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Flavors and dislikes of the Burnout Syndrome – Managers' QOL in the Socio-Educational System of the Federal District, Brazil

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Introduction

As a result of the chronic process of stress in the workplace, studies show that the development of burnout has been increasingly common in Brazilian organizations and this process has been reflected in the physical and psychological illness of professionals, due to adverse working conditions, aggravated by the recent economic crisis in the current scenario (Baldonedo-Mosteiro et al., 2019). Workers suffer from the context of increased work overload, shortage of staff in the work team and fear of unemployment.

Due to the recurrence of work dissatisfaction, some questions emerge: What are the concomitant factors to achieve a high level of emotional exhaustion among workers? Institutional organizations corroborate the development of Burnout and negatively impact the state of physical and mental health of workers? Does professional dissatisfaction and aspects related to the job context impair the QOL of these workers?

In a systematic review and meta-analysis of 485 studies with a sample of 267,995 individuals, evidence related work satisfaction to physical and mental well-being. There was a strong association between low levels of job satisfaction and mental and psychological problems such as Burnout, low self-esteem, sadness and anxiety (Reime & Steiner, 2001). In their studies on Burnout, Schaufeli and Greenglass (2001) found that Burnout is the response to a prolonged state of stress, it occurs by the chronification of this in trying to adapt to an uncomfortable situation at work. The Guidelines for the Primary Prevention of Mental, Neurological and Psychosocial disorders show that there are factors related to the organization that bring consequences that influence the development of Burnout and that individual characteristics may be associated with higher or lower Burnout rates (Maslach, 1993; Schaufeli & Greenglass, 2001; World Health Organization, 1999).

Burnout interferes in the institutional, social, and personal levels and as a consequence of this Syndrome, the institution may have an increase in its expenses (time, money) with the consequent turnover of employees, as well as their absenteeism (Maslach, Jackson & Leiter, 1996; Jurado et. al, 2019).

Maslach (1993) characterizes Burnout Syndrome as an emotional exhaustion; that refers to attitudes of irony with the other and the personal lack of fulfillment that is related to the feelings of personal and professional inadequacy to the work.

Concerning job context, Robert Karasek (1985) was one of the pioneering researchers to look for the social relations of workplace stress-generating sources and their repercussions on health (Karasek et al., 1981). He proposed a two-dimensional theoretical model that related two aspects – demand and control at work - to the risk of becoming ill (Karasek et al., 1981). Demands are psychological pressures, be they quantitative, such as time and speed in work performance, or qualitative, such as conflicts between contradictory demands. Control is the way in which organizational institutions interfere with the intellectual and productive autonomy of the worker (Karasek, 1985).

Regarding personal effectiveness and burnout, in the work sphere, Molero et al. (2019) state that there is a negative relationship between the two attributes, the first being considered a predictor of personal achievement, as well as the perception of support received from colleagues.

The new paradigms that have influenced the policies and practices of the sector in the last 5 years (Seidl & Zannon, 2004) affirm that health and disease constitute two continuous processes (Medvedev & Landhuis, 2018) and, in accordance with the definition of QOL (World Health Organization Quality of

Life assessment - the WHOQOL), can be understood as the 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, patterns and concerns (Seidl & Zannon, 2004, p.1405). For Kim, Lee, and Lee (2019), QOL is related to satisfaction with compassion and this plays a key role in mitigating the negative effects of the fatigue.

Research that correlates burnout, job context, and QOL to health programs evaluation in the government departments are still emerging (Older, 2005; Vidotti et al., 2019). Therefore, studies that address these themes in an associated way can provide support to managers to bring the possibility of drawing plans for the prevention of Burnout Syndrome and quality of life in the job context.

In this research, the first hypothesis is that the greater the institutional control and the lack of autonomy of the managers (Older, 2005), the more damage they will have in relation to the QOL (Seidl & Zannon, 2004) from the point of view of health and personal accomplishment in the work context (Baldonedo-Mosteiro et al., 2019; Karasek, 1985). The second hypothesis is that managers who occupy higher hierarchical positions having a greater number of attributions inherent to the respective position, the higher the chances of being affected in their state of health, especially health mental (Maslach, 1993; Schaufeli & Greenglass, 2001).

The objective of this research was to study the relationships between the managers' QOL and the factors preponderant to the development of Burnout Syndrome related to the work context in the socio-educational system of the Federal District, Brazil. The questions that motivated this research were: how is the health status of managers who work in the execution of socio-educational measures in the Federal District, Brazil? Are they tired; do they have Burnout? This study aims to contribute to the advancement of research on health processes of the managers of the Brazilian socio-educational system.

Method

Participants

The study was performed in the socio-educational system of the Secretariat of State for Justice and Citizenship of the Federal District, Brazil with 208 managers that make up the organization chart of the structure of positions of the institution. About 180 managers counted with updated e-mails and had access to the invitation of participation of this research. Of these managers, 105 began to answer the questionnaires and 48 of them answered all the questions completely.

It is assumed that Brazilian cultural factors related to the devaluation of the social importance of participation in scientific research, considering prioritizing extra time to answer 103 items, are factors that may have corroborated to the fact that 57 participants did not participate in this research.

Materials

Three questionnaires (in Portuguese) were employed. Most measures consisted of items to be rated upon Likert scales.

According to Bowling and Brazier, (1995), the instrument used to evaluate the Brazilian managers' QOL was the Medical Outcomes Study SF-36 Health Survey. This questionnaire was translated and validated in Brazil, and it was adequate to the socioeconomic and cultural conditions of the Brazilian population (Telles & Pimenta, 2009).

The measures of the SF-36 refers to the physical component summery (PCS-36) and the mental component summery (MCS-36). After the first phase, the calculation of the Raw Scale should be performed, in which the value of the previous issues will be transformed into notes of eight health domains: functional capacity (α=0.86), limitations by physical aspects (α=0.90), bodily pain (α=0.83), general health (α=0.88), vitality (α=0.86), social aspects (α=0.55), limitations by emotional aspects (α=0.83), and mental health (α=0.85). Reliabilities were satisfactory for all domains corresponding to SF-36, except for social aspects scale. These subscales evaluate the associated quality of life within a range of 0-100 points, with 0 point indicating poor and 100 points good quality of life. It is called a raw scale because the final value of these scales does not have any units of measure.

To verify the level of stress, the Maslach Burnout Inventory-Human Services Survey (MBI- HSS), presented in Maslach, Jackson & Leiter (1996) was chosen for being currently the most used worldwide, accounting for more than 90% of empirical research (Schaufeli & Greenglass, 2001). For decades it has undergone a process of validation in several countries, including Brazil, to gather variables that could obtain reliable data for scientific research. Each item of the MBI corresponds to one of the three dimensions of the Syndrome (Codo & Vasques, 1999), and for Emotional Exhaustion (EE; α = .87) there are 9 items, for Depersonalization (DP; α = .46) 5 items, and, for Low Personal Accomplishment (PA; α = .84), 8 items. Each scale measures its own unique dimension of Burnout. Higher emotional exhaustion and depersonalization contribute to Burnout, while higher personal accomplishment reduces Burnout. Burnout Syndrome is considered if: Emotional Exhaustion percentile score is 90 or above, or the Depersonalization percentile score is 90 or above, or Personal Accomplishment score is 10 or less.

To analyze the organization of the work the Job Content Questionnaire (JCQ) was applied. To better adapt to the Brazilian context, a reduced version of the original questionnaire elaborated by Karasek & Theorell (1990) was used, containing 17 questions: 5 to assess the Demand (D; α = .63), 6 to evaluate the Control (C; α = .69), and 6 to Support Social (S; α = .84).

Reliabilities were satisfactory for the JCQ and Burnout correlation, when the item D4 "Do you have enough time to do everything?" was removed (without D4: D; α = .78; C; α = .76; S; α = .76).

For data analysis of this instrument, after describing the population, the indicators of control over work and psychological demand were constructed. For the construction of the demand and control indicators, the sum of the variables related to each of these indicators was considered. For dichotomization of control (low/high) and demand (low/high), a cut-off point was established on the average, as recommended by the Job Content Questionnaire User's Guide (Karasek, 1985).

Search procedure and Eligibility criteria

As a way of ensuring the anonymity and confidentiality of the participants, the Consent Form was sent, informing about the volunteer's risks, objectives, purposes and benefits of this study, also ensuring that the research team did not have access at any time to the identification of participants and there was no compensation or incentive to participate. The average time to fill all the instruments was approximately 40 minutes.

The invitation to participate in this research was sent by email from the Coordination of the socio-educational system of the Federal District, Brazil, in February and March 2019 to the occupants of positions in management through the Lime Survey online platform. The population was validated considering the representativity of the total number of respondents who filled out the research instruments. The data obtained from the questionnaires by the Lime Survey platform. In this research, there is no conflict of interest between the authors and the corresponding affiliated institutions.

Data collection and Data analysis

First, the different variables studied were subjected to correlational analysis. Then, multiple regression analysis was undertaken using variables found to be significant in the correlational analyses. After tracing the sociodemographic profile of the participants, descriptive analyzes (as mean and standard deviation obtained for each of the three factors) were also performed to test whether there was a significant difference in Burnout levels between the two groups and, for this comparison, the nonparametric test Wilcoxon-Mann-Whitney was used in Rstudio, version 1.3.1093 and Software R (R Core Team, 2020).

To analyze a possible linear trend between the Burnout, physical health (PCS), mental health (MCS) scales and the SF-36 scales, the Pearson correlation coefficient was verified. In order to confirm if the MBI-HSS and JCQ scales influenced the levels of physical and mental health, two models were adjusted, through regression analysis, in which the dependent variables were: PCS and MCS; and independents: MBI-EE, MBI-DP, MBI-PA, JCQ-D (Demand), JCQ-C (Control), JCQ-A (Support). These models were defined by the following equation: $Y=\beta_0+ \beta_1 X_1+\beta_2 X_2+\cdots+\beta_n X_n+\varepsilon$

In the equation, Y represents the dependent variable of one of the models (PCS or MCS), β_0 represents the intercept of the model, β_1 is the effect of variable X_1 on Y, the same for the other terms where n represents the total number of variables used in the model and ε represents the residuals, ε~N(μ,σ^2).

Results

Profile of the managers

Our sample is representative of the managers of the socio-educational system of the Federal District, Brazil regarding age ($\bar{x}$ = 39.39; SD = 7.44), gender, mean age, age range, civil status, monthly income, time in the job position ($\bar{x}$ = 16.91; SD = 21.60), diagnosis of chronic disease, emotional support ($\bar{x}$ = 1.41; SD = .49); and under psychotherapy ($\bar{x}$ = 1.18; SD = .39). The research was divided into two groups. Group 1 (8 women; 4 men; 〖$\bar{x}$〗_age = 39 years; age range: 29-46 years; 9 singles and 3 in a relationship) refers to those of hierarchical positions of execution for coordination, planning, and management, being able to contemplate the functions of general coordinator; coordinator; boss; and director. The monthly income of 66% is about $ 1,000 and $ 1,200; and 33% is between $ 1,300 and $ 2,000. Half of them work in the respective function for a maximum of one year. The oldest is in the same position for 3 years. In health aspects, 75% (9 of 12) do not have diagnosis of chronic disease. Everyone claimed to have some emotional support to deal with problems in general; and one is undergoing psychotherapy.

Group 2 (24 women; 12 men; 〖$\bar{x}$〗_age = 39 years; age range: 28-59 years; 23 singles and 13 in a relationship) refers to the hierarchical positions of operational execution for management and advisory, being able to contemplate the functions of deputy director; manager; assessor; school's assessor; boss under on-call schedule; and supervisor. Around 61% has a monthly income between $ 400 and $ 1,300; and 39% above $ 1,500. Half of them have a maximum of 1 year in commissioned service and the oldest one has been working for seven years. About 36% has at least one chronic illness; one participant claimed to have no emotional help to deal with the problems; and 22% (8 of 36) are in psychotherapeutic process.

According to Table 3, both groups, 14 of 48 participants were diagnosed with Burnout Syndrome and 78% (11 of 14) their had low personal accomplishment. Table 4 shows to these Groups, 71% (34 of 48) respondents had a high rate of emotional exhaustion (EE); 38% (18 of 48) low personal accomplishment (PA); and 71% (34 of 48) low level of depersonalization (DP).

Burnout levels between these two groups

Regarding Burnout levels (n = 48), there are no significant differences (p > .01) between the MBI measures for Group 1(n = 12; 〖$\bar{x}$〗_(MBI-EE)= 43.00; SD = 26.74; 〖$\bar{x}$〗_(MBI-DP) = 53.17; SD =

26.80; ⟦¯x ⟧_(MBI-PA) = 53.25; SD = 19.94) and Group 2 (n = 36; ⟦¯x ⟧_(MBI-EE)= 50.83; SD = 31.06; ⟦¯x ⟧_(MBI-DP) = 44.72; SD = 31.65; ⟦¯x ⟧_(MBI-PA) = 46.06; SD = 31.98) as shown in Table 1.

Table 1: Burnout for two groups of hierarchical positions, comparing applying Wilcoxon-Mann-Whitney

Measure	Group 1 ($n = 12$)		Group 2 ($n = 36$)		
	$\overline{x}$	SD	$\overline{x}$	SD	p
MBI-EE	43.00	26.74	50.83	31.06	.475
MBI-DP	53.17	26.80	44.72	31.65	.416
MBI-PA	53.25	19.94	46.06	31.98	.424

Do not have significant differences (p > .01) between the MBI scales for the Group 1 and Group 2. MBI- EE. MBI Emotional Exhaustion. MBI-DP. MBI Depersonalization. MBI-PA. MBI Personal Accomplishment.

Burnout levels and JCQ scales between these two groups

Comparing these two groups (n = 48), there was no significant difference (p > 0.1): with Burnout Syndrome (⟦¯x ⟧_(JCQ-D)= 6.85; ⟦¯x ⟧_(JCQ-C) = 9.92; ⟦¯x ⟧_(JCQ-A) = 11.14); and those diagnosed without the Syndrome (⟦¯x ⟧_(JCQ-D)= 6.35; ⟦¯x ⟧_(JCQ-C) = 8.15; ⟦¯x ⟧_(JCQ-A) = 10.14; p>.01).

Correlation between scales

It was observed the correlations between the MBI-HSS, JCQ, SF-36, mental health (MCS) and physical health (PCS) scales. It is emphasized that the MCS and PCS refer to the SF-36 subscales. The correlation between MBI-EE and MBI-DP was relatively moderate (r = .555; p < . 01), indicating an increasing linear trend between these two scales, in the other words, the greater the emotional exhaustion (MBI-EE), the relationships with the work team will be more affected (MBI-DP). Another important correlation was between functional capacity (PFz) and PCS (r=0.906; p < .01), that is, the lower the functional capacity, the greater the damage to health in physical aspects. The correlations between MCS and MBI-EE (r = -0.528; p <.01), PCS and MBI-EE (r = -0.510; p < .01), MCS and JCQ-C (r = -0.548; p < .01), presented an inverse correlation, for example, the higher the institution's level of control over worker autonomy (JCQ-C) the lower the level of mental health (MCS), confirming the first hypothesis of this study, as showed the correlation pairs in Table 5.

Table 2 Degree of each MBI-HSS scale of the participants (n = 48)

Degree	MBI-EE	MBI-PA	MBI-DP
Low	19% (9)	38% (18)	71% (34)
Moderate	10% (5)	12% (6)	0% (0)
High	71% (34)	50% (24)	29% (14)

MBI-EE. MBI Emotional Exhaustion. MBI-PA. Personal Accomplishment. MBI-DP. MBI Depersonalization.

Table 3 Degree of each MBI-HSS scale of the participants diagnosed with Burnout Syndrome (n = 14)

Degree	MBI-EE	MBI-PA	MBI-DP
Low	7% (1)	79% (11)	43% (6)
Moderate	7% (1)	7% (1)	0% (0)
High	86% (12)	14% (2)	57% (8)

MBI-EE. MBI Emotional Exhaustion. MBI-PA. Personal Accomplishment. MBI-DP. MBI Depersonalization.

Table 4 Pearson Correlation between the scales, using the total sample (n = 48)

Variable	MBI-EE	MBI-DP	MBI-PA	JCQ-D	JCQ-C	JCQ-A
PFz	-.49*	-.38*	.23	.17	-.08	-0,08
RPz	-.57*	-.15	.02	.37*	.05	-0,21
BPz	-.63*	-.37*	.13	.42*	-.13	-0,36*
GHz	-.47*	-.36*	.37*	.30*	-.28	-0,28
VTz	-.75*	-.50*	.42*	.23	-.37*	-0,47*
SFz	-.57*	-.28*	.31*	.16	-.35*	-0,25
REz	-.56*	-.19	.31*	.24	-.19	-0,35*
MHz	-.58*	-.31*	.54*	.07	-.60*	-0,34*
PCS	-.50*	-.35*	.10	.37*	.03	-0,16
MCS	-.53*	-.25	.49*	.06	-.55*	-0,38*

*p<.01. MBI-EE. MBI Emotional Exhaustion. MBI-PA. Personal Accomplishment. MBI-DP. MBI Depersonalization. JCQ-D. Demand. JCQ-C. Control. JCQ-A. Support. PFz. Functional Capacity.

RPz. Limitations by Physical Aspects. BPz. Bodily Pain. GHz. General Health. VTz. Vitality. SFz. Social Functioning. RFz. Limitations by Emotional Aspects. MHz. Mental Health. MCS. Mental Component Summery. PCS. Physical Component Summery.

Table 5 Pearson Correlation between the scales, using the total sample (n = 48)

	PFz	RPz	BPz	GHz	VTz	SFz	REz	MHz	PCS	MCS	EE	DP	PA	JCQ-D	JCQ-C	JCQ-A
PFz	1.00	.32*	.53*	.72*	.47*	.41*	.13	.26	.91*	-.00	-.49*	-.38*	.23	.17	-.08	-,08
RPz	.32*	1.00	.56*	.16	.57*	.49*	.62*	.36*	.47*	.37*	-.57*	-.15	.02	.37	.05	-,21
BPz	.53*	.56*	1.00	.61*	.59*	.59*	.48*	.45*	.71*	.35*	-.63*	-.37*	.13	.42	-.13	-,36
GHz	.72*	.16	.61*	1.00	.50*	.47*	.18	.48*	.78*	.25	-.47*	-.36*	.37*	.30	-.28	-,28
VTz	.47*	.57*	.59*	.50*	1.00	.61*	.62*	.73*	.46*	.71*	-.75*	-.50*	.42*	.23	-.37*	-,47
SFz	.41*	.49*	.59*	.47*	.61*	1.00	.47*	.58*	.43*	.57*	-.57*	-.28*	.31*	.16	-.35*	-,25
REz	.13	.62*	.48*	.18	.62*	.47*	1.00	.65*	.12	.78*	-.56*	-.19	.31*	.24	-.19	-,35
MHz	.26	.36*	.45*	.48*	.73*	.58*	.65*	1.00	.16	.93*	-.58*	-.31*	.54*	.07	-.60*	-,34
PCS	.91*	.47*	.71*	.78*	.46*	.43*	.12	.16	1.00	-.08	-.50*	-.35*	.10	.37	.03	-,16
MCS	-.01	.37*	.35*	.25	.71*	.57*	.78*	.93*	-.08	1.00	-.53*	-.25	.49*	.06	-.55*	-,38
EE	-.49*	-.57*	-.63*	-.47*	-.75*	-.57*	-.56*	-.58*	-.51*	-.53*	1.00	.56*	-.27	-.47	.30*	,51
DP	-.38*	-.15	-.37*	-.37*	-.50*	-.28*	-.19	-.31*	-.35*	-.25	.56*	1.00	-.15	-.23	.35*	,48
PA	.23	.01	.13	.37*	.42*	.31*	.31*	.54*	.10	.49*	-.27	-.15	1.00	-.26	-.55*	-,24
JCQ-D	.18	.37*	.42*	.31*	.23	.16	.24	.07	.37*	.06	-.47*	-.23	-.26	1.00	.21	-,34
JCQ-C	-.08	.05	-.13	-.28	-.37*	-.35*	-.19	-.60*	.03	-.55*	.30*	.35*	-.55*	.21	1.00	,30
JCQ-A	-.08	-.21	-.36*	-.28	-.47*	-.25	-.35*	-.34*	-.16	-.38*	.51*	.48*	-.23	-.34	.30*	1.00

* $p <$ .01. EE. MBI Emotional Exhaustion. PA. Personal Accomplishment. DP. MBI Depersonalization. JCQ-D. Demand. JCQ-C. Control. JCQ-A. Support. PFz. Functional Capacity. RPz. Limitations by Physical Aspects. BPz. Bodily Pain. GHz. General Health. VTz. Vitality. SFz. Social Functioning. RFz. Limitations by Emotional Aspects. MHz. Mental Health. MCS. Mental Component Summery. PCS. Physical Component Summery.

Regression Analysis

The physical (PCS) and mental (MCS) health levels presented expressive correlations ($p < .01$) and to verify these possible linear trends, the Regression Analysis was used. The only variable that significantly

influenced the level of physical health (PCS) was the MBI-EE scale, referring to emotional exhaustion (β̂ = -0.37; p < .05). The negative estimate corroborates the assumption that the two scales (PCS and MBI-EE) are inversely proportional, as evidenced in Table 6. Each decrease of .37 points in the MBI-EE scale, the level of physical health is increased by one. The other variables used in this model were: MBI-DP (β̂ = -0.10; p = .49), JCQ-D (β̂ = 0.17; p = .24), that is, non-significant variables and the R^2 for this model was .289.

Regarding the level of mental health (MCS), MBI-EE (β̂ = -0.35; p < .05) and JCQ-C (β̂ = -0.30; p < .05) were significant and their estimates were negative, revealing the inversely proportional trend, as evidenced in Table 7. That is, with each decrease of .30 points in the level of control of the institution under the worker's autonomy (JCQ-C), mental health has its level increased by one unit, ratifying the first hypothesis of this research. Other variables used in this model were: MBI-PA (β̂ = 0.22; p = .11), JCQ-A (β̂ = -.06; p = .66), that is, non-significant variables and the R^2 for this model was .479.

Table 6 Regression analysis using PCS as dependent variable (N= 48, $R^2 = 0.289$)

Variable	β̂	Std. Error	b	Std. Error	$t_{(44)}$	p
Intercept			33.40	1.85	18.03	<.01
MBI-EE	-0.37	0.16	-0.04	0.01	-2.20	0.03
MBI-DP	-0.10	0.15	-0.02	0.03	-0.68	0.49
JCQ-D	0.17	0.14	0.08	0.06	1.18	0.24

MBI- EE. MBI Emotional Exhaustion. MBI-DP. MBI Depersonalization. JCQ-D. JCQ Demand.

Table 7 Regression analysis using MCS as dependent variable (n = 48, $R^2 = 0.479$)

Variable	β̂	Std. Error	b	Std. Error	$t_{(43)}$	p
Intercept			26.65	1.58	16.80	<.01
MBI-EE	-0.35	0.13	-0.03	0.01	-2.67	0.01
MBI-PA	0.22	0.13	0.03	0.01	1.63	0.11
JCQ-C	-0.30	0.13	-0.13	0.05	-2.23	0.03
JCQ-A	-0.06	0.13	-0.02	0.04	-0.44	0.66

MBI- EE. MBI Emotional Exhaustion. MBI-DP. MBI-PA. MBI Personal Accomplishment. JCQ-C. JCQ Control. JCQ-A. JCQ Support

Discussion

This research was the first attempt in exploring the relationship between managers' QOL, Burnout Syndrome and job context in the socio-educational system of the Federal District, Brazil. According to the results, the importance of considering QOL planning for public service workers is highlighted, especially for managers of the Brazilian socio-educational system, reviewing working conditions and institutional culture. The high complexity of the functions, the responsibility in the performance of the tasks, emotional exhaustion, lack of material resources and precarious work conditions are linked to the Brazilian socio-educational reality.

According to previous studies, the job demands-control model researched by Karasek et al. (1981) confirmed the first hypothesis of this study, whose the control (JCQ-C) hinders the autonomy and decision-making of managers, decreasing their mental health level (MCS). In relation to mental health level (MCS), MBI-EE and JCQ-A were significant and similarly to the previous model, their estimates were also negative, revealing the inversely proportional trend. That is, with each decrease of .3038 points in the level of control of the institution under the worker's autonomy (JCQ-C), mental health has its level increased by one unit, thus, ratifying the first hypothesis of this research.

The second hypothesis was not confirmed due to the fact that, despite the different hierarchical levels and complexities of management functions, the results of the correlations between Burnout (MBI), QOL (SF-36) and job context (JCQ) were similar regardless of the position occupied.

From the point of view of Burnout, this research may rely on previous findings, whose Schaufeli & Greenglass (2001) found that highest rates of Burnout also are correlated to the work and the institution characteristics. The following characteristics about work are part of the reality of managers in the socio-educational system of the Federal District, Brazil: overload; excessive amount of demands, whose pressure at work mainly results in the appearance of emotional exhaustion (the MBI-EE was the main factor related to the development of Burnout in this study); working by night shifts (Group 2 on-call managers occupy a considerable part of the organizational chart); poor organizational support; functional conflicts and function ambiguity (it is noteworthy that workers don't have professional training to perform the tasks of their functions).

Consistent with previous studies, Schaufeli & Greenglass (2001) described characteristics of the institution that reinforce the Burnout development. In the socio- educational system of the Federal District, Brazil can be observed: bureaucracy (excess and changing of rules in short periods of time), preventing autonomy, creative participation and decision-making; activities that require a lot of time and energy from the team, for example, time spent filling out forms, reports, attending administrative meetings; lack of autonomy, preventing freedom of professional activity and independence in decision-

making, without the need for consultation or from the hierarchical superior; inefficient communication; the physical environment that involves risk, including heat, cold, excessive noise or insufficient lighting, poor hygiene, high toxic risk (these conditions are experienced daily by the heads who occupy the manager positions; evaluator; school evaluator; boss under a regime of shift belonging to Group 2).

The results also answered the questions of this research, in fact, the factors concomitant to the achievement of a high level of emotional exhaustion among managers of this socio-educational system are evidenced mainly from the correlations with depersonalization, low level of mental health and high control of the institution. It makes sense to say that institution supports the development of Burnout and negatively impacts the state of physical and mental health of workers, due to the characteristics correlated with Burnout. The lower the level of control of the institution under the autonomy of the managers, the higher the level of mental health (also according to the first hypothesis of this research). In addition, dissatisfaction with personal accomplishment and aspects related to the work context affect the QOL of these managers.

According to Bowling & Brazier (1995), Maslasch (1993), Karasek & Theorell (1990), the aspects related to the precariousness of structural conditions in the work context generally cause overload and emotional exhaustion. The results presented in this research support and show that, in general, these factors (emotional exhaustion linked to low levels of mental health, lack of personal accomplishment, poor work conditions) need to be "made visible" to expand the possibilities of a healthy QOL in the context of work.

Thus, to provoke a proactive attitude on the part of the institution, regarding the health of the manager, the "quality of life photograph" from a health point of view is paramount, as the benefits are greater when trying to avoid it. A certain dysfunction hinders the functioning of the institution.

From this perspective, this study may provide subsidies for the implementation of a public health program for professionals who work in government entities, especially those who perform care-related tasks with high levels of complexity in terms of psychological, emotional, and work overload. It is possible to consider this research has a great challenge to collaborate, through the identification of personal and professional awareness of the context, so that the managers can develop skills such as flexibility, protagonism, high self-esteem to make choices about how to perform tasks, set limits, and deal with socio-professional relationships to prioritize their own health, including their QOL.

In this research, some limitations such as the absence of personality variables and translation of measures should be considered prudent. Thus, for future research, it is recommended to analyze the correlation between the personality types of managers and factors to describe individual Burnout rates, as well the correlation of the specific features and details of the tasks for the respective functions shown in Groups 1 and 2. It may provide more support to emphasizes the specifics of the second hypothesis of this study.

Conclusions

The aim of this study was to verify the relationship between the managers' QOL and the levels of development of Burnout Syndrome related to the work context in the socio-educational system of Federal District, Brazil. The findings that emphasize a high level of emotional exhaustion among managers of this socio-educational system, a low level of mental health and high organizational control indicate the need for government agencies to establish assessments related to institutional characteristics and work factors that affect managers' QOL.

The purpose of this research was to highlight the importance of formulating a health prevention policy, encouraging care for managers who administer it and thereafter, inspire interest in verifying proposals that value the quality, efficiency and effectiveness of the public service provided.

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