International Journal of Economics Business and Management Studies

e-ISSN: 2304-6945/p-ISSN: 2226-4809



Going To Bed with Your Work: Head Teachers' Burnout and Sleep Quality

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Abstract

The central theme of this article is burnout and sleep quality among head teachers. The paper aims to investigate whether there is a relationship between the burnout dimensions exhaustion, cynicism, and competence and sleep quality. Adopting a quantitative approach, the most widely acknowledge tool for measuring burnout, the Maslach burnout inventory (MBI), was incorporated in the questionnaire. The Pittsburgh Sleep Quality Index was used to measure sleep quality. The questionnaire was then distributed to 600 head teachers in Malaysia. Responses to the MBI revealed that head teachers in Malaysia exhibited a high level of burnout. Respondents also reported a low level of sleep quality. In addition a negative relationship exists between burnout and sleep quality. Expansion of the quantitative data with respondents' comments indicated that head teachers perceived that their workload has reached a level that they cannot sustain and which constitutes a serious risk their quality of life. This article pinpoints the many "problems" faced by head teachers how it causes burnout and also thereafter affect their sleep quality. This study also indicated the need for simultaneous assessment of burnout and sleep quality.

Keywords: Burnout, Sleep quality, Malaysia, Quality of life

1. Introduction

It is recognized by many researchers that teaching is a stressful profession (Friedman, 2000; Howard and Johnson, 2004) but most teachers also find their work very fulfilling (Hakanen *et al.*, 2006). According to Hargreaves (1998), an immense amount of emotional labor is involved in teaching. It is just "acting out" feelings superficially like pretending to be disappointed or surprised but also involve to consciously working oneself up into a state of actually experiencing the necessary feelings that are required to perform one job well as a classroom teacher or a head teacher.

Sleep is an active state, critical for our physical, mental and emotional well-being and important for optimal cognitive and overall functioning. However, sleep problems are very common in the general population, affecting 10 to 20 percent of adults (Roth, 2008). Sleep disorders coexist with a number of physical and psychiatric conditions, including psychoses, anxiety and mood disorders (Walsh, 2004; Riemann and Voderholzer, 2003).

1.1 Burnout

Burnout can be defined as a psychological condition which emerges as emotional exhaustion, depersonalization and reduced personal achievement, which may occur among individuals who work together (Maslach and Zimbardo, 1982). Emotional exhaustion is exemplified by a lack of energy and a feeling that one's emotional resources are exhausted or used up. Depersonalization is the development of negative and cynical attitudes and feelings towards others (Maslach, 1993). The feeling of reduced personal

accomplishment can be described as an individual's evaluation of self as incapable and unsuccessful in relation to his or her job (Izgar, 2003)

Two distinct contributors to the experience of work life explain burnout's perseverance as an experience, a matter of social importance, and a focus of scientific inquiry. The first contributor is a persistent imbalance of demands over resources (Bakker and Demerouti, 2007). When demands increase resources fall short in keeping pace. There are inadequate personnel, equipment, supplies, or space to meet up to the demand. The second contributor concerns motives rather than energy. Employees in the twenty-first century view organizational visions, missions, and values with skepticism (Hemingway and Maclagan, 2004). The potential for value conflicts is amplified as organizations and employees lessen their commitment to one another. Professional service providers or managers and administrators entering a twenty-first century workforce expect a much more varied career than their counterparts a generation ago (McDonald *et al.*, 2005). Potter *et al.* (2007) observed that public sector organizations in the twenty-first century often state ideals that far exceed resources available to them. The systemic imbalance of demands to resources promotes exhaustion and reduces professional efficacy while alienation from corporate values reduces providers' involvement in their work or their service recipients (Schaufeli, 2006).

Teachers' workload has intensified in the past decade (Easthope and Easthope, 2000). Additional responsibilities being added to the teacher's workday many of which are administrative in nature is an example. Howe (2005) found that while the tendency to longer working hours at work place was a result of labour deregulation and extensive in Australia (and other countries including Malaysia), the phenomenon was most apparent in education. This according to Howe (2005), was due to poor resources to finance changes and ensuing increased workloads for the teachers to execute this changes. Time that is required to complete this paperwork is not factored into the school day and thus burdened teachers. Gardener and Williamson (2006) observed that reforms in education often overlap, leaving teachers (and school administrators) little time to assimilate and adjust to changes before another transformation begins to impact on their lives. The impact on teachers and (head teachers) of increased "social work" responsibilities and the integration of students with special needs into ordinary classes without necessary resources and professional development provisions was highlighted by Fink (2003). Erickson and Ritter (2001) observed possible health consequences for those whose continuous experience of being at work required hiding feeling of agitation. Sonnentag and Kruel (2006) forewarned that if an employee found himself or herself in a work environment where work had to be taken home in order to fulfill and sustain a professional standard, opportunity for restorative psychological detachment from the job would not be possible. In the absence of recovery, this will lead to exhaustion, losses of function, and physical and mental impairment of the individual. Connections have also been found between burnout and cardiovascular disease (Melamed et al., 2006) and depression (Smith et al., 2005).

As burned out teachers negatively affect themselves, their students and the educational system (Hughes, 2001) it is necessary to develop and promote the use of instruments to accurately measure teachers' burnout. According to West and West (1989) some form of stress is inevitable and may be beneficial especially in teaching where teacher effort and enthusiasm has a positive impact on student learning. However, at some point, and this varies between individuals, too much stress is a predictor of poor teacher performance, absenteeism and teacher turnover.

1.2 Sleep quality

Inadequate sleep has serious consequences ranging from increased risk for traffic accidents (National Highway Traffic Safety Administration 2006), health problems (Moore *et al.*, 2002), chronic disease (Tasali, *et al.*, 2008), and mortality (Ferrie et al., 2007).

Colten and Altevogt (2006) reported that 50 to 70 million Americans suffer from a disorder of sleep and wakefulness. Psychological stress and reactivity to stress also have been implicated in the development of insomnia, one of the major diagnosed conditions that signify poor sleep quality (Espie, 2002). The presence of cortisol can hinder with a worker's ability to "switch off" at the end of the work day and thus lead to depressed mood or enduring agitation or anxiety about the day's events, all of which could lead to inadequate sleep or low quality sleep (Linton, 2004). According to Henry *et al.* (2008) work-related stress is frequently cited by workers themselves as a cause of sleeping difficulties. Knudson *et al.* (2007) found that low control prevent an individual from resolving problems on the job or exercising autonomy or

creativity, and the stress and frustration of these experiences could be brought home after work and in turn result in poor sleep quality.

Psysiologically, poor sleep quality can lead to lower levels of personal health and higher levels of fatigue (Krenek, 2006) and can also result in emotional instability, less self-assurance, more impulsive and recklessness (Jenkins, 2005) and it is also linked to self-esteem problems (Jomeen and Martin, 2007).

Based on the literature review, it was postulated that burnout is negatively related to sleep quality. This means that a high burnout level will result in poor sleep quality among head teachers.

2. Methodology

2.1 Participants

Participants were head teacher respondents to a pen and paper survey randomly distributed to 600 head teachers from all over Malaysia who attended a conference. The pen and paper phase achieved a response rate of 93 percent (n = 558) from the conference participants. There were 335 (60 percent) men and 223 (40 percent) women respondents. Sixty-eight percent are Malays, while the remaining are Chinese, Indians and others. Respondents' mean age fell within the 41-50 year age group.

2.2 Instruments

The Maslach Burnout Inventory (MBI) was employed in this study. The MBI is the most widely accepted and frequently used burnout instrument in current research (Azeem and Nazir, 2008). The MBI, developed by Maslach and Jackson (1981) consists of 22 statements describing feelings an individual might have as a result of being overstressed or burnout. It measures burnout using a 7-point Likert scale on three subscales: Emotional Exhaustion (EE), Depersonalization (DP) and Personal Accomplishment (PA). The first subscale (EE) describes feelings of being exhausted by the job. The DP subscale deals with self-esteem and behavior towards recipients of care which lack emotion for the individual. The PA subscale addresses feelings about ability to cope with the problems of working directly with people in the work environment. High EE and DP, and low PA are considered to indicate burnout. Reliability analysis was evaluated by Cronbach's alpha coefficient for internal consistency. Cronbach's alpha values for the dimensions in the present study were as follow: EE: 0.82, DP: 0.76 and PA: 0.84.

For measuring sleep quality the Pittsburgh Sleep Quality Index (PSQI) 18-iten questionnaire developed by Buysse *et al.* (1989) was used. The PSQI assesses sleep quality during the previous month. It was developed to discriminate between good and poor sleeper (Ferris, *et al.*, 2005). It is a self-administered questionnaire which consists of seven domains: perceived sleep quality (PSQ), sleep latency (SL), sleep duration (SD), sleep efficiency (SE), sleep disturbances (SDB), use of sleep medications (USM), and daytime dysfunction (DD). Summation of these scores is the global score. PSQI uses a three-point Likert scale for each of the 7 areas, with a global score ranging from 0 to 21. Higher global score reflects poorer sleep quality while lower score implies better sleep quality. Although the original authors recommended a lower cut-off score of 5 in order to divide the subjects into poor or good sleepers, the latest research data suggests that a higher score of 7 provides better sensibility and sensitivity in detecting clinically significant insomnia. Cronbach's alpha values for the domains in the present study were: PSQ: 0.85, SL: 0.87, SD: 0.83, SE: 0.82, SDB: 0.88, USM: 0.86, and DD: 0.83.

3. Results and discussion

Table 1 above shows the descriptive statistics for Maslach Burnout Inventory (MBI). *Emotional exhaustion* (*EE*) was higher for: females, Malay, the below 40 age group, and divorced. *Depersonalization* (*DP*) was higher among: males, others, the below 40 age group, and divorced. *Personal achievement* (*PA*) was higher among: males, Chinese, the 46 to 50 age group, and married.

Table 2 above shows the descriptive statistics for the Pittsburg Sleep Quality Index among head teachers. *Perceived sleep quality (PSQ)* was better for: males, others, the 51 to 55 age group, and married. *Sleep latency (SL)* was better among: males, others, the 51 to 55 age group, and married. *Sleep duration (SD)* was better among: males, Chinese, the 41 to 45 age group, and singles. *Sleep efficiency (SE)* was better among: males, Indians & others, the 41 to 45 age group, and singles. *Sleep disturbances (SDB)* were less among: males, Malay, the less than 40 age group, and singles. *Use of sleep medications (USM)* were higher among:

females, Chinese, the 51 to 55 age group, and divorced. *Daytime dysfunctions (DD)* were higher among: females, Chinese, the less than 40 age group, and singles. As for the global score, all categories of variables under study have a composite score of more than 7. This means that sleep quality is poor among head teachers.

The simple regression analysis showed that burnout was a significant negative predictor of poor sleep quality (b = -0.27, p = 0.05, $R^2 = 0.12$), accounting for 12% of the variance in sleep quality among head teachers. This revealed that head teachers with high burnout levels have poorer sleep quality than those with a low level of burn out.

4. Limitations

The cross sectional nature of this study does not allow the researcher to develop a causal path between the variables under study. However, initial analysis of the qualitative findings of this study (which is not reported here) and the findings from previous studies do provide for some indication of the direction of variables relationships.

5. Implications and future directions

A high level of burnout among head teachers is affecting the quality of sleep that they get. In the long run this will have serious health consequences among those affected. Head teachers are finding their work more demanding than ever because of the nature of the curriculum and administrative pressures. Educational administrators at the ministry need to look into this seriously and tackle this problem before it become an epidemic. Head teachers and teachers must be given the necessary skills to control their stress levels.

Future studies will investigate the relationships among the variables in more detail and incorporate others variables to identify the variables that significantly cause burnout and consequently poor sleep quality.

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Sample		N	Emotional Exhaustion (EE)		Depersonalization (DP)		Personal Achievement (PA)	
			Mean	SD	Mean	SD	Mean	SD
Sex	Male	335	3.07	1.49	2.39	1.58	5.15	0.97
	Female	223	3.72	1.52	2.02	1.54	4.98	0.89
Race	Malay	380	3.35	1.48	2.24	1.54	5.07	0.87
	Chinese	115	2.78	1.57	1.62	1.57	5.09	1.03
	Indian	47	3.27	1.52	2.41	1.43	4.72	0.89
	Others	16	3.15	1.60	2.59	1.97	4.87	1.05
Age Group	< 40	59	3.57	1.42	2.46	1.42	4.92	0.96
	41 – 45	190	3.48	1.44	2.32	1.62	5.21	1.01
	46 – 50	175	3.17	1.37	1.72	1.38	5.32	1.05
	51- 55	120	3.04	1.54	1.48	1.34	5.16	1.07
	> 55	14	2.42	1.42	0.92	1.12	5.40	1.05
Marital Status	Single	71	3.66	1.42	2.12	1.57	5.12	0.96
	Married	460	3.12	1.46	2.20	1.54	5.14	0.98
	Divorced	27	3.92	1.62	2.34	1.71	5.25	0.98

Table 1: Descriptive statistics for the MBI subscales (n= 558)

Sample Ν PSQ SL SD SE SDB USM DD Score SD M SD M SD SD SD SD SD M M M M M 0.70 Sex Male 335 1.05 0.20 1.13 0.12 0.92 0.45 1.15 0.22 1.85 0.24 0.20 1.15 0.18 7.95 223 0.52 0.85 1.40 Female 1.25 0.15 1.18 0.22 1.12 1.30 0.33 1.90 0.20 0.22 0.22 380 1.10 0.45 1.20 0.35 0.95 0.35 1.25 0.18 1.06 0.24 0.80 0.25 1.05 0.25 7.41 Race Malay 115 1.25 0.45 1.25 0.40 0.85 0.38 1.15 0.26 1.25 0.28 0.95 0.18 1.10 0.16 7.80 Chinese Indian 47 1.08 0.52 1.20 0.32 0.90 0.33 1.10 0.24 1.20 0.22 0.86 0.19 1.08 0.27 7.42 0.35 0.92 0.28 1.10 0.22 0.88 0.25 Others 16 1.05 0.15 1.05 1.20 0.98 7.18 < 40 1.22 0.68 1.20 0.45 0.98 0.38 1.12 0.24 0.98 0.28 0.82 0.22 7.52 Age 59 0.26 1.20 Group 41 - 450.23 0.22 0.23 7.43 190 1.20 0.45 1.25 0.35 0.88 0.38 1.10 1.05 0.18 0.80 1.15 46 - 50175 1.08 0.68 0.90 0.38 0.90 0.40 1.12 0.18 1.10 0.15 0.86 0.18 1.02 0.18 6.98 0.90 0.54 0.85 0.95 0.38 1.30 0.16 1.20 0.23 0.88 0.27 1.02 0.24 51-55 120 0.34 7.10 14 0.58 1.32 0.43 0.46 1.35 1.25 0.25 0.19 1.25 0.22 8.37 > 55 1.28 1.12 0.20 0.80 0.35 1.10 0.22 1.20 0.24 7.32 Marital 71 1.12 1.25 0.22 0.22 0.98 0.85 0.18 0.82 0.25 Single Status Married 460 0.98 0.32 1.20 0.26 0.90 0.33 1.15 0.24 1.15 0.25 0.88 0.28 1.10 0.19 7.36 Divorced 1.37 0.66 1.55 0.35 1.35 0.38 1.30 0.28 1.20 0.22 1.15 0.35 1.05 0.23 8.97

Table 2: Descriptive statistics for PSQI (n= 558)

APPENDIX

Maslach Burnout Inventory

Emotional Exhaustion

- I feel emotionally drained from work.
- I feel used up at the end of the workday.
- I feel fatigued when I get up in the morning and have to face another day on the job.
- Working with people all day is really a strain for me.
- I feel burned out from my work.
- I feel frustrated by my work.
- I feel I'm working too hard on my job.
- Working with people directly puts too much stress on me.
- I feel like I'm at the end of my rope.

Depersonalization

- I feel I treat some recipients as if they were impersonal 'objects'.
- I've become more callous toward people since I took this job.
- I worry that this job is hardening me emotionally.
- I don't really care what happens to some recipients.
- I feel recipients blame me for some of their problems.

Personal Achievement

- I can easily understand how my recipients feel about things.
- I deal very effectively with problems of my recipients.
- I feel I'm positively influencing other people's lives through my work.

• I feel very energetic.

Pittsburg Sleep Quality Index (PSQI)

- 1. During the past month, what time have you usually gone to bed at night?
- 2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?
- 3. During the past month, what time have you usually gotten up in the morning?
- 4. During the past month, how many hours of <u>actual sleep</u> did you get at night? (This may be different than the number of hours you spent in bed).
- 5. During the past month, how often have you had trouble sleeping because you
 - Cannot get to sleep within 30 minutes.
 - Wake up in the middle of the night or early morning.
 - Have to get up to use the bathroom.
 - Cannot breathe comfortably.
 - Cough or snore loudly.
 - Feel too cold.
 - Feel too hot.
 - Have had dreams.
 - Have pains.
 - Other reason(s), please describe:
- 6. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?
- 7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?
- 8. During the past month, how much of a problem has it been for you to keep enough enthusiasm to get things done?
- 9. During the past month, how would you rate your sleep quality overall.
- 10. Do you have a bed partner or roommate?
- 11. If you have a roommate or bed partner, ask him/her how often in the past month you have had:
 - Loud snoring
 - Long pauses between breaths while asleep.
 - Legs twitching or jerking while you sleep.
 - Episodes of disorientation or confusion during sleep.
 - Other restlessness while you sleep, please describe: