



THE MAIN DISEASES AND DISORDERS AFFECTING THE HEALTH OF TEACHERS

AS PRINCIPAIS DOENÇAS E TRANSTORNOS QUE ACOMETEM A SAÚDE DOS PROFESSORES

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ABSTRACT: The objective of this study was to investigate the main diseases and disorders affecting the health of teachers in the municipality of Concórdia, Santa Catarina, Brazil, who work in two public elementary schools. This was a study with a mixed quantitative–qualitative approach, in which data were collected through an online questionnaire administered to teachers. The results indicated that the main health conditions affecting teachers included stress, insomnia, anxiety, nervousness, difficulty thinking clearly, hair loss, depression, chronic pain (headache, spinal, limb, and joint pain), gastrointestinal problems (poor digestion, gastritis, and reflux), vocal disorders (hoarseness and loss of voice), diabetes, hypertension, allergies, hypercholesterolemia, respiratory infections, epicondylitis, osteoporosis, hyperthyroidism and hypothyroidism, cervical cancer, tingling in the hands, joint injuries, repetitive strain injury (RSI), tremors, nutritional disorders (hypocalcemia and iron deficiency), and diseases of the circulatory system. It is concluded that these health conditions lead to reduced work attendance among teachers due to medical certificates and health-related leave, although some choose to continue working even while ill.

KEYWORDS: Teacher health; Teaching work; Teacher diseases; Health.

RESUMO: O objetivo foi investigar as principais doenças/ transtornos que acometem a saúde dos professores do município de Concórdia/SC, que trabalham em duas escolas públicas municipais de Ensino Fundamental. Trata-se de um estudo de abordagem quanti-qualitativa, com dados constituídos por meio de um questionário *online*, aplicado aos professores. Apontam que as principais doenças que acometem a saúde dos professores são: estresse, insônia, ansiedade, nervosismo, dificuldades para pensar com clareza, queda de cabelo, depressão, dores crônicas (na cabeça, na coluna, nos membros e nas articulações), problemas gastrointestinais (má digestão, gastrite e refluxo), distúrbios vocais (rouquidão e perda de voz), diabetes, hipertensão, alergias, colesterol, infecções respiratórias, epicondilite, osteoporoze, hipertireoidismo e hipotireoidismo, câncer de colo de útero, formigamento nas mãos, lesão articular e lesão por esforços repetitivos (LER), tremores, distúrbios nutricionais (hipocalcemia e deficiência de ferro) e doenças do sistema circulatório. Conclui-se que essas doenças obrigam aos professores a redução da frequência ao trabalho, através de atestados médicos e de licenças de saúde, apesar de alguns optarem por trabalhar doente.

PALAVRAS-CHAVE: Saúde dos professores; Trabalho docente; Doenças dos professores; Saúde.

INTRODUCTION

Teaching is a stressful professional activity impacting teachers' quality of life and health. The teaching career involves the selection and development of curriculum content and pedagogical strategies, implementation and evaluation of classroom teaching, consolidation of general and specific educational objectives, promotion of student learning¹, and management of working conditions, as well as presupposing the mediation of conflicts, facing students' learning difficulties/limitations, facing social vulnerability, overcoming structural and pedagogical challenges, among others. Daily and sometimes extreme situations that permeate the school routine, especially in the classroom, constitute the object/theme of research in different fields of knowledge based on diverse theoretical-methodological approaches^{2,3,4,5}. Thus, the literature in the area reports that teaching work is one of the primary determinants of teachers' health.

From this perspective, teachers' work is characterized as a very exhausting activity with a strong potential to affect teachers' health; it is considered directly related to the health conditions of education professionals. The most relevant aspects are related to the stressful routine of classroom teaching, student indiscipline, lack of work structure, high weekly workload, pressure for student learning results, conflict mediation, teacher devaluation, challenges in the school environment, infrastructure problems in educational institutions, among others^{2,3,5}. These are some of the material and concrete challenges to which teachers in Brazilian public schools are subjected and have impacted their health and work in the school environment.

Research shows that the primary health conditions resulting from day-to-day life in the classroom and at school that strike teachers are mental and emotional illnesses, such as depression, anxiety, nervousness, burnout syndrome, and insomnia^{3,5}. In addition, cardiovascular diseases, such as hypertension, tremors, pharyngitis, chronic pain, fatigue, physical exhaustion, and allergies, are quite common among teachers^{2,3,5}.

Research on teachers' health at work is crucial for improving the quality of life of these professionals^{2,3,5}, as well as the quality of teaching provided in the classroom, considering that health, together with professional education, is fundamental and directly related to some skills, such as reflecting, teaching, problem-solving, mediating relationships, understanding, reasoning, managing the class, activities, and conflicts, understanding students, etc. In other words, if the teacher's health is poor, these capabilities may be compromised to a greater or lesser degree³, directly interfering with the work done.

Generally, health is the state of the individual's physical, mental, and social well-being and is not limited to the absence of a disease⁶ (BRASIL, 2024). In this sense, the concept of health has a high degree of concomitant objectivity and subjectivity, as individuals and society consider whether or not they are healthy based on references to values that they attribute to a situation and/or context. Therefore, health is a construction of each individual and the community throughout existence⁶.

Based on the above, we believe that understanding the meaning of health, particularly the meaning of teachers' health, is a fundamental resource in promoting their well-being and improving the conditions of teaching work. From this perspective, this article's main objective is to understand the primary diseases/disorders that affect the health of teachers who work in two municipal public elementary schools in Concórdia (SC).

METHODS

The quantitative-qualitative approach article results from research on the primary diseases/disorders affecting teachers' health in Concórdia (SC), focusing specifically on teachers working

in two public municipal elementary schools. To this end, the empirical material was a questionnaire applied to teachers in the context of a pedagogical activity developed by management to celebrate Teachers' Day on 10/15/2024 during school hours/days. The questionnaire was applied to teachers individually and answered online.

All teachers who agreed to participate in the research formalized their acceptance by signing a Free and Informed Consent Form (FICF). The research has a Certificate of Presentation of Ethical Appreciation (CAAE) approved by the Research Ethics Council (CEP/UFFS) under number 45026621.6.0000.5564. Signing the FICF was mandatory for participants to complete the online questionnaire.

Quantitative research can be defined as a study method that seeks to analyze numerical data used to calculate variables, and, in this way, numbers appear in the foreground⁷. This research approach uses different quantitative techniques, with logical reasoning predominating in data analysis. In turn, qualitative research is defined as an appropriate approach to the world of meanings, considering that this level of reality needs to be interpreted by researchers. In this way, the qualitative approach is suitable for scientific studies of document and discourse analysis⁷.

Data were collected through an online questionnaire organized into subjects/topics related to teachers' health and the research objectives, i.e., "Free and Informed Consent Form," "General Data and Personal Identification," "About your health," "About your lifestyle," and "About your professional motivation/demotivation."

Data analysis focused on general data from the second structuring topic of the questionnaire and data on teachers' health (3rd topic), according to the objective/delimitation of this article.

Finally, we clarify that although the teachers participating in the research work for two municipal public schools –pre-defined for the investigation approach–they also work concurrently in other schools in the municipality (municipal and state) and in central and peripheral schools. Furthermore, the data shows that 57.6% of teachers have temporary employment contracts, meaning they change (or may change) schools yearly. Thus, the emerging results represent a cohort of teachers working in municipal schools in Concórdia (SC).

RESULTS

Fifty-nine teachers participated in the research, of which 88.1% were women and 11.9% were men. Of these, 57.6% have a stable employment relationship through a public competition, and 42.4% have an employment relationship through a temporary contract, with 78% of teachers working a 40-hour workweek, 11.9% working 20 hours a week, 6.8% working 60 hours a week, 1.69% working 50 hours a week, and 1.69% working 30 hours a week. Furthermore, 42.4% of teachers work in more than one school, and 11.9% carry out another paid activity to supplement their salary. All teachers have higher education degrees, with 37.28% having postgraduate degrees at a *lato sensu* specialization level, 1.69% having master's degrees, and 1.69% having doctorates.

According to the data collected, 15.3% of teachers have a slight tremor in their limbs, and 3.4% have extreme tremors. Tremors are located in the upper limbs (hands and arms), lower limbs (mainly legs), eyelids, and other body areas. Some teachers have reported using specific medications to control these tremors.

Regarding symptoms of indigestion, 22% of teachers experience such problems quite frequently, 23.7% infrequently, 8.5% very rarely, and 1.69% have persistent indigestion. Furthermore, teachers suffer from problems related to voice loss, such as hoarseness and difficulty speaking, with 3.4% suffering

extremely, 33.9% suffering a lot, 23.7% suffering a little, 15.3% suffering very little, and only 23.7% not suffering from problems related to voice loss.

Teachers indicated that they feel nervous as follows: 44.1% feel quite nervous, 5.1% are extremely nervous, and 30.5% consider themselves a little nervous. Of these, 84.74% of teachers consider that nervousness is a result of the challenges of working in the classroom and other challenges in the school context. In this sense, almost half of the participating teachers stated that they were depressed at the time of the survey, with 11.9% (seven teachers) being quite depressed, 15.3% (nine teachers) being slightly depressed, 22% (13 teachers) being very slightly depressed and only 50.8% (30 teachers) indicating that they were not depressed. Furthermore, some teachers reported difficulty thinking clearly, with 20.3% having much difficulty, 30.5% having a little difficulty, and 20.3% having very little difficulty.

The data show that 42.4% of teachers (25 out of 59) were absent from work due to sick leave to treat their health problems, and 28.8% had already developed illnesses resulting from their teaching work. Furthermore, 69.5% of teachers needed to undergo some type of surgery, including tumor removal, cesarean section, knee surgery, bariatric surgery (and abdominoplasty with liposuction), saphenous vein removal, reconstruction of the anterior cruciate ligament of the knee (right), vision surgery, tubal ligation (in cesarean section), bone surgery, gallbladder removal, uterus removal, hearing aid surgery, screw placement in the foot due to nerve injury, hysterectomy, appendix, and condyle surgery, synovial cost of the wrist, mammoplasty, tonsil removal, fallopian tube removal, varicose vein and bunion surgery, and femur surgery.

Regarding the health treatments already carried out by teachers in Concórdia schools, in the context of their professional trajectories, the following stand out: treatments for diabetes or high blood sugar (8.5%), hypertension/high blood pressure (23.7%), allergies (18.6%), hormonal regulation (13.6%), stress/anxiety (13.6%), depression and other behavioral/health disorders (11.9%), pain/chronic diseases (20.3%), voice (16.9%), high cholesterol (11.9%), cancer (3.4%), benign tumors (3.4%), asthma or other respiratory diseases (18.6%), hearing loss (5.1%), musculoskeletal disorders (1.69%), spine (11.9%), urinary infections (10.2%), respiratory infections (22%), cardiovascular diseases (3.4%), gastrointestinal (16.9%), hair loss (16.9%), and other types of treatment (20.3%).

At the time of the survey, 27.1% of teachers (16 people) stated that they had some symptoms of illness. The symptoms were anxiety (12.5%), joint pain (6.25%), difficulty breathing (6.25%), headache and migraine (12.5%), arm pain (12.5%), loss of voice (6.25%), dizziness and malaise (6.25%), epicondylitis (6.25%), back pain (6.25%), physical and mental fatigue (6.25%), and leg pain (6.25%). Furthermore, 23.7% (14 teachers) were ill at the time of the survey, with anxiety (28.57%), hypertension (21.42%), reflux (7.14%), osteoporosis (7.14%), hyperthyroidism and hypothyroidism (14.28%), obesity (7.14%), voice problems (7.14%), iron deficiency (7.14%), diabetes (7.14%), and migraine (7.14%).

Regarding the use of medications, teachers showed that due to the challenges of their professional activity, they need to use medications, with 6.8% using medications extensively, 10.2% using them frequently, 11.9% using them little, and 8.5% using them very little. Therefore, 62.7% indicate that they do not need to use medication. The following image (Fig. 1) illustrates this aspect.

The data collected reveal that 6.8% of teachers (four teachers) consider themselves extremely dependent on medication to be able to work, 1.69% (one teacher) consider themselves quite dependent, 10.2% (six teachers) consider themselves slightly dependent, 8.5% (five teachers) consider themselves very slightly dependent and 72.9% do not consider themselves dependent on medication to be able to work. Furthermore, the data shows that 33.9% of the participating teachers were using medication at the time of the survey, as shown in the image below (Fig. 2).

Due to teaching challenges, do you use medications to feel better?

59 responses

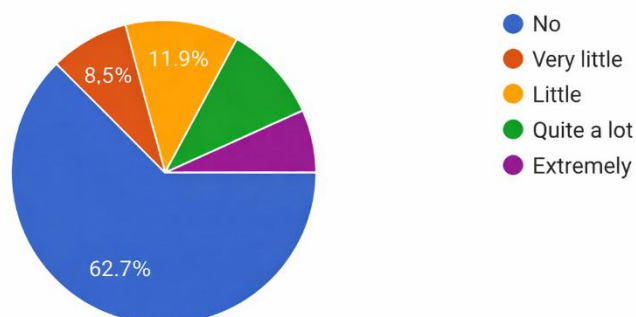


Figure 1. Medications used by teachers. Source: Prepared by the authors.

At this mommnt, are you using any medications?

59 responses

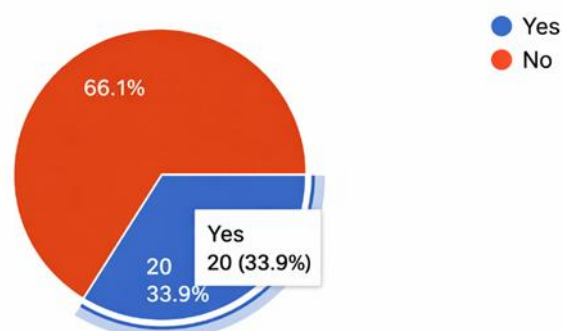


Figure 2. Current medication use. Source: Prepared by the authors.

Among the medications teachers used, the following stand out: Atelop (hypertension), Sertraline (antidepressant), Fixa-cal (combats hypocalcemia), medication for reflux (could not provide the name), Aldomet (hypertension), Escitalopram (antidepressant), Citalopram (antidepressant), vitamins and ferrous sulfate (supplements), medication for high blood pressure (not provided), medication for sleeping (not provided), Donaren (antidepressant), medication for blood pressure control (not provided), Duloxetine (chronic pain, anxiety, and depression), Topiramate (anticonvulsant - epilepsy and migraine), medication to control blood pressure (not provided), Diosmin (indicated for blood circulation, antioxidant, anti-inflammatory, and anti-edema), Deller 100 mg (antidepressant), Propranolol for essential tremor (antihypertensive), Sertraline (antidepressant), and sometimes a controlled medication for sleeping.

DISCUSSION

Data analysis revealed that women predominate in teaching (88.1%). As in other regions of Brazil^{2,4,8}, women make up the majority of teachers working in basic education in the country. The data on teachers' health collected in this research mostly represent female teachers working in municipal schools in Concórdia/SC.

Data shows that 31.9% of teachers suffer from highly intense headaches. Only ten teachers (out of the 59 respondents to the questionnaire), that is, 16.9% of this sample, do not suffer from pain in the head region. 66.10% of teachers consider that these pains are associated with work. When reviewing studies on diseases affecting basic education teachers' health, we found that teachers suffer from different body pains and health problems. However, pain in the head region was not predominant in these studies^{2,3,4,5,7}, therefore characterizing a predominant disorder/sensation (and original data) and emerging in this study.

Scientific research shows that teachers' body pains are directly associated with their teaching work^{3,5,8}. These pains can be aggravated by teachers' aging, work overload, and years of professional activity in often tiring and stressful professional contexts³. In this sense, the data indicate that only 16.9% of the teachers participating in the research have worked as teachers for less than five years, with 23.7% working for five to ten years, 27.1% working for ten to 15 years, 13.6% working for 15 to 20 years, and 18.6% working as teachers for more than 20 years. Therefore, 83.1% of teachers have worked for more than five years and approximately 60% have worked in the classroom for more than ten years, as shown in the image below.

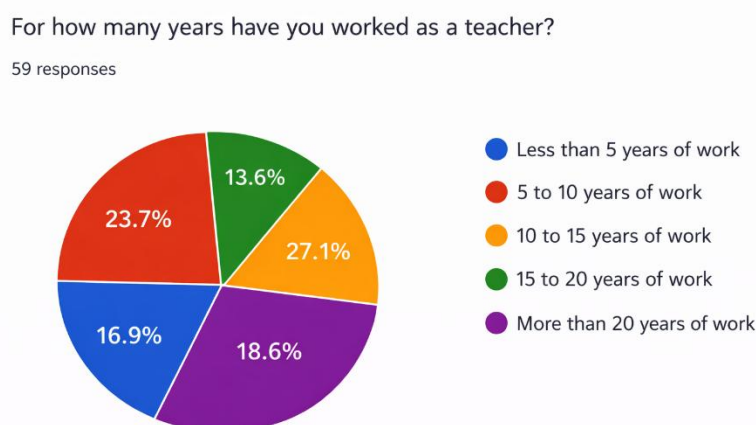


Figure 3. Teaching experience. Source: Prepared by the authors.

The study data indicate that 18.7% of teachers suffer from tremors in their hands, arms, legs, and eyelids, requiring medication to control these tremors. In theory, tremors can occur in association with other symptoms in the context of a syndrome. They can be related to infections or physical and/or mental disorders. Porto (2019)⁹ advocates that tremors are alternating movements of small or medium amplitude, more or less fast and regular, affecting mainly the limbs' distal parts.

Regarding symptoms of indigestion, the data showed that 23.69% of teachers have a high or extreme frequency of this symptom, and 32.2% have a low or very low frequency. In this sense, it is important to consider that teaching can cause physical and mental exhaustion because teachers usually face a stressful routine of studying, lesson planning, conflict resolution, and noise exposure, among others¹⁰. This routine may often affect the digestive system, considering that the digestion/absorption of food is a process that involves (is influenced), at the same time, the nervous system^{9, 11}. However, it is important to mention that digestive system disorders are complex and have multiple etiologies.

According to Porto and Porto (2017)¹¹, indigestion is a symptom of dyspepsia, an abnormal and subjective sensation perceived by the individual and generally seen as a liver disorder. There are three types of dyspepsia: reflux, ulcer, and dysmotility, of organic or psychogenic origin (from emotional disorders). Given this definition and considering data emerging from this study, it is possible/probable

that the stressful and exhausting routine teachers face daily and over the years may influence their digestion. However, it is not possible, based on collected/isolated data, to confirm this hypothesis without a more in-depth investigation/anamnesis by a qualified professional. Therefore, the data collected in this research are limited for etiological conclusion.

Regarding problems related to loss of voice (or hoarseness), the data confirmed that it is a disease/change that affects 76.3% of teachers, of which 37.3% are quite or extremely affected. In this sense, these data corroborate other investigations that found that loss of voice or hoarseness worsen teachers' health in different regions of Brazil^{2,3,5,12}.

In general, teachers use their voices continuously and intensively daily to mediate/manage students' learning routines in the classroom. This intense vocal activity, without proper professional guidance, the use of vocal exercises, vocal lubrication, intensity setting, and other particularities of each person, can affect teachers' vocal health. Porto (2019)⁹ suggests that laryngitis and injuries to the vocal cords are the leading causes of hoarseness and loss of voice.

The data shows that teachers feel nervous, with 44.1% feeling quite nervous, 5.1% being extremely nervous, and 30.5% considering themselves a little nervous. In this sense, 84.74% of teachers consider nervousness to result from work challenges. Furthermore, a large proportion of teachers highlighted that they were depressed at the time of the survey, with 11.9% (seven teachers) being quite depressed, 15.3% (nine teachers) slightly depressed, 22% (13 teachers) very slightly depressed, and only 50.8% (30 teachers) stating that they were not depressed at the time of the survey. Furthermore, some teachers reported difficulty thinking clearly, with 20.3% having much difficulty, 30.5% having a little difficulty, and 20.3% having very little difficulty.

The high percentage of teachers who feel nervous, depressed, and have difficulty thinking is striking. Data indicate that teaching work can somehow influence the development of some syndromes. Indeed, the mental disorders highlighted in this research are also confirmed by other studies^{2,3,5,10} that advocate that, historically, teaching work is associated with mental/psychological disorders. In other words, teaching work is characterized by an activity that mainly requires mental effort and intellectual production, demands much energy, and causes mental exhaustion. These wear and tear have an impact on teachers' health.

Nervousness, depression, difficulty thinking, as well as forgetfulness, anxiety, and stress are disorders resulting from extreme exhaustion and precursors to some related syndromes. Interpersonal conflicts in the work environment are an important aspect influencing these signs/symptoms. In this context, our analysis reveals that teachers believe that their health is directly influenced by social relationships in the work environment. Of these, 18 teachers, that is, 30.5%, believe that the school work environment influences their health "a lot" or "extremely," and 45.7% consider it "a little" or "very little." Thus, the empirical data collected confirm the inference that the mediation of social conflicts, a characteristic activity of teaching work, especially in schools on the outskirts of cities, is a preponderant factor in teachers' mental illness^{2,3,5}.

In the meeting, 17% of teachers consider their schools and the school environment a difficult place to work in, whereas 35.6% consider it to be little or very little. In the same sense, 22.1% of teachers consider school and the school context to be a very and/or extremely dangerous place to work, and 35.5% consider it to be somewhat and/or very slightly dangerous, which can pose risks to physical and psychological integrity. 23.7% indicate that social conflicts are extremely and/or quite common in their work, and 40.6% consider them to be little and/or very little common. These findings corroborate the research by Cálido, Lemos, and Rebolo (2021)⁵, which confirmed that conflicting relationships and

student indiscipline are among the main causes of nervousness, occupational stress, and depression among teachers.

Therefore, teaching work, in general, has the potential to accentuate these emotional and psychological aspects due to the particularities already highlighted, which are predominant in the profession. Although work conflicts are not an exception to the teaching profession, teachers, in general, live daily in conflicting and stressful environments, teaching children and adolescents with different degrees of difficulties, from different cultural and educational backgrounds, sometimes with psychological problems, mediating conflicts that often involve different types of aggression (verbal, physical, emotional) and managing diverse resources, often limited and/or scarce, which harm their professional performance. Depending on the school/region where the teacher teaches, conflicts and other stressors may be heightened/worsened.

Cálido, Lemos, and Rebolo (2021)⁵ also advocate that the lack of energy and emotional balance to manage conflicts in interpersonal relationships and students' poor behavior stand out among the most challenging factors for teachers' illnesses. This process can be further weakened when the teacher does not find support from the pedagogical team and school management.

Regarding the health treatments already carried out by teachers in Concórdia schools, in the context of their professional trajectories, the following stand out: treatments for diabetes or high blood sugar (8.5%), hypertension/high blood pressure (23.7%), allergies (18.6%), hormonal regulation (13.6%), stress/anxiety (13.6%), depression and other behavioral/health disorders (11.9%), pain/chronic diseases (20.3%), voice (16.9%), high cholesterol (11.9%), cancer (3.4%), benign tumors (3.4%), asthma or other respiratory diseases (18.6%), hearing loss (5.1%), musculoskeletal disorders (1.69%), spine (11.9%), urinary infections (10.2%), respiratory infections (22%), cardiovascular diseases (3.4%), gastrointestinal (16.9%), hair loss (16.9%), and other types of treatment (20.3%).

These data confirm that teachers are affected by several diseases/health disorders, with hypertension, respiratory infections, chronic pain, gastrointestinal problems, various allergies, and voice-related problems predominating. Corroborating these aspects, Cálido, Lemos, and Rebolo (2021)⁵ point out that these disorders and illnesses are frequent in the teaching profession, especially problems with blood pressure, loss of voice, stress, and depression, low self-esteem, syndromes (such as burnout syndrome), anguish, discouragement, etc.

At the time of the survey, 27.1% of teachers (16 people) stated that they had some symptoms of illness. The symptoms were anxiety (12.5%), joint pain (6.25%), difficulty breathing (6.25%), headache and migraine (12.5%), arm pain (12.5%), loss of voice (6.25%), dizziness and malaise (6.25%), epicondylitis (6.25%), back pain (6.25%), physical and mental fatigue (6.25%), and leg pain (6.25%). Furthermore, 23.7% (14 teachers) were ill at the time of the survey, with anxiety (28.57%), hypertension (21.42%), reflux (7.14%), osteoporosis (7.14%), hyperthyroidism and hypothyroidism (14.28%), obesity (7.14%), voice problems (7.14%), iron deficiency (7.14%), diabetes (7.14%), and migraine (7.14%). Therefore, different psychic and physical conditions make up some psychosomatic illnesses that have already been verified in research on this topic¹⁰.

Finally, the study highlights that teachers use a variety of medications. Among the medications teachers used, the following stand out: Atelop (hypertension), Sertraline (antidepressant), Fixa-cal (combats hypocalcemia), medication for reflux (could not provide the name), Aldomet (hypertension), Escitalopram (antidepressant), Citalopram (antidepressant), Vitamins and ferrous sulfate (supplements), medication for high blood pressure (not provided), medication for sleeping (not provided), Donaren (antidepressant), medication for blood pressure control (not provided), Duloxetine (chronic pain, anxiety, and depression), Topiramate (anticonvulsant - epilepsy and migraine), medication to control blood

pressure (not provided), Diosmin (indicated for blood circulation, antioxidant, anti-inflammatory, and anti-edema), Deller 100 mg (antidepressant), Propranolol for essential tremor (antihypertensive), Sertraline (antidepressant), and sometimes a controlled medication for sleeping. The medicines are listed according to the teachers' answers.

It is important to highlight that although medications help cure the disease and/or relieve symptoms, they can have different adverse (undesirable) effects, given that no drug is completely specific in its action. In many cases, in addition to the specific focus for which it was prescribed, the substance can affect other organs or functions of the human body, leading to the appearance of side effects¹³. According to the data, most of the medications used by teachers are antidepressants and antihypertensives. These antidepressant medications, for example, can cause insomnia, tachycardia, and diarrhea. In turn, antihypertensive medications can cause fatigue, insomnia, and intestinal constipation¹³.

From this perspective, due to the challenges of teaching work, 17% of teachers make intense use of medication to feel better, 11.9% use little medication, and 8.5% use very little medication. Furthermore, 8.49% consider that they are extremely/quite dependent on medication to be able to work, and 18.7% consider themselves to be slightly or very slightly dependent on medication to work. Data also show that 33.9% of teachers were using medication at the time of the survey, as shown in the image below.

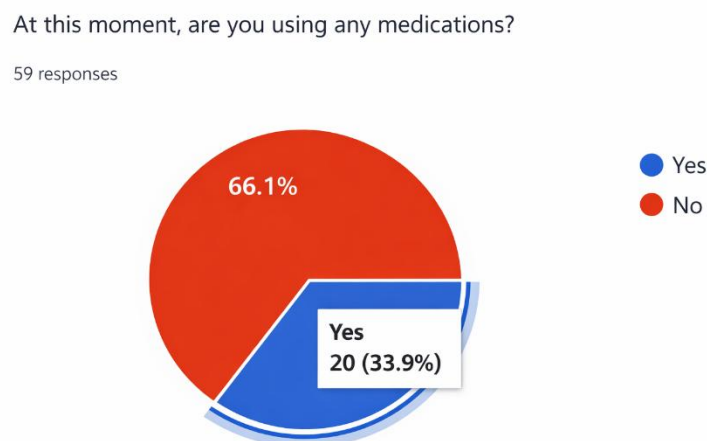


Figure 4. Current use of medications among teachers. Source: Prepared by the authors.

Therefore, among the diseases and health disorders that affect teachers in Concórdia/SC, the main ones are stress, insomnia, anxiety, nervousness, difficulty thinking clearly, hair loss, depression, chronic pain (in the head, spine, limbs, and joints), gastrointestinal problems (indigestion, gastritis, and reflux), vocal disorders (hoarseness and loss of voice), diabetes, hypertension, allergies, cholesterol, respiratory infections, epicondylitis, osteoporosis, hyperthyroidism and hypothyroidism, cervical cancer, tingling in the hands, joint injury and repetitive strain injury (RSI), tremors, nutritional disorders (hypocalcemia and iron deficiency), and diseases of the circulatory system.

CONCLUSION

Based on a quantitative-qualitative approach, this article aimed to understand the leading diseases/disorders affecting teachers' health working in two municipal public elementary schools in Concórdia (SC). For this purpose, an online questionnaire was prepared for data collection and later applied to teachers individually.

Among the diseases and health disorders that affect teachers in Concórdia (SC), the main ones are stress, insomnia, anxiety, nervousness, difficulty thinking clearly, hair loss, depression, chronic pain (in the head, spine, limbs. and joints), gastrointestinal problems (indigestion, gastritis and reflux), vocal disorders (hoarseness and loss of voice), diabetes, hypertension, allergies, cholesterol, respiratory infections, epicondylitis, osteoporosis, hyperthyroidism and hypothyroidism, cervical cancer, tingling in the hands, joint injury and repetitive strain injury (RSI), tremors, nutritional disorders (hypocalcemia and iron deficiency), and diseases of the circulatory system.

Therefore, this article, in line with other research on a similar theme, corroborates that teachers' health is directly associated with their experiences of teaching work. The double (or triple in some cases) working day and the overload of hours, the length of service provided and aging, the interpersonal conflicts in the school environment, and the environment surrounding the school (location of the school) are the main aspects for the prevalence (or not) of illnesses among teachers. Other factors can also contribute to the emergence of work-related illnesses, such as institutional demands, professional devaluation, and disrepute, excessive tasks, difficulties in relationships with parents, students, and co-workers, high pressure to perform, low level of control over tasks and disorder in the classroom, excessive noise, hostility between students, inadequate school infrastructure, and too many students in the classroom are also aggravating factors for teachers' health³.

As teaching work involves planning, implementing, and evaluating classroom teaching, managing and mediating conflicts, as well as dealing with students' learning difficulties/limitations, dealing with social vulnerability, and overcoming structural challenges, it becomes a very stressful professional activity, influencing teachers' quality of life and health¹⁴. In this sense, the activities inherent to teaching¹ may be limited/compromised by diseases affecting teachers' health.

Thus, the article contributes to presenting the main diseases affecting teachers' health and confirming the need for knowledge in the field of health in the teaching profession to propose reflections and improvements in teachers' working conditions and quality of life and, concomitantly, in the development of collective health. However, due to the limitations of the empirical material constituted, the objective, and the methodology adopted in this study, we suggest developing new research to broaden/deepen the debate raised here.

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