

## Differences in the values of the Burnout Dimensions on Teachers with and Without Symptoms or Health Problems

### Diferencias en los valores de las dimensiones del burnout en educadores con y sin síntomas o problemas de salud

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## Summary

The aim of the present study was to observe if there are differences in the level of the burnout dimensions between teachers who have experienced symptoms or health problems in the last year and those who have not in a sample of 223 teachers working in educational institutions (elementary school level). Participants completed the Maslach Burnout Inventory (MBI) in its teachers' version, and a sociodemographic survey. A two-independent t test was carried out in order to see if both groups of teachers differed significantly in the values obtained for the MBI dimensions (emotional exhaustion, depersonalization, and lack of personal accomplishment). The results of the t test showed significant differences between the groups of teachers, specifically in the dimensions of emotional exhaustion and depersonalization, showing higher values in the group of teachers who reported suffering from symptoms or health problems in the last 12 months.

**Keywords:** Primary School Teachers; Stress Related Diseases; Mental Health; Emotional Exhaustion; Depersonalization.

## Resumen

El objetivo del presente estudio fue observar si existen diferencias en los valores de las dimensiones del burnout entre quienes han experimentado síntomas o problemas de salud en el último año y quienes no, en una muestra de 223 maestros que trabajan en instituciones educativas (nivel primario). Los participantes completaron el Maslach Burnout Inventory (MBI), en su versión para educadores y una encuesta ad hoc. Se realizó una prueba t para muestras independientes con la finalidad de observar si ambos grupos de docentes difieren significativamente en los valores obtenidos en las dimensiones del MBI (agotamiento emocional, despersonalización y falta de realización personal). La prueba t mostró diferencias significativas entre los grupos de educadores, precisamente en las dimensiones de agotamiento emocional y la despersonalización, con valores más altos en el grupo de maestros que manifestaron sufrir síntomas o problemas de salud en los últimos 12 meses.

**Palabras clave:** Docente de escuela primaria; Estrés laboral; Salud mental; Agotamiento emocional; Despersonalización.

## Introduction

The educational institution is essential for life in society. Health and the detection of possible psychophysical alterations in learners and teachers is of paramount interest and occupies an important place among the current debates due to its repercussion in the teaching-learning process (Abuín & Rivera, 2014).

The so-called burnout syndrome (Maslach & Jackson, 1981), also known --for its literal translation into Spanish-- as the syndrome of burning oneself because of work or labor psychic exhaustion, (Gil Monte & Peiró Silla, 1997) was developed as a tri factorial theoretical model by Maslach, who presents it as a syndrome that is especially observed in care-related professions (teachers, doctors, nurses, among others). It is characterized by three main manifestations: emotional fatigue, depersonalization and lack of personal accomplishments (Blazer, 2010; Gutiérrez Ángel, 2019; Maslach & Jackson, 1981; Maslach, 2009; Omdahl & Fritz, 2006; Redó, 2009).

The professional psychological exhaustion of teachers can be generated by a multiplicity of factors, such as changes in educational reforms that demand new exigencies, changes in roles, lack of autonomy, insufficient recognition at the social level, scarcity of appropriate resources; the interactions with students frequently characterized by indiscipline or school violence, as well as relations with families and educational authorities (Castillo Pérez, Moguel Luévano, Soto

Nogeira Benítez Guadarrama & Alvarado Tarango, 2017; Durán, Extremera, Montalbán & Rey, 2005; Fernández, 2017; Scheuch, Haufe, & Seibt, 2015).

Gil Monte and Peiró Silla argue that two perspectives can be differentiated in the conceptualization of this syndrome (1997):

a) The clinical perspective defines it as a state reached by the subject as a consequence of work stress; it is in this direction that the initial works of Freudenberg (1974) and Fischer (1983) were directed.)

b) The psychosocial perspective represents it as a process that is developed by the interaction of characteristics of the work and personal environment, with well differentiated manifestations in different stages as indicated in the initial works of Gil-Monte, Peiró and Valcárcel (1995), Golembiewski, Munzenrider and Carter (1983), Leiter (1988); Maslach and Jackson (1981), Schaufeli and Dierendonck (1993), among others.

It could be declared that this research is approached from a psychosocial perspective, i.e., understanding burnout as a derivation of continuous and intense stressful events experienced in the workplace, which create the conditions for the individual to suffer it, without the possibility of coping adequately, in an environment where the interaction that the individual maintains with the different conditions of work are the key to the emergence of the burnout. In other words, it is considered as a continuous process that emerges in a gradual way and that is established in the individual until the feelings of the syndrome is induced.(Carlin, & Garcés de los Fayos Ruiz, 2010; Zavala Zavala, 2008).

Throughout the process various psychosomatic, behavioral, emotional, attitudinal and interpersonal symptoms have been observed that affect the professional and are associated with burnout syndrome (Castillo Pérez, Moguel Luévano, Soto Nogeira Benítez Guadarrama & Alvarado Tarango, 2017; Gil Monte & Peiró Silla, 1997, Maslach & Jackson, 1981; Menghi, 2016; Omdahl & Fritz, 2006) (table 1).

**Table 1.**  
*Symptoms associated to the burnout syndrome*

Emotional	Attitudinal	Behavioral	Psychosomatic	Interpersonal
The professional can experience:	The professional may tend:	The professional can behave this way:	The professional can feel:	The professional can have:
- Feelings of loneliness, alienation, impotence, omnipotence	-Not to express in words	Aggressive	-Palpitations	-Frequent conflicts with the partner
-Depression	more cynical, apathetic, hostile, distrustful	-Retracted	-cardiovascular problems	-Low tolerance
-Anxiety	attitudes	-Varied mood	-Hypertension	-Isolation
		-Angry	-Asthma crisis	-Deterioration of relationships
		-Irritable	-Frequent influenza	

- Tendencies to infections, viral diseases
- Appearance of allergies
- Cervical and back pains
- Fatigue
- Menstrual disturbances
- Gastric ulcers
- Diarrhea
- Migraine
- Insomnia

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Note: Adapted from Gil Monte & Peiró Silla (1997).

These disorders or health problems negatively affect the individual's quality of life, thus affecting the entire social network of workers, since the interactions become tense and tend to isolation (Fernández, 2017; Mansilla Izquierdo, 2011). As people become less capable of facing their work problems, they feel more psychologically exhausted in their functions, so they are likely to physically and psychologically withdraw from work, invest less time and energy in it, doing only what is necessary, and being more frequently absent from work, consequently turning into a high-risk work function (Menghi, 2016). Teachers actually have essential duties as they contribute to the stability of society and to the development of future generations (Scheuch, Haufe & Seibt, 2015; Verdugo Maldonado & Paucar Avila, 2018). In fact, high quality work requires time, effort, commitment and creativity, but the burnedout individual cannot provide them (Kunter, et al. 2013).

Therefore, understanding the syndrome as a process that arises from the interrelation of personal, labor and social factors, preventive work in mental health is paramount and when the ailments are ongoing, early intervention is crucial. Scientific evidence usually shows that there is a certain association between burnout syndrome and the perceived degree of well-being or health (Ballester-Arnal, Gómez-Martínez, Gil-Juliá, Ferrándiz-Sellés, & Collado-Boira, 2016; Esteras, Chorot & Sandín, 2019); however in the region where the authors reside, no research has been found that provides empirical knowledge; therefore, this study could be a relevant contribution. The perception of symptoms or health problems (mentioned by a group of primary school teachers) will be taken as a point of reference, the main objective being to know if there are significant differences in the values of the burnout dimension of those primary school teachers who showed symptoms or health problems in the last 12 months and those who did not.

## Method

### Participants

The sample consisted of 223 male and female teachers (table 2) from public and private educational institutions (table 3). They belonged to towns in the province of Entre Ríos (Paraná,

Concordia, Gualeguaychú, Nogoyá, María Grande) and Buenos Aires (table 3). The majority was between 30 and 49 years of age (70% of the sample). An intentional, non-probability sample was used to select the cases. The inclusion criteria were that they were currently classroom teachers, working in the primary education level, and with more than 4 years of teaching experience (table 3).

**Table 2.**

*Distribution of ages by rank according to the sex of the participants*

Age		<i>f</i>	Sex		Total
			Female	Male	
20-29 years old	<i>f</i>	36	2	38	
	%	16.4%	.9%	17.4%	
30-39 years old	<i>f</i>	67	11	78	
	%	30.6%	5%	35.6%	
40-49 years old	<i>f</i>	66	7	73	
	%	30.1%	3.2%	33.3%	
50-59 years old	<i>f</i>	25	4	29	
	%	11.4%	1.8%	13.2%	
60 and more years old	<i>f</i>	1	0	1	
	%	.5%	0%	.5%	
Total	<i>f</i>	195	24	219	
	%	89%	11%	100%	

**Table 3.**

*Frequencies and percentages of the teachers' Sociodemographic variables*

Variables	<i>f</i>	%
Educational institutions		
Public	137	61.4
Private	56	25.1
Both	27	12.1
Employment seniority		
between 5 y 9 years	89	39.9
between 10 y 14 years	54	24.2
between 15 y 19 years	41	18.4
between 20 and more years	34	15.2
Locality		
Gualeguaychú	47	21.1
Concordia	35	15.7
Nogoyá	50	22.4
Paraná	33	14.8
María Grande	23	10.3
Buenos Aires	35	15.7

## Procedure

The participants were contacted during the second semester of 2016 and early 2017 in public and private educational institutions of the Entre Ríos and Buenos Aires provinces. They were first informed about the objectives of the study and the modality of participation. The questionnaires were handed in to each participant in a dossier form (printed paper), which contained a request for conformity note requesting their signature (informed consent), the survey for sociodemographic data and then the burnout inventory. The questionnaires were self-administered. Then, in order to collect them, a day and time was agreed upon. A total of 300 questionnaires were distributed, of which 223 were completed and returned correctly. All subjects signed their consent agreeing to participate in the research on a voluntary basis, knowing that the data would be treated absolutely confidential and just for research purposes.

## Instruments

*Sociodemographic survey.* An *ad hoc* survey was constructed for data collecting on: sex, age, the level in which they work, the type of institution (public-private), employment seniority. In order to collect specific data on symptoms or health problems, the following questions were made:

a) "In the past 12 months, have you experienced any of these symptoms or health problems recurrently? Check or specify if the option does not appear.

Colds/ Flu/ Muscle Contracts/ Allergies/ None/ Others: \_\_\_\_\_ “

b) Did you have to take a sick leave because of health difficulties? No / Yes. If affirmative, what was the diagnosis? \_\_\_\_\_

In the construction of the semi-structured question a), it was decided to name the symptoms or health problems in order to broaden the possibilities, and so that respondents could mention the health conditions they had had in the last year, regardless of the way in which they perceived and experienced it, for each subject can recognize it differently, as for example some understand illness as something chronic, others as momentary health problems and still others as symptoms of something that does not have a diagnosis.

*Burnout Inventory (MBI; Maslach & Jackson, 1981).* It measures the professional's feelings and attitudes towards his/her work. In this research, the version for teachers was applied. It contains 22 statements, grouped into three dimensions: (a) emotional fatigue, (b) depersonalization, and (c) low personal achievement. The frequencies of the statements are estimated on a Likert scale of seven options: "never"; "almost never"; "few times"; "sometimes"; "enough"; "many times"; "every day". The scale in its Spanish version has an internal consistency and reliability, measured through the Cronbach alpha of .90 in CE; .79 in DP and .71 in RP (Seisdedos, 1997). The reliability of this scale in the study sample measured through the Cronbach alpha is .72 for the full scale and for the dimensions the values were .90 in CE, .57 in PD and .78 in RP. In general, in local samples, alpha values have been shown to be acceptable, although much lower for the Depersonalization dimension. For example, Cabrera (2003) used the instrument with a sample from the province of Entre Ríos, finding a reliability coefficient of .84 for the CE subscale; .42 for PD and .72 for RP. As for Marucco, Flamenco and Ragazzoli (2009), in their study with the Buenos Aires population, they found a reliability coefficient of .80 for RP; .55 for PD; and .90 for CE. In their research on a sample of Argentine teachers from the provinces of Entre Ríos and Buenos Aires, Menghi and Oros (2014) found a Cronbach alpha of .85 for Emotional Fatigue; .55 for Depersonalization and .83 for Personal Realization, and in addition to complement the psychometric analyses of the scale, they performed an exploratory factorial analysis finding three clear dimensions that replicate the factorial structure proposed by the authors Maslach and Jackson (Main Components Method, Varimax rotation. KMO=.884; Bartlett's Chi-square (231)= 2211. 285; p=.000. Var. Var. Explained= 48.95%). In spite of the fact that the internal consistency of the PD scale has been relatively low, similarly reflecting the values obtained with other national, American and Spanish samples, the MBI is a very useful

instrument that, given its diffusion, it allows to compare results with other studies (Gil-Monte & Peiró, 1997).

## Results

In order to analyze the groups of teachers who manifested symptoms or health problems in the last 12 months, and those who did not, the number of subjects who manifested burnout symptoms or health problems was reduced through the random selection of cases from the database, due to the fact that the groups were not equivalent in number (table 4). Therefore, group difference analyses were carried out with 54 teachers, 27 in each group (table 5).

**Table 4.**

*Composition of the teacher sample according to the presence or absence burnout symptoms or health problems in the last 12 months*

Teachers	<i>f</i>	%
Have shown symptoms/ health prob. in the past 12 months	196	88%
Have not shown symptoms/ health prob. in the past 12 months	27	12%
N	223	100%

Note: symptoms /health prob.: burnout symptoms or health problems

**Table 5.**

*Characteristics of the sample based on the two groups*

Variable	Have shown symptoms/ health prob. in the past 12 months		Have not shown symptoms/ health prob. in the past 12 months	
	<i>f</i>	%	<i>f</i>	%
Sex				
Female	24	45.3	24	45.3
Male	3	5.7	3	5.7
Employment Seniority				
between 5 y 9 years	6	11.5	13	25
between 10 y 14 years	9	17.3	4	7.7
between 15 y 19 years	6	11.5	4	7.7
between 20 y más years	6	11.5	6	11.5

Note: symptoms /health prob.: burnout symptoms or health problems

As it can be observed in table 6, significant differences were found in the values of the emotional fatigue the depersonalization dimensions between groups that have experienced burnout symptoms or health problems, and those who have not, noticing that a higher level of emotional fatigue and depersonalization is obtained for the first group of teachers.

**Table 6.**

*t test for independent samples in groups of primary level teachers*

	No symptoms/health prob. in the past 12 months (n=27)		If symptoms / health prob. have occurred in the past 12 months (n=27)		Statistical figures	key	95% IC
	<i>M</i>	<i>DE</i>	<i>M</i>	<i>DE</i>			
CE	1.56	.91	2.16	1.34	-1.94	<b>.05</b>	[-1.23, .02]
DP	.63	.73	1.05	.75	-2.13	<b>.03</b>	[-.83, -.02]

Note: EC: emotional fatigue, PD: depersonalization

In addition, this paper identified the main symptoms or health problems self-reported by teachers in the *ad hoc* survey to the question: "In the past 12 months have you experienced any of these symptoms or health problems recurrently? Check or specify if the option does not appear.

Colds/ Influenza / Muscle contractions/ Allergies/ None/ Others: \_\_\_\_\_“

88% (n=196) of the teachers surveyed mentioned experiencing some of the following symptoms or health problems: Arrhythmias, Flu, Bronchitis, Cervicalgia, Hypertension, Hypotension, Damage of the vocal cords, Asthmatic crises, Sudden hearing loss, Tendinitis, Sprains, Severe migraines, Pneumonia, Anemia, Breakdowns, Gastritis, Infections, Urinary Tract Infections, Sleep Disorders, Dizziness, Dysphonia, Various visual problems, among others.

In order to observe the most recurrent symptoms or health problems in this sample, Table 7 describes those most frequently mentioned by the teachers.

**Table 7.**

*Most frequent health problems of primary school teachers*

	<i>f</i>	% (n=196)
Stress	19	10
Hypertensión	17	9
Depression; Flu	15	8
Pharyngitis; Pneumonia	13	7
Anxiety; Cervicalgia; Anemia; Bronchitis	12	6

Note: Only those who had the same denomination by the subjects and who had a frequency higher than 3 are the ones described here.

## Discussion

Education is one of the care-type professions (such as medicine, nursing, among others) with the greatest psychosocial risks. As early as the 1980s, the International Labour Organization provided



information about the teacher's work as one of the tasks at risk of physical and mental exhaustion. It was also highlighted that chronic stress problem was one of the main causes of desertion of this work. (1984).

Professional psychic exhaustion in teachers can be generated by a multiplicity of factors such as changes in educational reforms that demand new exigencies, changes in roles, lack of autonomy, insufficient recognition at the social level, and scarcity of appropriate resources; interactions with students frequently characterized by indiscipline or school violence, as well as relations with families and educational authorities (Castillo Pérez, Moguel Luévano, Soto Nogueira Benítez Guadarrama & Alvarado Tarango, 2017; Durán, Extremera, Montalbán & Rey, 2005; Fernández, 2017; Scheuch, Haufe, & Seibt, 2015). In short, the interaction that the individual maintains with the different work conditions and his scarce personal resources to confront them create the propitious path for the development of the syndrome (Carlin, & Garcés de los Fayos Ruiz, 2010; Menghi, 2016; Zavala Zavala, 2008).

Through this study, indications have been found of this process of psychic exhaustion raised by the theory and its referring researchers (Maslach & Jackson, 1981; Gil Monte & Peiró Silla, 1997), observing that emotional fatigue and the feeling of depersonalization would be accompanied by various ailments, since those who obtained the highest values in these dimensions are those who claim to have experienced symptoms or health problems in recent times. According to Juárez García et al. exhaustion and depersonalization are the key constructs of the syndrome and are associated to a greater extent with various labor consequences (Juárez García, Idrovo, Camacho Ávila, Placencia Reyes, 2014). On the other hand, the research conducted by Mats, Chorot and Sandín (2019) examined the association of burnout syndrome and somatic and psychopathological symptomatology in pre-school, primary and high school teachers, finding that emotional exhaustion correlates significantly with somatic symptomatology, with the highest correlations being those concerning muscle-skeletal, general immunological, cardiovascular, sensorineural and gastrointestinal symptoms, in the depersonalisation and personal accomplishment dimensions, the correlations were lower. These authors claim that emotional exhaustion could generate the conditions for the development of physical illnesses.

The results given by Esteras, Chorot and Sandín (2019) are in accordance with the pioneering research on burnout, where the syndrome appears associated with various physical disorders, including different types of pain and physical discomfort, and alterations of a cardiovascular, respiratory, immune and infectious nature (Maslach & Jackson, 1981; Gil Monte & Peiró Silla, 1997). In this study, although only for the purpose of observing presence or absence, the symptoms or perceived health problems were investigated, giving rise to free expressions on the part of the teachers when faced with this question. Several responses emerged and the following are among the most frequent mentioned: stress, arterial hypertension, depression, flu, pharyngitis, pneumonia, anxiety, cervicalgia, anemia and bronchitis, all of them are symptoms that could be grouped according to Gil Monte and Peiró Silla (1997) into somatic, psychological and emotional disorders.

It is worth mentioning some of the limitations in the research presented, such as the type of sampling used, since it is not possible to have a representative generalization of the results for the whole population, but only a mere approximation to the phenomena evaluated for this group of teachers. Another limitation worth mentioning is that the data collection was done through self-administered questionnaires, which restricts to some extent the in-depth understanding of the phenomenon. In short, the methodological design selected allows just a partial vision of the phenomenon.

To conclude, it is recommended that future research be carried out, that the sample size be increased and that further research be carried out on these variables by studying the relationships among them in order to have greater empirical evidence for early intervention in the face of the

first signs of burnout syndrome and its complex consequences, which affect the teacher and the entire system.

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