

Prevalence of burnout in a sample of Brazilian teachers

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ABSTRACT – Background and Objectives: Burnout is a psychological response to chronic work-related stress of an interpersonal and emotional nature. Brazilian law have already contemplated burnout syndrome as a mental and behavioural disorder related to work. The aim of this study was to identify the prevalence of burnout in a sample of Brazilian teachers.

Methods: The sample was composed of 714 teachers from 8 schools in Porto Alegre and its metropolitan area (Brazil). The levels of burnout were evaluated by the *Spanish Burnout Inventory*, educational version (*SBI-Ed*). In addition, Psychosomatic disorders were estimated by the UNIPSICO subscale.

Results: The percentage of participants who indicated high levels of burnout was 12 % (Profile 1), and 5.6% fell into Profile 2 because they were affected by strong feelings of guilt. Moreover, participants with high scores on the SBI dimensions (low on Enthusiasm toward the job) scored significantly higher on psychosomatic disorders than participants with low scores.

Conclusions: Based on psychometric considerations, participants who fit Profile 2 of burnout could be considered burnout cases according to Brazilian legislation. However, using a clinical interview to make the diagnosis is recommended.

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Introduction

Workers' exposure to work stressors and the way they perceive them have played an important role in the appearance or worsening of a wide variety of health disorders, and affective responses such as burnout¹. The World Health Organization considers burnout as a state of vital exhaustion (ICD-10, Z73.0). It is a risk for the worker, as it may cause physical and mental health disorders, and has already been regarded as a public health issue¹.

According to the theoretical model of burnout developed by Gil-Monte², burnout is a psychological response to chronic work-related stress of an interpersonal and emotional nature that appears in professionals in service organizations who work in direct contact with the clients or users of the organization. The main symptoms are: low enthusiasm toward the job –i.e., the individual's doesn't desire to achieve goals at work because it isn't a source of personal pleasure-, psychological exhaustion –i.e., the appearance of emotional and physical exhaustion due to the fact that at work s/he must deal daily with people who present or cause problems-, indolence –i.e., the appearance of negative attitudes of indifference and cynicism toward the organization's clients-, and feelings of guilt -i.e., the appearance of feelings of guilt for negative attitudes developed on the job, especially toward the people with whom s/he establishes work relationships-.

Burnout does not overlap with depression^{1,3}. It may be a phase in the development of work-related depression^{4,5}. Empirical research has shown that the exhaustion component of burnout is primarily positively related to depression^{6,7}.

The model developed by Gil-Monte², establishes two distinct profiles. Profile 1 de-

scribes individuals who suffer moderately from work-related stress, and it is characterized by low enthusiasm toward the job, high levels of psychological exhaustion, and indolence. Despite these problems, the individual is still able to do his or her work and does not experience strong feelings of guilt. In contrast, individuals who fall into Profile 2 are affected more intensely by the symptoms. They cannot do their jobs properly, which leads them to develop feelings of guilt. The "Spanish Burnout Inventory" (SBI)^{8,9} assesses these four aspects of burnout –i.e., enthusiasm toward the job, psychological exhaustion, indolence, and feelings of guilt-.

The impact of stressful factors on professions with specific work conditions involving a high degree of contact with the public has been studied in various countries and referred to as burnout, also known in Brazil as Professional Exhaustion Syndrome. Brazilian law have already contemplated burnout syndrome as a mental and behavioural disorder related to work since May 6th1999 and its characterization is described in the health services procedures manual of the Brazilian Health Ministry¹⁰.

Burnout in teachers has received increasing attention by researchers and scholars, as its severity among teaching professionals has made teaching a profession at high risk of developing this syndrome^{11,12}. Teachers are vulnerable to a large quantity of psychosocial stressors^{13,14}. Apart from giving classes, teachers must perform administrative tasks, plan, retrain, guide students and assist parents. However, the teachers are excluded from institutional decisions, curriculum restructuring and rethinking the school, and they act as executors of proposals and ideas elaborated by others. A tendency toward individualist work is thus established, which does not allow teachers to confront and transform structural aspects of their

work. This intensification of the teaching activity produces conflicts (e.g., students with behavioural problems, problems in the parent–teacher relationship, conflicts in co-operating with colleagues)^{14,15}.

The occurrence of burnout in teachers affects the educational environment and interferes with reaching pedagogical objectives, leading professionals to a process of alienation, cynicism, apathy, health problems, and the intention to abandon the profession¹⁶.

According to estimations by Shirom¹⁷, the prevalence of burnout in teachers can be situated between 10% and 30%. Unda *et al.*¹⁸ concluded that the prevalence of burnout in a sample of Mexican teachers was 17%, and Farber¹⁹ estimated that 5% to 20% of American teachers are truly burned out. Figueredo-Ferraz *et al.*²⁰ found 14.20% of 211 Portuguese teachers in Profile 1, and only 1.9% in Profile 2. According to Trigo *et al.*²¹, in Brazil the literature found in the database utilized is scarce with regard to burnout and its prevalence. Thus, it becomes relevant to perform studies that may help to diagnose, intervene in, and prevent this occupational pathology.

The purpose of the present study is to identify the prevalence of burnout in a sample of Brazilian teachers.

Method

Participants

The study sample was composed of 714 teachers at all teaching levels from 8 schools in Porto Alegre and its metropolitan area (Brazil); overall response rate was 87.50%. Regarding gender, 82.1% of the participants were women (n = 586), and 16.10% were

men (n = 115); the mean age was 39.32 years (SD = 10.46). Most participants had graduate and postgraduate education degrees (89.4%) and worked in public institutions (63.50%).

Instruments

The burnout levels were evaluated with a Portuguese version of the Spanish Burnout Inventory, Education professionals version (SBI-Ed)⁸. This instrument contains 20 items distributed into four dimensions called: Enthusiasm toward the job (5 items, alpha = 0.83), Psychological exhaustion (4 items, alpha = 0.80), Indolence (6 items, alpha = 0.80) and Guilt (5 items, alpha = 0.82). The Cronbachs alpha of the 15 items (Profile 1) (SBI global score) related to Enthusiasm toward the job (reversed), Psychological exhaustion, and Indolence was 0.87. Items were answered on a five-point frequency scale, ranging from 0 (Never) to 4 (Very frequently: every day). Low scores on Enthusiasm toward the job, together with high scores on Psychological exhaustion and Indolence, as well as on Guilt, indicate high levels of burnout².

Procedures

For data collection, contact was first made with the administration of the teaching institutions, and the aim of the study was presented in order to obtain authorization and support for applying the instruments. The instruments were handed to the teachers personally. The ethical procedures were carried out according to resolution 196 of the National Health Council (NHC)²². Teachers and principals of the teaching institutions were informed about the research, which would not have any individual and/or insti-

tutional assessment effects, and the answers would be anonymous and confidential.

The database was analyzed by SPSS 17. The analysis of burnout prevalence in the participants observed the reference points of the five-point frequency scale with which the participants rated each item. The cut-off established, 2 “Sometimes: a few times a month”, is based on studies carried out by Gil-Monte *et al.*²³, and on Shirom¹⁷’s recommendation. According to the authors, the minimum level corresponds to the appear-

ance of sporadic symptoms, and the maximum level would be related to the daily and permanent presence of these symptoms in the individual’s life.

Results

Table 1 shows the means, standard deviations, and internal consistencies of all the scales included in this study.

Table 1
Means, standard deviations, and internal consistencies of the SBI-Ed scales

Variables	M (SD)	Range	alpha
Enthusiasm toward the job	3.01 (0.80)	0-4	0.83
Psychological exhaustion	1.63 (0.89)	0-4	0.80
Indolence	1.00 (0.74)	0-4	0.80
Guilt	1.11 (0.77)	0-4	0.82
Burnout (SBI-Ed scale, Profile 1)	1.17 (0.64)	0-4	0.75
Psychosomatic disorders	1.37 (0.92)	0-4	0.89

By considering the total score on the SBI-Ed scale –i.e., mean of 15 items–, the percentage of participants who indicated high levels of burnout, according to the adopted criterion, was 12 % (n = 86) (Profile 1), and 5.6% (n = 40) of them presented scores equal to or higher than 2 on the Guilt dimension (Profile 2).

The results revealed that 10.4% (n = 74) of the participants presented levels of Enthusiasm toward the job with a frequency lower than 2. On the other hand, 36.7% (n = 262) of the participants indicated high levels of Psychological exhaustion, 12.5% (n = 89) presented high levels of Indolence, and 16.1% (n = 115) showed high feelings of Guilt (values ≥ 2) (Table 2).

Table 2

Number and percentage of participants in high vs. low levels in the SBI dimensions and global score (Profile 1)

Variables	Low levels (< 2)	High levels (≥ 2)
Enthusiasm toward the job	74 (10.4%)	640 (89.6%)
Psychological exhaustion	452 (63.3%)	262 (36.7%)
Indolence	625 (87.5%)	89 (12.5%)
Guilt	599 (83.9%)	115 (16.1%)
Profile 1 (Mean 15 items)	628 (88.0%)	86 (12.0%)
Profile 2	674 (94.4%)	40 (5.6%)

Note. In Profile 1, participants in the category "High levels" obtained values ≥ 2 on the mean of the 15 items from the subscales of Enthusiasm toward the job (reversed) (5 items), Psychological exhaustion (4 items), and Indolence (6 items). In Profile 2, participants in the category "High levels" meet the criteria of obtaining values ≥ 2 on the mean of the 15 items together with values ≥ 2 on the Guilt subscale.

Discussion and conclusions

The purpose of this study was to identify the prevalence of burnout and to analyze its influence on levels of psychosomatic disorders in a sample of Brazilian teachers, according to the SBI theoretical model.

We found that 12% ($n = 86$) of the participants fit Profile 1 burnout –i.e., they were affected by the syndrome, but did not present high levels of guilt. Only 5.6% of the sample ($n = 40$) fit Profile 2 –i.e., they were affected by the syndrome, and presented strong feelings of guilt. Based on psychometric considerations, these 40 cases identified as Profile 2 could be considered as burnout cases according to Brazilian legislation. However, it is recommended that the diagnosis be associated with a clinical interview because the cut-off point (i.e., values ≥ 2) has not been clinically derived in samples of workers who seek psychological treatment.

Our Profile 1 results are similar to those from the study by Gil-Monte *et al.*²³ with professionals working with psychologically disabled people, where 11.7% of participants

appeared in this profile. However, the present study showed a Profile 2 prevalence higher than in the work by Gil-Monte *et al.*²³, which found 1.30% of the participants in this profile. On the other hand, the results of this study are lower than the prevalence levels obtained by Unda *et al.*¹⁸ with a sample of Mexican teachers (Profile 1, 35.5 %; and Profile 2, 17.2 %). They are similar, though, to the prevalence levels found by Figueredo-Ferraz *et al.*²⁰, with 14.2% of 211 Portuguese teachers in Profile 1 and 1.9% in Profile 2. These results may be related to fairly differentiated cultural and organizational aspects^{24,25}, or they may be attributed to differences in the selection of the samples.

Taking into consideration the prevalence in the SBI dimensions, mention should be made of the high percentage of participants presenting high levels of Psychological exhaustion (36.7 %) compared to the percentages obtained in other SBI-Ed dimensions and the total scale. This result may be understood based on the high level of emotional demands teaching makes, which may indicate a tendency for more cases to appear after a longer period of exposure to stressors.

Burnout presents degrees of the frequency and intensity of its symptoms. The percentage of workers included in the established profiles is worrisome. According to Maslach and Goldberg²⁶, although many people may leave work as a consequence of burnout, others may stay, although working below their potential and offering low quality service in their job. Being affected by burnout may also be a reason to stay in a job, as the worker with high levels of these symptoms may feel overwhelmed and, therefore, opt not to change, since it would mean dealing with an additional stress that s/he does not feel capable of handling.

The results obtained are a cause for concern, considering that teachers identified as affected by burnout have been engaged in full professional activity, probably aggravating their situation and seriously damaging the quality of their work and the teaching-learning relationship. High quality work requires time and effort, commitment and creativity, but the worker in this situation does not wish to offer them spontaneously anymore. Moreover, there may be comorbidity with some mental and behavioural disorders, or it may even produce them, such as burnout followed by depressive symptoms²¹. These differences in the development of burnout could be identified taking into consideration the differences between Profile 2 vs. Profile 1 offered by the SBI.

Among the limitations of the study, it must be pointed out that data were collected by means of questionnaires in a non-random way, and the sample may not be representative of the population. As is the case with any survey, there is an inherent selection bias in those electing to complete the survey. Perhaps, exhausted teachers participated in the study in order to draw attention to their inadequate job conditions. As a result, prevalence rate could be higher than in the

population. On the contrary, results may be affected by the “healthy worker effect”: the favorable health status of employed populations in comparison to that of the general population. The majority of the studies on burnout collected data in organizations in a non-random way, which implies that the people affected by burnout probably did not answer the questionnaire, and normative working samples will probably show relatively low levels of burnout. As a result, both morbidity and mortality rates within the workforce are usually lower than in the general population²⁷. To establish the prevalence of burnout it would be advisable in future studies to use multi-method measures and complement the results obtained with clinical interviews with people identified as possible clinical cases.

The results deserve attention due to the high percentage obtained, if we consider that, according to data from the Brazilian Health Ministry²⁸, the rate of incidence of work-related diseases has been increasing in recent years (2003 = 8.8%; 2004 = 10.5%; 2005 = 12.3%). In 2005, the state of Rio Grande do Sul presented a rate of 14.74%. These percentages tend to be larger in reality, due to the under-notification of occupational diseases in Brazil^{29,30} and lack of knowledge about the diagnosis of work-related mental diseases. According to Owens³¹, there is a habit of considering work leaves as medical problems, because physical demands are more easily defined and measured than mental ones. Work-related psychological disorders frequently are not recognized as such at the time of clinical evaluation. However, not recognizing the role of work in aggravating or producing psychological disorders has caused damage, not only in terms of treatment quality and efficacy, but also to the legal rights of the worker, who no longer enjoys social security benefits to which he is entitled.

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