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PHYSICAL EXERCISE, LIFE SATISFACTION, AND ANXIETY IN PSYCHOLOGY PROFESSIONALS

EXERCÍCIOS FÍSICOS, SATISFAÇÃO COM VIDA E ANSIEDADE EM PROFISSIONAIS DA PSICOLOGIA

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ABSTRACT

The psychotherapeutic relationship may lead Psychology professionals to experience feelings of personal and professional burnout, resulting in high levels of anxiety and decreased life satisfaction. Given the beneficial effects of physical exercise (PE), the present study evaluated the relationship between regular PE practice, Life Satisfaction indices, and Generalized Anxiety Disorder among Psychology professionals. The sample comprised 99 psychologists (H = 17, F = 82) with a mean age of 36.8 years. All participants reported engaging in weekly PE, with gym-based weight training and supervised exercise being the most frequently mentioned strategies. Psychologists WHO regularly engage in PE and have more years of professional experience reported higher levels of life satisfaction compared to their counterparts with less than one year of exercise practice and less than 10 years of professional experience ($p = 0.001$; $p = 0.002$, respectively). These findings highlight the relationship between the studied variables and emphasize the importance of this research in guiding interventions that promote healthier lifestyles for Psychology professionals, despite the inherent challenges of the profession.

Keywords: Sport Psychology; Mental Health; Anxiety; Exercise.

RESUMO

A relação psicoterapêutica pode levar os profissionais da Psicologia a experimentar sentimentos de esgotamento pessoal e profissional, levando-os a sentirem altos níveis de ansiedade e diminuição na satisfação com a vida. Dado os efeitos benéficos do exercício físico (EF), o presente estudo avaliou a relação entre prática regular de EF, índices de Satisfação com a Vida e Transtorno de Ansiedade Generalizada em profissionais da

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Psicologia. Participaram da pesquisa 99 psicólogos (H = 17, M = 82) com idade média de 36,8 anos. Todos os participantes relataram praticar semanalmente de EF, sendo que a academia de musculação e o treinamento supervisionado foram as principais estratégias relatadas. Psicólogos que regularmente praticam EF e com mais tempo na profissão apresentam maior satisfação com a vida que seus pares com menos de 1 anos de prática e menos de 10 anos de profissão ($p=0,001$; $p=0,002$, respectivamente). Concluímos então a relação entre os aspectos estudados, ressaltando a importância deste estudo no sentido de contribuir para nortear práticas que beneficiem os profissionais de Psicologia para uma vida mais saudável, mesmo com os desafios que a profissão coloca.

Palavras-chave: Psicologia do Esporte; Saúde mental; Ansiedade.

1 INTRODUCTION

Anxiety disorders, stress, and depression have emerged as central mental health issues worldwide (WHO, 2023). Data from the World Health Organization (2022) estimate a global increase in the prevalence of anxiety and depression, especially after the COVID-19 pandemic, which exacerbated psychological suffering. According to research, multiple factors can trigger intense suffering, such as loneliness, fear of infection, grief, financial worries, and the nature of professional activity. Within this last category, professionals who present the most symptoms of stress and anxiety are those in the health field, including mental health, such as psychologists (Menezes, 2020).

Anxiety, in particular, has been extensively investigated in the psychological literature, being defined in different ways depending on the theoretical approach adopted. From a psychoanalytic perspective, anxiety is understood as a defensive response to repressed traumas (Oliveira; Santos, 2019), while in the behavioral-analytic model, it is described as a conditioned emotional response, triggered by the perception of aversive stimuli for which the individual has no escape or avoidance repertoire (Guilhardi, 2004). Despite the differences between these approaches, there is consensus that anxiety plays an adaptive role, functioning as an alarm in the face of potential threats, activating physiological, behavioral, and cognitive reactions that favor survival. When we are in stressful situations, anxiety can act as an alarm, activating physiological processes (increased heart rate, muscle tension, nausea, sweating), behavioral processes (interfering with the ability to act and express oneself), and psychological processes (negative thoughts, feelings of apprehension and disturbance) that would help us to flee or fight (Guilhardi, 2004). However, when exacerbated or disproportionate to environmental contingencies, anxiety becomes dysfunctional, negatively impacting quality of life (Eifert; Forsyth, 2014).

Brazil has alarming rates of anxiety disorders, leading the world with 9.3% of the population affected, a figure that far exceeds the world average of 3.6% (WHO, 2017). These rates are even more concerning among healthcare professionals, who show a prevalence of 30% to 50% for anxiety and 25% to 30.5% for depression (Julio *et al.*, 2022). The impact of these disorders goes beyond individual suffering, affecting productivity at work, collective well-being, and the quality of service provided (Jaques *et al.*, 2017 ; WHO, 2020).

Among the factors associated with psychological distress in healthcare professionals, intense occupational demands, adverse working conditions, and exposure to psychosocial stressors, such as interpersonal conflicts, role ambiguities, and lack of autonomy, stand out (Paschoal; Tamayo, 2004). These factors frequently result in chronic stress, anxiety, dissatisfaction, and, in more severe cases, burnout, a syndrome associated with maladaptation to long-term stress (Santos; Cardoso, 2010).

Among the professions most susceptible to contact with organizational stressors, those related to the health context stand out. Workers in these areas are in direct and intense contact with emotional difficulties and interpersonal conflicts, placing these professionals in a state of great emotional vulnerability (Burrows; McGrath, 2000; Macedo, 2005).

Psychologists, as healthcare professionals, according to the Code of Ethics of the Federal Council of Psychology (2005), have the mission of promoting health and quality of life, respecting Human Rights and combating violence and oppression, always with social responsibility and sensitivity to political and cultural realities. However, frequent contact with stressful contingencies, coupled with ethical responsibility and continuous attention to patients' needs, increases their vulnerability to stress (Abreu *et al.*, 2002a). Previous studies highlight that psychotherapeutic work can be a significant trigger for stress, being associated with high levels of emotional exhaustion, depersonalization, and reduced perception of personal accomplishment (Garcia; Cabeza; Fernandez, 1998; Mills; Huebner, 1998).

Research indicates that factors such as the intense psychotherapeutic relationship, emotional involvement in work, and feelings of personal burnout contribute to high levels of stress among psychotherapists (Faber, 1985). These findings are corroborated by Garcia, Cabeza, and Fernandez (1998), who highlight the influence of the work environment on the development of *burnout* in mental health professionals. In clinical psychologists, occupational demands have been associated with high levels of stress (Rabin; Feldman; Kaplan, 1999). Among school psychologists, a sample revealed 40% with emotional

exhaustion, 19% with low perception of personal accomplishment, and 10% with depersonalization (Mills; Huebner, 1998).

The impacts of mental disorders extend beyond the individual, affecting family members and colleagues, constituting a social problem and a global public health challenge (WHO, 1948, 2003). The WHO defines health as a state of complete physical, mental and social well-being, and reinforces the need for practices that mitigate triggers of mental disorders, promoting quality of life among psychologists (WHO, 2003).

In this scenario, physical exercise (PE) has proven to be an effective and accessible alternative, complementing psychotherapy and drug interventions, especially for individuals with disorders resistant to pharmacological treatment (Maximiano *et al.*, 2020). Studies indicate that PE contributes to improved physical fitness, self-esteem, and social integration (Lucas *et al.*, 2012). Furthermore, the release of endorphins is associated with a feeling of well-being, reducing symptoms of anxiety and depression (Bélair *et al.*, 2018; Saeed; Cunningham, Bloch, 2019). Consistent evidence demonstrates a positive correlation between physical activity, higher life satisfaction rates (Grant; Todd; Aitchison; Kelly; Stoddart, 2004; Lapa, 2015; Lucas *et al.*, 2012) and better happiness indicators (Lapa, 2015; Stubbe; De Moor; Boomsma; De Geus, 2007).

Life satisfaction, an important multifactorial construct in the assessment of well-being, refers to an individual's self-perception of specific aspects of their existence, such as health, work, housing conditions, and social relationships (Pavot; Diener, 1993). Among psychologists, factors such as older age, high income, multiple work activities, and shift work are associated with higher levels of life satisfaction (de Oliveira *et al.*, 2009).

Despite advances in understanding the relationship between physical activity (PE) and mental health, important questions remain unanswered, such as the ideal amount of PE to generate significant effects on anxiety and life satisfaction. Studies indicate that variables such as frequency, intensity, and duration of PE can influence the magnitude of these effects, in addition to exhibiting interindividual variations (Araújo; Mello; Leite, 2006). Given these gaps, this study aimed to investigate the impact of PE on anxiety levels and life satisfaction in a sample of psychologists.

2 METHODS

This cross-sectional quantitative study evaluated the effects of regular physical activity on life satisfaction and symptoms of generalized anxiety disorder (GAD) in

professionals working in the field of psychology. The project was approved by the Research Ethics Committee of UNICAMP (CAAE: 53910521.6.0000.5404 and opinion: 5.291.646).

2.1 Participants and inclusion criteria

Psychologists over 18 years of age, of both sexes, working in areas such as clinical practice, teaching, hospitals, and business, were invited to participate. Inclusion criteria required that participants be practicing the profession at the time of data collection and fully complete the research questionnaire. Professionals who were not active in the field of Psychology and those who submitted incomplete forms were excluded.

2.2 Instruments

For this research, three instruments were used, all adapted for the *Google Forms platform*, as detailed below.

- *Questionnaire for identifying and practicing physical exercise*: Developed by the researchers, the questionnaire consisted of 19 closed-ended and 2 open-ended questions, covering personal demographic information (sex, age, area of expertise in Psychology) and aspects related to the practice of Physical Education.
- *The Satisfaction with Life Scale (SWLS)*, developed by Diener *et al.* (1985) and validated for Portuguese by Neto (1993), consists of 5 items with 7-point *Likert -type responses* (1 = "strongly disagree" to 7 = "strongly agree"), generating an overall life satisfaction score. Values closer to 7 indicate greater life satisfaction. The SWLS exhibits high internal consistency, with a Cronbach's alpha of 0.87 (Giacomoni; Hutz, 2008).
- *Generalized Anxiety Disorder Scale (GAD-7)*: created by Spitzer *et al.* (2006) and validated in Brazil by Sousa *et al.* (2015). Composed of 7 items that assess GAD symptoms according to the DSM (American Psychiatric Association, 2000 *apud* Sousa *et al.*, 2015). Responses follow a 4-point *Likert scale* (0 = "never" to 3 = "almost every day"), with scores above 10 indicating significant anxiety (simple sum of the items).

2.3 Procedures

After approval by the UNICAMP Research Ethics Committee, psychologists were invited to participate in the study via social media and email lists. The invitation included the Informed Consent Form (ICF), sent by email. Participants who accepted the research conditions signed the ICF and returned it by email. They then received a link to access the *Google Forms form*, which could be completed on a computer or smartphone, at a time and place convenient for them. The estimated completion time was approximately 15 minutes.

2.4 Data Analysis

Descriptive statistical analysis included the presentation of absolute and relative values for categorical variables, while continuous variables were described using means and standard deviations. The Shapiro-Wilk test was applied to verify the normality assumption of continuous variables. For comparisons between groups, the Mann-Whitney test was used for dichotomous variables and the Kruskal-Wallis test with Tukey's *post-hoc* test for trichotomous variables. Differences were considered statistically significant when $p < 0.05$. The magnitude of the effects was assessed using Cohen's d and point-biserial correlation, with the effect size interpretations proposed by Durlak (2009): 0.2–0.3 (small), 0.5–0.8 (medium), and > 0.8 (large).

3 RESULTS

In total, 102 psychologists responded to the research protocol. Of these, 99 completed the form in its entirety and were included in the analysis. The average age of the participants was 36.8 years ($SD = 10.9$), with 82.8% being women. The majority (61.6%) had been working in Psychology for less than 10 years, 87.9% had postgraduate degrees, and 69.7% reported working in stressful environments. The mean scores on the scales were 23.6 ($SD = 5.2$) for the SWLS and 5.3 ($SD = 4.3$) for the GDA. Table 1 details the characterization of the sample.

Table 1 - Sample Characterization

VARIABLES	M (DP)	N = 99	%
Age	36.8 (10.9)		
SWLS	23.6 (5.2)		
GAD	5.3 (4.3)		
Sex			
Woman		82	82.8
Man		17	17.2
Professional activity time			
Between 1 and 5		37	37.4
Between 6 and 10		24	24.2
Between 11 and 15		18	18.2
Between 16 and 20		8	8.1
More than 20		12	12.1
Training			
Graduation		12	12.1
Postgraduate studies		87	87.9
Anxiety at work			
No		30	30.3
Yes		69	69.7

Legend: SWLS = Satisfaction with Life Scale; GDA = Generalized Anxiety Disorder Scale;
M = mean; SD = Standard Deviation; n = number of participants.

Source: prepared by the authors, 2026

The descriptive analysis of the variables routine and history of physical activity are presented in Table 2. All participants reported practicing at least one physical activity session weekly. The most common practice was attending gyms (77.8%) and performing unsupervised physical activity (71.7%).

Despite this, 24.2% of participants did not meet the WHO's minimum weekly frequency recommendation, and 43.4% did not reach the recommended weekly minutes of physical activity. In addition, 51.6% indicated that they had been practicing physical activity for less than two years.

Table 2 - Characterization of physical exercise practice

VARIABLES	N=99	%
EF		
Yes	99	100
No	0	0
Local		
Home	22	22.2
Academy	77	77.8
supervised physical education		
Yes	28	28.3
No	71	71.7
Weekly exercise test, M=14.1; SD=7.3		
1 time	5	5.0
2 times	19	19.2
3 times	23	23.2
4 times	19	19.2
5 times	20	20.2
6 times	9	9.1
7 times	4	4.0
Weekly PA time, M=9.9; DP=7.7		
1 hour	24	24.2
2 hours	19	19.2
3 hours	13	13.1
4 hours	16	16.2
5 hours	9	9.1
6 hours	11	11.1
7 hours	3	3.0
8 hours	1	1.0
9 o'clock	1	1.0
10 hours	2	2.0
Practice time, M=16.5; SD=2		
Less than 6 months	20	20.2
6 months and 1 year	15	15.2
1 to 2 years	16	16.2
3 to 5 years	14	14.1
6 to 10 years	18	18.2
More than 10 years	16	16.2

Legend: AF = Physical Activity; N = number of participants; M = mean; SD = standard deviation.

Source: prepared by the authors, 2026

Table 3 presents the comparison test of participants grouped by sex, perception of stressful environment, supervised physical activity, and practice location. Women showed a tendency towards greater life satisfaction (SWLS: $p = 0.057$). Participants who reported working in stressful environments had higher scores on the GAD (6.2 ± 4.5 vs. 3.4 ± 2.8 ; $p = 0.002$), and those who performed supervised physical activity had higher SWLS (27.4 ± 5 vs. 24.7 ± 5.4 ; $p = 0.021$).

Table 3 - Comparisons between life satisfaction, anxiety, and categorical variables

Sex						
		Man M (DP)	Woman M (DP)	U	p	RBC
	SWLS	25.3 (3.6)	26.9 (5.5)	902.0	0.057	0.294
	GAD	42 (2,7)	5.6 (4.5)	795.5	0.361	0.141
Stressful work environment						
		Yes M (DP)	No M (DP)	U	p	RBC
	SWLS	26.2 (5.6)	27.5 (4.2)	1129	0.475	0.091
	GAD	6.2 (4.5)	3.4 (2.8)	634.5	0.002*	-0.387
supervised physical education						
		Yes M (DP)	No M (DP)	U	p	RBC
	SWLS	27.4 (5)	24.7 (5.4)	698	0.021*	-0.298
	GAD	5.1 (4)	6 (4,8)	1072.5	0.543	0.079
Local						
		Home M (DP)	M Academy (DP)	U	p	RBC
	SWLS	25.2 (6.3)	27 (4,8)	724.5	0.303	-0.145
	GAD	6.6 (5)	5 (4)	999	0.2	0.179

Legend: SWLS = Satisfaction with Life Scale; GAD = Generalized Anxiety Disorder Scale; b = difference between 6-10 years and >20 years; M = mean; SD = standard deviation; U = Mann-Whitney test; RBC = Point-biserial correlation; * = statistically significant p.

Source: prepared by the authors, 2026

The length of time working in Psychology showed a significant association with SWLS ($p = 0.002$). Tukey's post-hoc test revealed that psychologists with 1 to 5 years of experience had lower life satisfaction scores compared to those with 6 to 10 years ($p = 0.022$; $d = 0.768$) and those with more than 20 years ($p = 0.001$; $d = 1.083$). No significant differences were observed for GAD ($p = 0.173$). These data are detailed in Table 4.

Table 4 - Comparison by length of professional activity

Variables	Professional activity time					H (4)	p
	1-5 years M(DP) ()	6-10 years M(DP) ()	11-15 years M(DP) ()	16-20 years M(DP) ()	>20 years M(DP) ()		
SWLS	24.2 (5.6) a	28 (3,7) ab	27.3 (5.3)	27 (5)	30.2 (3.4) b	16,69 2	0.002
GAD	7 (5,4)	4.5 (2.8)	4.9 (4)	4.4 (2.9)	3.2 (2.1)	6,375	0.173

Legend: SWLS = Satisfaction with Life Scale; GAD = Generalized Anxiety Disorder Scale; b = difference between 6-10 years and >20 years; M = mean; SD = standard deviation; * = statistically significant p-value.

Source: prepared by the authors, 2026

The length of time practicing physical exercise also significantly influenced SWLS ($p = 0.001$). Tukey's post-hoc test indicated that participants who had been practicing physical exercise for more than 10 years had higher SWLS compared to those with less than 6 months ($p = 0.001$; $d = 1.76$) and those with 6 months to 1 year ($p = 0.016$; $d = 1.179$).

No significant differences were observed for GAD ($p = 0.426$). Table 5 summarizes these results.

Table 5 - Comparison by time spent exercising

Variable s	Time spent exercising						H (5)	p
	< 6 months M (DP)	6 months - 1 year M (DP)	1-2 years M (DP)	3-5 years M (DP)	6-10 years M (DP)	>10 years M (DP)		
SWLS	23.32 (5.2) ^a	25.1 (6.4) ^b	26.8 (4.9)	27.1 (4.2)	27.4 (4.4)	30.7 (2.5) ^{ab}	21,19 5	0.001
GAD	7 (4,8)	4.5 (3.69)	5.5 (4.1)	4.8 (5)	5 (3,9)	4.7 (3.5)	4.92	0.426

Legend: SWLS = Satisfaction with Life Scale; GAD = Generalized Anxiety Disorder Scale; a = differences between <6 months and >10 years; b = difference between 6m-1 year and >10 years; M = mean; SD = standard deviation.

Source: prepared by the authors, 2026

4 DISCUSSION

The main objective of this study was to evaluate the relationship between physical activity (PE) practice and life satisfaction and global anxiety disorder indices among psychology professionals. The results provide important *insights* into the impact of PE practice and its characteristics on mental health and well-being indicators, as well as highlighting factors associated with the work environment and professional experience.

The majority of the investigated sample was female and had an average age of young adults. The sample was congruent with the literature regarding Psychology being a profession still considered "feminine" in Brazil, as discussed in the studies by Oliveira *et al.* (2021), Rosemberg (1983) and Castro and Yamamoto (1998), which point out that the choice by women to pursue this profession stems from a reinforcement of traditional gender models, in which women have an expressive and caring role, and men, an instrumental role.

According to the observed sample, most of the psychologists studied met the recommendations for weekly physical activity; however, 43.4% are still below the WHO recommendation (at least 150 minutes of physical activity per week) (WHO, 2003). Considering that the work of these professionals is considered quite stressful (Burrows; McGrath, 2000; Macedo, 2005), and that physical activity is associated with better life satisfaction and reduced anxiety (Lapa, 2015), increasing the frequency and duration of

weekly physical activity practiced by the professionals studied would be of paramount importance. No data were found in the literature on the reasons justifying the insufficient amount of physical activity practiced by this group of subjects; however, it is possible to hypothesize that lack of time and stress generated by the work itself could be reasons for the low engagement in physical activities. Despite this gap in the literature, the data from the present research are consistent with other findings regarding physical inactivity, which indicate that professionals and students in the health field may not exhibit behaviors considered beneficial to health (Hidalgo; Mielke; Parra; Lobelo; Simoes; Gomes, 2016; Lipert *et al.*, 2020).

According to research conducted by IPSOS (2021) in 29 countries with 21,503 adults aged 16 to 74, Brazil has the lowest rate of physical activity, with only 3 hours of exercise per week, while countries like Germany and the Netherlands show better results, reaching 12.8 hours of exercise per week. Brazilians interviewed in the research indicated that the main reasons for physical inactivity were lack of time (32%), lack of money (21%), lack of appropriate facilities near their homes (13%), lack of training partners (13%), and unfavorable weather (8%). The research also suggests that awareness campaigns highlighting the benefits of physical activity and providing social support structures to facilitate physical activity are essential (Ipsos Global Advisor, 2021).

The present research also observed a difference between supervised and unsupervised physical education practice. The higher life satisfaction levels of those who practice supervised physical education may be related to the social interaction between teacher/coach and student. Studies suggest that group physical education practice can have a significant effect on the well-being and quality of life of participants due to the reflections and exchanges among group members. Group physical education practice is characterized as an important environment of acceptance and support for continued activity and improved quality of life (Abreu, 2001; Killimback; Tsofliou; Clark, 2017).

Another important finding in this study was the effect of professional experience on life satisfaction. Our results show that after the first five years of professional activity there is a significant increase in life satisfaction. Consolidation in the profession and a feeling of accomplishment may account for the observed increase in life satisfaction (Unanue *et al.*, 2017). In fact, in the study conducted by Unanue *et al.* (2017), a statistically significant correlation ranging from weak to moderate was observed between job satisfaction and life satisfaction among Chilean workers.

Regarding the work environment, professionals who reported being in a stressful environment – environments previously described as stressful due to direct and intense contact with emotional difficulties and interpersonal conflicts, placing these professionals in a situation of emotional vulnerability (Burrows; McGrath, 2000; Macedo, 2005) – presented higher levels of anxiety. Furthermore, these studies also emphasize the greater need for effective stress management strategies, such as physical activity, especially for professionals with less professional experience, since the results indicate that professionals with less than 5 years of experience have lower levels of life satisfaction. Hypotheses for this include the instability of the profession, difficult access to patients, and insecurity in the psychotherapeutic relationship (Faber, 1985). Confirming these data, Silveira (2021) cites the term Compassion Fatigue, referring to the situation that occurs when healthcare professionals have difficulty dealing with the suffering of others due to emotional and physical fatigue resulting from their work. According to the study, professionals who provide care services to others are more vulnerable to psychological and physiological exhaustion.

Several factors described in the literature can negatively affect the mental health of psychology professionals, including managing people with mental disorders, responsibility for the lives of those being treated, difficulty in establishing boundaries in professional interactions, and the constant need to attend to patients' problems in a non-reciprocal way (Abreu *et al.*, 2002b). The study by Moore and Cooper (1996) suggests that there may be a difference between the expectations that psychology professionals have and the results they obtain in practice, since they idealize, especially at the beginning of their careers, that practice will produce significant changes in patients' lives, but this does not always happen. However, more recent research on the subject is needed for a better understanding of the career expectations of psychology professionals.

Finally, we observed that participants with a long-standing physical activity routine have greater life satisfaction, corroborating existing literature (Oliveira *et al.*, 2024). Individuals who have been physically active for more than 10 years report higher levels of life satisfaction than those with less than 1 year of practice, demonstrating that consistency and continuity are important factors for well-being and improved quality of life. Studies indicate that active people are less likely to have mental disorders compared to sedentary individuals (Elsayed; Ismail; Young, 1980; Van Boxtel, 1996). In the meta-analysis study by Heyn, Abreu, and Ottenbacher (2004), a significant improvement in physical and cognitive performance was observed in elderly people with dementia who performed physical activity. Another study pointed out how different types of physical training are effective in improving

quality of life and mental health, reducing comorbidities associated with obesity, such as depression and anxiety (Vancini; Rayes; Lira; Sarro; Andrade , 2017), corroborating data from Sui (2009), which shows that physical activity is related to fewer depressive symptoms in individuals. Pasco, Williams, Jacka, Henry, Coulson, and Brennan (2011) also showed how physical activity is related to lower rates of anxiety and depression symptoms in older men and women. However, longitudinal studies on the effect of physical activity on mental health are still scarce in the literature.

The topic is relevant for professionals in the field who find themselves in direct contact with a stressful and anxiety-inducing work practice. Faber (1985) described the practice of psychotherapists as producing stress and anxiety, given its nature and contact with patients and their demands. Based on the results of this research, it is possible to consider the development of effective strategies for the prevention and care of individuals. However, the topic is still little discussed in academia, thus revealing the importance of this study, which presents significant data for filling this scientific gap. Studies indicate some protective factors for mental health, one of the most emphasized being the regular practice of physical activity, which has an important impact on improving the quality of life and mental health of practitioners (Lapa, 2015; Mcauley *et al.*, 2005).

According to the results of this research, psychology professionals sought to remain physically active during the observed period (first semester of 2022), demonstrating a higher percentage of active individuals than the general Brazilian and world population. The Global Observatory of Physical Activity (GoPA!), created in 2012, aims to address the pandemic of physical inactivity in the world and presents updated data on the subject in 2021. According to data from this observatory, approximately 30% of people are physically inactive worldwide, and only 40% of countries have specific national plans to promote physical activity in a regular and adequate manner.

In Brazil, only half of adults meet the physical activity recommendations prescribed by the WHO, with men being more active (60%) than women (47%). Data from the same research indicate that 13.2% of deaths in Brazil are due to physical inactivity (compared to 9% worldwide) (Varela *et al.*, 2021) . According to this same author, physical activity can be seen as a powerful tool in reducing serious infections and improving quality of life, especially in pandemic situations, as happened with COVID-19.

This study demonstrated how psychology professionals organized themselves regarding physical education practice during the first semester of 2022, the beginning of the return to normal activities, still during the COVID-19 pandemic. While the data point to

important protective factors such as the high rate of physically active participants, it is also important to observe the need for better organization and greater frequency of this practice. Knowledge about the variables that influence life satisfaction and anxiety levels – supervised practice, practice time, and amount of physical exercise per week – should contribute to more effective planning by professionals. The results of this research tend to corroborate the data available in the aforementioned literature, remembering that we still have variables that are little explored scientifically, such as practice time and supervision by an appropriate professional.

It is also important to highlight a limitation of the study regarding the sample size. 102 responses were collected, but only 99 were analyzed, as 3 participants did not complete the questionnaires and were therefore excluded from the sample. With a larger number of subjects, it would be possible to obtain more homogeneous data, and other categories could be analyzed as important variables of the research.

This research aimed to study the mental health of psychology professionals and factors that can positively influence this construct, such as the practice of physical exercise. The data obtained should be considered initial for an evaluation that will provide greater control and prevention of illnesses among professionals who work in stressful environments. Such research can, and should, be carried out in research groups at Physical Education and Psychology Faculties, emphasizing the physical and psychological effects of physical exercise, as well as conveying the idea of the human being as a whole being who needs to be cared for and understood holistically.

5 FINAL CONSIDERATIONS

This study showed that physical activity (PE) practice is directly associated with important indicators of mental health in psychologists, demonstrating that the length of time practicing PE positively influences life satisfaction, with professionals who have been physically active for more than 10 years showing greater well-being. Furthermore, career length also proved relevant, as professionals with more experience reported higher levels of life satisfaction, while those exposed to stressful work environments showed a higher prevalence of generalized anxiety disorder (GAD). Supervised PE practice stood out as a positive factor for life satisfaction, possibly due to the social interaction and technical support involved.

These results reinforce the protective role of physical activity (PE) for the mental health of psychologists, suggesting that interdisciplinary interventions can benefit this professional category by promoting greater adherence to PE practice. However, further studies are needed to investigate whether psychologists meet the weekly PE recommendations prescribed by the WHO, with larger and more representative samples, including a greater number of male participants. Thus, PE practice emerges as an accessible and effective tool to mitigate the negative effects of challenging occupational environments and improve the quality of life of psychologists.

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