

Quality of Life and Prevalence of Burnout Syndrome in Higher Education Teachers

ORIGINAL

Maria de Lourdes Campos¹,
Rita de Cássia Saldanha de Lucena²

- 1 Faculty of Medicine of Bahia, Federal University of Bahia. Lecturer at the Federal University of Campina Grande. Academic Unit of Education. Brazil
- 2 Faculty of Medicine. Department of Neuropsychiatry. Salvador, Bahia. Brazil.

Abstract

Introduction: Burnout Syndrome, in the twenty-first century, appears among the most common mental disorder among teachers resulting from the interaction between individual aspects and the working environment, interpreted as a response to chronic job stress.

Objective: To evaluate the prevalence of burnout syndrome and quality of life of higher education teachers in the city of Cajazeiras, Paraíba, Brazil.

Method: This is a descriptive cross-sectional study performed with 174 teachers from institutions of higher education.

Results: The burnout syndrome was observed in only 3.4% of teachers. However, the recorded data require a closer look at the health of the teachers investigated, since a considerable part of them are in the score limit for disease development. Regarding the quality of life of teachers who presented the manifestations of the syndrome, the physical and psychological domains were shown to be the worst for most subjects.

Conclusion: There are teachers in higher education, executing their profession, affected by burnout syndrome, suggesting a relationship between this psychosocial phenomenon and the labor context, permeating the three dimensions proposed by Maslach and Leiter: emotional exhaustion, depersonalization and the lack of personal fulfillment.

Contact information:

Maria de Lourdes Campos.

Address: 13 de Maio, nº 195, Cajazeiras-PB, Brasil. CEP: 58900-000.

 mlcampos_10@yahoo.com.br

Keywords

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Introduction

Quality of Life (QoL) is defined by the World Health Organization (WHO) as the individual's perception of their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns [1].

QoL is a complex and multidimensional concept, elaborated by society based on its experiences, values and knowledge that have meanings and that confer their stories in a certain time and space in which they live. It is a socially constructed definition and carries with it a specific cultural identity, which, in turn, reflects a pattern seen by the society as enabler of satisfaction and well being [2]. Besides these factors, it is fundamental that the studies also consider the regional aspects and the adversities of the working environment in the execution of the teaching profession.

According to the International Labor Organization (ILO), the teaching today, is a risky profession, worldwide, considered the second professional category of having a higher prevalence among occupational diseases and the Burnout Syndrome (BS) is one of the most frequent [3].

The BS, in the XXI century, appears among the most common mental disorders found in teachers resulting from the interaction between individual aspects and the working environment, interpreted as a response to chronic job stress [4], causing damage to health. This occupational disease is a systemic weakening process as a result of exposure to prolonged stress situations, the constant emotional tension, focused attention and high professional responsibility [5].

In the social psychological perspective of Maslach, Burnout Syndrome consists of three dimensions: Emotional Exhaustion (EE), which is characterized by lack or shortage of energy, enthusiasm and a sense of resource depletion; Depersonalization (DP), which involves a lack of positive affective response at work, in which clients, colleagues and the labor

organization itself are treated as objects and the Low Personal Achievement at Work (BRP), where is visualized a worker with a tendency of negative self-evaluation [6]. Such triggered dimensions can damage the health of teachers and consequently low involvement in the work affecting their personal life, relatives, social and institutional context [7].

The current context is worrying, since work is the structuring base of people's lives and, as a result, constitutes the guiding axis of other human activities. It should be emphasized that work can be considered as a social activity with influence on the constitution of identity and also on the individual development. Because of this very comprehensive and complex dimension, it presents itself as an element that has direct implications for health and also for the quality of life of professionals [8].

In particular, it is highlighted the work of teaching in higher education, which reflects, in this historical moment, the challenges now permeate contemporary society [9]. It should be taken into account that the university, as any workspace, also suffers the impact of the changes arising from the labor market, demanding productivity and efficiency from teachers according market logic [10].

In this scenario, teachers are forced to be concerned not only with issues related to education, but also with those related to economics and politics. Compliance with this logic means increased scientific production, the workload, the number of students and employment relationships [11]. In addition, the time for qualification is increasingly reduced, thus compromising one's own development and professional achievement. Obviously, these issues have repercussions on the worker's physical and psychological well being, interfering with their quality of life.

It should be noted, even it is an important topic, still there are limited studies addressing issues related to quality of life and the Burnout Syndrome in teachers, mainly in higher education, which makes necessary to instigate new researches at national

and international levels, to strengthen health protective and preventive measures in the field of the teaching profession [12].

This study aimed to evaluate the prevalence of burnout syndrome and quality of life in teachers of higher education in the city of Cajazeiras, Paraíba, Brazil.

Methods

This is a cross-sectional descriptive study with a quantitative approach, carried out with 174 higher education professors from the Federal University of Campina Grande (UFCG), Faculdade Santa Maria (FSM), Faculty of Philosophy, Sciences and Letters of Cajazeiras (FAFIC) and São Francisco da Paraíba College (FASP), all located in the city of Cajazeiras, Paraíba, Brazil.

The inclusion criteria for the participants were: to be in the exercise of the profession at the time of data collection and to be within the regular/effective framework of Higher Education Institutions. Where excluded teachers who were on leave, substitute teachers and those removed for professional qualification.

Data collection was carried out between March and May 2013, by applying three instruments: sociodemographic questionnaire, WHOQOL-100 questionnaire and MBI inventory - ES (Maslach Burnout Inventory -Educators Survey). The socio-demographic questionnaire, specifically designed for the population target of our study, included the following variables: gender, age, marital status, educational level, number of children, teaching time, area of work, weekly working hours, classroom hours, number of students per semester, socioeconomic level, life habits, health problems and accomplishment of psychotherapy.

The WHOQOL-100 questionnaire, proposed by the WHO, is an Instrument that evaluates the quality of life, comprising a total of 100 questions. Was validated for Portuguese by Fleck study and

collaborators in 1999 [1] is composed of six domains: physical, psychological, level of independence, social relationships, environment and spirituality, with Likert answers and scores ranging from 1 to 5. These domains are divided into 24 facets, each consisting of four questions. It also has the 25th question which covers general aspects about quality of life. In the domains, the results range from 0 to 100, where the closest values of 0 (zero) refer to the worst results and the nearest to 100 (hundred) to the best ones.

To identify the presence and intensity of events related to the Burnout Syndrome, it was used the MBI-ES Inventory (Maslach Burnout Inventory-Educators Survey), translated and adapted by the Advanced Study Group on Burnout Syndrome (NEPASB), Current Group studies and Research on Stress and Burnout (GEPEB) and validated for use in Brazil by Benevides-Pereira in 2001 [13]. This inventory has three main characteristics: emotional exhaustion dimension (EE), depersonalization (DE) and personal involvement in work (EP), for a total of 22 questions, answered by a Likert scale, ranging from "0" as "never" to "6" as "every day".

The potential eligible participants received an invitation letter and those who voluntarily accepted were guided on the aspects involving the research and signing of the Informed Consent Term (TCLE). The instruments were delivered in person to be completed, and returned to the researcher in individual and unidentified envelopes.

Descriptive statistics were used to analyze the data, with determination of means, frequency and standard deviation. Excel 2007 was used to calculate the scores and the descriptive statistics WHOQOL-100 according to the study of Pedroso et al [14]. For analysis of MBI-ES inventory, GEPEB cutoff points were used in Brazil, according to the following scores: to emotional exhaustion (high > 26, medium and low 16-25 <15); for depersonalization (high > 9, middle and low 3-8 <2) and the working personnel involved (high > 43, medium and low 34-

42 <33). Burnout is considered, one that reveals high scores EE, DE, associated with low values for PE [7]. Subsequently, the data was tabulated and organized into tables built in Microsoft Excel 2007.

The development of the work followed all the ethical and legal aspects of Research with Human Beings, contained in Resolution no.466/12 [15] normalized by the National Health Council (CNS), being submitted to and approved by the Ethics Committee of the University Hospital Research Alcides Carneiro (HUAC), the Federal University of Campina Grande, Process number 20111504-009.

Results

A total of 174 teachers from higher education institutions in the city of Cajazeiras, Paraíba, Brazil, participated in this research. Of these, 48.1% work in the Federal University of Campina Grande, 27.0% in the Faculdade Santa Maria, 18.4% are from the Faculty of Philosophy, Sciences and Literature of Cajazeiras and 6.5% in the Faculdade de São Francisco da Paraíba. As for the teaching area, it was verified that 53.8% work in the human sciences, 35.5% in health sciences and 10.8% in the exact sciences.

Regarding gender, 61.5% of the individuals were women and 38.5% men. The age ranged from 20 to 70 years, with the mean age of 39.4 years. As for marital status, 49.4% married and 35.6% single. Regarding the number of children, 49.4% without children, 36.2% had one to two, 13.2%, from one to four children and 1.2% from five to eight. In relation to academic qualification, the majority holding a master's degree (48.9%).

The average monthly salary was R\$ 3,789.14 (three thousand, seven hundred and eighty-nine reais and fourteen cents), which corresponds to a DP = 2002,66. As for the time of teaching activity, the mean was 10.82, which corresponds to a SD = 9.09 years; hours worked per week 30,19 (SD = 12.59), classroom hours of 17.07 hours per week (SD = 17.66) and 110.28 students per semester (SD =

76.15). Regarding their lifestyle habits, 50% practice physical activity, 27.6% consume alcoholic beverages, 5.7% are smokers, 1.1% use illegal drugs and 79.9% do not perform any kind of psychotherapy.

Regarding the participants' QoL, the general average was 65.83, as shown in **Table 1**. However, in the domains evaluation, it was observed that the lowest averages were presented in the questions physical (M = 56.80) and environmental (M = 59.94).

Table 1. Averages of domains and general QoL of higher education teachers in the city of Cajazeiras, Paraíba, Brazil, 2013; (n=174).

Domains	Median	Standard Deviation
Physical	56.80	16.31
Psychological	67.22	15.43
Independence level	77.61	13.13
Social relations	68.83	16.36
Environment	59.94	12.16
Spiritual aspects	77.84	17.76
General QoL	65.83	11.72

Source: Study data, 2013.

Regarding the manifestations of symptoms of Burnout Syndrome, **Table 2** shows that most of the participants did not have any sign of the disease characteristics in the three dimensions evaluated, the symptoms only were found in 3.4% of teachers. However, the data recorded require a careful look at the health of the teachers investigated, since, in the Emotional Exhaustion (EE) dimension, 25.9% of the teachers are in the middle level and 23.0% in the high level; in the Depersonalization (DE) dimension, 31.6% are in the medium level and 12.1% in high level and in the Personal Involvement in Work (EP) dimension, 27% of teachers are in the low level.

According to the cutoff points for the MBI-ES inventory, SB is confirmed by the following profile: "high emotional exhaustion" with scores > 26; "Depersonalization" with scores > 9 and "personal involvement in low work" with results < 33 points. These characteristics were found in six participants (3.4%), as is shown in the **Table 3**.

Table 2. Describing the levels of the dimensions of the MBI-ES Questionnaire applied to higher education teachers in the city of Cajazeiras, Paraíba, Brazil, 2013; (n=174).

Dimensions	N	%
Emotional Exhaustion		
High	45	23.0
Medium	45	25.9
Low	89	51.1
Depersonalization		
High	21	12.1
Medium	55	31.6
Low	98	56.3
Personal involvement in work		
High	58	33.3
Medium	69	39.7
Low	47	27.0
Total	174	100.0

Source: Study data, 2013.

Table 3. Describing the dimensions of Burnout Syndrome in high school teachers affected. Cajazeiras, Paraíba, Brazil, 2013; (n=6).

Dimensions	Individual					
	1	2	3	4	5	6
Emotional Exhaustion	39	34	46	42	42	38
Depersonalization	18	18	12	21	16	9
Personal involvement in work	23	23	16	11	19	28

Source: Study data, 2013.

In the **Table 4**, it can be observed the socio-demographic profile, professional, lifestyle, and health problems of teachers with signs of burnout syndrome (3.4%, n = 6). The specification of these variables is relevant as it explains the factors that may be associated with the development of the disease.

Particularly with regard to the Quality of Life of teachers who presented the manifestations of bur-

Table 4. Profile of higher education teachers with the manifestation of Burnout Syndrome. Cajazeiras, Paraíba, Brazil. 2013; (n=6).

Dimensions	Individual					
	1	2	3	4	5	6
Sex	Male	Fem.	Male	Fem.	Male	Fem.
Age (years)	37	30	27	37	34	41
Marital Status	Separated	Married	Single	Married	Single	Stable Union
Children	01	01	00	00	01	00
Scholarity	Doctorate	Master degree	M	Specialization	Master degree	Master degree
Acting area	Exact sciences	Humans and health	Health	Health	Health	Humans
Working time	3 years	4 years	1 year	9 years	2 years	NA**
Weekly workload	40 h	40 h	40 h	12 h	6 h	40 h
W/W* classroom	16 h	40 h	16 h	10 h	6 h	16 h
Students/week	82	300	50	101	46	150
Monthly income	5,086.00	NR**	4,955.58	1,700.00	800.00	5,200.00
Physical activity	Yes	No	No	No	Yes	Yes
Alcoholism	No	No	No	Yes	Yes	No
Smoking	No	No	No	No	No	No
Psychotherapy	No	NA*	No	No	No	Yes
Health problems	Hepatic Disease e Respiratory Disease	Headache Fatigue	Headache Fatigue	Headache	Headache Insomnia	Headache Insomnia

*: Weekly workload; **: No answer. Source: Study data, 2013.

nout syndrome, the physical and psychological domains were shown as the worst for most individuals as indicated in **Table 5**.

Table 5. Describing the Quality of Life domains of higher education teachers affected by Burnout Syndrome. Cajazeiras, Paraíba, Brazil. 2013; (n=6).

Dimensions	Individual					
	1	2	3	4	5	6
Physical	41.7	58.3	31.3	47.9	37.5	27.1
Psychological	62.5	55.0	31.3	41.3	45.0	60.0
Dependence level	56.3	84.4	68.8	60.9	71.9	62.0
Social relations	56.3	87.5	50.0	35.4	47.9	79.2
Environment	41.4	71.9	52.3	33.6	47.7	75.8
Spiritual aspects	50.0	75.0	37.5	68.8	100.0	100.0
General QoL	50.7	70.2	46.5	41.7	52.5	65.6

Source: Study data, 2013.

Discussion

The results show there is a predominance of teachers linked to public institutions, active in the areas of humanities and health. Regarding the socio-demographic profile, most of them are female, holding a Master's degree, with a mean of 39.4 years of age, married and without children. As for the economic situation, majority of the teachers of private institutions have lower salaries compared with their counter parts from public universities, which forces them to work in more than one educational institution to meet their personal and family needs.

With regard to length of service, teachers paid up a third of this time for possible retirement, which confirms the need to extend the exercise of the profession for an extended period. This scenario reinforces the relevance of the creation of health promotion measures in educational institutions, in order to minimize the aggravations that come with the several years of professional activity and thus improve the quality of life in the work environment.

Regarding working hours load, it is essential to note that participants must meet the requirements of teaching, research and extension, and often also carry out administrative and bureaucratic activities [16]. It is worth noting that currently the teachers of higher education is under pressure to meet the productivity demands proper to the mercantile society, which worsens the conditions of their work [17]. All this productivity requirement has its maximum expression in the permanent pressure to update Lattes Curriculum.

In addition to the activities already mentioned, higher education teachers are questioned regarding academic qualifications, a fact observed in the various institutions surveyed, where many of them continue in the classroom and attending a master's and a doctorate, simultaneously, which contributes to compromise their quality of life and the intellectual production of the faculty. It was also observed the obligatory participation in scientific events, production of books, articles and book chapters [18], which only increases their load of work.

Studies have confirmed that higher education teachers when pressed and submissive to the ideology of the academic productivism, undermine the social and familial life and health, which ultimately implies a dehumanizing process and consequences on their quality of life [19]. In this sense, the overload of work deserves the attention of the teaching Groups, Higher Education Institutions (HEIs), trade unions and public policies.

As far as life habits are concerned, most teachers do not consume alcohol, are not smokers, do not use any type of illicit drug and do not follow up on psychotherapy. Physical activity is routinely practiced by only half of the teachers, this is a concerning point given the current studies highlight the importance of physical exercises for health and well being. The study Silva [20] confirms that regardless of gender, age and profession, physical activity promotes improvements in quality of life in all respects and

restores the health of the harmful effects that the stressful routine of work/study brings.

Regarding the participant's QoL, the data show that the lowest averages were: physical (56.80) and environment (59.94), in the facets: pain and discomfort, energy and fatigue, sleep and rest, physical security and protection, home environment, financial, leisure, physical environment and transport [1].

According to the study Koetz [21], conducted in higher education institutions in Rio Grande do Sul, with teachers holding a Master's or Doctorate degree, have been identified the following averages: physical (74.5) and environment (69.7), being the environment the worst domain, however, the QoL of those teachers is still considered good. In view of these studies, it was observed that the means found in the two studies are different, which indicates that regional, local and different contexts may possibly interfere in a negative or positive way in people's quality of life.

The best average presented by the participants corresponded to the domain of the spiritual aspects ($M = 77.84$). The study Panzini [22] reports that spirituality refers to the meaning of life and the reason for living, not limited to types of beliefs or practices. In the current context, the question of spirituality has been considered as a relevant aspect in the quality of life dimension.

The domain level of independence related to mobility, activities of daily living, dependence on medication or treatments and work capacity, obtained the second highest average among the population investigated (77.61), although the present research revealed that half of the teachers do not practice physical activities. On the other hand, the social relations domain that relates to personal relationships, social support and sexual activity, presented an average of 68.83 among teachers. In the psychological domain related to positive feelings, thinking, learning, memory and concentration, self-esteem, body image, appearance and negative feelings, the average found was 67.22.

QoL has direct association with health, moreover, it has been linked to the level of individual satisfaction with his emotional life, with the family, social and environmental context, may include personal meanings built at different times and social spaces [23, 24]. From this perspective, QoL can be considered a measure of human dignity itself, due to meet the basic needs of the man [25]. Added to this is the fact that the market logic also contributes to the drastic reduction of the volume of resources, which implies weaknesses in infrastructure in the work environment, lack of equipment, and few laboratories, insufficient and obsolete technological equipment.

When it comes to diseases linked to work practice, studies about the Burnout Syndrome were directed initially to social workers, nurses and teachers. Subsequently, they were expanding to other professionals and occupational groups [26]. From the conceptual point of view, Maslach and Leiter Schaufeli [6] define psychosocial as a phenomenon that appears as a response to chronic interpersonal stressors occurring in the work situation. In other words, Maslach and Jackson [27] refer to the syndrome as a state of physical and mental exhaustion, the cause of which is linked to the work and primarily affects professionals who maintain a close relationship of constant and direct help to others, such as teachers.

The literature confirms the burnout syndrome is a gradual process, characterized when the high emotional exhaustion is present (highest score or equal to 26 points), high depersonalization (highest score greater than 9) and low personal involvement at work (score less than or equal to 33) [7] Therefore, it is necessary to pay attention to the fact that the syndrome is not installed quickly; it can take years to be identified and treated. The losses occasioned and pointed out in this study go beyond work, also affect the personal, family, social and institutional environments, which causes, slowly and gradually, damages to the health of the teacher.

For Borges [28], the syndrome is characterized by the development of feelings of personal accomplishment and emotional exhaustion. Depersonalization appears as defensive at work, when colleagues and the labor organization are treated as objects. Emotional exhaustion (EE) is considered the first sign of BS, its appearance is progressive and cumulative, and may take decades to be identified. Thus, stress, when becoming chronic, can have as a consequence the manifestation of the disease, constituting a phenomenon worthy of the attention of the researchers, being characteristic of the present day in which the demands and necessity to be updated with new information are imperative and permanent. The WHO classifies stress as a global epidemic.

According to the framework of the symptoms of burnout, prepared by Benevides-Pereira [29], some of the physical symptoms have been identified in higher education teachers surveyed: headache, insomnia, fatigue, liver and respiratory disease; these symptoms that may contribute to the occurrence of burnout syndrome. Teaching work requires human interaction, personal and emotional involvement, high workload, due to demand of the high number of students in class, limited autonomy in carrying out their work and contained participation in institutional decisions. There are also recurring external and internal stress factors in the exercise of the teaching profession.

Occupational stress can be the result of the interface between intrinsic and extrinsic conditions of work and the personal characteristics of the professional. Must be considered the situation in which the demand of activities required differs from the skills that worker has to accomplish them. [30]. When this context is installed it frequently occurs abnormal fatigue and/or reduction of organic ability to develop labor activity [31].

Given these factors, teachers are considered as a vulnerable category to Burnout for being daily in prone situations of typical organizational stress. This

context is discussed in studies by Esteve, Nóvoa and Codo [32-34], who concluded teachers are susceptible to daily deterioration and progressive worsening of their mental health. Such persistent situations can cause wear and tear to the individual's expectations and to the reality of the work.

The analysis of the profile of the teachers classified in this study as affected by the syndrome (3.4%, $n = 6$) allowed the identification of some variables that may help to understand the factors involved in the establishment of the disease. Higher education teachers with the highest incidence of burnout syndrome are women. This study differs from the results of Farber [35] who found that male teachers are more vulnerable than females.

The age of teachers with BS varies from 27 to 41 years. These findings corroborate the study of Maslach [36], who emphasizes that teachers with less than 40 years are at increased risk of incidence of BS, certainly a result of unrealistic expectations regarding the teaching profession. In this sense, it is necessary to learn in order to coexist with the demand of the work, to minimize the levels of the syndrome. The author further emphasizes that older teachers have certainly made the decision to remain in their careers, thus demonstrating less concern for stressors or personal symptoms linked to stress.

In addition, other characteristics indicate that two of the participants with BS are married, one separated, two single and one in stable union. As for the level of education, one has a doctorate, four have master degree and one, specialization; only three of these have children. The study Benevides [7] shows that having children can balance the professional life in front of conflict situations of stress agents.

The teaching time varies from one to nine years, with a predominance of one to four years. This confirms that the less time in the profession the teacher has, most likely to get the Burnout Syndrome, due to the individual creates expectations that are not met, trigger frustration and stress situations causing damage to health. Friedman [37] states that

the greater the professional experience of the teacher, the lower the levels of Burnout, corroborating the results found in this study to identify teachers who had the syndrome have little time activity in teaching.

The workload per week of teachers with SB varies among them, with a predominance of forty hours. The weekly workload correlates with the manifestation of SB, because the longer the workload the more likely the development of the disease. As for physical activity, only half of these teachers referred perform regularly, which proves the importance of exercise, considered significant in reducing tensions, stress and burnout [7]. Concerning the habits of life, two of these teachers consume alcohol, none is smoker and most do not received psychotherapy.

Among the domains of quality of life of the teachers who presented the syndrome, the worst were the physical and the psychological. As for the physical symptoms, the majority presented headache, fatigue and insomnia. These questions, together with other factors directly affect the QoL. Therefore, the damages are notorious due to the working conditions the teachers are submitted. Teachers have less and less time for social interaction, leisure, personal satisfaction activities and even for physical activities.

In addition to the above issues, individual aspirations are strongly compromised by lowering wages. Even basic needs such as health, leisure and housing are not always sufficiently met by teachers' salaries. This context generates negative feelings in the teacher that can make him predisposed to self-depreciation.

Nowadays, it should be emphasized that in the higher education context it is necessary to consider that the university, like any other labor environment, was also influenced by the transformations of the market society. In this sense, it is imperative to emphasize that such changes impact QoL.

The burnout syndrome has features more directly related to the work environment, although the interpersonal factors also interfere with its trigger.

The study identified the existence of Burnout Syndrome in six higher education teachers. Thus, there is a correlation between quality of life and burnout syndrome. Data from this research show that most of these BS teachers do not have a good quality of life according to the WHOQOL-100 (0-100) scores.

Therefore, this context instigates us to reflect on the implications that the occupational activity entails in the life of the teachers. In everyday life, these professionals are burdened by overwork, due to a bureaucratic structure that is not in favor of human and autonomous conditions in carrying out the work activity, making this professional vulnerable to burnout syndrome.

It is noticeable that the teaching, work in the Institutions of Higher Education, can be both a source of health or can generate psychic changes. Inadequate working conditions; The high weekly load; The routine process; The constant interventions in the teacher - student relationship; Feelings of dissatisfaction, leave the job, reduction of work performance; The little social life with less leisure and rest; bureaucratic requirements, prolonged stress, psychosocial and individual factors, the lack of quality in interpersonal relationships, can cause significant losses in health teaching, leading to a process of Burnout.

It is defended the need to unlock researches in this subject that contributes to the improvement of the quality of life of teachers, believing that research brings results that imply changes in work processes, such as research that may involve translational medicine and Public Health. These contributions can maximize health decision-making what is key to people's health maintenance, either with preventing disease, either with the health promotion activities aimed at improving the quality of life of the population affected or not by health conditions [38].

Therefore, to reduce the incidence and minimize the effects of the Burnout syndrome it is necessary that the higher education institutions and governments adopt preventive measures that promote well

being, stimulate and expand interpersonal relationships and enable teachers to knowledge of Burnout and therefore confront this disease. In addition the search for better conditions of work and quality of life by creating and advocating public policies that enable the concreteness of labor activity with health. Such measures are necessary in view of efforts to enable adequate working conditions, which provide work satisfaction and professional recognition of teachers, to maintain balance and strengthen the link between teaching, quality of life and human and social development.

Conclusion

In light of the data presented, came to the conclusion that there are teachers in higher education, in teaching profession, affected by the syndrome Burnout, suggesting a link between this psychosocial phenomenon and the labor context, permeating the three dimensions proposed by Maslach and Leiter: emotional exhaustion, depersonalization and lack of personal accomplishment.

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