

ACTIONS NURSING IN SUPPORT-EDUCATION FOR CHANGES IN THE LIFESTYLE OF TEACHING WORKERS

ACCIONES DE ENFERMERÍA EN APOYO-EDUCACIÓN PARA CAMBIOS EN EL ESTILO DE VIDA DE LOS TRABAJADORES DOCENTES

AÇÕES DE ENFERMAGEM NO APOIO-EDUCAÇÃO PARA MUDANÇAS NO ESTILO DE VIDA DE TRABALHADORES DOCENTES

¹Mauricio Lima da Silva
²Stéffane Costa Mendes
³Álissan Karine Lima Martins
⁴Maria do Socorro Vieira Lopes
⁵Woneska Rodrigues Pinheiro
⁶Edilma Gomes Rocha Cavalcante

¹Universidade Regional do Cariri (URCA), Crato-CE, Brasil. ORCID: <https://orcid.org/0000-0003-0025-0790>.

²Universidade Regional do Cariri (URCA), Crato-CE, Brasil. ORCID: <https://orcid.org/0000-0002-9004-9515>

³Universidade Regional do Cariri (URCA), Crato-CE, Brasil. ORCID: <https://orcid.org/0000-0002-4203-6656>.

⁴Universidade Regional do Cariri (URCA), Crato-CE, Brasil. ORCID: <https://orcid.org/0000-0003-1335-5487>

⁵Universidade Regional do Cariri (URCA), Crato-CE, Brasil. ORCID: <https://orcid.org/0000-0003-3353-9240>

⁶Universidade Regional do Cariri (URCA), Crato-CE, Brasil. ORCID: <https://orcid.org/0000-0002-6861-2383>

Autor correspondente**Mauricio Lima da Silva**

Rua Coronel Antônio Luiz, 1161, 1º andar, Bairro Pimenta. CEP 63.105-000. Crato, CE, Brasil. Contatos: +55(88) 9 9274-2329, E-mail: limamauricio18@gmail.com / mauricio.lima@urca.br.

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RESUMO

Objetivo: descrever as ações de enfermagem no apoio-educação para mudanças no estilo de vida de docentes universitários à luz da Teoria de Orem. **Método:** É um estudo de caráter descritivo, do tipo relato de experiência. Coletou-se dados secundários da utilização do polígono da saúde e das intervenções de enfermagem registradas em prontuário dos docentes, os quais foram submetidos à análise à luz da Teoria dos Sistemas de Enfermagem de Orem, no eixo apoio-educação. **Resultados:** As dimensões do estilo de vida mais afetadas foram alimentação, atividade física, autoimagem, relacionamentos, finanças e sono restaurador. As principais intervenções foram com ações educativas, mediante prestação de informações sobre como realizar as metas construídas, estas avaliadas mediante a percepção de melhoria por meio do diálogo durante as consultas. A interação enfermeiro-paciente para coordenação do autocuidado, apoio ao servidor, com vistas a estimulá-lo e engajá-lo nas discussões sobre suas necessidades de saúde e monitoramento das medidas de autocuidado, também foram importantes. **Considerações finais:** A promoção do autocuidado demonstrou benefícios na realização e manutenção de um estilo de vida saudável, bem como, gerou confiança, satisfação, autonomia e bem estar físico, mental e social aos docentes.

Palavras-chave: Estilo de Vida; Cuidados de Enfermagem; Qualidade de Vida; Teoria de Enfermagem; Autocuidado.

ABSTRACT

Objective: to describe nursing actions in support-education for changes in the lifestyle of university professors in the light of Orem's Theory. **Methods:** It is a descriptive study, of the experience report type. Secondary data was collected from the use of the health polygon and nursing interventions recorded in the professors' records, which were submitted to analysis in the light of Orem's Theory of Nursing Systems, in the support-education axis. **Results:** The lifestyle dimensions most affected were diet, physical activity, self-image, relationships, finances and restorative sleep. The main interventions were with educational actions, through the provision of information on how to achieve the constructed goals, which were evaluated through the perception of improvement through dialogue during consultations. The nurse-patient interaction for self-care coordination, support to the server, with a view to stimulating and engaging them in discussions about their health needs and monitoring of self-care measures, were also important. **Final considerations:** The promotion of self-care has shown benefits in achieving and maintaining a healthy lifestyle, as well as generating confidence, satisfaction, autonomy and physical, mental and social well-being for teachers.

Key words: Life Style; Nursing Care; Quality of Life; Nursing Theory; Self Care.

RESUMEN

Objetivo: describir las acciones de enfermería en la educación de apoyo para los cambios en el estilo de vida de los profesores universitarios a la luz de la Teoría de Orem. **Método:** Es un estudio descriptivo, del tipo relato de experiencia. Los datos secundarios fueron recolectados a partir del uso del polígono de salud y de las intervenciones de enfermería registradas en los prontuarios de los profesores, que fueron sometidos a análisis a la luz de la Teoría de los Sistemas de Enfermería de Orem, en el eje apoyo-educación. **Resultados:** Las dimensiones del estilo de vida más afectadas fueron la alimentación, la actividad física, la autoimagen, las relaciones, las finanzas y el sueño reparador. Las principales intervenciones fueron con acciones educativas, a través de la provisión de información sobre cómo alcanzar las metas construídas, las cuales fueron evaluadas a través de la percepción de mejora a través del diálogo durante las consultas. También fueron importantes la interacción enfermeiro-paciente para la coordinación del autocuidado, el apoyo al servidor, con el objetivo de estimularlos y comprometerlos en discusiones sobre sus necesidades de salud y el seguimiento de las medidas de autocuidado. **Consideraciones finales:** La promoción del autocuidado ha mostrado beneficios en el logro y mantenimiento de un estilo de vida saludable, además de generar confianza, satisfacción, autonomía y bienestar físico, mental y social para los docentes.

Palabras clave: Estilo de vida; Atención de Enfermería; Calidad de Vida; Teoría de Enfermería; Autocuidado.

INTRODUCTION

In the teaching activity, teachers from Higher Education Institutions (HEIs) develop skills and competences to instrumentalize the teaching-learning process, amidst the construction of spaces for individual and social experiences. In this work environment, they are exposed to situations of physical, intellectual and emotional exhaustion, making them prone to health risks. This occurs due to the overload of activities, scientific production and publication goals, long working hours, extension activities, guidance for postgraduate work and other specific activities ⁽¹⁻²⁾.

Faced with these factors, the teacher's health-disease process is constituted by the biological-physical-psychological-interpersonal relationship, where they can develop occupational illnesses, among them, vocal problems, pain, anxiety, anguish due to direct contact with people, stress, tiredness emotional and mental ⁽³⁾. Faced with such problems, professors need support regarding health care, since inappropriate habits can generate risks of illness, such as a sedentary lifestyle, not controlling stress, poor diet and sleep pattern disruption ⁽⁴⁾.

In this sense, lifestyle encompasses a set of habits and daily actions that influence health and well-being, with a complex construction, covering individual, social, cultural and environmental aspects ⁽⁴⁾. Considering the quality of life approach, the health polygon represents an instrument that allows identifying

positive and negative aspects of lifestyle that influence health and well-being. In this way, it enables decision-making in the process of changing habits for a better quality of life ⁽⁵⁾.

Faced with the professors' routine, in the context of the HEI, which is expressed with significant levels of stress among the servers, there is a need for appreciation and encouragement aimed at programs to promote the worker's health ⁽⁶⁾. In this perspective, self-care becomes indispensable in the daily actions of teaching workers, with the aim of reducing and/or eliminating inappropriate factors in the lifestyle, which impacts on the individual's health ⁽³⁾. In this way, the servers' access to integrative and collaborative practices in outpatient clinics at HEIs can ensure the self-care behavior of these professionals.

Self-care refers to the action taken by the individual, with the aim of maintaining or improving their health and well-being, according to their lifestyle and health demands ⁽⁷⁾. Orem's Nursing Systems Theory addresses relationships and communication and education strategies to meet the therapeutic needs of each individual ⁽⁸⁾. This contributes as a theoretical contribution that underlies the nursing process through greater ease in approaching the patient, interaction, detection of changes in self-care requirements, improvement in the ability to perform self-care and satisfaction of patients and families ⁽⁹⁾.

Thus, the work is justified by the need for a careful look at the lifestyle and factors that affect the quality of life and health of teachers. Thus, this study is necessary due to the

importance of carrying out self-care actions by teaching workers, based on Orem's theory, which subsidizes the quality of nursing actions, providing the patient with knowledge, autonomy and general well-being.

In view of the above, this study aims to describe nursing actions in support-education for changes in the lifestyle of university professors in the light of Orem's Theory.

METHODS

This is a descriptive study, of the experience report type, developed in the discipline of theoretical and conceptual bases of Nursing care, in a postgraduate program in Nursing *stricto sensu* of the Academic Master's Degree in Nursing at the Universidade Regional from Cariri.

The experience report describes the follow-up of two teaching staff assisted at the Interdisciplinary Staff Support Center at the Regional University of Cariri, Crato, Ceará. The core focuses on promoting the health of university workers, working with individual and collective care, with the collaboration of professionals from different areas, becoming an important strategy for health promotion and knowledge production.

Data collection took place in October and November 2022, through access to data from two medical records of faculty members, who were patients monitored by a professional nurse working in the university care center. In these, interventions aimed at education and self-care support for changes in lifestyle were raised.

Six individual nursing consultations were held with each patient, from October 7, 2022 to November 25, 2022, with an average duration of one hour each. From the use of the health polygon, the dimensions of the lifestyle with the greatest weaknesses were identified, for subsequent implementation of a self-care plan.

Data from the medical records and information from the participants were analyzed using the framework of Dorothea Elizabeth Orem's Theory of Nursing Systems in its support-education axis, based on the three steps of the nursing process established by Orem⁽⁸⁾, namely, Diagnosis and prescription, Definition of a nursing system and Production and control of nursing systems.

The Theory of Nursing Systems developed by Dorothea Elizabeth Orem was used as a reference. This theory describes the nursing action directed at people with self-care deficits, as well as the ability and importance of the client's engagement in the development of self-care activities, in order to have a better quality of life, health and well-being⁽⁷⁾.

In this sense, the third aspect of the Theory was worked on: support-education system, where the person is capable of carrying out self-care activities, but needs educational actions taught by the nurse⁽⁷⁻⁹⁾. To identify the areas of life that needed nursing interventions for self-care, the health polygon was used.

This instrument is composed of eight dimensions: diet, physical activity, self-image, relationships, stress management, finances, preventive behavior and restorative sleep. Each

dimension has three statements, and at the end it is possible to obtain a visual image of the server's lifestyle. In this way, the more answers agreeing with the statements, the more the pictogram will be colored and the healthier the lifestyle will be ⁽⁵⁾.

In the analysis, the information of each dimension evaluated by the health polygon and the adopted nursing actions were listed. These were categorized according to the most fragile dimensions of the polygon and the target of intervention, and the guidelines were carried out using the Theory of Nursing Systems in its support-education axis in the actions of nursing care for servers.

The study was approved by the Research Ethics Committee of the Regional University of Cariri under opinion number 5.759.402/2022 and Certificate of Appreciation and Ethics Presentation 64899522.0.0000.5055. Participation in the research was legitimized by signing the Free and Informed Consent Term (TCLE).

RESULTS

The experience to which this report refers relates to the nursing care provided to two teaching staff at a public university in the State of Ceará, aimed at supporting and educating these professionals to change their lifestyle habits. Both are temporary teachers, one female and the other male, who have been working at the institution for at least two years.

The consultations were carried out by a nurse and researcher of the study, master's

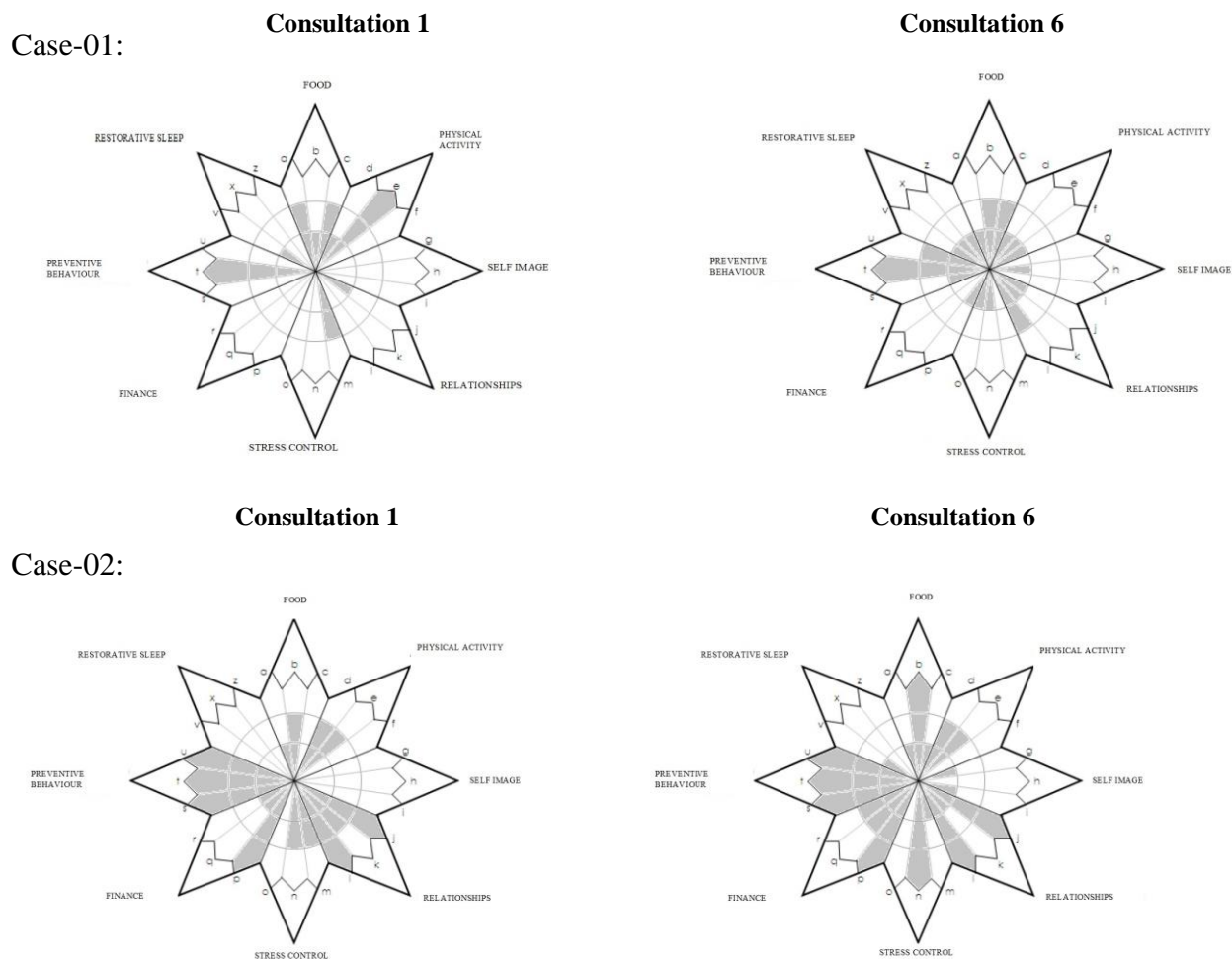
degree in nursing, who works at the Interdisciplinary Center for Support to the Server through nursing care and integrative and complementary therapies in health, with a focus on promoting self-care supported by university workers .

Nursing care for changes in lifestyle, through supported self-care, was guided by the use of the health polygon and assistance guidelines were directed by the needs of the monitored servants, following the Theory of Nursing Systems in its support-education axis. The three steps of the nursing process established by Orem ⁽⁷⁾ were followed, namely, Diagnosis and prescription; Definition of a nursing system and Production and control of nursing systems.

The first step in the nursing process is an investigation into the patient's self-care actions and the recognition of their therapeutic needs ⁽⁷⁾. Thus, in the first consultation, an integral approach was carried out to the two cases to be described, in which the lifestyle areas that needed educational guidelines for the practice of self-care were identified through the health polygon.

The main demands in the dimensions of food, physical activity, self-image, relationships, finances and restorative sleep were identified. As a product, a visual image of the lifestyle profile was generated, in which it is possible to observe the most fragile areas and those with the greatest potential, which can be seen in the figure below (FIGURE-01).

Figure 01- pictogram obtained from the lifestyle polygon, Crato, Ceará, Brazil, 2022.



The second step corresponds to the definition of the nursing system, referring to the selection of valid ways to help the patient ⁽⁸⁾, in which the support-education system was established, whose objectives defined by the theory are: to achieve self-care and control the exercise and the development of self-care. In this perspective, the nurse acts as an educator, in order to facilitate the decision-making process and encourage changes and maintenance of a healthy lifestyle.

In the third step, there is the production and control of the nursing system, where the nurse takes action to fulfill the therapeutic

demands of self-care ⁽⁷⁾. In this perspective, the actions were carried out in the interaction between nurse and patient, through the coordination of the performance of self-care actions, patient support, stimulation of interest and patient engagement through discussions about their health needs and monitoring of measures of self-care, regarding its efficiency and sufficiency.

Nursing interventions were carried out with educational actions during the six follow-up consultations, by providing information on how to achieve the goals built, verification of self-care practices performed by the servers, which

were evaluated by the perception of improvement during the consultations. In this way, it was possible to develop greater interaction, strengthening the nurse-patient bond, as well as greater confidence in the information provided, which favored a degree of satisfaction and production of autonomy for self-care.

In this way, the most fragile dimensions of the polygon, the respective behaviors supported by the nurse, the goals established together with the server and the results achieved can be seen in the table below (TABLE-01).

Chart 1- Description of guidelines to support lifestyle self-care based on the dimensions of the health polygon, Crato, Ceará, Brazil, 2022.

More fragile polygon dimensions	Behaviors supported by the nurse	Goals established by the server together with the nurse	Results
Food	-Assessment with nutritionist at the outpatient clinic. -Have five varied meals a day.	-Vary foods, fruits, vegetables, greens and meats. -Reduce pasta, fried foods and sugars. -Nutritional monitoring.	- In both cases, reduction in the consumption of fats; - Improvement in the intake of four to five meals a day and breakfast.
Physical activity	-Practice physical activity -Assessment with physical educator. -Bodybuilding and/or pilates.	- 30-minute walk, at least three times a week. - Prefer to walk and use stairs instead of elevators.	- Case one showed a decrease in stretching and flexibility exercises. - Case two, the answers held.
Self image	-Seek help from a professional psychologist. -Meditation practice.	-Psychotherapy. -Practicing meditation.	- Evolution in the perception that the body favors personal marketing. - In case two, there was an improvement in satisfaction when seeing oneself in the mirror and not wanting to undergo a surgical/aesthetic procedure.
Relationships:	- Go out for leisure time with family and friends. -Participate in social movements such as NGOs.	-Go out at least twice a month with friends and/or family.	- Case one, there were improvements in participation in events with friends and associations. - Case two, take decline about leisure with friends.
Finance:	-Control expenses and avoid exceeding the	- Organize the debts in a spreadsheet, in order to have	- Case one, there was less concern about debts.



	salary limit.	a visual budget of fixed and variable expenses.	- Case two, there was an improvement in salary satisfaction and financial condition for personal and social needs.
Restorative sleep:	-Meditation, at least five minutes a day. -Auriculotherapy -Use of calming teas (chamomile, melissa, holy grass, among others).	- "Sleep Hygiene" - Set bedtime - Turn off ambient lights - Reduce use of screens at night. -Use of soothing teas.	- Case one, there was an increase in mood when waking up, in the number of hours slept and in mood during the day. - Case two, increased mood when waking up, even if you don't sleep eight hours a day and feel tired during the day.

DISCUSSION

In fact, the quality of life of professors is significantly influenced by socioeconomic and work factors, linked to the workload, number of employment relationships, commuting time to work and contact with students, associated with major health changes such as: voice disorders, mental problems and musculoskeletal discomforts ⁽¹⁰⁾. As for the psychological exhaustion of professors who work in public institutions, they are more prone when compared to professors from private institutions ⁽¹¹⁾.

The predominance of doctoral professors on the national scene demonstrates the accelerated search for training in commitment to possibilities of career advancement and better salary conditions. In this way, they are dissatisfied with the damage to their work-life balance, however, they feel satisfied with the effective bond, better remuneration conditions and stability ⁽¹²⁾.

In the follow-up of the two cases of teaching staff, the pictogram image was presented to the user, demonstrating the weaknesses and strengths identified in the dimensions of the lifestyle polygon, while the nursing system to be worked on was defined, selecting the system of support-education. In it, the patients' profile was established and the focus of the nursing consultations was established, which were directed towards the prescription of goals and changes for a positive lifestyle and maintenance of healthy habits.

It is noted that during the six weeks of follow-up there were changes in all the dimensions selected for support and education, especially in the areas of food, finances and relationships. In the others, despite positive and negative changes, it is necessary to think about strategies to overcome difficulties and more time to work on the essential changes, but difficult to achieve in the lifestyle.

The support and education approach in nursing care requires time and resilience, both

from the accompanying professional and from the patient, as it is a dynamic process of adaptation ⁽¹³⁻¹⁴⁾. Thus, in general, the support and education provided by the nurse to the patients, as well as the follow-up, are effective, despite the barriers that may arise, such as the lack of acceptance of the guidelines, non-adherence to the proposed goals, as well as the culture curative biomedical, aspects associated with the modern lifestyle ⁽¹²⁾.

Thus, the introduction of healthy habits into the lifestyle reflects on the individual's health and quality of life ⁽¹⁵⁾. In a study, it was identified that servants who experience moments of leisure and physical activities once or twice a week, have a balanced diet and are not smokers, report having good sleep and rest, as well as a better quality of life ⁽³⁾. Accordingly, it was observed that the level of quality of food of federal servants, in a city of Paraná, showed a relationship between quality of life and good nutrition ⁽¹⁵⁾.

In this study, the pictogram of the lifestyle polygon showed that, with weekly follow-up, there were advances between the first and second evaluations, however, for better results, there is a need for a longer follow-up period. Corroborating this study, the scientific literature points out that changes in habits require more time to work and adapt, in addition to organizational changes in the work environment and in the logic of how to exercise positive coping ⁽¹⁴⁻¹⁵⁾.

Studies that worked from the perspective of changing lifestyle habits also demonstrate, as

observed in this research, that there are difficulties in maintaining a good pattern of healthy habits, due to several factors such as food with preservatives, lack of time, tiredness, sedentary lifestyle and overconsumption of medications. They also mention that, to change, time is needed, and that in maintaining good attitudes in life, it is essential to have support ⁽¹⁴⁻¹⁵⁾.

In support-education ⁽⁷⁾ for self-care, two axes are traced, the first has as a goal the patient to achieve autonomy to carry out healthy lifestyle habits in their routine, seeking to improve the fragile dimensions of the polygon. The second axis, on the control of exercise and maintenance of self-care activities, adaptations of goals and actions need to be defined following the new demands.

Thus, in this study, it is clear that the interventions carried out had positive impacts on the production of nursing care in support-education. Since, the consultations took place through the encouragement for the fulfillment of the established goals, reformulation of the actions to be carried out, provision of information about the activities and incentive to carry them out.

In this way, the nurse must provide assistance focused on support and education actions so that the individual recognizes his health condition. As well as, ensure coping with situations of changes in lifestyle, aiming to find in the individual factors that strengthen their health as they seek to reinforce them through support and guidance ⁽¹⁵⁾.

It is emphasized that the nurse must use strategies, which allow the creation of spaces that favor a greater bond between professional and patient, where both propose autonomy, in which the nurse develops communication skills, sensitivity, empathy and understanding of the other in their attitudes, acting to give protagonism to the patient through the opportunity for action.

FINAL CONSIDERATIONS

It is noticed that the promotion of self-care to professors, having as a theoretical reference the Theory of Nursing Systems, in the support-education axis, demonstrated benefits in the realization and maintenance of healthy lifestyle habits, in addition to highlighting the importance of health care for the worker at the educational institution.

In this perspective, the promotion of self-care in an integral approach allowed a feeling of confidence, satisfaction, autonomy and physical, mental and social well-being to teachers in the development of goals of changing life habits, which allowed reflections on the importance of a care linked to a nursing theory.

Although consultations for education and support were carried out in the work environment, the time allotted for goal monitoring sessions was verified as a limitation, justified by the professor's workload. It is also worth emphasizing the need to develop original studies on self-care supported by teaching workers, considering the support-education axis

of the Theory of Nursing Systems, as scientific production is incipient.

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