

# Burnout syndrome in university professors in the COVID-19 post-pandemic period

## Síndrome de burnout en el docente universitario en el período postpandemia COVID-19

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### Abstract

The COVID-19 pandemic has deeply impacted higher education, increasing stress and emotional exhaustion among university faculty. The sudden transition to online teaching and the need to adapt to a changing academic environment have heightened tensions. High levels of burnout are evident in 71% of faculty, with 24% experiencing moderate levels, and 5% low levels. It is recommended that universities implement prevention programs and support policies to improve the mental health and well-being of the faculty.

**Key words:** university professor, burnout syndrome, post-pandemic covid-19

### Resumen

La pandemia de COVID-19 ha impactado profundamente la educación superior, incrementando el estrés y el agotamiento emocional entre los docentes universitarios. La transición repentina a la enseñanza en línea y la necesidad de adaptarse a un entorno académico cambiante han elevado las tensiones. Se evidencian altos niveles de burnout en un 71% de los docentes, 24% moderados y 5% bajos. Se recomienda que las universidades implementen programas de prevención y políticas de apoyo para mejorar la salud mental y el bienestar del profesorado.

**Palabras clave:** docente universitario, síndrome burnout, postpandemia covid-19

## 1. Introduction

The COVID-19 pandemic has dramatically impacted lives globally, taking center stage in social, health, economic, and political spheres and marking a historical before and after, triggering an economic and multisectoral crisis worldwide. This exceptional situation led to increased pressure, anxiety, fear of contagion, frustration, isolation, and uncertainty about the near future, exacerbating existing issues and contributing to increased physical and mental fatigue, anxiety, stress, and exhaustion among university faculty. The negative psychological effects directly linked to confinement conditions, the pandemic's characteristics, and associated factors qualify

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confinement as a high psychosocial stress adversity, impacting psychological well-being more significantly than typical life events (Sandín & Chorot, 2017).

Factors like the ambiguity and uncontrollability of the threat (i.e., the coronavirus), its invisible and unpredictable nature, the lethality of the invader, or potential inaccuracies in media-reported information can themselves cause psychological disturbances related to the perception of personal health threats. Concerns, fears, and anxiety among the confined may also relate to secondary factors like the health of loved ones, potential healthcare system collapse, employment issues, and income losses, and the global spread of the virus with its economic and social consequences (Sandín *et al.*, 2020).

Universities had to quickly adapt to the new scenario overnight to continue providing quality education, facing complex challenges in resuming face-to-face classes. Post-pandemic, university faculty burnout must be urgently addressed as it correlates with a wide range of emotional and physical problems, significantly linked to job performance (Leal, 2022).

Empirical studies have consistently shown the prevalence of burnout syndrome among university faculty. However, research focusing on the prevalence of university faculty burnout during and post-COVID-19 remains scarce, despite the complete disruption of their work from one day to the next since March 2020. While there are numerous studies on pandemic burnout among healthcare workers, less attention has been paid to other critical services like firefighters and police, with emerging research focusing on non-university teaching staff. This paper aims to explore and analyze the state and prevalence of burnout syndrome among faculty at public universities in Andalusia during the post-pandemic period, with no prior studies addressing the discussion of the results obtained.

### 1.1. Conceptualization

In the literature on burnout syndrome, there is unanimous agreement that Freudenberger was the precursor of the term "burnout" in 1974 (Shirom, 2003; Serrano *et al.*, 2002; Maslach *et al.*, 2001). Burnout negatively impacts the physical and psychological health of those affected (Gil-Monte, 2003; Laschinger, 2001), and while it has primarily been associated with the professional sphere, many scholars argue it can develop in non-work domains, affecting individuals' work and personal life (Peeters *et al.*, 2005; Lacovides *et al.*, 2003; Schaufeli *et al.*, 2001; Demerouti *et al.*, 2000; Hellesøy *et al.*, 2000).

Since Freudenberger (1974) first defined the syndrome as "a feeling of failure and an exhausted or worn-out existence resulting from an overload of demands on energy, personal resources, or spiritual strength of the worker" (pp. 160), numerous definitions have been proposed, though the definitions by Cherniss (1980), Maslach and Jackson (1981), Pines & Aronson (1988), and Shirom (1989) have been most frequently cited and used in empirical research, with Maslach and Jackson's (1981) gaining significant traction in recent years.

According to Maslach and Schaufeli (1993), despite differences in application and precision, most definitions share five common elements: a) predominance of fatigue symptoms such as emotional and mental exhaustion; b) presence of various atypical physical exhaustion symptoms; c) burnout symptoms are related to work; d) symptoms manifest in individuals without prior psychopathologies; and e) a decrease in effectiveness and performance deterioration due to negative behaviors and attitudes.

The lack of a consensus definition and conceptualization of burnout presents significant challenges for its study and has resulted in a fragmented theoretical framework, primarily due to the numerous definitions linked to its symptomatology and generalized incidence across all occupational fields (Gil-Monte, 2003; Shirom & Ezrachi, 2003; Fogarty *et al.*, 2000; Guerrero, 2001).

According to Garcés de los Fayos (1999), "since Freudenberger's definition in 1974, and following contributions by Maslach and Jackson (1981), and those made by Pines *et al.*, (1981), there have been few original contributions to the definition of burnout, revolving mostly around these three, including nuances specific to the context in which research was conducted without substantially altering the originals" (pp. 8-9).

Efforts to clarify the concept of burnout have involved significant research to identify and differentiate it from other concepts like stress, adjustment disorders, chronic fatigue syndrome, anxiety, and depression (Shirom *et al.*, 2005; Shirom & Ezrachi, 2003; Lacovides *et al.*, 2003; Serrano *et al.*, 2002; Maslach *et al.*, 2001).

Regarding stress, although there is consensus in the literature that they are distinct concepts, the boundaries that separate them are not very clear, as they share some characteristics but also have important differences (Shirom *et al.*, 2005), and the debate continues. Essentially, the controversy surrounding burnout and stress arises from the broad acceptance of the conceptualization of burnout as a process triggered by chronic exposure to work-related stress, as previously seen.

## 1.2. Maslach, Schaufeli & Leiter's Modelization (2001)

For Maslach *et al.* (2001), the primary contributions of the pioneers in the study of burnout were: a) Identifying the foundations of the phenomenon and naming it. b) Recognizing that it was a common response among individuals, not just isolated cases among those suffering from burnout and its consequences. c) Conducting research of a descriptive and qualitative nature, using techniques such as interviews, case studies, and on-site observations.

During this initial period, this syndrome was considered specific to professionals working in social and health services, as one of the attributed causes of burnout was direct contact with others to whom aid services were provided.

Regarding the empirical phase, according to Maslach *et al.* (2001), this second phase began in the 1980s and differed from the first in that burnout research became "systematically more empirical, using questionnaires and surveys as methodologies, studying broader subject populations, and focusing mainly on measuring the syndrome with the development of various measures" (Maslach *et al.*, 2001, pp. 401).

During this period, significant advances occurred in the way burnout was measured, utilizing more sophisticated statistical methodologies and tools. Notably, there was acceptance that the burnout problem affects more and more people daily, regardless of their profession—whether or not they are social service professionals (Burke & Richarden, 1991; Leiter & Schaufeli, 1996; Schaufeli, *et al.*, 1996; Maslach *et al.*, 2001). Evidence of this is the new version of the Maslach Burnout Inventory—the most widely used measurement instrument globally—which was limited to professionals having direct and constant contact with people receiving such professional services, thus allowing the inventory to measure burnout in any type of professionals.

The explanatory models provided by different researchers vary—except for the process model of Cherniss (1980)—in terms of the order of occurrence of the three components of the burnout syndrome: emotional exhaustion, depersonalization, and reduced personal accomplishment. Although there is no unanimous acceptance of the conceptual definition of the construct, the opposite occurs when admitting that emotional exhaustion, depersonalization, and reduced personal accomplishment, as outlined by Maslach and Jackson (1981), constitute the components of the burnout syndrome, accepting its three-dimensional nature.

Emotional exhaustion refers to feelings of having exhausted emotional resources due to continuous interactions that workers must maintain among themselves and with clients (Schaufeli & Bakker, 2004; Wright & Hobfoll, 2004; Shirom, 2003; Blanch *et al.*, 2002; Schaufeli *et al.*, 2001; Guerrero, 2001). For Maslach *et al.* (2001), "the

exhaustion component represents the basic dimension of stress" (pp. 399), while depersonalization represents "the dimension of the interpersonal context" (pp. 399). The depersonalization component would involve the development of cynical attitudes toward the people to whom the workers provide services. Gil-Monte and Peiró (1999) specify that this dimension is associated with excessive detachment from others, silence, use of disdainful attitudes, and attempts to blame others for one's own frustration.

Lastly, reduced personal accomplishment represents, in the opinion of Maslach et al. (2001, pp. 399), "the self-evaluation dimension of burnout." This dimension would represent a loss of confidence in personal accomplishment and the presence of a negative self-concept as a result, and "can lead to a rejection of oneself and personal achievements, as well as feelings of failure and low self-esteem" (Salanova et al., 2005, pp.170).

## 2. Methodology

The study was conducted using a quantitative, descriptive, cross-sectional design. The Maslach Burnout Inventory (MBI) Spanish version questionnaire (Ferrando and Pérez, 1996) was used as the data collection tool. The study population consisted of faculty at public universities in Andalusia. The sample was obtained through non-probabilistic intentional sampling, with a sample size of 298 faculty members. The selection criterion was that the faculty member had worked from the start of the pandemic until June 2023, without any type of leave during that period. The fieldwork was carried out during June and July 2023. Data was protected at all times under strict confidentiality, participation was voluntary based on informed consent, and responses were anonymous. Data treatment and analysis used SPSS software version 27, following the criteria established by Maslach and Jackson (1986) regarding the cutoff points for the dimensions of the burnout syndrome, as shown in tables 1 and 2.

The Spanish version of the Maslach Burnout Inventory (MBI), intended to assess and quantify the prevalence of burnout syndrome among faculty, consists of 22 items in the form of statements that assess the three dimensions of the syndrome: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). The items included in the MBI inventory are collected in table 2. Subjects rate each questionnaire item on a Likert scale, indicating how often they have experienced the situation described in the item over the last year, and the scores given for each dimension are summed. This frequency scale has 7 grades, ranging from 0 (never) to 6 (every day). The instrument enjoys excellent internal consistency and reliability, measured through Cronbach's  $\alpha$ , with an  $\alpha$  of 0.9 for the Emotional Exhaustion dimension, an  $\alpha$  of 0.79 for Depersonalization, and an  $\alpha$  of 0.71 for Personal Accomplishment at work, according to the manual by Seisdedos (1997). The scores obtained in each dimension are calculated by summing the values assigned by respondents to the items encompassing that dimension.

**Table 1**  
Maslach Burnout Inventory (MBI) Spanish Version

Item	Statement	Dimension
1	I feel emotionally drained by my work.	AE
2	I feel tired at the end of the workday.	AE
3	When I get up in the morning and face another workday, I feel fatigued.	AE
4	I find it easy to understand how my students feel.	RP
5	I think I am treating some students as if they were impersonal objects.	DP
6	I feel that working all day with students is a great effort and tires me out.	AE
7	I believe I deal very effectively with the problems of my students.	RP
8	I feel that my work is wearing me out. I feel burned out by my job.	AE

Item	Statement	Dimension
9	I believe that with my work, I am making a positive impact on my students' lives.	RP
10	I have become more callous toward people since I took this job.	DP
11	I think this job is making me emotionally tougher.	DP
12	I feel energetic in my job.	RP
13	I feel frustrated in my job.	AE
14	I think I work too much.	AE
15	I really don't care what happens to some of my students.	DP
16	Working directly with students stresses me out.	AE
17	I feel that I can create a pleasant climate with my students.	RP
18	I feel motivated after working closely with students easily.	RP
19	I believe that I achieve many valuable things in this job.	RP
20	I feel finished at my job, at the limit of my capabilities.	AE
21	At work, I handle emotional problems very calmly.	RP
22	I believe that students blame me for some of their problems.	DP

Source: Ferrando and Pérez (1996)

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**Table 2**

Procedure and Indicators of Burnout

Evaluated Aspect	Questions to Evaluate	Total Value Obtained	Indicators of Burnout
Emotional Exhaustion	1-2-3-6-8-13-14-16-20	$\Sigma$ items CE	> 26
Depersonalization	5-10-11-15-22	$\Sigma$ items DP	> 9
Personal Accomplishment	4-7-9-12-17-18-19-21	$\Sigma$ items RP	< 34

Source: Maslach and Jackson (1986)

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**Table 3**

Reference Values

Evaluated Dimension	Low	Medium	High
Emotional Exhaustion	0 – 18	19 – 26	27 – 54
Depersonalization	0 – 5	6 – 9	10 – 30
Personal Accomplishment	0 – 33	34 – 39	40 – 56

Source: Maslach and Jackson (1986)

### 3. Results, discussion and conclusions

To verify the reliability of the instrument and its dimensions, Cronbach's Alpha technique was used. In this study, the overall reliability analysis yielded a Cronbach's alpha of 0.92, with the Emotional Exhaustion dimension scoring a Cronbach's alpha of 0.9, the Depersonalization dimension a Cronbach's alpha of 0.85, and the Personal Accomplishment dimension a Cronbach's alpha of 0.84. Therefore, all values obtained in the global reliability analysis and for each dimension are excellent.

The results for each dimension are presented in Tables 3, 4, and 5, along with their respective graphs. Scores for each dimension should be kept separate and not summed into a single score, and each dimension should be evaluated according to the cutoff criteria set by Maslach and Jackson (1986). Subsequently, the prevalence of burnout syndrome is assessed for each subject in the sample, considering that higher scores in the AE and DP dimensions, and lower scores in the RP dimension, indicate a higher level of burnout. Conversely, low burnout is characterized by low levels of AE and DP, and high levels of RP. Medium levels of burnout are found in other combinations of these scores.

**Table 4**  
Emotional Exhaustion Dimension

Level	Frequency	Percentage	Cumulative Percentage
High	241	81%	81%
Medium	42	14%	95%
Low	15	5%	100%
<b>Total</b>	<b>298</b>	<b>100%</b>	

The faculty studied show a high degree of emotional exhaustion, with 81% experiencing high levels, 14% at a medium level, and only 5% showing a low degree of prevalence in the emotional exhaustion dimension. The 81% prevalence reflects feelings of extreme fatigue, exhaustion, and lack of energy. The teachers have experienced overwhelming emotional wear due to the demands of their job. According to the sample, emotional exhaustion arises from: work overload, emotional tiredness, constant fatigue, psychological wear, feeling burned out by teaching duties, frustration, sensation of lacking energy, job wear, excessive effort and dedication to students, feeling of having reached the limit of their capabilities at work, as well as high levels of tension and pressure from both teaching and research activities.

The dimensions of emotional exhaustion and depersonalization were the aspects of burnout that showed a high degree of prevalence, with 81% for emotional exhaustion and 76% for depersonalization, whereas only 3% exhibited a high degree in personal accomplishment.

**Table 5**  
Depersonalization Dimension

Level	Frequency	Percentage	Cumulative Percentage
High	226	76%	76%
Medium	60	20%	96%
Low	12	4%	100%
<b>Total</b>	<b>298</b>	<b>100%</b>	

The depersonalization dimension, statistically positively correlated with the emotional exhaustion dimension, presents with a high degree in 76% of cases, a medium degree in 20%, and a low degree in 4%. This component is characterized by cynicism, pessimism, and negativity, as well as insensitivity and indifference, leading to the development of distant attitudes toward students. The 76% prevalence implies the adoption of a distant and cynical attitude towards students, colleagues, and the educational institution in general. Teachers may become insensitive to the needs and concerns of others, often resulting in impersonal or even hostile treatment of students.

**Table 6**  
Personal Accomplishment Dimension

<b>Level</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
High	9	3%	3%
Medium	36	12%	15%
Low	253	85%	100%
<b>Total</b>	<b>298</b>	<b>100%</b>	

The prevalence of 85% in the low degree in the personal accomplishment dimension indicates perceptions of personal and professional failure, and the feeling that the work performed lacks value. Teachers feel they are not achieving their goals, that their work is not rewarding, and that they have lost motivation and satisfaction in their educational role. Regarding the personal accomplishment dimension, the research undertaken shows a prevalence of 3% in high degree, 12% in medium degree, and 85% in low degree. In this component, teachers assess their feelings and emotions regarding understanding, altruism, motivation, energy, creating a good atmosphere in the classroom, effectiveness in student care, esteem towards their work, and emotional calm in solving workplace problems. Therefore, 73% of the teachers feel discontent regarding achievements, motivation, and job performance. It is alarming that more than 80% of the studied teachers exhibit high emotional exhaustion and low personal accomplishment.

The prevalence of burnout syndrome among teachers is derived from the scores obtained in each dimension of the construct, considering that higher scores in the dimensions of Emotional Exhaustion (AE) and Depersonalization (DP), and lower scores in Personal Accomplishment (RP), indicate a higher level of burnout. Similarly, low burnout is characterized by low levels of AE and DP, and high levels of RP. Medium levels of burnout are found in other combinations of these scores.

The study reveals a prevalence of high-degree burnout syndrome in 71% of the studied teachers, medium degree in 24%, and low degree in 5%, as recorded in Table 6. This implies that 71% of the teachers scored high in the dimensions of emotional exhaustion and depersonalization, and low in the dimension of personal accomplishment. 24% of teachers scored at the medium level in terms of personal exhaustion, depersonalization, and personal accomplishment. Finally, 5% of teachers scored at the low level in the dimensions of emotional exhaustion and depersonalization, and high scores in the personal accomplishment dimension.

**Table 7**  
Prevalence of Burnout Syndrome

<b>Burnout Syndrome Level</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
High	212	71%	71%
Medium	71	24%	95%
Low	15	5%	100%
<b>Total</b>	<b>298</b>	<b>100%</b>	

The mental health of Spanish university faculty in the post-pandemic period is a critical issue requiring careful attention. The research highlights the importance of addressing factors such as workload, autonomy, resilience, social support, and work flexibility to prevent burnout syndrome. Implementing wellness programs, coping skills



training, and institutional support policies is crucial for promoting faculty mental health and well-being. Addressing these factors comprehensively is essential for ensuring a healthy and sustainable work environment in universities.

The pandemic has underscored the importance of addressing university faculty mental health and developing specific strategies to tackle the challenges posed by a global crisis situation. It is vital that universities provide support, training, and resources that enable faculty to adapt to the new realities of university teaching and maintain a healthy work-life balance. In the constantly changing post-pandemic context, it is fundamental for educational institutions to continue evaluating and adjusting their burnout prevention strategies to meet the changing needs of faculty. Additionally, focusing on faculty well-being and mental health not only benefits professionals but also enhances the quality of education provided to students. Caring for faculty mental health is a key component in promoting a robust educational system.

The results show a high depletion of university faculty's emotional resources due to job demands, a high degree of cynicism and distancing attitudes towards students, and a low degree of efficiency, motivation, and personal accomplishment in teaching performance. Workload, faculty autonomy, resilience, social support, work flexibility, and training in coping skills and mental health are interconnected elements that should be considered holistically.

The comprehensive design of institutional programs at universities, aimed at promoting faculty mental health, imperatively must consider the determining factors in the existence and prevalence of burnout syndrome:

**Workload and working hours:** These are fundamental factors influencing the development of burnout syndrome among Spanish university faculty in the post-pandemic period. Implementing effective workload management strategies is crucial. This includes equitable task distribution among faculty, efficient planning of academic activities, and promoting a healthy work-life balance. Additionally, educational institutions may consider implementing policies that limit working hours and promote a culture that respects faculty's free time.

**Faculty Autonomy:** This is a critical factor in preventing burnout. Faculty who have greater control over their pedagogical practices, including the choice of teaching methods and content design, experience less burnout.

**Resilience and recovery capacity:** These personal attributes play a crucial role in preventing burnout. Faculty with higher levels of resilience are more able to withstand stress and adapt to changing situations. To promote resilience, educational institutions can implement training programs in coping skills, mindfulness, and psychological support. These programs can help faculty develop effective coping strategies, improve emotional self-regulation, and learn to maintain a healthy work-life balance.

**Work flexibility:** Its effective management requires universities to balance institutional needs with individual needs. This involves allowing faculty to adjust their schedules and responsibilities according to their personal needs and circumstances.

**Training in coping skills and mental health:** Effective training in preventing burnout is essential. The pandemic has highlighted the importance of providing faculty with the necessary tools to handle stress, anxiety, and other mental health concerns. Faculty who have acquired these skills can manage stress more effectively and maintain optimal mental health. Training programs addressing stress management, emotional self-regulation, self-care, and mental health promotion should be implemented. It is crucial to allocate resources for access to mental health services and emotional support. Promoting a wellness culture that eliminates the stigma associated with seeking help is crucial.



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