Academic and professional master's students before pandemic: The past helping the present and projecting the future

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ABSTRACT

Use information about the profile, lifestyle, and health of master's students before the COVID-19 pandemic, to assist in institutional and personal decision-making, both health and educational, for the present moment and future. The aim of this study was to identify and compare the sociodemographic, academic, and health characteristics of academic and professional master's students before the pandemic. The sample consisted of 375 master's students from a public university in the Brazilian Midwest, 306 academics and 69 professionals, who answered the instruments (Epworth Sleepiness Scale and SRQ-20), in addition to questions developed by the researchers. Academic and professional master's students showed significant differences in the variables age, religion, and alcohol consumption. Regarding academic characteristics, both highlighted their advisors. However, the results obtained before the pandemic already showed an unsatisfactory scenario, indicating the need to implement actions that would promote improvements in the mental health of students, regardless of the type of master's degree.

Keywords: Student Characteristics, Student Health, Mental Disorders.

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INTRODUCTION

With social isolation due to the Covid-19 pandemic, face-to-face school activities had to be paralyzed, thus causing an unexpected migration of teachers and students allocated to courses, previously face-to-face, to educational activities based on Information and Communication Technology - ICT (Couto et al., 2020). The problem that this "forced" migration brought negative impacts to the educational environment, making it clear that the country was not prepared for emergency situations and neither were the internet infrastructures, what existed of strategies for Distance Learning – EaD did not completely satisfy the learning process at that time.

In the graduate environment, it was only in 2019, through Ordinance No. 90, that the Coordination for the Improvement of Higher Education Personnel – CAPES had regulated the master's and doctorate distance education, and after the first cycle of master's evaluations would be accepted proposals for the doctorate (Brasil, 2019). This means that both professors and students of *stricto sensu graduate programs* used the tools and methodology of distance education at the time of the pandemic without adequate preparation and knowledge, because the relationship between the time available to carry out the course and the excellence of the quality that has been required of the research work by advisors and scientific journals (Costa and Nebel, 2018; Mendes and Iora, 2014) did not let them stop, especially in the case of the master's degree, which takes only 24 months to complete, while the doctorate takes 48 months.

As a result, the master's student, in addition to already having a short period to make their adaptations to the daily life of disciplines and research imposed by the course, also faced two new challenges at the time of the pandemic: social isolation and the change in the learning process. In their study, Costa and Nebel (2018) already highlighted that if these adaptations, when not carried out successfully, can harm the student's academic, social, marital and professional life on a daily basis, as well as end up affecting their physical and mental health. Thus, one cannot look to the future without reflecting on the present and analyzing the past and the actions developed in it (Santos, 2020). Following this thought, it was proposed to present the realities experienced by master's students before the COVID-19 pandemic, in order to assist in institutional and personal decision-making, both health and educational for the present and future period.

As in Brazil there are two types of master's degrees, academic and professional, it was decided to study the master's students separately, since Ferreira et al. (2016) when researching the reasons that lead a person to attend an academic or professional master's degree, found that the search for new knowledge prevailed among the master's students, but with different focuses, the professional master's students take the course in order to improve the practice and the academic master's students have the intention of be trained for research and teaching. In fact, when the professional master's degree was created, the legislation provided for a flexible curriculum to meet

the needs of these working students, its structuring would take place by institutional demand (Hortale et al., 2017).

Therefore, the objective of this study was to identify and compare the sociodemographic, academic, and health characteristics of academic and professional master's students before the COVID-19 pandemic.

METHODOLOGY

This is a cross-sectional observational study, with descriptive and analytical analysis components, of the self-administered survey type, carried out with master's students from a federal public university in the Brazilian Midwest, through the electronic platform (*SurveyMonkey*). With a population of 1,740 students enrolled in 2018, 1,521 in academic master's courses and 219 in professional master's courses, according to the university's secretariat. This research was approved by the Research Ethics Committee of the Federal University of Mato Grosso - UFMT (CEP SAÚDE UFMT), with protocol No. 2,658,582, thus complying with all the ethical prerogatives of Resolution No. 466/2012 of the National Health Council.

In the sample planning, the list-based sampling method (Carlomagno, 2018) and the sample sizing for estimates of means with relative error and finite population (Arango, 2016) were considered. Adopting the mean (= 60) and standard deviation ($\bar{x}s$ = 15) of the general quality of life obtained in a pilot study with *lato sensu* graduate students in statistics, an estimation error of 2.5% (e = 0.025), a confidence level of 95% ($Z\alpha/2$ = 1.96) and the finite population (N = 1,740), the minimum necessary size of 315 master's students for the research sample was calculated. To avoid the problem of lack of response, a minimum rate of 85% was established (Espinosa et al., 2019), increasing the minimum sample size to 371 master's students. Finally, 5% was added for possible losses other than the absence of answers, thus totaling several 390 master's students for the sample.

The university's secretary of technology and information sent an invitation by email to all 1,740 master's students, containing all the information considered necessary, along with the informed consent form (ICF) and the *link* to access the questionnaire, because according to Carlomagno (2018) to carry out list-based samples, one must have a limited (finite) population. in addition to a high coverage rate (email contact of the target population). Contributing to a better control of the sampling process, master's students were asked to inform the initial and final three digits of their enrollment, so data collection had to be carried out in the period from August to November 2018, to obtain the 390 valid questionnaires from a total of 482 respondents.

Master's students who said they had some type of physical disability were excluded, as in their study Coutinho et al. (2017) identified that individuals with disabilities were not exposed to the same factors as their colleagues who did not have disabilities, as well as those master's students who

insufficiently filled out their questionnaire. Finally, the sample was composed of 375 master's students, 306 academics and 69 professionals, these values are higher than the minimum size required in relation to a proportional stratified sample, where 275 academic master's students and 40 professionals would be required.

The questionnaire contained questions about sociodemographic variables (gender; age; race/color; religion; having or not having a partner and children; if they live alone; family income in reais; if they only study; time in the course), academic (grades from 0 to 100 for the course, physical structure, advisor, evaluation and project, where 0 is not very satisfied and 100 very satisfied); health problems (physical activity; smoking; alcohol; weight; height; physical disability; self-rated health; daytime sleepiness and common mental disorders), with daytime sleepiness determined by the Epworth Sleepiness Scale and mental disorders by the SRQ-20 instrument.

Nutritional status classified by body mass index (BMI) was calculated by dividing weight (in kg) by height (in meters) squared, both self-reported by master's students. As a strategy for the prevention and control of overweight, the cut-off point (BMI ≥ 25.0 kg/m2) was adopted, with risk of comorbidities (Peixoto et al., 2006).

The Epworth *Sleepiness Scale* (ESS) was translated and validated for use in Brazil by Bertolazi et al. (2009) provides a general measure of the degree of daytime sleepiness. Each master's student provided a score from zero to three quantifying their probability of falling asleep in eight situations involving daily activities. Thus, the overall score of this scale ranges from 0 to 24, and master's students who obtained scores above 10 were classified as having excessive daytime sleepiness.

The *Self-Report Questionnaire* (SRQ-20) was translated and validated for use in Brazil by Mari; Willians (1986) allows the identification of psychiatric disorders at the primary care level. Composed of 20 questions designed to detect common mental disorders (CMD), each affirmative answer (yes) of the master's student was equivalent to one point, the one that presented a score greater than or equal to seven, was considered to have a high probability of developing or having CMD (Santos et al., 2009).

After extracting the data from the electronic platform (*SurveyMonkey*), they were validated in order to ensure total reliability. The characterization of academic and professional master's students was done by means of a frequency table, together with the chi-square test to verify the association between the dependent variable type of master's degree and the sociodemographic variables. Subsequently, the adjusted prevalence ratios were determined using the multiple Poisson model with robust variance, where the variables that presented a p-value ≤ 0.20 in the chi-square test were initially included in the model, and only those that had a p-value < 0.05 remained in it after the analysis. The same procedure was performed for the health variables.

For the academic variables, it was decided to calculate the point and interval estimates with 95% confidence for the averages of the grades mentioned by the professional academic master's students, and the similarities and differences between them were analyzed by the overlap (common values) of the confidence intervals. Statistical analyses were performed with the aid of the statistical program *Stata* version 13 and a significance level of 5% was used in all tests.

RESULTS

The information presented in Table 1 allows us to have an overview of how this growth of master's courses was occurring, their demand and graduates in the last 5 years before data collection.

Table 1: Number of recognized master's courses, enrolled students and graduates, according to year and growth rate, by region.

Region \ Year	Courses			Enrolled			Graduates		
	2013	2017	D%	2013	2017	D%	2013	2017	D%
MIDWEST	**281**	**340**	**21,0**	**9.747**	**12.667**	**30,0**	**3.943**	**4.746**	**20,4**
Master's Degree Acad.	249	292	17,3	8.362	10.071	20,4	3.579	4.035	12,7
Master's Degree Prof.	32	48	50,0	1.385	2.596	87,4	364	711	95,3
NORTHEAST	**687**	**853**	**24,2**	**24.586**	**33.354**	**35,7**	**9.605**	**11.328**	**17,9**
Master's Degree Acad.	602	714	18,6	20.308	25.049	23,3	8.426	9.329	10,7
Master's Degree Prof.	85	139	63,5	4.278	8.305	94,1	1.179	1.999	69,6
NORTH	**175**	**233**	**33,1**	**6.093**	**9.603**	**57,6**	**2.020**	**2.887**	**42,9**
Master's Degree Acad.	149	188	26,2	4.745	6.720	41,6	1.871	2.243	19,9
Master's Degree Prof.	26	45	73,1	1.348	2.883	113,9	149	644	332,2
SOUTHEAST	**1.612**	**1.875**	**16,3**	**64.098**	**77.346**	**20,7**	**25.211**	**28.874**	**14,5**
Master's Degree Acad.	1.368	1.513	10,6	53.395	59.508	11,4	21.797	23.233	6,6
Master's Degree Prof.	244	362	48,4	10.703	17.838	66,7	3.414	5.641	65,2
SOUTH	**727**	**914**	**25,7**	**25.924**	**33.818**	**30,5**	**10.756**	**13.312**	**23,8**
Master's Degree Acad.	632	769	21,7	22.910	27.872	21,7	9.817	11.466	16,8
Master's Degree Prof.	95	145	52,6	3.014	5.946	97,3	939	1.846	96,6
Total	**3.482**	**4.215**	**21,1**	**130.448**	**166.788**	**27,9**	**51.535**	**61.147**	**18,7**

Source: GEOCAPES Date viewed: 16/10/2018

It can be observed that regions where in 2013 there were few master's courses had a much more accentuated growth than the regions that already had a high number of courses, another significant finding occurs in relation to the growth of the professional master's course being much higher in all regions than the academic master's degree (Table 1).

In this study, 375 master's students participated, the 306 enrolled in the academic master's program had a mean age of 30 years with a standard deviation of 6.8 years, while the 69 enrolled in the professional master's program had a mean age of 35 years with a standard deviation of 8.1 years. As expected by the characteristics of the courses, only 7 (10.14%) of the professional master's students said that they only studied, did not work, while 153 (50.00%) of the academic master's students made the same statement.

Table 2 shows that there was a predominance of females, not considering themselves white, being Catholic, having no children, not living alone, and having a family income of up to R$8,000.00 in both types of master's degrees. The sociodemographic variables (gender, age, religion, and partner) were significant (p-value <0.05), i.e., they were related to the variable type of master's degree.

Table 2: Absolute and relative frequencies of academic and professional master's students according to sociodemographic variables, Mato Grosso, Brazil, 2018.

Variables Sociodemographic	**Type of Master's Degree**		**p-value**
	Academic	**Professional**	
	n = 306(%)	**n = 69(%)**	
Gender			
Male	99(32,35)	31(44,93)	**0,047**
Female	207(67,65)	38(55,07)	
Age (years)*			
Less than 30	177(60,20)	21(31,34)	**<0,001**
30 or more	117(39,80)	46(68,66)	
Self-reported race/skin color			
White	139(45,42)	30(43,48)	0,769
Non-white	167(54,58)	39(56,52)	
Religion			
Has religion	212(69,28)	62(89,86)	**0,001**
Has no religion	94(30,72)	7(10,14)	
Companion			
Yes	116(37,91)	38(55,07)	**0,009**
No	190(62,09)	31(44,93)	
Offspring			
Yes	36(11,76)	10(14,49)	0,533
No	279(88,24)	59(85,51)	
Reside (sea)			
Accompanied	250(81,70)	54(78,26)	0,510
Alone	56(18,30)	15(21,74)	
Family income (monthly)			
Up to R$ 8,000.00	236(77,12)	54(78,26)	0,839
More than R$ 8,000.00	70(22,88)	15(21,74)	
* 14 master's students did not inform their age.			

When analyzing the association of the variables in Table 2 with p-value < 0.20 together, using the Poisson regression model with robust variance, the variables age and religion remain in the final model (p-value < 0.05), where the prevalence of professional master's students under 30 years of age is 0.41 (CI(95%) = [0.26; 0.67]) times the prevalence of academic master's students. For the religion variable, the prevalence of professional master's students who do not have a religion is 0.36 (CI(95%) = [0.17; 0.76]) times the prevalence of academic master's students.

Regarding the health of academic and professional master's students, alcohol consumption showed a significant relationship (p-value < 0.05) with the type of master's degree, and among the 222 master's students who reported consuming alcoholic beverages, 87% are academic master's students (Table 3).

Table 3: Absolute and relative frequencies of academic and professional master's students according to health variables, Mato Grosso, Brazil, 2018.

	Type of Master's Degree		
	Academic	**Professional**	
Health variables	**n = 306(%)**	**n = 69(%)**	**p-value**
Practice Physical Activity			
Yes	170(55,56)	45(65,22)	0,143
No	136(44,44)	24(34,78)	
Alcoholic beverage*			
Consumes	193(65,20)	29(45,31)	**0,003**
Does not consume	103(34,80)	35(54,69)	
Smoker			
Yes	44(14,38)	8(11,59)	0,545
No	262(85,62)	61(88,41)	
Self-assessment of your health			
Satisfied	156(50,98)	43(62,32)	0,088
Not satisfied	150(49,02)	26(37,68)	
Risk of comorbidity**			
Sim (IMC ≥ 25 Kg/m2)	146(50,52)	40(59,70)	0,175
No (BMI < 25 Kg/m2)	143(49,48)	27(40,30)	
Daytime sleepiness			
Normal	166(54,25)	46(66,67)	0,060
Abnormal	140(45,75)	23(33,33)	
Common Mental Disorders			
None	106(34,64)	31(44,93)	0,109
Possible	200(65,36)	38(55,07)	
* 15 master's students did not report their consumption of alcoholic beverages.			
** 19 master's students did not inform their weight and/or height.			

In the final model of the multiple Poisson regression analysis with robust variance, the variables physical activity, self-rated health, risk of comorbidity, daytime sleepiness and common mental disorder were not significant in relation to the type of master's degree, the variable alcoholic

beverage was the only one that remained in the model (p-value <0.05), and the prevalence of professional master's students who consume alcoholic beverages was 0.52 (CI(95%) = [0.33; 080]) times the prevalence of academic master's students.

Table 4 shows that regardless of the type of master's degree, the variable (advisor) is the one that has pleased the most, even for academic master's students, its superiority was statistically significant in relation to the other variables. And as a negative highlight is the physical structure evaluated by the academic master's students, with an average of less than 70 points.

Table 4: Point and interval estimates with 95% confidence for the average of the grades mentioned by academic and professional master's students, according to their satisfaction with the academic variables, Mato Grosso, Brazil, 2018.

	Academic Master's Degree	**Professional Master's Degree**
Academic variables	**Mean [95%CI]**	**Mean [95%CI]**
Course	**69 [66,3; 71,3]**	**79 [74,7; 83,7]**
Physical structure	66 [62,8; 68,3]	72 [67,0; 77,8]
Advisor	**78 [74,7; 80,8]**	**85 [80,9; 90,1]**
Evaluation	**68 [64,7; 70,5]**	**79 [73,9; 84,6]**
Research project	68 [65,5; 71,0]	73 [67,4; 78,8]

Finally, there is a greater satisfaction of the professional master's students, with higher averages in the five variables analyzed, but only in the course, advisor and evaluation variables can it be affirmed with 95% confidence that this superiority really occurs (Table 4).

DISCUSSION

The expansion and strengthening of graduate courses in Brazil in recent decades is undoubtedly something notorious, through the 5 National Graduate Plans (PNPG) the government guided the direction of where and how graduate studies have gone in Brazil, expanding and correcting regional asymmetries, especially in priority areas where there are few graduate programs. as shown in Table 1. In fact, there was a great demand for master's courses in the years before the pandemic, and according to Cirani; Belfry; According to Silva (2015), this expansion was mainly due to the professional master's degree, brought especially by private universities.

As much as there are several points in the legislation differentiating academic and professional master's degrees, educational institutions ended up reproducing the training model of the academic master's degree in the professional master's degree, that is, both master's degrees were adopting similar references and practices before the COVID-19 pandemic (Hortale et al., 2017; Santos et al., 2019).

In terms of sociodemographic and health characteristics, academic and professional master's students showed few differences, with a predominance of female, non-white, Catholic, non-child,

non-child, family income up to R$ 8,000.00, and not living alone in both types of master's degrees. It is important to highlight that 22.88% of academic master's students and 21.74% of professional master's students reported having a family income greater than R$8,000.00, a percentage above the 14.4% of the Brazilian population belonging to classes A and B, with a similar income in 2018 (CNF, 2019). On the other hand , the percentages of academic and professional master's students who declared themselves white were 45.42% and 43.48%, respectively, values lower than those determined by Vanali; Silva (2019) in his study, that 73.05% were academic master's students and 60.91% were professional master's students.

Regarding lifestyle and health status, positive factors such as physical activity, non-smoking, normal daytime sleepiness, and negative factors such as risk of comorbidities linked to obesity and the possibility of having common mental disorders also predominated. However, Madeira et al. (2018) point out that by fragmenting behaviors and classifying them as risk factors or not, it can stimulate changes in individual behaviors, but limits their understanding.

For example, the consumption of alcoholic beverages was the only health variable among all presented to be associated with the variable type of master's degree, which is justified according to Manzatto et al. (2011) by the age difference between academic and professional master's students, 60.20% of academic master's students were classified as under 30 years old, while 31.34% of professional master's students had the same classification. According to the aforementioned source, young people are more vulnerable to alcohol consumption, so much so that the authors place alcohol consumption among people under 30 years of age as a major public health problem.

Mental disorders also drew attention in this study, since only 34.64% of the academic master's students and 44.93% of the professionals did not present any common mental disorder. In a multicenter study with 2,157 students about stress and stressors in graduate school, Faro (2013) observed that 24.2% were at the high level of stress and 22.6% at the very high level, that is, 46.8% of the students exhibited levels considered extreme. Coast; Nebel (2018) warn that at the first signs of mental distress (e.g., difficulty sleeping, change in appetite, feeling of guilt, fear or panic, excessive consumption of alcohol or other drugs) it is essential for master's students to seek help, remaining silent will only aggravate their psychological state and consequently their quality of life.

There was a higher satisfaction in the professional master's students with their course, the evaluation method and with the advisor in relation to the academics, but for both master's students the satisfaction with the advisor was high. The good relationship between advisor and advisee is a fundamental element for the accomplishment of the master's degree (Costa; Nebel, 2018), because in addition to motivating the master's student in the production of the dissertation, the advisor needs to be the point of support, security, venting, a true psychologist. However, in many other cases, the lack

of dialogue and misunderstandings end up generating health problems and academic ineffectiveness (Galdino et al., 2016).

What should be noted is that this study took place only in a public university and, as already mentioned, most of the professional master's courses were in private universities. Thus, even though the calculated sample is representative of the population of professional master's students enrolled at UFMT, it is still in a small number.

However, as the sample contained master's students from all areas of knowledge (11.7% - agricultural sciences, 4.8% - biological sciences, 23.7% - health sciences, 14.2% - exact and earth sciences, 21.9% - human sciences, 8.6% - applied social sciences, 2.1% - engineering, 2.9% - linguistics, languages and arts and 10.1% - multidisciplinary), it was possible to have a general notion of the sociodemographic, academic and health characteristics, as well as the satisfactions of students belonging to different graduate programs, not restricted to a few courses or a specific area of knowledge.

FINAL THOUGHTS

In general, when undertaking a master's course, regardless of the type (academic or professional), the student needs to be aware that he will face a series of demands, obligations and challenges from the beginning to the end of the course, for which he must be minimally prepared.

This study evidenced important information about the realities experienced by academic and professional master's students before Covid-19, with statistically significant differences between their sociodemographic, academic, and health characteristics. However, the results obtained already showed some worrying aspects, especially in relation to the health of students, adding this fact, with the lack of information and uncertainties faced in the pandemic, it is understood that their vulnerabilities have worsened even more.

The contributions of this study were in the sense of making visible and understandable the information (before the Covid-19 pandemic) necessary for current decision-making, not only of the academic dimension, but of all aspects involved in a graduate degree, making both academic and professional master's students endure and overcome adversities and, Consequently, improve your health and academic performance. In addition to avoiding, the so-called "fire extinguishes" actions, where a specific problem arises and an action is established to neutralize it (solve it), but many times they end up creating another bigger problem, due to lack of knowledge and planning.

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