showed greater religious well-being, which proved to be a triggering factor for increased anxiety, depression and stress, since the well-being coming from communion with a superior or sacred being, especially among Christians, was predictive of higher anxiety scores, mainly.

Thus, it emphasizes the importance of investigating protective factors against teacher illness, especially in situations of global crisis, such as the COVID-19

pandemic. The teacher's illness has implications not only for this individual, but for the health of the entire school and the community. Thus, research dedicated to investigating factors that can promote health or prevent illness, such as the case of spiritual well-being, enable the implementation of intervention projects and can build possible indicators of scientific evidence for public policies in the area of health and education. More than remedying, the identification of protective factors can mean the right path to promote teacher health.

A limitation to be considered in this study is related to the fact that the sample consisted of teachers who declared themselves healthy before the pandemic. Therefore, the data did not reveal the health condition of Brazilian teachers, since teachers who already had some type of diagnosis prior to the pandemic period were excluded from the present study, according to our methodological criteria. However, it is important to pay attention to the fact that, probably, if the mental health condition among healthy teachers was altered by the pandemic, it would be important to investigate the condition of teachers with previous diagnosis.

Likewise, as suggestion, further research has to be carried out to increase knowledge about the specificity of the relationship between religious belief, religious well-being and mental illness. New studies could also broaden the knowledge and understanding of greater illness during a pandemic period, identified among women, when compared to male teachers.

Finally, the data obtained in this study suggest that it is important, when studying the psychological sequelae resulting from pandemic periods, that these investigations take into account the specificities of the different groups that make up our society. This care is necessary as, even admitting that the world population as a whole has suffered, the way this period crossed the individual's body and mind will be influenced by biological, psychological, social and labor factors, as well as these elements will play a role in how to deal with stressful situations.

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