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BURNOUT THE CLIMB TO CURE: PREVALENCE IN TEACHING PROFESSIONALS

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Abstract: Burnout is a silent syndrome that intensifies over time, within the work environment, without, however, the individual being aware of its presence. It happens gradually and cumulatively. The work stress syndrome, as it is also known, results from stressful situations within the work environment that have not been successfully managed. One of the classes where there is a great prevalence is the teaching class. Therefore, the question that guides this article is: how does the climb to cure burnout in education professionals take place? Therefore, the objective is to investigate the prevalence of burnout in professionals in the teaching environment, as well as to investigate how the healing process takes place. In addition to researching the processes of diagnosis and prevention of the syndrome. Burnout is a syndrome of a psychosomatic, psychological and behavioral nature that, as a rule, produces negative consequences in the individual, professional and social segments. The individuals affected by it constitute a population with a depressive emotional nature and a fragility that leads them to be always exhausted and constantly irritated. As a response to these symptoms, corporate institutions present, in this niche of individuals with Burnout syndrome, expressive and robust rates of absenteeism, work accidents, sick leave, decreased quality of life at work and increased interpersonal conflicts. Recent research, however, points out ways not only to cure the syndrome, but also ways to prevent teaching professionals and many others from being affected by Burnout.

Keywords: Syndrome; burnout; teachers.

INTRODUCTION

THEORETICAL FOUNDATION

To start our article, we opted for a qualitative approach by reading several and diversified literatures on the subject. From then on, our study gains exploratory literary

characteristics. As a theoretical basis, we chose articles that seek the reason for the prevalence of Burnout Syndrome (BS) in the teaching niche, exploring some aspects studied in our literature.

França and Rodrigues (2011), when talking about the Burnout process, point out that the syndrome happens gradually, cumulatively and with a progressive increase in severity, however, it is not perceived by the individual.

The WHO (World Health Organization) classifies Burnout syndrome with ICD 11, under the code QD-85, as of January 2022 as:

a syndrome resulting from chronic stress in the workplace, scaled primarily on feelings of exhaustion or exhaustion of energy, also with negative feelings or cynicism towards work and, as a last dimension, a sense of ineffectiveness and lack of accomplishment, referring to strictly to the occupational context, which excludes mental, behavioral or neurodevelopmental disorders specifically associated with personality, stress, anxiety and fear. (WHO, 2022).

According to Benevides-Pereira (2002), they are revealed through the following factors: The feeling, in the professional, of a deep depletion of physical and emotional resources, which severely impacts the routine of carrying out their work activities. This is due to an almost invisibility, an absence of humanization that is established between the professional and the corporate institution for which he works. He becomes an automaton, and this “robotic” characteristic consumes his energy so that he perceives himself developing an activity of relevance. The reduction of professional achievement: losing this ability to “belong” to a project that gives meaning to your life, but which – it is important to emphasize – was a project of your choice and, rather, a project that was part of your life, consequently, brought him satisfaction, the professional starts to feel an existential emptiness and enters a spiral of unhappiness

and professional dissatisfaction. The risks of the presence of Burnout, especially in the public-interest of the studies, the teachers, also show, as severe triggers of the syndrome, the indiscipline of the students, often not even understood, let alone discussed and resolved by teaching institutions (DIEHL; CARLOTO, 2016).). We also add to the work and emotional overload (ANDRADE; CARLOTTO, 2016). We continue with an extremely relevant factor, which is the lack of job stability that leads professionals to work under strong tension and stress (ROUPP; JUSTEN 2016). The combination of the aforementioned factors ends up leading the individual, slowly and inexorably, to a deep sadness, a feeling of worthlessness for which he does not have and cannot explain. Only the feeling is present.

This powerful conjunction of not finding strength and feeling abyssal sadness is not even perceived by him, because, in our reality, with regard to work relations, we do not seek to build a corporate environment that privileges the individual as a worker. On the contrary, changes in the work environment, layoffs, increased workload for the institution to profit, are the postulates that professionals face in their daily lives.

Obviously, professionals who are experiencing these experiences acquire Burnout Syndrome and, as a result, their productivity levels are affected, for the worse, as well as, they are at serious risk of developing more serious pathologies that, if not detected and treated in time, we understand. that can lead them to extreme acts such as suicide, to touch the top of this chain that feeds on emotional factors and frustrations that are impossible to measure, since we are dealing with individuals, with their unique characteristics and reactions, in their severity. The study described above demonstrates our theoretical foundation, approaching and

researching postulates on the chosen theme.

METHODOLOGICAL PROCEDURE

Two methods were chosen: deductive and inductive. Deductive insofar as, through the vast literature consulted and studied, we compile some understandings from the dissertations and conclusions proposed by the authors.

Inductive since these same dissertations, conclusions and postulates led us to a reflection where what was deduced from them led us to deduce – always based on the consulted authors – relevant aspects about the occurrence of BS.

It is worth emphasizing, once again, that the method is qualitative, but that in the course of this study and in the more it produces as an academic work, we set the task of doing a case study, because not only do we not intend that the subject is exhausted, as we wish to enrich the work later.

DEVELOPMENT

It is not intended here to say that teachers are the most strongly affected by Burnout Syndrome, nor that they are the only professionals exposed to it. What we seek in this article is to understand why the teaching universe is so punished by Burnout Syndrome and how much was the understanding that this syndrome was affecting teachers.

We emphasize, at the beginning of the text, factors that we infer as serious factors that lead teachers to Burnout Syndrome. Perhaps if we could bring them together and bring them together, the villain for the occurrence of Burnout is the greed in the way teaching is treated (which we have already mentioned the low involvement of the top of the educational institution with parents and students, generating a permissiveness that confronts and demeans teachers, the “tightrope” of not knowing whether to be

employed or unemployed the next day and the heavy workload with teachers covering more and more students and classes.

Work occupies most of our time in our lives and, therefore, in our social life. However, work does not always bring factors that lead us to professional fulfillment. On the contrary, there are situations in which work causes, or even is the very cause of the most diverse dissatisfaction and the most varied levels of dissatisfaction (DEJOURS, 2009).

Studies show that the relationship between professional imbalance, with regard to their well-being and health, can lead to absenteeism and, therefore, make the institution for which they work need to replace employees, carry out transfers, organizing new training, which obviously generates expenses not foreseen by the institution and – even though it is a legal entity – realizes that it is spending more than it must with an individual who may become a problem individual.

Currently, the most accepted definition of Burnout Syndrome is the one that is based on sociopathological aspects and is framed in the theory of Maslach, Schaufeli and Leiter (2001), emphasizing that Burnout is a syndrome that can be considered a chronic response linked to factors of interpersonal stress that comes from the work environment. Thus, both the work environment and its organization can be held responsible for the situation of wear and suffering caused to workers.

The above definition is the same accepted and adopted by the WHO (World Health Organization, it is not classified as a disease or health condition, but as an occupational phenomenon. It was included in the 11th Revision of the International Classification of Diseases (ICD), under the ICD-11 code).

On May 29, 2019, the United Nations website reported that the WHO (World Health Organization) was about to start developing evidence-based guidelines on

mental well-being at work. We consider this a sign of progress and we hope that, this year, we will once again talk about the subject that until then was – basically – ignored.

UNDERSTANDING WHY THERE IS A PREVALENCE IN THE TEACHING CLASS

If we look at the first phase of the study on Burnout Syndrome (BS), we have that, the teaching activity, due to so many characteristics and problems that interfere and impact on its full realization as one of the most investigated. Only in 1979 is there the first record of a descriptive study carried out with teachers (PERLMAN; HARTMAN, 1982).

In Brazil, the teaching category, according to an analysis of the scientific production carried out by Carlotto and Câmara (2008), is one of those that includes a greater number of investigations.

However, the literature on the subject here in Brazil can be considered incipient compared to the international literature and, therefore, without any relevance in terms of results.

It is difficult to understand since the ILO (International Labor Organization, 2008) assumes that the teaching activity is one of the most stressful, therefore, with all the characteristics and incidence of elements that, fatally, lead it as one of the professions where one can probably have a high incidence of Burnout Syndrome cases. (GIL-MONTE, 2008).

As mentioned in this article, the teaching profession, currently and regardless of the level of education at which it works, the type of school (public or private) in which it works, already presents itself as a target profession in terms of the number of psychosocial stressors present in the context of this work.

As we said above that the results are

compared to what is found in foreign literature, we chose to map, in our article, factors that are known and recognized as stressors for the teaching class. We took this initiative to clarify the objective of our study, which is to point out causes, consequences and improvements for our area of operation. There is also an evident interest in, with possession and from the compilation of this data, we open paths so that BS in the teaching niche can be mitigated to the fullest:

- Reduction in the scope of work, that is, high-level tasks are transformed into routines and the time to perform them is reduced. It is necessary to realize the effective importance of these tasks, such as, for example, space to look for extracurricular activities and other related activities that stimulate strategic thinking for the development of the institution, teachers and students;
- Urgent need for professional updating, leisure and social interaction, since this does not occur in a society that perceives its professors as machines to serve and maintain students so that the financial gain of the teaching institution is not compromised. Establish the practice of qualifying its teachers with specific programs so that, in fact, they fulfill – fully – their role;;
- Shortage of creative work. Here we use the expression teachers with robotic bias. It is to be expected from an educational institution corporate policies transparency, management favoring the implementation of corporate governance, so that its teachers work without what we call in this article “A BIGORNA PRESA POR UM FIO”, which is insecurity in relation to their jobs.
- Salaries incompatible with the work performed and precarious working conditions (LEITE; SOUZA, 2007). In the public perspective, the teaching category

is highly scoured: it suffers numerous criticisms, and is extremely charged in its failures. It is rarely recognized for its success. No category has been as severely evaluated and demanded by the general population in recent decades as that of teachers (FARBER, 1991).

- However, the population is not properly informed about what the category is experiencing and about the many stressful elements that can lead them to SB.

When listing the reasons that we inferred after reading the literature that – we took the precaution – contemplated the most diverse authors, even so, we do not intend to affirm that the aforementioned topics cover all the ways to reach the SB. We do not believe in a literature that exhausts any subject, but we seek to select the great authors who discuss the subject so that we have robust conditions to demonstrate facts that lead professors to SB and what could be done to avoid them.

UNDERSTANDING THE CURE: HOW IS THE DIAGNOSIS OF BURNOUT MADE?

Having given the reasons that we believe to be the most relevant for triggering BS, we will address aspects of the Syndrome with a focus on its “cure”; Perhaps here, “cure” needs to be understood, in some individuals and in some aspects, how to cope with the problem and live with it in a controlled way.

The diagnosis of Burnout is made by a specialist professional, through clinical analysis and, preferably, with knowledge of the patient. The professionals indicated for the detection of the problem are the psychiatrist and the psychologist who can and will guide the best form of treatment according to each case.

The partnership of family and close friends are excellent pillars for detection, as they know the individual and can repair the change in

his behavior, as well as during the course of treatment, being by his side and encouraging him to overcome each step in his daily life.

We touched on the issue of family and friends, since many people fail to seek medical help and an attentive family member or friend can lead the individual to do so before the BS gets worse. It is a situation that must never be neglected, because something more serious, such as suicidal ideas, for example, can come from BS, which, in turn, can lead the individual to have severe depression,

Close friends and family can be good pillars at first, helping a person to recognize signs that they need help. (BIANCHI R; SCHONFELD I; LAURENT, 2014).

Within the scope of the Unified Health System (SUS), according to WHO data (2019), the Psychosocial Care Network (RAPS) is able to offer – fully and free of charge – complete treatment, that is, from diagnosis to treatment. drug treatment. The Psychosocial Care Centers (CAPs), which is one of the services that make up the RAPS, are the most suitable places to seek this help.

BEFORE THE “CURE”, THE PREVENTION

This article does not intend to have as the culmination the cure of Burnout. It is already clear that when approaching a syndrome, the means to “cure” it are sought. It seems equally important to us, and even in terms of medicine and public health, to prevent the occurrence of any type of syndrome or disease.

BS is so recent, while recognized as a psychosomatic disease. We turned to Carlotto (2014), in her article “Burnout Syndrome in teachers: an experience report for the journal *Psicologia da Saúde*”, where it points out as factors for the prevention of BS, in the case studied and we inferred as important factors for the Prevention of Burnout Syndrome:

- Set small and achievable goals in

professional and personal life.

- Participate in leisure activities with friends and family;
- Doing activities that are not common to the individual’s daily routine;
- Avoid contact with complaining and negative people;
- Talking with a trusted person about the feelings that run through the individual’s mind;
- Do regular physical activities;
- Avoid drinking alcohol, tobacco and other drugs;
- Never self-medicate;
- Rest, properly, with – at least 8 hours of sleep daily;
- Maintain balance and priority between work, leisure, family, social life and physical activities.

Evidently, the case studied by Carlotto (2014) presents a series of graphs and comparative tables, suitable for the case in which the author was reporting – practically a case study. It’s not our goal right now. We only summarize what, in a health context, are measures, if some of them are isolated from the context of BS prevention, we must all adopt to guarantee quality of life and longevity.

If it seems too obvious and even simplistic, it is worth remembering that the vast majority of the population does not practice such precepts. Convenient, because we report to the prevention foundation, since prevention is almost always simpler than it seems to us.

THE CLIMB TO THE “CURE”

In this article, we will assume the term cure when the individual has already got rid of the acute and medium phases of BS and returns to being full in their professional practice and family life. So we won’t need to repeat ourselves remembering that there is no absolute “cure”, as has been widely mentioned, but the fact that the individual learns to live

with BS, without suffering.

This involves successful treatment. The treatment of Burnout syndrome does not exempt the individual from the use of antidepressants, combined with psychotherapy.

It is basically done with psychotherapy, but, as reported above, it can also involve medication (antidepressants and/or anxiolytics). Normally, the improvement effect is felt within a period of one to three months, but it may take a little longer, according to each case. Changes in working conditions and, as also amply demonstrated above, changes in habits and lifestyles contribute to the cure of BS,

Finally, we can talk about the cure of BS precisely when the individual, in this case the teachers, are able to develop their activities in a normal, pleasant way, without any levels of stress or suffering.

We have already noticed, from the content of this item that – prevention is confused, in its recommendation elements for an upgrade in the perception of the world and of how to deal with their own universe and the universes of other individuals – with the cure, since both outline the necessary behavior changes. And it is worth remembering that these changes need to happen in order for the BS to be cured, regardless of what is happening around it.

DISCUSSION OF THE RESULTS

This article was produced with the objective of deepening knowledge on Burnout Syndrome, in the niche of teachers, a class recognized and extremely affected by BS.

We used for its development the reading and compilation of authors who focus on the theme and discuss it. It seems relevant to present it as it is broad, based on several authors, in order to extract what stands out as the most important foundations of the SB. It is also relevant as Burnout Syndrome can

be easily confused with depression, but BS has more tangible causes to be discussed and addressed.

We seek to show several of the aspects that involve it and also to publicize BS, because – compared to other syndromes – its discovery is recent and our country lacks a more diversified literature on Burnout.

As a result, we believe that we were able to clearly present its differentiation in relation to manifestations of a depressive order and bring to light the understanding why SB has as one of its main niches the professionals in the teaching area.

In this regard, there is little importance given, in Brazil, to understanding the issues that permeate the routine of teachers, their working conditions, their difficulties to the detriment of the interests of Universities and schools (which end up constituting themselves as companies and not as spaces for learning or the social causes that condemn these spaces of knowledge as bulwarks of growing violence, in the case of public institutions).

Despite the difficulties presented within the scope of the teaching profession and some measures taken by public bodies for the diagnosis and treatment of BS, there is still much to be done.

CONCLUSIONS

Due to the socioeconomic reality and the education policies in force in Brazil, it does not seem feasible that the Burnout Syndrome will enter a downward curve.

It is necessary to review and improve the education projects that give teachers the importance they are in fact, as these professionals will be responsible for the qualification of new professionals entering the job market.

Therefore, for the climb to cure burnout in education professionals, it is necessary to promote quality teaching, which is only

possible when quality and professional valorization are perceived in the environment itself.

The prevalence of the Syndrome is due to the reality presented, where unmotivated teachers automatically fulfill their routine, falling sick when they no longer realize the frustration that their professional reality causes.

It is not possible to expect from these professionals the concern to stimulate their students, to create teaching strategies that favor the understanding and absorption of knowledge, when they themselves are not encouraged to train themselves more and more. Prevention is still the best way.

Due to the limitations of public agencies and private companies in preventing, diagnosing and treating Burnout Syndrome, it becomes a public health problem that grows gradually and is increasingly intensified among teachers.

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