



Chapter 104

Public School Multifunctional Resource Rooms In The Northeast Interior: Reflections About Work Conditions And Teachers' Health

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ABSTRACT

This article reports the quantitative study results that sought to investigate teachers' health conditions in the Multifunctional Resource Rooms (MRR) in a municipality in the interior of Sergipe state. The field research was carried out in 2018 in 84.6% of institutions with MRR, ten

(10) municipal schools and one (1) state school. All participants were women (n=11; 100%) and the majority (90.9%) stated that their previous profession was as teacher. The investigated teachers did not have a high prevalence of diseases and showed high satisfaction with their work; most of them practiced physical activity, did not have depression, and had a good life quality related to their voice. The high motivation for work may be one of the factors in the positive health self-assessment made by the group studied. The findings differ from the working conditions and health found in several investigations with professors described in the literature, signaling the importance of further research about the MRR workers' health.

Keywords: Working conditions, Multifunctional Resource Rooms, Teacher health, People with Disabilities, Special Education.

1 INTRODUCTION

Teachers are one of the workers who get sickest as a result of their occupation, mainly because of the daily wear and tear caused by demotivation and stress that generate anxiety, irritability, depression, and negative effects on both the physical and mental parts (ASSUNÇÃO & ABREU, 2019).

The teaching activity directly influences the quality of life of professionals, being common the absence of the function due to morbidities related to physical, psychological and vocal changes (SANTANA & NEVES, 2017). In addition, teachers still face other challenges, such as the lack of appreciation and continuing education, low wages, and difficulties in taking care of their own well-being (DA SILVA BARROS, 2018).

According to the last Basic Education Census, the amount of special education enrollments had an increase of 34.7% in 2020 compared to 2016, giving a total of 1.3 million. Of these, 93.3% of children were enrolled in regular classes (BRASIL, 2021). Among the teachers who work specifically in Specialized Education Services (AEE), only 42.3% have continuing education (BRASIL, 2020).

A study that investigated 3 groups of about 20 teachers each, who worked in common education, in classes with and without the insertion of students with special educational needs, and in the resource room, in the Municipal Elementary School network of a city in São Paulo, found higher scores of emotional exhaustion and depersonalization in teachers who worked with the insertion of special students in the common classroom (without resources) and higher scores of decreased professional fulfillment in the group without the insertion of students with special educational needs (SILVA & ALMEIDA, 2011).

The teaching challenges are even greater when it comes to the performance of teachers in Multifunctional Resource Rooms (SRM), especially because it is necessary a training and planning to provide AEE for people with disabilities, developmental disorders and giftedness. However, these teachers do not always have pedagogical courses for this purpose and neither the SRM have all the necessary equipment for the service done, which can reflect directly on the health of the worker, so it is essential to evaluate the health conditions of this public (SEABRA JÚNIOR & LACERDA, 2018).

Thus, the present study aimed to investigate the health conditions of SRM (Multifunctional Resource Room) teachers in a municipality in the interior of the Northeast.

2 METHODOLOGY

A cross-sectional, exploratory, descriptive and quantitative study was conducted in the municipality of Lagarto (SE). The research is part of the project entitled "*Education, health, popular participation: links for citizenship*", linked to the Transdisciplinary Center for Studies in Public Health (NUTESC) of the Federal University of Sergipe, Lagarto Campus. It was approved by the Ethics and Research Committee according to Opinion 2.587.712 and met Resolution No. 466 of 2012, of the National Health Council and the Ministry of Health. All participants signed the Informed Consent Form (ICF), with guarantee of confidentiality of the interviewee's identity and the information acquired.

It is noteworthy that the motivation for this research was the contact of one of the authors, a federal public higher education teacher in the health area, with a student teacher of a SRM in the state network. The student sought to graduate in a course in the health area to improve her teaching performance. She often shared the difficulties she had in exercising her professional activity, whose training was built on her own initiative, without financial support. Being a teacher in a SRM had been the result of a voluntary action in the absence of other available and trained teachers. She was also motivated by the fact that her husband was a person with disabilities and, therefore, she knew the importance of the SRM and that her personal experience would help her in the exercise of her activity.

The municipality investigated has an estimated population of 104,408 people and is the seat of one of the seven Health Regions of Sergipe (IBGE, 2019). In the year 2018, the research period, there were eighty (80) municipal and twelve (12) state schools in Lagarto. Through data obtained by the Municipal Secretariat of Education (SEMED) and Regional Board of Education (DRE), there were twelve (12) schools that had SRM during the first semester of 2018, ten (10) municipal and two (2) state schools. Of these, only 11 were included in the research, because one state school was closed at the time of the field research.

Data were collected through semi-structured interviews, during the period from January to June 2018, in public institutions of basic education in urban and rural areas of the city. The instrument used was composed of the following blocks of questions: profile of teachers, working conditions, self-assessment of health, vocal health and depression (GORENSTEIN & ANDRADE, 1998).

The information obtained was tabulated and processed by *Microsoft Excel 2016* and *Stata software* version 12, with the creation of a dictionary of variables to standardize the answers and identify the schools by codes. A descriptive analysis of the data was performed, with a breakdown of absolute and relative values.

Regarding vocal health, we used the Quality of Life and Voice (QVL) protocol, which has 10 items: six physical (F) and four socioemotional (SE). Each answer can vary on a five-point scale, where 1 corresponds to "not a problem" and 5 "a very big problem", and the other numbers are a sequential variance of what was reported. The mathematical formula to calculate total score was: $100 - (\text{Raw score} - 10) \times 100/40$; physical functioning score: $100 - (\text{Raw score} - 6) \times 100/24$; socioemotional domain score: $100 - (\text{Raw score} - 4) \times 100/16$. The final value can vary from 0 to 100 and the higher the result reached, the better the quality of life and voice (JARDIM; BARRETO; ASSUNÇÃO, 2007).

3 RESULTS AND DISCUSSION

The sample consisted of 11 SRM teachers from a municipality in the interior of Sergipe, 10 from municipal schools and one from a state school. All participants were women (n=11; 100%) and most were married/stable union (n=6; 54.5%), black (n=9/ 81.8%), lived in urban areas (n=8; 72.7%) and were in the 50-59 age bracket (n=6; 54.5%). Almost all (90.9%) stated that their previous profession was a teacher (Table 1).

A similar study conducted by Ferreira and Costa (2016), with 12 SRM teachers in the interior of the state of Bahia, also found 100% female teachers, with an average age of 44.7 years; Silva et al. (2018) also investigated 17 SRM teachers in the south of the country and all were female, with the majority being over 40 years old; data on ethnicity, marital status, and place of residence were not described in both cases.

TABLE 1: Relative and absolute distribution of the sociodemographic profile of teachers who worked in Multifunctional Resource Rooms of public schools in a municipality in the interior of the Brazilian Northeast, Sergipe (2018).

VARIABLES INVESTIGATED	n	%
Residence		
Rural Area	3	27,3
Urban	8	72,7
Sex		
Female	11	100
Male	-	-
Gender Identity		
Woman	11	100
Man	-	-
Sexual orientation		
Heterosexual	10	90
Homosexual	-	-
Bisexual	1	10
Transsexual	-	-
Age Group		
30-39	2	18,2
40-49	3	27,2
50-59	6	54,5
Marital status		
Married/stable union	6	54,5
Single / divorced / widowed	5	45,4
Color/race/ethnicity		
Yellow and Indian	1	9,1
White (a)	1	9,1
Brown and black	9	81,8

Source: Research data

The teachers, in general, worked 20 (45%) or 40 hours a week (45%), in the morning and afternoon shifts (63.7%), did not work in another school (63.7%) nor had any other paid activity (72.7%) (Table 2).

The fact that most of them work only in the school investigated is a fact that can contribute to their professional performance, since basic education teachers are often overloaded with an accumulation of professional bonds in different institutions, in addition to the need to commute between different workplaces. In a study by Santos & Marques (2013), 74.4% of teachers worked two or more shifts, corroborating the reality of Lagarto, which is 63.7%. A study by Silva *et al.* (2018) identified that 47% of the SRM teachers worked in more than one school and 35% had a weekly load of 40 hours.

In the sample investigated, most became SRM teachers by indication or need of the school (81.8%), but they said they had received training for the job (72.7%) and had some post-graduation (100%) (Table 2). National data on teachers working in basic education in Brazil state that only 5.8% had specific courses to work in special education (BRASIL, 2020b).

Pinto and Amaral (2019) discuss the importance of training Specialized Education Service (AEE) teachers, based on the rights of a quality and universal public education, from pedagogical practices thought in the collective, with appreciation of an adequate theoretical contribution to support the continuing education of these professionals.

A study by Ferreira and Costa (2016, p.34), with SEM teachers, described a "shy relationship between regular classroom and SRM teachers and between the latter and the families of the students" served. Research by Dantas and Costa (2018) in the state of Paraíba, with a SRM teacher showed that SRM was even considered by some school professionals as a place of rest for students and their teacher, who was also seen as the only responsible for the education of those with disabilities, a context that led her to illness.

In the present investigation, 54.5% of the teachers did not receive support from other professionals, but 72.7% relied on the participation of the students' families in activities (Table 2).

Souza *et al.* (2017, p. 1060), in an investigation on the interrelationship between AEE and regular education teachers, realized that the greatest interaction between them took place only in the pedagogical meetings of the school and concluded that "there is a need to understand that the essential functions of the regular classroom teacher and the SRM teacher are different, but interdependent.

Cia and Rodrigues (2014), in a study with SRM teachers, concluded that it is important to interact with parents not only sharing the challenges, but also the advances in the education of their children, giving them also elements for a posture of continuity outside the school environment.

As for the relationship with regular classroom teachers, the SRM teachers sometimes see themselves as collaborators, since they identify the students' needs, can provide information about adaptations, and help in the acceptance of students with special education needs.

The dynamism and diversity in the AEE make pedagogical and structural support even more important in teaching activities. Most teachers would change something in the SRM (81.8%), received students from other schools (81.8%), performed specific activities for each student (100%), and identified structural flaws in the rooms, such as lack of equipment (54.5%) and space (18.2%) (Table 02).

It is unfortunate that 27 years after the publication of the Salamanca declarationⁱ, which aimed at the social inclusion of people with disabilities, we can see that progress is slow. The Declaration in its second principle, school-related factors, in topic 24, asserts the need for clear and strong policies, along with adequate financial provision. The document explains the need for structural and pedagogical planning, highlighting professional training, without which it is impossible to ensure equal opportunities and a truly inclusive educational system at all levels of education.

TABLE 02: Teacher work in Multifunctional Resource Rooms, of public schools in a municipality in the interior of the Brazilian Northeast, Sergipe (2018).

VARIABLES INVESTIGATED	n	%
Total time as a teacher (in months)		
10-100	4	36,3
101-299	4	36,3
300-500	3	27,2
Time at this school (in months)		
40-199	8	72,7
200-399	2	18,1
400-500	1	9,1
Weekly workload		
20h	5	45,4
40h	5	45,4

60h	1	9,1
Shift		
Afternoon	4	36,3
Morning and afternoon	7	63,7
I work at another school		
Yes	4	36,3
No	7	63,7
Getting to school		
Collective	1	9,1
Car or motorcycle	4	36,3
Bicycling and/or walking	6	54,5
Other remunerated activity		
Yes	3	27,2
No	8	72,7
How you became a SRM teacher		
Contest	2	18,2
Indication	5	45,4
School Need	4	36,3
Received training to work in SRM		
Yes	8	72,7
No	0	0
Self-initiative	3	27,2
Education		
Post-graduation	11	100
Lato-sensu	9	81,8%
Definition of professionals by SEMED		
Contest and nomination	8	72,7
No data/unknown	2	18,2
I would change or suggest something for SRM		
Yes	9	81,8
No	2	18,2
Frequency of SRM use		
Daily	4	36,3
Weekly	7	63,7
Main Failures		
Lack of equipment	6	54,5
Lack of awareness	1	9,1
Lack of space	2	18,2
Lack of financial resources	1	9,1
No failure	1	9,1
Are there students from other schools?		
Yes	9	81,8
No	1	9,1
Don't know	1	9,1
There are improvements in learning performance		
Yes	11	100
No	0	0
There are specific actions for each student		
Yes	11	100
No	0	0
Receives support from some other professional		
Yes	5	45,4
No	6	54,5
Family Participation		
Yes	8	72,7
No	3	27,2

Source: Research data

Despite the difficulties reported, only one teacher (9%) was dissatisfied with her job, and the majority (72.7%) had high/very high motivation to work, and reported full/relatively satisfactory quality of life (100%) (Table 03).

A qualitative research conducted among managers of some schools in the Federal District also revealed high motivation for the work among teachers who work in the SRM. The authors inferred that AEE teachers do their best to ensure quality care, even without the infrastructure and materials, seeking creative teaching alternatives, encouraged by the desire to help their peers, which results in a work that transcends the existing difficulties (LAVORATO & MÓL, 2017).

TABLE 3: Satisfaction, motivation, and quality of life at work of teachers of Multifunctional Resource Rooms, of public schools in a municipality in the interior of the Brazilian Northeast, Sergipe (2018).

VARIABLES INVESTIGATED	n	%
Job satisfaction		
Fully satisfied/satisfied	7	63,7
Relatively satisfied	3	27,2
Dissatisfied/very dissatisfied	1	9,1
Motivation at work		
Very low/low	0	0
Average	3	27,2
High/very high	8	72,7
Quality of life at work		
Fully satisfied/satisfied	3	27,2
Relatively satisfied	8	72,7
Dissatisfied/very dissatisfied	0	0

Source: Research data

The high motivation to work may be one of the factors for the positive self-assessment of health made by the female teachers, because 81.8% of them self-assessed their health as very good (Table 04).

Andrade and Falcão (2018) indicated that, among teachers, many factors can favor dissatisfaction with work and the onset of comorbidities due to the presence of feelings of worthlessness, invisibility, failure, and loneliness, especially over the years of work developed. In the case studied, the high prevalence of satisfaction, motivation, and quality of life at work may contribute positively to the health of female teachers.

The results of the sample investigated differ from the study by Sousa *et al.* (2020), since, analyzing the Brazilian population in different regions, they showed that women have more negative self-assessment when compared to men. It is noteworthy that our group studied was entirely female, specific of teachers in SRM, and that presented the absence of negative self-assessment of health.

Still about the health status of the SRM teachers, 54.5% had no referred morbidity and 9.1% (n=1) reported emotional imbalance, cholesterol, pre-diabetes, hyperthyroidism and cataract. As for medication, 81.8% did not use any medication prescribed by a physician, and only 9.1% (n=1) used calcium supplementation and hypoglycemic agents (Table 04).

According to Ferreira (2019), many teachers have no diagnosis of diseases, simply because they do not go to a medical care, claiming that they do not have time to do so. A limitation of the present study is that we did not verify the recent history of consultations and laboratory tests of the female teachers.

TABLE 4: Health conditions of teachers working in existing SRMs in public schools in a municipality in the interior of the Brazilian Northeast, Sergipe (2018).

VARIABLES INVESTIGATED	n	%
Health self-assessment		
Very good/good	9	81,8
Regular	3	27,2
bad/very bad	0	0
Referred Morbidity		
No	6	54,5
Emotional imbalance	1	9,1
Cholesterol	1	9,1
Pre-diabetic	1	9,1
Hyperthyroidism	1	9,1
Cataract	1	9,1
Medication Prescription		
No	9	81,8
Calcium	1	9,1
Antiglycemic	1	9,1
Regular physical activity		
No	2	18,1
1-2 times a week	4	36,3
3 to 7 times a week	5	45,4

Source: Research data

According to Valle (2017), the main occupational diseases presented in early childhood education teachers (including special education), are orthopedic problems (22.8%), mental health (19.29%), voice (8.8%), and cardiovascular diseases (7%); teachers who have a longer length of service tend to present more diseases. In a study conducted by Silva *et al.* (2010), comparing the reality of employees, teachers, and students, the best quality of life scores were from employees and the worst from students.

In Lagarto (SE), the teachers had been teaching for a long time (Table 02), but had practically no diagnoses of diseases. The survey results showed that the SRM teachers had a good quality of life, with few morbidities. This result may reflect a more active lifestyle, since 45.4% (n=5) practiced physical activity from 3 to 7 times a week and most of them went to school by bike or walking (54.5%). It is known that regular physical activity helps in physical, psychological and cognitive well-being (Silva et al., 2010).

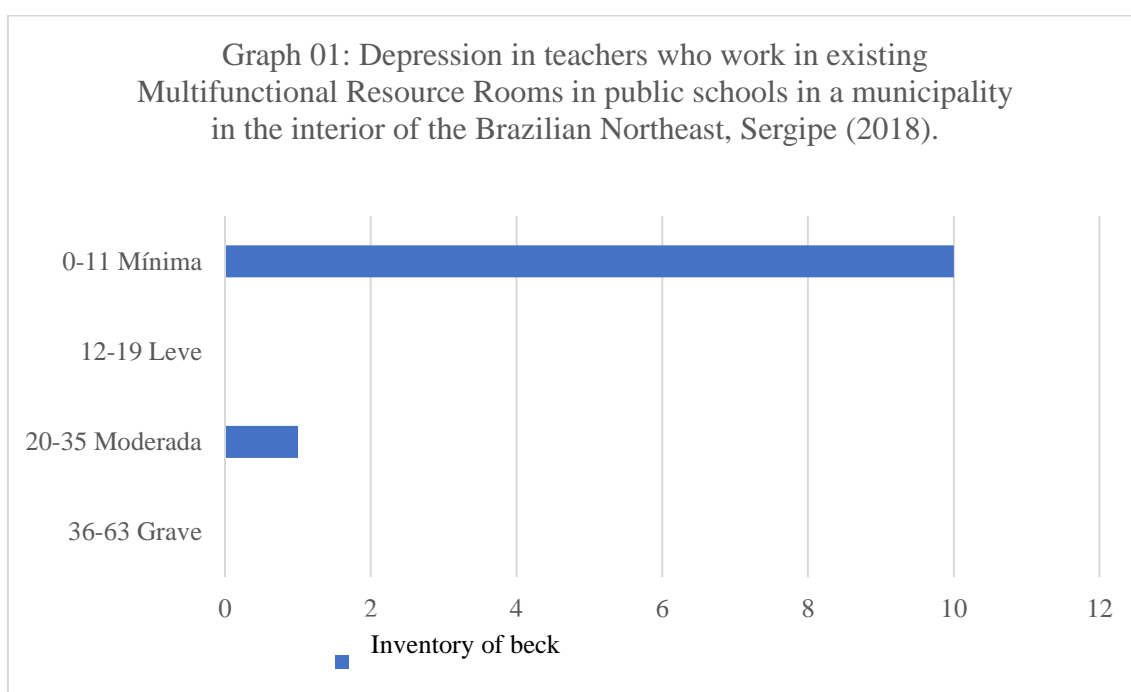
Braun (2012) states that teachers of multipurpose rooms are more likely to have emotional and affective involvement, which reflects directly on the teacher's psychological health and may trigger the Burnout Syndrome, given the high demand for care, adding to the problems of personal life outside the school walls. In the mentioned study with SRM teachers, 73.86% did not present psychological distress and 88.6% did not feel guilty. However, these values in the research proved to be inversely proportional, because the more assistance they received, the greater was the psychological distress, but the feeling of guilt was lower, and 100% of them had illusion at work.

A study conducted by Braun & Carlotto (2014), to compare regular education and special education teachers in relation to Burnout Syndrome (BS), found that Special Education (SS) teachers did not have a higher incidence of BS, only higher levels of the work delusion dimension, when compared to regular education teachers. This research hypothesis occurred because when evaluating the attributions of these teachers and the several existing challenges, it is assumed that they should be more likely to have this type

of illness; however, this was not confirmed by the study, differing from international findings, but corroborating the national research.

In order to evaluate the mental health of the female teachers studied in this research, the Beck Depression Inventory was used, with which the individual makes a self-assessment of several aspects, such as: sadness, pessimism, feeling of failure, lack of satisfaction, feeling of guilt, feeling of punishment (GORENSTEIN & ANDRADE, p. 246, 1998).

Using data from Castro, Trentini, and Riboldi (2010), the values raised in the Beck Inventory between 0 and 11 indicate minimal depressive symptoms, between 12 and 19 signs of mild depression, between 20 and 35 moderate signs, and from 36 to 63, severe. Among the investigated female teachers, 90.9% (n=10) had scores between 0 -11 points and 9.1% (n=1) between 20-35, that is, only one participant of the study presented signs of moderate depression (Graph 01).



Nascimento and Seixas (2020), in a selection of studies on the main pathologies in basic education teachers, identified that depression (28%), anxiety (20%), stress (20%), Burnout Syndrome (16%) and emotional exhaustion (8%) were the most frequent. Among the possible causes of illnesses were pointed out: exhausting work shifts, low pay, lack of methodological resources and little family involvement in the teaching-learning process (Nascimento & Seixas, 2020).

According to Ferreira (2019), the diseases that affect teachers are not only a Brazilian reality, but a global one, because they are a group of workers who, in general, put work above their well-being for fear of unemployment, or for commitment to students and career, relegating attention to health and adopting alternative strategies to mitigate daily stress in an attempt to minimize possible damage to physical and mental health.

Rios (2013) selected personal *blogs of SRM teachers* from all regions of Brazil to show their reflections, and evidenced that they were more focused on valuing life and the little things, with greater involvement in student development.

Smeha and Ferreira (2008, p.44), in a study to identify feelings of pleasure and suffering of teachers who work with inclusion of students with special educational needs, stated that "the negative effects of the profession directly affect the psychological conditions of those who work in the teaching profession"; and also that "teachers get sick because they cannot symbolize this discomfort and turn it into words".

A study conducted with 20 basic education teachers, all male, found as the most prevalent diseases: stress (77%), psychosomatic diseases (gastritis, ulcers and migraines) (60%) and voice problems (55%) (SILVA; GUILLO, 2015).

In this study we also investigated the vocal health (Table 05). The analysis of the Quality of Life related to Voice (QoL) showed scores within the recommended for non-dysphonic individuals: Total Domain = 97.10; Physical = 98.00 and Socioemotional = 99.30 (TUTYA *et al.*, 2011).

Caporossi & Ferreira (2011) showed that the habits that most influence vocal problems are speaking a lot and in high tone in an open place. In addition, the research showed that some factors generate a greater predisposition to have these problems, such as being female and elderly when added to talking a lot, having tiredness when speaking and dry throat. Although 100% of the interviewees in Lagarto were female, 90.9% (n=10) drank water during class, which helps vocal health.

TABLE 05: Quality of Life and Voice of existing SRM teachers in public schools in a municipality in the interior of the Brazilian Northeast, *Sergipe* (2018).

VARIABLES INVESTIGATED	n	%
Difficulty when speaking loudly		
It never happens	9	81,8
It happens sometimes	2	18,2
Air ends when talking		
It never happens	10	90,9
Not much happens	1	9,1
Anxiety and frustration in the voice		
It never happens	9	81,8
Not much happens	1	9,1
It happens sometimes	1	9,1
Voice-related problems at work		
It never happens	11	100
Avoids going out socially because of his voice		
It never happens	11	100
Less expansive, as a result of the use of voice		
It never happens	11	100
Tiredness when speaking		
Not applicable	10	90,9
From time to time	1	9,1
Daily		
Voice deterioration		
No	11	100
Voice Absenteeism		
No	10	90,9
Don't know	1	9,1
Searching for a doctor or speech therapist because of your voice		
Yes	1	9,1
No	10	90,9

Inflammation VAS (Upper Airways)		
Yes	3	27,2
No	8	72,7
Voice-related time off work		
Yes, it happened more than 6 months ago	1	9,1
I was never removed for that reason	10	90,9

Source: Research data

4 FINAL CONSIDERATIONS

The results showed that the SRM teachers participating in the research had fewer diseases when compared to other studies with teachers and high job satisfaction, which corroborates with Marquese and Moreno (2005 p. 76): "[...] job satisfaction should be considered as a determinant of health".

Therefore, the teachers of the Multifunctional Resource Rooms of Lagarto investigated had a good quality of life, both in the physical, mental, occupational and vocal fields. This may corroborate the results of studies that relate the influence of lifestyle habits on health indicators, since most of the participants practiced regular physical activity and other social determinants, such as job satisfaction, policies of continuing education and the support of social networks. More than 70% (73%) of the teachers said they counted on the participation of the students' families in their work activities and had received training for the development of their function; 91% were relatively or fully satisfied with their work, and all of them had medium or high motivation at work.

One of the limitations of the research was the small sample size compared to the national panorama; however, at the municipal level, it covers 84.6% of schools with SRM. Another aspect is that being a cross-sectional study, it does not allow us to infer about causality, since the outcomes come together with the causes. However, the information collected served to understand aspects of the work and health of teachers of the AEE and signal the importance of further research on the health of workers of the SRM that can reverberate in healthy proposals not only for this class of teachers, but for teachers of regular education as well.

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ⁱ One of the main global documents that aims at social inclusion, resulting from the World Conference on Special Education and that requires States to ensure that people with disabilities, as well as any other individual, are part of the educational system and that they are enrolled in regular schools. Available at: <http://portal.mec.gov.br/seesp/arquivos/pdf/salamanca.pdf> Accessed on: 28 March 2021.