ABSTRACT
Objective: to evaluate Burnout Syndrome and associated risk factors in teachers of a higher education institution. Method: this is a quantitative, exploratory, descriptive and transversal study with 100 teachers, using the Maslach Burnout Inventory questionnaire. The data analysis was performed through the Statistical Package for Social Sciences package (18.0). In the quantitative approach for descriptive analysis, the data were expressed using statistical resources and techniques by percentage and absolute numbers distributed in a descriptive way. Results: the study revealed predominant female teachers, aged between 31 and 40 years old, married and family income between six and ten minimum wages. According to the Burnout classification, most teachers (54%) are at the intermediate level (41 to 60 points) that determines the initial phase of the syndrome. Conclusion: the initial phase of the syndrome is determined by the routine of pressure, physical exhaustion and long hours of work, also adding stressful night shifts, daily contact with patients, suffering, the possibility of death leaving them in a condition conducive to the development of BS. Descriptors: Burnout Professional; Disability Evaluation; Faculty; Occupational Health; Psychiatric Nursing.

RESUMO
Objetivo: avaliar Síndrome de Burnout e fatores de risco associados entre professores de uma instituição de ensino superior. Método: estudo quantitativo, exploratório, descritivo, transversal, com 100 professores, utilizando-se o questionário Maslach Burnout Inventory. Análise dos dados por meio do pacote Statistical Package for Social Sciences (18.0). Na abordagem quantitativa para análise descritiva, os dados foram expressos com recursos e técnicas de estatística por meio de números percentuais e absolutos distribuídos de forma descritiva. Resultados: revelou professores predominantes do sexo feminino, idade entre 31 e 40 anos, casados e renda familiar entre seis e dez salários mínimos. De acordo com a classificação de Burnout, a maioria dos professores (54%) encontra-se no nível intermediário (41 a 60 pontos) que determina fase inicial da síndrome. Conclusão: a fase inicial da síndrome é determinada pela rotina de pressão, esgotamento físico e longas jornadas de trabalho, somando-se também plantões noturnos estressantes, contato diário com enfermos, sofrimento, possibilidade da morte, deixando-os, assim, em condição propícia para o desenvolvimento da SB. Descritores: Esgotamento Profissional; Avaliação da Deficiência; Docentes; Saúde do Trabalhador; Saúde Mental; Enfermagem Psiquiátrica.
INTRODUCTION

Technological, socio-cultural development and the consequences of globalization generate benefits to the modern world and, on the other hand, they bring profound changes in the biopsychosocial behavior of the human being directly interfering in the quality of life of the population.1

The constant use of undesirable forms of defenses and persistence of imbalance health well-being results in psychosocial disorders. In an attempt to adapt to the system, the worker adopts defense strategies that are mediations to suffering such as dissimulation, hyperactivity, cynicism, contempt, hopelessness in being recognized, violence to subordinates, denial of work-related risks, and distorted communication.2

Research with characteristics of the environment that favor the professional practice of nursing emerged in the early 1970s and since then, studies have related to their presence with positive results such as lower mortality rate,3 team turnover4 and lower Burnout indices considering job satisfaction.5

The Burnout Syndrome (BS) had its first quotes by Herbert Freudenberg in 1974 in the United States of America on studies of loss of motivation and impairment, having other psychic and physical symptoms, loss of energy when manifested by volunteers in treatment of an institution of drug addicts.6,7 At the same time, Christina Maslach mentioned the expression Burnout as the emotional load of work on the behavior of health professionals in her studies.8-9

The BS appears in four classes:

a) Physics: when the worker has constant fatigue, insomnia and lack of appetite;

b) Psychic: lack of attention, changes in memory, anxiety, and frustration;

c) Behavioral: the individual is negligent at work, occasional or instant irritation, lack of concentration, increased conflicts with peer relationships;

d) Defensive: tendency of isolation, feeling of impotence, impoverishment of work quality and clinical attitude.1,10

Burnout is a psychological syndrome affecting individuals exposed to chronic stress at work and those who are intensely related to others. It has three related but independent components: Emotional Exhaustion (EE), Depersonalization (DP) and Reduction of Personal Realization (RPR).

EE fundamentally defines the syndrome. It is the first reaction caused in response to work overload, social conflict, and stress of constant demands which can lead to coping strategies, emotional distancing and cognition of the professional in the work. DP occurs as an attempt to protect EE by distancing it from work and from people. RPR leads the individual to develop inadequate personal and professional feelings at work, lose self-confidence and ability to be highlighted.11

Given that EE is the first dimension to emerge in BS, it generally has a higher score than others. In a study involving the investigation of this syndrome among psychology students at the beginning and at the end of the course, they found that EE is significantly higher in the student group at the end of the course and this result may suggest a potential risk of BS, at which point it may be contained by the high level of professional effectiveness and credibility in teaching and learning.12

It is emphasized to a certain extent that in Brazil the study of the Burnout theme is recent. Authors refer to evidence that indicates favorable environments for nursing practice, reflecting in professionals with lower levels of EE, higher RPR and less intention to leave the job.13 In a cross-sectional study developed in three Intensive Care Units (ICUs) of a university public hospital in the city of Campinas (SP), aimed to evaluate the perception of the nursing team about the environment of the practice, critical care and its relationship with safety attitude, perception of the quality of care at Burnout level and revealed that there are no studies that evaluate the impact of the practice environment on the level of this syndrome, professional satisfaction, and safety attitude of the nursing team in critical care units.14

The Brazilian educational scenario presents a very problematic picture regarding the issues related to teachers' health and working conditions.15 Teaching is an activity generally stressful, with evident repercussions on the physical and mental health and professional performance of teachers.16

The professionals of the education besides the overload of work, begin to have reduced time for qualification, compromising their development and professional satisfaction. Faced with these issues, it is evident that in the nature of the teaching activity there are several stressors that, if persistent, can lead to BS. Thus, work together with illness and suffering is often causes of physical and psychological stress leading the professional to occupational stress.17

Considering that in the teaching work, potentially stressful aspects such as low wages, scarce material and didactic
resources, overcrowded classes, tension in students, excessive workload, inexpressive participation in the policies and institutional planning are very present, it was sought to study bio-psycho-social characteristics of a group of Paraíba state professors of higher education in the health area with the following questions:

a) Do these teachers experience such aspects?

b) How do they try to deal with problems by associating teaching work with care practice in their profession?

Thus, the study has as the objective to reflect on the characterization of the university professor who exercises a healthcare role, as well as to think about possible strategies that collaborate in the applicability of his assistance contributing to the dissemination of the subject among the scientific community and care professional to attend to population concerned.

**OBJECTIVES**

- To evaluate the prevalence of Burnout Syndrome in higher education teachers.
- To identify associated risk factors among teachers at a higher education institution.

**METHOD**

This is a quantitative, exploratory, descriptive and transversal study developed at a higher education institution in the municipality of Patos of the interior of Paraíba state, located in its microregion and meso-region of Sertão Paraibano. It is located 301 km from the state capital, João Pessoa. The municipality is in the center of the state with several vectors interconnecting it with the whole of Paraíba and providing access to the states of Rio Grande do Norte, Pernambuco and Ceará.

The research was carried out at the facilities of Faculdades Integradas de Patos/FIP of traditional higher education in the municipality of Patos/PB, founded 48 years ago. It offers eight courses in health as well as others in human knowledge. The research was developed in health courses such as nursing, dentistry, physiotherapy, nutrition, biomedicine, physical education, psychology and social work. The population was composed of teachers who teach classes in the bachelor’s degree courses in health, applied human and social sciences of the FIP, totaling 175 participants.

The inclusion criteria were:

a) be a teacher;

b) be present at the time of data collection;

c) agree to participate in the research;

The exclusion criteria were:

a) not present at the site during the data collection period;

b) unable to respond to the instrument.

This research is part of a research project entitled “Burnout syndrome: association between higher level teaching and clinical reality”, by the Faculdades Integradas de Patos (PB)/2013. Data collection took place in the Nursing Clinic’s pediatric outpatient clinic free of interferences of any nature that could compromise the progress of the work.

A questionnaire was used, contemplating the characterization of the professors working in the institution, who do or do not work parallel to teaching in other institutions and exposure to risk factors for BS. A Maslach Burnout Inventory (MBI) questionnaire was elaborated by Cristina Maslach and adapted to the Portuguese that evaluates the level of satisfaction of these professionals with the work. It is for informational use only and should not replace the medical diagnosis or psychotherapist. The MBI (Figure 1) identifies BS indices according to the scores of each dimension, high EE scores (above 26 points), DP (above 12 points) and RPR (below 38 points).9
The data collection was in two stages. Initially, a pilot test with teachers of the nursing course was applied to analyze the feasibility and adequacy of the questionnaire to the research. A questionnaire was then sent to all participants via the Google Drive® application and, for those who did not respond to the questionnaire in electronic form, a face-to-face contact was made for resolution of the form. The data were collected only after authorization from the institution, approval of the Research Ethics Committee of the FIP/Patos and acceptance of participants to respond to the questionnaire after signing the Informed Consent Term (TCLE). Data collection was developed between September and October 2013 in a more convenient environment for the interviewees.

The data were analyzed according to the quantitative approach and discussed according to the relevant literature. Analysis based on the information contained in the questionnaire and followed the systematization of the answers found. In the quantitative approach of the study, for descriptive analysis, the data were expressed with resources and statistical techniques by percentage numbers and absolute numbers distributed in a descriptive way.

The research complied with the criteria contained in Resolution 466/12 that deals with research involving human beings and ensures the guarantee of privacy, anonymity, and freedom for the interviewee to give up the research at any time and receive all the desired clarifications. These rights were assured to the participants by signing the TCLE. It was also submitted to the Research Ethics Committee of the FIP and the General Secretary of the Institution of Education requesting authorization for the study and a term of commitment of the researcher who declares responsibility for compliance with current regulations. The research was approved under the CAAE Protocol: 21961613.3.0000.5181 of the Research Ethics Committee of the Faculdades Integradas of Patos.

<table>
<thead>
<tr>
<th>Scores</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>0-16</td>
<td>17-26</td>
<td>27*</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>0-6</td>
<td>7-12</td>
<td>13*</td>
</tr>
<tr>
<td>Personal Achievement</td>
<td>39*</td>
<td>32-38</td>
<td>0-13</td>
</tr>
</tbody>
</table>

*Figure 1. Range of scores indicating the level of Burnout by sub-scale
Source: Illinois Periodicals Online, 2002

The variable RPR presented only the category “High (27 points or more)”. Therefore, it was not included in the later analyses. The study reveals most female teachers, aged between 31 and 40 years old, married and without children, average family income between six and ten minimum wages with up to ten years of education and two employment links, academic profession; Master’s degree with an average of up to ten years of work in this function and only one link; weekly workload of 20 to 40 hours, ministering in average three subjects and acting only at the undergraduate level without carrying out administrative activities in the institution.

**DISCUSSION**

Regarding the results of the Burnout assessment, 57% of the teachers presented low EE, 55% high DP and 100% high RPR at work. It is believed that such results are associated with young age and short training time, corroborating with a study indicating that teachers generally start their career very enthusiastic, a lot of dedication, the sense of the social meaning of the work imagining that the same will provide great personal satisfaction. However, teaching difficulties and social pressures and values generate feelings of frustration that can lead to Burnout.18

In the theoretical model of Maslach,9 BS is a process in which EE is the precursor dimension of the syndrome followed by DP and, finally, RPR at work. Thus, the results obtained in this study point to the possibility of this process being in progress in the studied population. However, it may be being restrained by the feeling of professional RPR in the workplace, considering that this was a dimension with a high score index.

Although no significant association between age group and Burnout index is present in this study, authors affirm that age is one of those that have been more related to Burnout, among other variables, presenting a higher correlation between young workers compared to those aged thirty and forty years.19 This finding is justified due to the insecurity that exists at the beginning of the career when these professionals face real difficulties in the world of work with professional and personal expectations, not to mention idealism and
arduous working hours, especially in the area of health.  

These statements are based on research associated with some sociodemographic characteristics when finding outcomes in the life and health of young people due to the stress chronification verified in 24.74% of nursing students as well as in those of dentistry with scores of 17%. However, they are inferior when international researchers investigating medical students in Minnesota/USA found 45%, 24 Washington/USA (45%), showing that the context experienced by the students interferes in the occurrence of stress and health, since that they are students from different countries and undergraduate courses.

The choice of the teaching career can be related to the feminine role in the Brazilian culture in which women are seen as the most suitable for this function. Despite the authors’ opinion, the results of this study do not show gender and index classification of Burnout, which corroborates the results of another study by a group of public school teachers who found that no statistically significant difference was found between gender and dimensions of Burnout. The findings of another study contradict the results of this research by revealing differences, although insignificant among single nurses who were more predisposed to burnout, while married individuals more susceptible to depression.

According to a bibliographical study, it was found that in age and having children, younger teachers present higher BS levels and those with lower children levels. Reports from the same study also demonstrate that demographic variables are not the ones that show greater predictive power and association with Burnout.

The fact that these youngsters are single and without children supports the thesis that family and relationships act as support to cope with situations in the occupational or academic environment and that lacking support may imply higher rates of Burnout stress. A survey of 514 Brazilian students in the health area identified higher EE means among those who did not have children compared to the rest. In research conducted with 246 nursing students from Ireland, 38.2% of individuals with stable relationships presented lower frequency of stress.

Studies have shown that nurses with more professional experience and stable conditions in the profession were more subject to depression, while those with less professional experience and indefinite work contracts, higher educational level are more predisposed to Burnout, and the greater professional perspective or greater level of responsibility may justify high levels of EE and DP, but the RPR may be related to the status and recognition of higher-level professions.

There was a significant association between working time as a teacher and Burnout score, so individuals with a score between 41 and 60 points for this syndrome presented a higher frequency of the category that represents less time worked as a teacher (up to ten years) than those with more time of profession. It is believed that this association can be considered by relating the working time to the training time, since most teachers who have less training time are the younger ones and have a higher relation with Burnout compared to those with older age which is justified due to the insecurity that exists at the beginning of the career when these professionals face real difficulties in the world of work and search for professional stability. The results of this research contradict those found in other studies when they found that nursing professionals reconciled two jobs presented a higher frequency of Burnout in the three dimensions. Because of the salary, most nursing workers opt for more than one job, which keeps these professionals in the service environment most of their productive lives.

It was observed in a bibliographical study with teachers that the hourly load indicates to be an element associated to EE. As private education has expanded, there is an increase in the number of classes that teachers may feel about EE. It is also related to the class activities where there are problems of discipline and motivation, mainly when dealing with heterogeneous groups and that the association between number of students and Burnout indices with the demand of these activities where there are problems and have a higher relation with Burnout, which corroborates the results of other studies.

A significant association was found between EE and having children so individuals without children presented higher mean value in those who had; individuals with specialist qualifications have a lower average score in masters or doctors; those who teach two, three or more of four subjects have a higher score value than those with only one; teachers with more than 300 students have a higher score than those of up to 150 or between 151 and 300 and, with administrative activity in the Institution, the scores are higher for those who do not have this activity. The relationship addressed by the study between titration and EE confirms the Maslach’s theory that, the
pressure, physical exhaustion and long working hours. There are also stressful night shifts, daily contact with the sick person, suffering, possibility of death leaving them in conditions conducive to the development of BS.

The results of the study reveal a significant association between titration and classification of the Burnout index, so teachers with high scores presented higher frequency with a doctor's degree than the other categories. Another important association refers to the working time, evidencing that those with intermediate scores for the Burnout index, that is, between 41 and 60 points presented a higher frequency of the category that represents less time off work as a teacher (up to ten years) than the categories that represent more time of profession.

From these results, the contributions that the study can make important in the advancement of scientific knowledge in the nursing area is the best way to help the understanding and elucidation of problems faced by professionals, culminating in professional dissatisfaction, low income at work, absenteeism, among other occupational diseases that can also lead to BS.

It is relevant for the development of interdisciplinary studies that clarify the psychosocial dimension of work and its relation with the health-mental-illness process, enabling new investigative and interventionist behaviors in higher institutions, in order to promote healthy and sustainable spaces for the teaching profession.

REFERENCES


CONCLUSION

The study revealed predominant female teachers, aged between 31 and 40 years old, married and family income between six and ten minimum wages. According to the Burnout classification, most teachers (54%) are at the intermediate level (41 to 60 points) that determines the initial phase of the syndrome.

In view of the aforementioned expositions about BS’s historical evolution, the study considered the theoretical implications and professional practices affected by the syndrome, working constantly in a routine of higher the level of education, the greater the predisposition to Burnout, especially for EE and DP. 32

The association found among teachers who have administrative activity in the institution studied has a higher Burnout score compared to those who do not have such activity, as opposed to a study that shows workers when presenting adequate managerial support, participation in group decisions and organizational goals manifest lower scores by Burnout. 33

Other research has shown a greater predominance of married people (73%) corroborating this study. Authors affirm that a stable relationship would be between the lower incidence of Burnout in the case of unmarried or unstable relationships, have higher EE, RPR at work and higher DP, 24,28 However, it must be considered the quality of the relationship and not only the fact of having or not a partner. However, it is important to emphasize that these factors, such as age and psychosocial factors, can influence the variable marital status. 34

Based on these considerations, the opinion is that although children are usually emotional fulfillment cannot be considered affective support, since when small children need care, adolescents feel independent and if adults have their own lives and needs. Thus, the emotional fragility is installed by the lack of support causing great suffering. The worker, when faced with no option to share their difficulties, dissatisfactions and personal concerns, feels the emotional tension increase in the work, thus coming to appear the Burnout. 35

It is important to emphasize the opinion that certain research point out as a predisposing factor to single and young BS, and it can be analyzed that, these factors can influence in the sense of delaying the progress of the syndrome because these professionals find affective support of the family. 36


Burnout Syndrome: risk assessment in high...