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Quality of life and teacher illness during the COVID-19 pandemic

Qualidade de vida e adoecimento docente durante a pandemia da COVID-19

Calidad de vida y enfermedad docente durante la pandemia de COVID-19

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Abstract
This study examined the quality of life (QQL) and physical and mental ill-health among teaching professionals who worked on the front line against the COVID-19 pandemic at the General Hospital of Vitória da Conquista, Bahia, Brazil. A mixed-methods (qualitative and quantitative) design was employed, approved by the Ethics and Research Committee of the State University of Bahia (opinion no. 5,306,315). From an initial sample of 19 participants, eight were selected for the qualitative phase according to saturation criteria. Data collection comprised a sociodemographic questionnaire, the WHOQOL-BREF instrument, and a semi-structured interview guide.

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Predominant participant characteristics included: age 40–49 years; female gender; married status; medical qualification with residency and master's degree; and a weekly workload exceeding 60 hours. Most participants rated their QoL during the pandemic as poor. The physical domain yielded the lowest score, whereas social relationships attained the highest. Participants further identified multiple factors that impaired their QoL and predisposed them to ill-health, including: work overload; lack of leisure; insufficient physical activity; reduced sleep duration; social isolation; fear of viral infection and transmission; difficulties in delivering remote instruction; student disengagement and limited digital access; and exhausting shifts, among others. It was found that most participants experienced anxiety and worry; moreover, even in the absence of formal diagnosis, many reported physical or psychological symptoms capable of deteriorating health and precipitating illness.
Keywords: Ill-health; Teacher; COVID-19; Quality of life; Pandemic.

RESUMO
O presente estudo analisou a qualidade de vida (QV) e o adoecimento (físico e mental) de docentes que atuaram na linha de frente contra a pandemia da COVID-19 no Hospital Geral de Vitória da Conquista, Bahia, Brasil. Tratou-se de um estudo qualitativo e quantitativo, aprovado pelo Comitê de Ética e Pesquisa da Universidade do Estado da Bahia, parecer nº. 5.306.315. Da amostra de 19 participantes, na parte qualitativa, por saturação, obteve-se oito participantes. Na coleta de dados foi utilizado o questionário sociodemográfico, instrumento *Whoqol-Bref* e para a entrevista utilizou-se um roteiro semiestruturado. Assim, prevaleceram docentes: com faixa etária de 40 a 49 anos; do sexo feminino; casados(as); formadas em medicina, possuíam residência e mestrado; e trabalhavam mais que 60 horas semanais. A maioria dos participantes classificou sua QV no período da pandemia da COVID-19 como ruim. O domínio físico foi o de menor escore e relações sociais o maior escore. Além disso, os participantes relataram alguns motivos que pioravam a QV e poderiam provocar o adoecimento, como por exemplo: sobrecarga no trabalho; falta de lazer; falta de atividade física; poucas horas de sono; isolamento social; medo de se contaminar com o vírus e transmiti-lo; dificuldade de ministrar aulas de modo remoto; desinteresse e dificuldade de acesso; plantões exaustivos; dentre outros. Constatou-se que a maioria dos participantes se sentiam ansiosos, preocupados e mesmo não sendo diagnosticados, tiveram algum sintoma de ordem física ou mental que pudesse deteriorar a saúde e levar ao adoecimento.
Palavras-chave: Adoecimento; Docente; COVID-19; Qualidade de vida; Pandemia.

RESUMEN
Este estudio analizó la calidad de vida (CV) y la enfermedad (física y mental) de docentes que trabajaron en primera línea contra la pandemia de COVID-19 en el Hospital General de Vitória da Conquista, Bahía, Brasil. Se trata de un estudio cualitativo y cuantitativo, aprobado por el Comité de Ética e Investigación de la Universidad Estadual de Bahía, parecer nº 5.306.315. De la muestra de 19 participantes, en la parte cualitativa, por saturación, se obtuvieron ocho participantes. Para la recopilación de datos se utilizó un cuestionario sociodemográfico, el instrumento WHOQOL-BREF y una guía de entrevista semiestructurada. Los participantes predominantes fueron docentes de 40 a 49 años; mujeres; casadas; con título de medicina, residencia y maestría; y con una jornada laboral superior a 60 horas semanales. La mayoría de los participantes calificaron su calidad de vida durante la pandemia de COVID-19 como deficiente. El dominio físico obtuvo la puntuación más baja, y las relaciones sociales, la más alta. Además, los participantes reportaron varios factores que empeoraron su calidad de vida y podrían provocar enfermedades, como: sobrecarga de trabajo; falta de tiempo libre; falta de actividad física; falta de sueño; aislamiento social; miedo a infectarse y transmitir el virus; dificultad para impartir clases a distancia; falta de interés y acceso; y turnos agotadores, entre otros. Se encontró que la mayoría de los participantes se sentían ansiosos, preocupados y aunque no estaban diagnosticados, presentaban algún síntoma físico o mental que podía deteriorar su salud y derivar en enfermedades.
Palabras clave: Enfermedad; Maestro; COVID-19; Calidad de vida; Pandemia.

INTRODUCTION

In 2019, the world became aware of a new virus designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative agent of COVID-19, which emerged in the province of Wuhan, China. At that moment, the first symptoms appeared which would evolve into a pandemic and substantially alter the social order. Consequently, new forms of socialisation had to be instituted, resulting in an impact across various spheres of social life. As a virus that spreads easily and rapidly, public health measures were implemented in an attempt to reduce the transmission of SARS-CoV-2, notably: hand hygiene, the use of respiratory masks, and social distancing.

Within the academic sphere, to curb the spread of infection and maintain preventative measures, the Brazilian Ministry of Education (Ministério da Educação – MEC), through Ordinance No. 544 of 16 June 2020, authorised the replacement of in-person classes in regularly authorised courses with teaching activities conducted through the use of digital educational resources, information and communication technologies, or other conventional means, for the duration of the emergency situation (Brasil, 2020).

The measures taken by the MEC led to adaptations which required both students and lecturers to adjust to a “new normal”. They had to adapt their home environments, transforming them into workspaces and study areas, utilise technology on a daily basis, and divide their time between familial, academic, and professional demands. Furthermore, they endured a period of anguish and apprehension caused by the fear of being infected by SARS-CoV-2 or of transmitting the virus.

In this context, it must be considered that a lecturer's work is not confined to the role of delivering classes. These professionals undertake complex activities: they study, mentor, plan, and shape the individuals who constitute society. In the interim, the lecturer's routine was altered. Whereas previously this professional was responsible for the teaching/learning process, now 'being' a lecturer entails responsibility for multitasking, comprising lesson planning, research supervision, study groups, outreach, project organisation in short, multiple activities ranging from planning lessons to managerial tasks (Oliveira Filho; Netto-Oliveira; De Oliveira, 2012).

Thus, the relevance of this study is highlighted, given that the themes of quality of life and illness, especially concerning teaching professionals, present multiple interpretations and complexities, particularly in light of the numerous burdens faced by these professionals. Moreover, this study aims to analyse the period encompassing the pandemic of the novel coronavirus (SARS-CoV-2), commonly identified as COVID-19.

According to Cardoso, Nunes and Moura (2019), professionals who maintain frequent and direct contact with human beings, such as those in the health and education sectors, exhibit a greater propensity for illness and the consequent leave from their work functions due to health complications. Thus, work, which was previously seen as a means of fulfilment or survival, in such a situation, came to be perceived as a burden, compromising professional performance and responsible for distancing the professional from their social life. “[...] Identifying the reasons for this problem constitutes one of the major challenges of contemporary society, given that numerous reasons are cited as triggers for such an affliction [...]” (Cardoso; Nunes; Moura, 2019, p.125).

According to the International Labour Organization (ILO), teaching staff rank second among professional groups with the highest incidence of work-related illness worldwide. Nevertheless, as Barreto (2004) observes, there is a lack of evidence for effective actions

aimed at improving the working conditions of this category. This illness can affect lecturers' perceptions of their quality of life. It is known that "quality of life" is a term which, due to its complexity and its use across various fields of study, is considered polysemic and subject to broad interpretation. The origin of the term "quality" dates back to the Latin qualis, which expresses the characteristic manner of being of something, both in relation to itself and in comparison with another group, encompassing both positive and negative aspects (Santin, 2002).

Andrade (2016) concluded in his study that the prevalence of depression among lecturers is high compared to other studies conducted in Brazil with the same professional class. Furthermore, a link between depression and quality of life is perceived, suggesting that depression can influence poor quality of life, just as working conditions and a lack of leisure activities were associated with depression.

Worker illness can be understood as a direct consequence of the dynamics imposed by the capitalist system. The transformations occurring within capitalism, especially from the final decades of the twentieth century onwards, profoundly impacted labour relations and conditions. After a long period of expansion of the capitalist economy, the 1970s were marked by economic stagnation and a structural crisis of the capitalist system (Mészáros, 2011; Antunes, 2010).

Faced with the neoliberal political landscape and the changes occurring in education, educational reforms and private sector intervention stimulated a new mould for teaching work, also affecting the educational system and the working conditions of such professionals (Moura et al., 2019). It was, then, from the 1990s onwards that lecturers began to experience a series of changes in their field of work, changes which reflected in this professional's practice in the classroom and altered the social function of the school.

With the demand for greater dedication from lecturers, they began to use their free time to meet the need and adapt to the new changes their profession had undergone. According to Forattini and Lucena (2015), the anguish, frustration, and consequent illness of the worker stem from a lack of recognition, devaluation, and the loss of social meaning attributed to their work. "The workload in a profession [...] must be understood from two aspects: the physical load borne by the body and the mental load, which the author proposes to separate into a specific framework the affective and relational elements, termed the psychic load of work" (Forattini; Lucena, 2015, p. 39-40).

The study by Cruz et al. (2010) demonstrated that lecturers, regardless of the educational level they teach or even the type of institution they work in, whether public or private, present some health problem, namely: pain, depression, work-related musculoskeletal disorder (WRMD), voice problems, stress, and Burnout syndrome that is, physical and mental impairments.

Among the most vulnerable groups during the pandemic are university lecturers, who, in addition to the daily challenges already faced, had to deal with profound transformations in the work environment and the overload imposed by the new teaching model. Added to this are familial and emotional issues intensified by the pandemic context (Costa et al., 2021).

As Pontes and Rostas (2020) mention, the effects caused by COVID-19, given the large number of deaths, social distancing, emotional overload, coupled with the pressure and demands to optimise work activities, became an indicator of psychological illness that contributes to the precarity of teaching labour. The aforementioned authors highlight that the new labour patterns established with the arrival of the COVID-19 pandemic triggered

emotional and psychological instability, generating psychosomatic effects on the body. These impacts especially affected lecturers, who, although engaged in a predominantly intellectual activity, faced extreme levels of overload (Pontes and Rostas, 2020).

Considering that the locus of this research was the Hospital Geral de Vitória da Conquista (HGVC – Vitória da Conquista General Hospital), located in the city of Vitória da Conquista, Bahia, Brazil, the role of the Núcleo de Educação Permanente (NEP – Centre for Permanent Education) is highlighted, responsible for coordinating teaching and research within the institution. Furthermore, the NEP manages the hospital space as a training field for students in higher education and technical courses.

By combining the two professions, in the capacity of lecturer and healthcare professional working in a hospital, the problematic is heightened, since the lecturer who also worked on the hospital front line against the COVID-19 pandemic had to contend with a series of factors, such as double or even triple work shifts, changes in the work environment, adaptation to remote, virtual teaching, physical exhaustion, anguish, fear, anxiety, factors that favour illness and a poor quality of life.

Therefore, worker health, with the lecturer being part of this class, must be cared for through practices and actions, and governed by public policies via the state. It is noteworthy that, although the terms “health” and “quality of life” are sometimes used synonymously, they present particularities that distinguish them, even while maintaining a close relationship. According to Buss (2000), health contributes significantly to the quality of life of individuals and populations, just as various components of social life exert a positive influence both on quality of life and on achieving a high standard of health.

Another relevant factor that contributed to the realisation of this study is also emphasised. After conducting a survey on digital platforms, namely: the Catálogo de Teses e Dissertações (CAPES – Catalogue of Theses and Dissertations), Biblioteca Digital Brasileira de Teses e Dissertações (BDBTD – Brazilian Digital Library of Theses and Dissertations) (Borba et al., 2022), a scarcity of research directed towards teaching professionals working in hospitals was noted, and moreover, during a pandemic period. Borba et al. (2022) identified that some issues compromised the quality of life and health of teaching professionals, such as precarious working conditions, excessive workload, and low salaries.

When considering the professionals who performed the role of lecturer, but were also healthcare professionals who had to adapt to a new way of working, the following question arose: what is the state of the quality of life and illness of lecturers who worked on the front line against the COVID-19 pandemic at HGVC? Consequently, the objective is to analyse the quality of life and (physical and mental) illness of lecturers, who were also healthcare professionals and, in their capacity as internship supervisors, worked on the front line against the COVID-19 pandemic at HGVC.

MATERIALS AND METHODS

This scientific production constitutes a mixed-methods (qualitative and quantitative), descriptive, exploratory, and cross-sectional study. Such qualitative and quantitative approaches possess distinguishing characteristics rendering each singular. This study received ethical approval via opinion no. 5,306,315 from the UNEB Ethics and Research Committee (CEP/UNEB).

In the qualitative approach, according to Prodanov and Freitas (2013), a dynamic relationship is established between the objective world and the subject's subjectivity, a characteristic not numerically representable. For this reason, this approach dispenses with statistical methods and techniques. Moreover, the researcher is considered the principal instrument for data collection and interpretation. It is also characterised as descriptive research. In data analysis, researchers conduct inductive analysis wherein the portrayed content constitutes the approach's primary focus. In this aspect, according to Mussi et al. (2019, p. 419), quantitative research embodies the notion that collective interest prevails and "[...] the optimal scientific explanatory possibility is that which disregards the singular, the individual, the differentiated, that is, the personal [...]."

The research was conducted at HGVC between October and November 2022. The institution houses the Permanent Education Unit (NEP), responsible for coordinating teaching and research activities. This body also manages the hospital space as a clinical placement site for students from higher education and technical courses, being tasked with organising and allocating student groups across different sectors, standardising placements, supervising compliance with institutional norms, and providing support to technical schools, colleges, and universities regarding mandatory placements.

Nineteen teaching professionals who also served on the front line against the COVID-19 pandemic at HGVC participated in this research. To determine sample size, contact was established with HGVC's NEP to identify the maximum possible number of professionals; however, the NEP does not maintain such a registry. Consequently, a sector-by-sector survey was conducted to quantify professionals engaged in higher education teaching and hospital practice. Inclusion criteria stipulated that professionals must work at HGVC and in higher education teaching, have served on the front line against the COVID-19 pandemic, and hold qualifications in nursing, medicine, or physiotherapy. Teacher participation occurred voluntarily, characterising spontaneous adherence to the study.

For the qualitative phase employing semi-structured interviews, participant numbers were determined according to saturation criteria. This methodological resource determines or concludes final sample size, preventing further participant inclusion. Participant recruitment ceases when, in the researcher's assessment, collected information begins repeating, rendering continued data collection unnecessary (Fontanella & Turato, 2002). To preserve confidentiality, participants were anonymised as p_1 to p_8.

The first quantitative, phase comprised administration of questionnaires (sociodemographic and *WHOQOL-BREF)* to teachers working at HGVC on the pandemic front line. The sociodemographic section gathered data for concise analysis of the research problem, namely: sex, age, marital status, academic qualification, health conditions, employment status, amongst other information. The *WHOQOL-BREF* constitutes the World Health Organization's abbreviated quality of life questionnaire, indicated for adult application. It comprises 26 items: the first refers to overall quality of life; the second to satisfaction with one's own health. The *WHOQOL-BREF* encompasses four domains: physical, psychological, social relationships, and environment (The WHOQOL Group, 1995; Fleck, 2000).

Following questionnaire administration, the second phase commenced. Among participants, those consenting to interview participation proceeded to this stage. As thematic saturation occurred, interviews were terminated, reaching a total of eight interviews; remaining participants engaged solely in the first phase. The semi-structured interview employed a pre-established guide containing questions pertaining to quality of

life and ill-health within the COVID-19 pandemic context, aiming to extract maximal relevant information regarding these aspects whilst seeking to understand interviewees' realities in order to address the study's guiding research question.

For quantitative data analysis, data were initially tabulated using Microsoft Excel™, yielding relative frequencies expressed as percentages for variables: sex, age, marital status, monthly income, academic qualification level, working hours, and field of study. WHOQOL-BREF data were processed using the statistical software Statistical Package for the Social Sciences (IBM SPSS™), version 20.0. Data were organised into graphs with measured values (scale 0 to100) and a table of means and standard deviations.

Semi-structured interview analysis was performed with assistance from the *software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ), enabling application of statistical procedures to textual corpora. According to Castro Neta and Cardoso (2021, p. 16), “[...] the researcher remains the conductor of the research, and their role is enhanced by IRAMUTEQ, which enables interpretation of results already processed with scientific rigour.” For these authors, IRAMUTEQ constitutes a potentially useful tool for data processing in qualitative and/or mixed-methods research. This computational programme enables diverse textual analyses, from basic lexicography (word frequency) to multivariate analyses such as descending hierarchical classification and similarity analysis. Thus, the software organises and distributes vocabulary to facilitate comprehension and visualisation through resources such as word clouds and similarity maps (Camargo & Justo, 2013).

RESULTS AND DISCUSSION

Nineteen professionals who were engaged in teaching and, being healthcare professionals as well, were working in the hospital during the COVID-19 pandemic as clinical supervisors, participated in this research. The data in Table 1 characterise the study sample. A sociodemographic profile of the research participants was therefore constructed, in which the following prevailed: female lecturers (10; 56%); aged between 40 and 49 years (10.5%; 2); married (78.9%; 15); and with a degree in Medicine (63.2%; 12).

According to the most recent data from INEP (National Institute of Educational Studies and Research) conducted in 2021 in Brazil, the majority of lecturers in public and private higher education institutions are still male (Brazil, 2021). In the study conducted by Bruschini (2007), it was found that in 2005, the number of female graduates reached 62%, data revealed by the Higher Education Census conducted by the Ministry of Education. Furthermore, it was demonstrated that women opt for areas that are traditionally “feminine” such as education, with 81% being women, followed by health and social welfare (74%) and humanities and arts with 65%, but it was also found that women at university have been seeking other areas, such as engineering, production and construction, with an increase from 26% to 30% in the decade considered.

Lopes and Leal (2005) emphasise that courses in the Medical and Health Sciences field, such as Nursing and Physiotherapy, are predominantly composed of female lecturers. When examining the historical context, it is observed that Nursing is deeply associated with domestic care, aimed at children, the sick and the elderly. Traditionally, this profession developed from informal knowledge of health practices, passed down from generation to generation amongst women, often exercising the role of healers in their communities.

Data from the Brazilian Institute of Geography and Statistics (IBGE, 2021) indicate advances in the population's level of education, with particular emphasis on women, who in recent years have shown higher levels of schooling. Although the number of women with higher education is greater when compared to men, this trend is not yet reflected expressively in the choice of professions, revealing the persistence of barriers in certain areas of knowledge. Furthermore, the data do not accurately translate the gender distribution amongst university teaching staff, where a male predominance in higher education is still observed.

Regarding age group, the present research corroborates the INEP data from 2021 in Brazil, which showed that the average age of lecturers in public and private higher education institutions was 40 and 41 years respectively (Brazil, 2021). Another recent study conducted in the context of the COVID-19 pandemic with 125 higher education lecturers showed a similar average age, with a predominance between 31 and 49 years, and the majority being female (Machado et al., 2022).

Concerning the marital status of the lecturer professionals assessed, it is observed that this data resembles a study conducted with 279 higher education lecturers in the context of the COVID-19 pandemic, in which 62.4% were married, corresponding to 174 individuals (Lima, 2021).

Cardoso Junior (2022) found in his study that regarding the remuneration of the lecturers surveyed, 73 of them, that is, the overwhelming majority (91.3%), declared income above R$8,000.00. Only 7 respondents declared income between 3 and 8 thousand reais (8.8%). Furthermore, when comparing the groups of people with higher income with those with lower income, it was perceived that quality of life was associated with remuneration, as it is through this that it is possible to meet their demands.

As this was research with teaching professionals who also worked in healthcare, specifically in a hospital, and with the majority of the study having a degree in Medicine, there was greater representation with residency. However, this was followed by Master's degrees, as in Souza's (2020) study conducted with 27 lecturers, of whom 13 held a Master’s degree.

Regarding the total workload, referring to teaching and work in the hospital, Table 1 shows that 57.9% (11) work more than 60 hours per week. This high workload is due to the dual working day, in teaching and in the hospital, which may interfere with the quality of life of these lecturers. In the study conducted with 75 lecturers in Bahia during the pandemic, 13 worked 11 to 20 hours in teaching, 10 worked 21 to 30 hours, 17 worked 31 to 40 hours, 21 worked more than 40 hours, 7 had exclusive dedication and 7 had no fixed working day or up to 10 hours per week (Piccoli; Cardoso; Cardoso Junior, 2022).

Table 1: Sociodemographic profile of lecturers who worked on the front line against the COVID-19 pandemic at HGVC, 2022. (n=19).

Variable	n	%
Gender		
Female	10	56%
Male	9	44%
Age Group		
20 to 29 years	2	10.5%
30 to 39 years	7	36.8%
40 to 49 years	8	42.1%

50 or more	2	10.5%
Marital status		
Married	15	78.9%
Single	3	15.8%
Divorced	1	5.3%
Field of study		
Medicine	12	63.2%
Nursing	3	15.8%
Physiotherapy	4	21.1%
Educational Level		
Postgraduate (Latu Sensu)	4	21.1%
Residency	7	36.8%
Master's degree	5	26.3%
Doctorate	3	16.8%
Workload		
40 Hours	3	15.8%
60 Hours	5	26.3%
More than 60 hours	11	57.9%
Monthly income		
3 to 5 minimum wages	4	21.1%
5 to 8 minimum wages	3	15.8%
Above 8 minimum wages	12	63.2%

Source: based on research data.

Regarding overall quality of life, in the study in question, nine participants (47.5%) rated their quality of life during the pandemic as poor. In the quality of life domains, “Social Relations” had the best rating (13.89), followed by “Psychological” (13.51) and “Environment” (13.37), whilst “Physical” obtained the lowest score (11.61) as shown in Table 2 and corroborated by Graph 1.

Pedrolo et al. (2021) conducted research with 91 lecturers at a federal institution during the pandemic; the General Quality of Life Index (GQOLI), measured through the WHOQOL-BREF instrument, was 61.14%. This result indicated that, despite the impacts of the pandemic, participants still perceived their quality of life as good.

Araujo (2022), when conducting a study with lecturers at the State University of Maranhao during the pandemic, found that of the 163 study participants, 48.5% (79) of the lecturers considered their quality of life to be good, followed by 31.9% (52) who considered it to be regular, and 12.3% (20) reported that their quality of life was very good.

Table 2: Means and standard deviations of quality of life domain scores of HGVC lecturers, 2022. (n=19).

Qualityof life Domains			Score	
Domains	Min.	Max.	Mean	SD
General Quality of Life	8.00	18.00	12.42	3.17
Physical Domain	8.57	16.43	11.61	1.95
Psychological Domain	10.00	16.67	13.51	1.69
Social Relationships	5,33	17,33	13,89	3,48

Domain				
Environment Domain	9,50	18,00	13,37	2,07

Legend: min.: minimum; max.: maximum; SD: Standard Deviation
Source: based on research data.

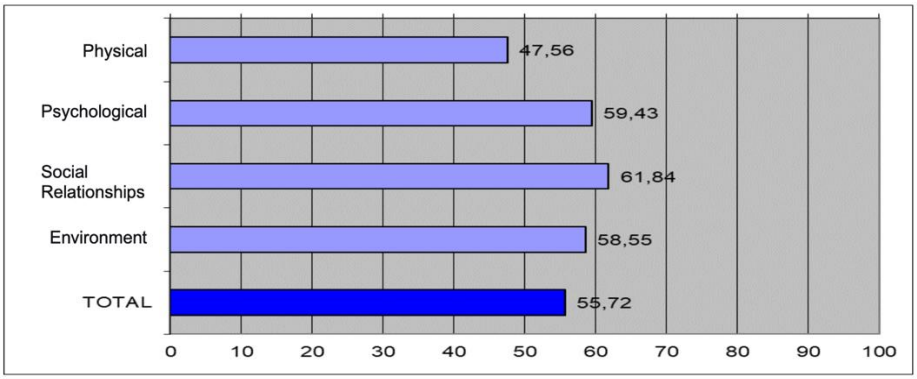
The Graph (Image 1) shows that of the domains established by the WHOQOL-BREF instrument, the total quality of life score was 55.72, and the domain with the highest score was social relations, with 61.84, whilst the lowest was the physical domain with 47.56. The quality of life of the professionals in the study in the context of the pandemic is most influenced by the “social relations” domain.

Although the study took place during the COVID-19 pandemic period when social isolation, as well as social distancing, were measures taken to prevent the spread of the virus, the social relations domain obtained the highest score. According to Fleck (2000), personal relationships, social support and sexual activity are associated with this domain. The authors Sadir, Bignotto and Lipp (2010) emphasise the fact that the way the characteristics of this domain affect individuals may vary depending on context, as well as from person to person.

The result obtained shows that the domain with the lowest score was the physical domain, with a mean of 47.56. This domain encompasses aspects such as pain and discomfort, energy and fatigue levels, sleep and rest, mobility, performance of activities of daily living, dependence on medication or treatments and capacity for work (Fleck, 2000). In this regard, when analysing the lecturer who worked in the hospital during the pandemic, it was noted that the intense workload consequently led to few hours of sleep and poor sleep quality, which could interfere with energy and fatigue. It was possible to infer that the majority use continuous-use medications. Thus, such factors contributed to a decrease in quality of life.

Araldi et al. (2021) researched 93 higher education lecturers in Santa Catarina, Brazil, through the application of the WHOQOL-BREF instrument, which revealed that participants had a generally positive perception regarding their quality of life. Regarding the domains, “social relations” showed a more positive perception, which corroborates the study in question. However, the "environment" domain was noted as the most negative domain; in the study here in question, the worst score was the “physical” domain, followed by “environment”.

Image 1: Measured values (scale 0 to 100) representing quality of life during the pandemic by domains of the Whoqol-Bref (WHO, 1998)



Source: based on research data.

After the interviews, categorisation was carried out through analysis of the textual corpus, observation of the relationship between words, the frequency with which these words appear and their associations in classes. The general corpus consisted of eight texts, separated into 79 text segments (TS) with utilisation of 157 TS (50.32%). 5,428 (words, forms or vocabulary) emerged, with 1,161 distinct words, and 636 with a single occurrence. The analysed content was categorised into 3 classes: class 1, with 25/79 (31.65%); class 2, with 31/79 (39.24%), class 3, with 23/79 (29.11%).

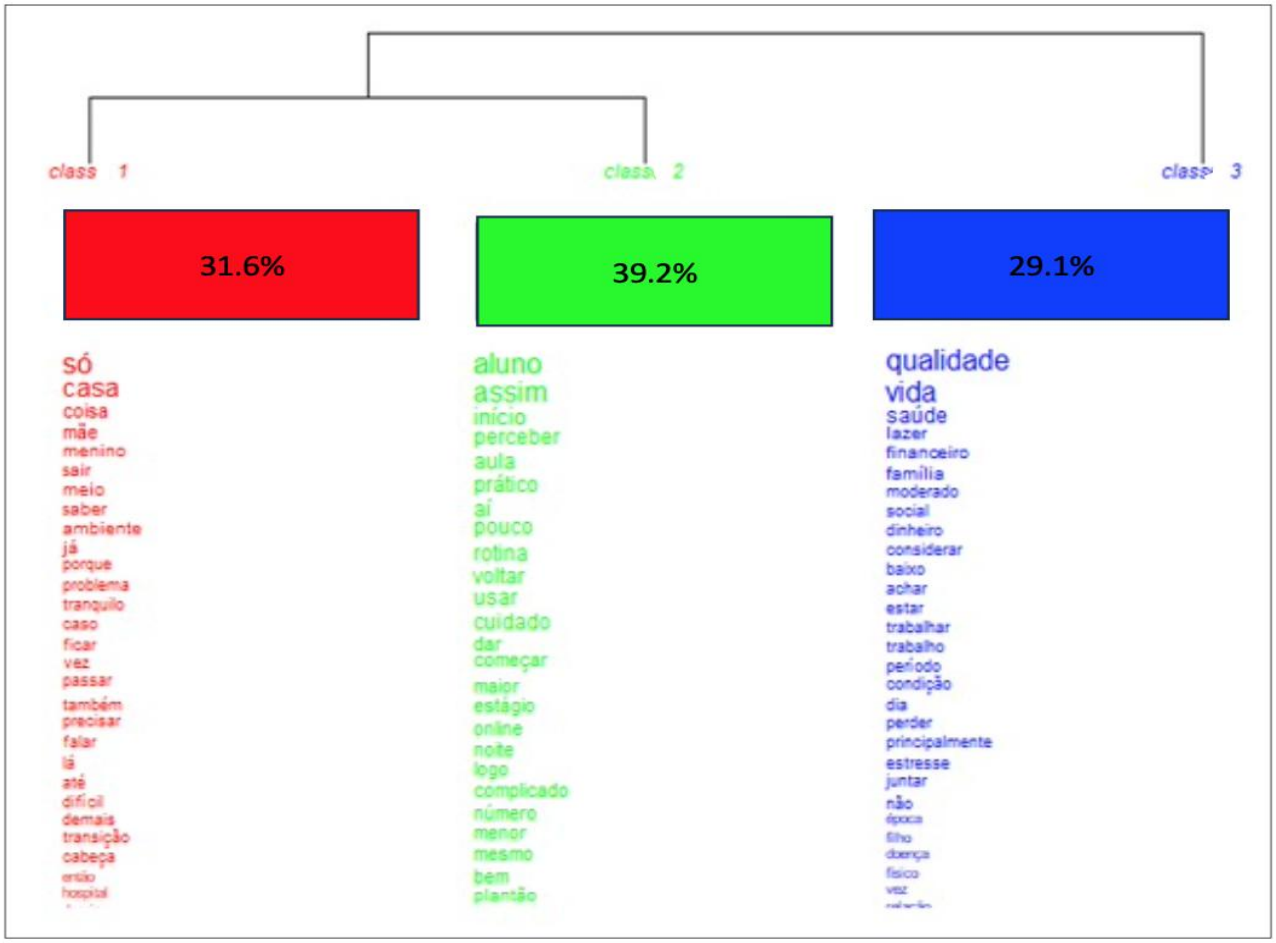
The analysis was conducted along 2 axes, composed of 3 classes. Axis 1 (Work during the pandemic) composed of class 1 “Personal aspects in the context of the COVID-19 pandemic” and class 2 “Interference of the COVID-19 pandemic in teaching work” and Axis 2 (Quality of life of the lecturer) composed of class 3, “Quality of life, health, pandemic” and Axis 1 as shown in the following image.

Axis 1 portrays how work was conducted during the pandemic, as well as reflections on personal aspects by the respondents. In the corpus analysis, the most common statements presented in class 1 were related to work in the context of the pandemic and how this factor affected family relationships, the influence of the work environment, in this case, the hospital and the classroom. Whilst class 2 demonstrated the aspects affected by the pandemic in the context of teaching work. In this context, for better understanding, class 1 will be discussed, followed by class 2.

The first axis is composed of classes 1 and 2, named “Personal aspects in the context of the COVID-19 pandemic” and “Interference of the COVID-19 pandemic in teaching work”, in the sequence expressed above. Class 1 was highlighted by words that had higher frequencies, such as: “home”, “mother”, “children”, “leave”, “know”, “environment”; and, “student”, “beginning”, “perceive”, “class”, “practice”, “routine”, “return”, “care”, “internship” and “complicated” were part of class 2.

Image 2: Dendrogram Classification by Class.

Axis 1 Axis 2



Source: based on research data.

FIRST AXIS - WORK DURING THE PANDEMIC

“Class 1” or **“Personal aspects in the context of the COVID-19 pandemic”** corresponds to 31.6% of the entire corpus. In the study in question, of the eight participants, five were women; this data shows us a predominance of the female sex. Attention is drawn to the fact that these professionals reconcile teaching work, working in the hospital and fulfilling care activities at home and with children, with no time for rest, leisure and health care, leaving them more exposed to the process of burnout and illness (Araujo et al., 2006).

Machado and Almeida (2021) highlight that women’s participation in higher education stems from the feminisation of teaching and is a historical fact associated with repositioning in the labour market, as women adapted their professional training based on skills and competencies that are marked by the maternal nature of serving, caring and educating.

Vieira, Anido and Calife (2022) infer that the pandemic affected women unequally, female professionals who worked in the healthcare context. It was found that the pandemic

generated a great deal of overload for women in society, resulting in physical exhaustion, high mental workload, as well as a series of other deleterious consequences for women's health. [...] “the difference in the factors that generated overload for women, linked to the domestic environment, low remuneration for performing the same functions and their gender role, reflects in greater fragility of their mental health[...]” (Vieira; Anido; Calife, 2022, p.59).

In the scenario of the COVID-19 pandemic, where they were excessively requested, both in the healthcare area and in education, associated with the factors mentioned in the paragraph above, it was demonstrated that the professionals participating in the study were seized by fear, concern about contaminating their family with the COVID-19 virus and social isolation itself; this becomes clear when they use the words: “home”, “mother”, “children”, “leave”, “environment”, as seen in the following statements:

> When I’m not on shift, I’m the one who takes the children, I pick up the children. There’s a logistics system at home. And I would be isolated for ten days. My initial concern was this [...] (p_4).
>
> During the pandemic period, we distanced ourselves, we stayed at home isolated, only I went out, because there was no way, my husband was online, we cooked, we cleaned, because we dismissed all the employees [...] (p_5).

The COVID-19 pandemic brought changes that affected family coexistence, increased demands for work in teaching and in the hospital, generated uncertainties about tomorrow, which shook the psychological state and overloaded the physical state. In addition to the number of hours worked, sleep deprivation, activities that were not previously carried out with great frequency, as well as domestic activities. As we perceive in the participant's statement below:

> Because, you see, I like to do physical activity, gym, but during the pandemic the number of shifts increased, the intensity of the shift increased, the pace became heavier, it became more tiring, it was more exhausting. The next day, well, I was at home, had time conditions to go to the gym, but the physical capacity, the motivation, the strength, didn't allow me to go (p_4).

In the words of Pereira, Santos and Manenti (2020), in addition to the psychological impacts resulting from COVID-19, individuals were also affected by biopsychosocial disturbances related to the preventive measures adopted to contain the spread of the virus. These measures limited face-to-face interactions, social relations and access to leisure and entertainment activities, contributing to the increased risk of deterioration of mental health and emotional well-being.

According to Moraes (2020), the social isolation imposed by the pandemic was associated with high levels of stress and impairment of the population's mental health. The reduction of social interactions weakened individuals' sense of belonging to fundamental support groups in times of crisis. This situation, added to factors such as sleep disturbances, anxiety, fear, irritability, changes in appetite and use of alcohol and other substances as a form of coping, contributed to the worsening of mental illness processes, especially amongst the most vulnerable individuals.

As stated by Cardoso, Cardoso Junior and Nunes (2024), the results of their research indicate that the COVID-19 pandemic accentuated existing labour tensions, causing an increase in stress levels and dissatisfaction amongst postgraduate lecturers. This aggravation resulted from greater demands and intensification of workload, which generated negative impacts on the quality of life of these professionals.

“Class 2” or **“Interference of the COVID-19 pandemic in teaching work”** was responsible for 39.2% of the textual corpus, demonstrating the aspects that were affected by the COVID-19 pandemic in the context of teaching work. The arrival of COVID-19 brought with it changes in the lives of all families; the Ministry of Education suspended classes and internships and soon introduced the remote teaching model.

In the meantime, ensuring students’ right to education during the pandemic, facing the challenges imposed by social distancing and offering quality teaching through the remote format proved to be complex and challenging tasks. This situation led to repercussions for both students and lecturers. In this way, the words that stood out most in class 2 were: “student”, “beginning”, “perceive”, “class”, “practice”, “routine”, “return”, “care”, “internship” and “complicated”. From the respondents’ statements, it is possible to perceive such discontent.

> [...] I felt that for the students, for example, it was bad, it was a practice for them, well, we who like to teach, who like to be learning, I felt bad for not giving them more support, it seemed like they weren't learning from us [...] (p_1).
>
> [...] well, at the beginning of the pandemic, it was a bit tumultuous due not only to the pressure of work, in this case, the pandemic [...] (p_3).

The pandemic brought obstacles in all areas of work; some were more affected, such as the healthcare and education sectors. Experiencing COVID-19 in a hospital that received a large number of patients daily, each with their own particularities and still with the risk of being contaminated with the virus, others with a confirmed diagnosis of COVID-19, the uncertainty of the quantity of personal protective equipment and its use for protection in handling patients and the fear of becoming contaminated associated with the work of education.

The measures adopted to contain the spread of the coronavirus led to impacts on various systems, and the educational system was one of the most affected. According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2022), around 1.3 billion students globally were affected by the closure of schools and universities due to social isolation, being one of the measures taken to combat the virus; furthermore, about 60 million lecturers were also unable to work in person in classrooms.

According to Ribeiro and Cardoso (2024, p. 22), according to the data from their research, “[...] in the pandemic context, despite there being no increase in the number of students and classes, there was an expansion of the working day, lack of apparatus and technological training for remote work, causing physical and mental health problems in lecturers, which intensified the precariousness of work.”

In Brito’s (2022) study, it was found that there is a greater implication for lecturers in the health area, as the course practices had a limitation, requiring pedagogical readaptation for the virtual environment, which became a great challenge. Along with the work that the lecturer already performs, in this pandemic context there is also concern about student dropout, active participation, connectivity, among others. This corroborates the statement of participant (p_5) described above in the research in question.

SECOND AXIS - QUALITY OF LIFE OF THE LECTURER

The second axis was composed of **class 3** and **Axis 1** (classes 1 and 2), entitled: class 3, “Quality of life, health, pandemic” and Axis 1, composed of classes 1 and 2, named

“Personal aspects in the context of the COVID-19 pandemic” and “Interference of the COVID-19 pandemic in teaching work”.

Axis 2 portrays the participants’ knowledge about quality of life, as well as how they perceived their quality of life and the factors that contributed to their quality of life in the context of the COVID-19 pandemic. Class 3 is responsible for 29.1% of the textual corpus, demonstrated through words such as: “quality”, “life”, “health”, “leisure”, “financial”, “family”, “moderate”, “social”, “money”. Together with Axis 1, the statements portray how personal aspects, teaching work and the COVID-19 pandemic influenced the quality of life of the professional.

> Quality of life is you feeling, it's not complete, because we never feel complete, but mainly feeling satisfied with what you work with, what you eat, where you live, what you wear [...] Sometimes I may have money, I may be doing very well too, but if my mental state is not good, if I'm not satisfied with what I do, the relationships won't be good either [...] I consider my quality of life moderate [...] (p_1).

> Quality of life is being able to have health, have leisure with the children, be with family, enjoy moments, especially weekends, which is when we also work and aren't there, and have financial conditions too. I think it's this mixture, health, leisure, having family well, being around, without financial problems. More or less that. I think my quality of life was moderate [...] (p_4).

From the participants’ statements in the research, it was possible to infer that, for them, several factors were linked to quality of life: work, psychological condition, physical activity practice, financial aspects, family coexistence, leisure time, spirituality, among others. And the majority classified quality of life as moderate to low during the pandemic period.

For Nahas (2017, p. 13), quality of life in a holistic view is characterised by the conditions in which human beings live, being the “perception of well-being resulting from a set of individual and socio-environmental parameters, modifiable or not”. At this moment, the author shows that lifestyle is associated with health in a positive way, with greater longevity, or the opposite may occur, with the loss of quality of life.

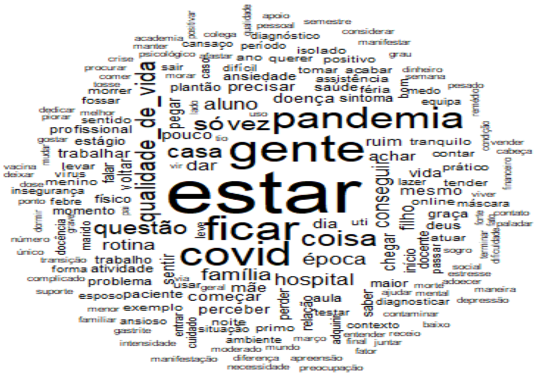
A recent study by Machado et al. (2022), conducted with lecturers in the context of the pandemic, demonstrated that there is a high prevalence of physical and mental burnout in the work environment and quality of life was pointed out as regular, meaning “neither satisfied nor dissatisfied” in all scores presented. And given the study sample, signs and symptoms of illness were found and the pandemic was an aggravating factor for such illness.

WORD CLOUD

The word cloud consists of a grouping of words that have a higher frequency organised graphically (Camargo; Justo, 2013). In the meantime, according to the word cloud indicated by Image 3 below, a descending sequence can be observed in the number of occurrences in the expressions: “people”, “pandemic”, “be”, “covid”, “stay”, “quality of life”, “family”, “hospital”, “student”, “routine”, “disease”, “catch”, among others with less incidence.

The image generated by the software, from the Word Cloud, denotes, amongst other issues, the quality of life of the lecturer in the context of the COVID-19 pandemic, as well as the aspects of personal life that influence and are influenced by the context of COVID-19 and how this pandemic moment interferes with teaching work and as a professional who works in the hospital.

Image 3: Word cloud.



Source: authors' own elaboration based on research data.

The most prominent words in the cloud lead us to reflect on how the pandemic affected these professionals and impacted their quality of life. In view of Figure 3, when analysing it and in consonance with the findings in the respondents' interviews, it was observed that the word “people” and "pandemic" refer to them, the education and healthcare professionals, how they felt when experiencing the pandemic, when having to deal with remote teaching work, when becoming contaminated or receiving news of a relative contaminated with the virus. As demonstrated in the following statement.

> So, we had just received the first patients with positive covid who were intubated. So, it was a profile of a serious patient. Until then, we hadn’t seen a person leave alive, recover. So, for now, the only tangible scenario I had to see was just suffering, severity and death [...] (p_8).

Working in healthcare with sick people, dealing with death daily, in itself already makes the healthcare professional a place of prominence, as daily they are seized by feelings of sadness, uncertainty and pain of loss. In the pandemic, we can infer from the interviews that such feelings were intensified, as associated with this, we had the large number of people who became ill and, upon entering the hospital with a diagnosis of COVID-19, we did not know if this person would return home alive.

The word cloud (Image 3) highlights other words that should be mentioned here, such as “quality of life”, “covid”, “be”, “family”, “hospital”, “student”. These words refer to how quality of life was at the moment of the state of alert of the COVID-19 pandemic, how the family and work routine were experienced by the lecturers who work in healthcare, as pointed out in the statement below.

> Quality of life is a feeling of well-being in all aspects. During the COVID pandemic, my quality of life was poor. Too much work, too much stress, little security and too much change [...] So, a very bad routine until the students adapted, all stress, the issue of mask use, the possibility of covid, students missing, colleagues missing [...] (p_6).

In this context, there was the fear of being amongst contaminated people and that it could worsen, as well as their family members, as the arrival of the pandemic in Brazil took a little longer, when compared to other countries and, through the news, it was possible to follow how the COVID-19 pandemic was being experienced and the large number of

healthcare professionals who became contaminated and progressed to sequelae or even death. Associated also with work in education, transmitting knowledge and being family, spouse, husband, mother, housewife made us perceive the importance of these people in society and how they should be valued and understand how the pandemic impacted their lives.

SIMILARITY ANALYSIS

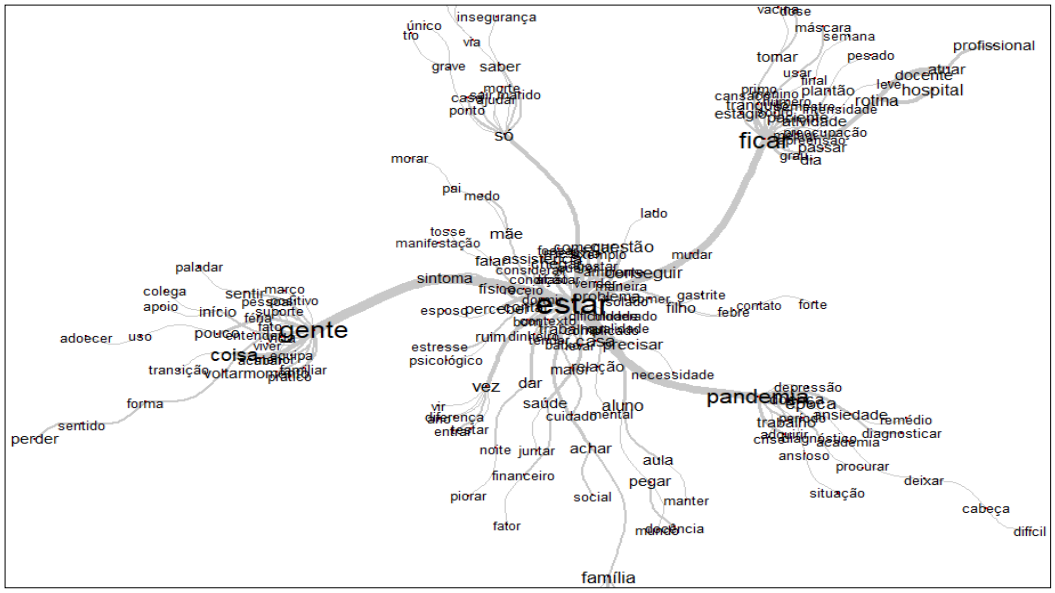
Similarity analysis, or analysis of resemblances, has its foundations in graph theory, part of mathematics that deals with the relationships that occur between objects in a set; it makes it possible to identify occurrences between words (Salviati, 2017). Through the Iramuteq software, the concurrences between words are identified and the result is the connection of these words. Through this analysis, it is possible to understand how the construction of the text and themes occurs (Camargo; Justo, 2013).

In Image 4, there is a highlight on the words “be”, “people”, “pandemic” and “stay”, from which other terms that have a connection relationship with these highlighted ones branch off. Through the most prominent words that have connection with the less prominent ones in each branching group as shown in Image 4 below, it was possible to infer how these lecturer professionals experienced the COVID-19 pandemic and what feelings emerged from this moment.

The words “people”, “be” and “stay” with their respective branchings, in the interviewees’ statements demonstrate how they felt during the pandemic, the impacts caused in professional and personal life. When comparing the similarity analysis of Image 4 with the WHOQOL-BREF findings in which the domain with the highest score was the social relations domain, it was identified that despite the pandemic period, a moment of uncertainties, loss of family members, excessive and exhausting work, the professionals felt welcomed amongst themselves and in view of the pandemic moment it could be deduced as the domain with the worst score and the results were different from what we could deduce. As demonstrated in the following statement:

> [...] I felt extremely welcomed, because at the time I had entered amongst the first who had been contaminated in the hospital. It was right at the beginning when the first cases occurred. And so because of that, there was this general apprehension. But well, a positive side of this was this issue of welcoming, the support network that colleagues made themselves available. Like from a person going to the pharmacy to buy medicine, going to the supermarket, the concern, it was something positive [...] (p_8).

Image 4: Similarity Analysis.



Source: authors'own elaboration based on research data.

The word "pandemic" and its branchings as shown in Image 4 portrays how the lecturer participants of the study felt about having or not having COVID-19 and even without being diagnosed with any physical or mental problem during the pandemic, however, the person felt ill, presented some symptom of physical or mental order and the insecurity that COVID-19 generated in people's lives, as demonstrated by the statements.

> The illness resulting from the pandemic was reflected in my physical state, because with proven symptoms of depression, I wasn't diagnosed, but I had proven symptoms of depression, anxiety, and this was very much reflected in my physical state, because besides tiredness, fatigue, I started eating too much, I developed a food compulsion. And I was noticing this on the scale and noticing it in other things too, that I no longer had energy, could no longer manage [...] (p_1).

> During this pandemic period, things were very bad, it added up to the quality of life that we had no psychological health at all. A general insecurity, economic, health, the insecurity of knowing whether tomorrow or the day after I wouldn't lose someone. I lost (died) close relatives, friends, lecturers, this was horrible. I have a diagnosed anxiety disorder and had periods of worsening of this condition of mine during the COVID pandemic. I didn't have physical and mental symptoms, not as great as I've had before, but I managed, as I already had the diagnosis, I already knew about my potential for decompensation, I sought professional support and help [...] (p_5).

The words obtained from Image 4 of similarity are in consonance with the statements of the study participants. The words: anxious, depression, situation, diagnose, work and medicine were words constantly used that portray how COVID-19 reverberated in each person's life.

Azevedo, Cardoso and Fagundes (2022) concluded in their study that during the pandemic there was impairment in the quality of life of lecturers in the municipality of Pindaí; causing, in some, mental illness during the pandemic. According to the authors, 81.8% presented anxiety, 63.6% presented stress and 36.4% experienced insomnia; however, few have any type of psychological follow-up.

In the study conducted by Brito (2022), it was found that the participating lecturers experienced 14 negative feelings, such as: uncertainty, worry, fear, anguish, sadness, anger, frustration, despair, hopelessness, guilt, hostility, aversion, jealousy and shame, responsible for demonstrating psychological fragility that were caused by overload and

stress, due to the need of the moment to have to deal with the COVID-19 pandemic. In contrast, Brito (2022) presented that these professionals experienced 11 positive feelings, namely: hope, empathy, compassion, confidence, love, unity, well-being, affection, enthusiasm, passion, motivation.

Brito (2022) also emphasised that at the beginning of the pandemic there was a movement of reflection on aspects of life, the appreciation of good attitudes, solidarity, resilience, empathy and joint effort. Almeida, Costa and Cardoso (2022), in the study conducted with lecturers in the health area, reported that the changes resulting from the pandemic, such as routine change, lack of leisure, physical and social contact, uncertainties, provoke in the individual boredom and frustration and consequently leads to anxiety. In this way, the authors also state that the fear of death generates feelings of loneliness and anger; furthermore, the lack of physical contact, such as the impossibility of giving a hug, can become a situation of great stress and contribute to the development of symptoms of depression and anxiety.

Conclusions

The transformations precipitated by the SARS-CoV-2 pandemic, a virus that devastatingly reconfigured social coexistence and individual human dimensions could not pass unexamined. Having fundamentally altered social order and claimed millions of lives globally, these changes necessitated rigorous scientific investigation to enable contemporary and future populations to comprehend COVID-19's impacts and evaluate measures implemented to mitigate resultant damage.

Study findings demonstrate that the COVID-19 pandemic fundamentally altered modes of existence, introducing novel circumstances for teaching professionals that predisposed them to ill-health and diminished quality of life. Work required reconceptualisation through digital devices with internet connectivity; classes transitioned to remote online delivery via electronic apparatus. This transition proved challenging, as not all individuals possessed requisite technological literacy or ease of access to virtual environments and professionals received neither training nor salary adjustments to accommodate these demands. Concurrently, novel labour configurations coincided with personal demands exacerbated by the pandemic: domestic responsibilities, childcare, health concerns, social isolation, and future uncertainty.

Research participants, beyond adapting to virtual teaching modalities, concurrently managed hospital duties as healthcare practitioners. Consequently, they endured extended working hours, heightened exposure and contamination risks, and daily confrontation with stress-inducing scenarios, all factors predisposing to ill-health and impairing quality of life. When questioned regarding their pandemic-era quality of life, most participants rated it as poor.

Integrating quantitative and qualitative findings revealed that domains with poorest scores correlated with multiple factors reported by participants: work overload; leisure deprivation; insufficient physical activity; reduced sleep duration; social isolation; fear of viral

contamination and transmission; difficulties delivering remote instruction; student disengagement and limited digital access; exhausting shifts, among others. Furthermore, most participants reported experiencing anxiety and worry; even without formal diagnosis, many exhibited physical or mental symptoms capable of health deterioration and illness onset.

Another critical observation concerns the absence of explicit articulation regarding appropriate working conditions for these professionals. Essential elements requiring incorporation into public policy frameworks include: minimum wage floors; research support; community outreach; working hour regulation; and career progression pathways. These constitute fundamental rights capable of ensuring dignified professional development, career satisfaction, and enhanced quality of life. Such professionals warrant holistic recognition and acknowledging both collective needs and individual specificities. Effective implementation of university public policies that genuinely value academic staff remains imperative for fostering meaningful professional development within higher education.

Finally, further studies are recommended to examine how the professionals addressed the challenges arising after the COVID-19 pandemic, considering the perceptions, conflicts and risks of illness present at the time.

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