

MENTAL HEALTH IN THE WORKPLACE AND IN TEACHING: BURNOUT, OCCUPATIONAL STRESS AND IMPACTS ON QUALITY OF LIFE

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ABSTRACT

Mental health in teaching work has been associated with different psychosocial and organizational factors capable of compromising the well-being and quality of life of education professionals. This study aimed to analyze the scientific evidence on burnout and occupational stress in teaching, their associated factors, and their repercussions on mental health, quality of life, and work capacity. This is an integrative literature review, with searches in recognized scientific databases, including PubMed/MEDLINE and SciELO, complemented by bibliographic tracking. Studies involving basic education and higher education teachers were included, subjected to critical analysis of methodological quality and risk of bias using Joanna Briggs Institute instruments. The results demonstrated a recurrent association between work overload, time pressure, emotional demands, role conflict, low autonomy, and insufficient institutional support with higher levels of stress, emotional exhaustion, and burnout. Anxiety, depressive symptoms, sleep disturbances, reduced quality of life, lower work capacity, absences, and intention to leave the career were among the main repercussions identified. Self-efficacy, autonomy, peer support, favorable leadership, and organizational support showed protective associations, while structured interventions demonstrated benefits across different mental health indicators. It is concluded that addressing occupational distress among teachers requires integrated strategies combining individual health promotion and sustainable changes in the organization and working conditions.

Keywords: mental health; professional burnout; occupational stress; teachers; quality of life.

INTRODUCTION

Mental health in the workplace constitutes a central dimension of occupational health, especially in professions characterized by high cognitive demand, intense interpersonal interaction, social responsibility, and continuous exposure to organizational pressures. In the educational context, such factors take on particular relevance, since the practice of teaching simultaneously involves planning, assessment, conflict management, pedagogical adaptation, institutional performance, interaction with students and families, meeting targets, and a permanent need for professional updating. Evidence from different countries demonstrates that teachers are exposed to significant levels of occupational stress, anxiety, depressive symptoms, emotional exhaustion, and burnout, with repercussions that go beyond individual well-being and affect work capacity, career retention, and quality of life [1,5,20,21,33,34].

Occupational stress among teachers results from the interaction between professional demands and individual and organizational resources available to cope with them. Excessive workload, time pressure, emotional demands, role con-

licts and ambiguities, classroom management difficulties, low autonomy, insufficient organizational support, and tension between professional and personal life are factors repeatedly associated with greater psychological distress among teachers [4,17-19,23-25]. In a longitudinal study with approximately 1,700 early-career teachers, Dicke et al. observed that demands related to the classroom environment preceded greater emotional exhaustion, while personal resources, particularly self-efficacy, showed a favorable association with professional engagement [18]. Similarly, Arvidsson et al., following Swedish teachers for approximately 30 months, found that increased work demands were associated with worsening burnout, while greater decision latitude was related to reduced risk of exhaustion [19]. These findings reinforce the understanding that occupational distress in teaching should not be interpreted exclusively as a result of individual characteristics, but as a phenomenon produced by the interaction between the worker, their working conditions, and the institutional environment.

Among the most relevant manifestations of this process is burnout, characterized by a set of changes related to professional exhaustion, deterioration of the relationship with work, and reduced perception of professional efficacy or accomplishment. In the educational field, the phenomenon has been observed in both basic education and higher education and shows consistent associations with perceived stress, work overload, work-family conflict, performance pressure, relational difficulties, and low availability of occupational resources[3-7, 17-19,26-30]. In Portuguese university professors, Teles et al. identified a positive association between perceived stress, emotional exhaustion, and depersonalization, as well as an inverse relationship with personal accomplishment[26].

Among Chinese university professors, Zhong et al. demonstrated that burnout was statistically part of the relationship between occupational stress, depressive symptoms, and poorer physical health [28]. More recent studies also indicate that academic pressure and productivity demands can intensify exhaustion among higher education faculty[29,30].

University teaching presents additional particularities. In addition to teaching activities, many professionals also take on research, extension, student supervision, academic management, scientific production, participation in committees, fundraising, and administrative tasks. This multiplicity of roles can heighten the perception of overload and reduce the time available for physical and psychological recovery. In a sample of 7,408 Chinese university professors, Pei et al. demonstrated that characteristics of the institutional environment, engagement, and teaching experience showed a relevant relationship with professional well-being[10]. In another study with more than 7,500 faculty members, higher levels of stress were associated with greater burnout and a greater intention to leave the job, while self-efficacy had a moderating effect on some of these relationships[29]. These results suggest that the impact of occupational mental health is not restricted to subjective suffering, and may also affect career continuity, institutional bonds, and the sustainability of teaching work.

In Brazil, recent evidence demonstrates that the problem is also of significant

ant magnitude. Alves et al., when investigating professors at a Brazilian public university, identified burnout in 36.6% of the sample and observed a consistent association between exhaustion and poorer quality of life[7]. Sanchez et al. showed relationships between health conditions, sleep, physical activity, leisure, and quality of life at work among university professors[8]. More recently, prospective data from the RESPIRA cohort, which follows professors at public higher education institutions in different regions of the country, demonstrated that quantitative work demands and health conditions were able to predict worse progression of certain domains of quality of life over 12 months[9]. In another Brazilian study, Barbosa et al. identified relationships between burnout, anxiety, sleep disturbances, activities performed outside institutional hours, class size, and domains of quality of life[31]. Together, these findings indicate that teacher mental health should be analyzed in a multidimensional manner, incorporating psychological, organizational, social, and physical components.

The repercussions of occupational suffering can extend beyond

emotional symptoms. Longitudinal studies demonstrate an association between burnout and a subsequent reduction in work ability, prolonged absences, and progressive deterioration of mental health indicators[21,22,32]. In the Brazilian cohort conducted by Salvagioni et al., a high presence of depersonalization was associated with a greater risk of work absence for a period of 30 days or more during two years of follow-up[22]. Hlado et al., in a longitudinal study conducted with Czech teachers, observed that higher levels of burnout predicted a subsequent reduction in perceived work ability[32]. In a French cohort followed for ten years, Wenta et al. found an unfavorable evolution of depressive symptoms among teachers over the analyzed period, demonstrating that mental health changes can take on a persistent character and be influenced by long-term social and occupational transformations [21].

In this scenario, quality of life represents an important integrative outcome. It expresses not only the presence or absence of psychological symptoms, but also the individual's perception of their physical health, social relationships, env-

ironment, functionality, and ability to reconcile professional and personal demands. Studies conducted in different contexts demonstrate that higher occupational stress and burnout are associated with worse indicators of physical and mental health, sleep, social relationships, and quality of life[2,7-9,28,31]. Yang et al., in a large sample of teachers, identified relationships between occupational stressors, psychological and physical strain, and reduction in quality of life components[2]. In Brazil, Alves et al. demonstrated a significant association between burnout and impairment in different domains of the WHOQOL-Bref[7], while the RESPIRA cohort added prospective evidence that work demands can negatively influence the quality of life trajectory of university professors[9].

Despite the relevance of individual factors, the literature consistently points to the importance of organizational resources. Leadership support, positive peer relationships, autonomy, recognition, self-efficacy, and the availability of emotional regulation strategies show favorable associations with lower stress, lower exhaustion, and greater well-being[10, 17-19,23,25,27]. Maas et al., for example,

found that support provided by school leadership was related to lower time pressure and lower emotional exhaustion [23]. Bottiani et al. observed that self-efficacy, peer affiliation, and other occupational resources were associated with lower levels of stress and burnout[17]. These results support an approach that considers

simultaneously interventions directed at the individual and structural transformations in the work environment.

Clinical trials and experimental studies further suggest that structured interventions aimed at reducing stress and developing socioemotional competencies can produce relevant benefits. Programs based on mindfulness, stress reduction, and emotional awareness development have shown favorable effects on perceived stress, burnout, sleep quality, well-being, life satisfaction, and indicators related to teaching effectiveness[11-15]. However, the existence of positive results in individual interventions does not eliminate the influence of organizational determinants.

Evidence from longitudinal and multilevel studies indicates that objective working conditions, institutional organization,

professional demands, and available resources remain essential components for understanding and preventing mental distress among teachers[17- 19,23,25].

Although there is growing scientific production on burnout, occupational stress, and teacher mental health, the literature remains marked by heterogeneity of instruments, populations, educational contexts, and study designs. A significant portion of the research is cross-sectional, making it difficult to establish temporality and distinguish antecedent factors from consequences of occupational suffering. In parallel, longitudinal studies, cohorts, and randomized trials have been expanding the capacity to understand mechanisms, prognostic factors, and intervention possibilities[9, 14, 15, 18, 19, 21-25,32]. The critical integration of these different forms of evidence is therefore necessary to produce a comprehensive understanding of the relations-

hips between work, burnout, occupational stress, mental health, and quality of life in teaching.

Given this scenario, this integrative review aims to **critically analyze the scientific evidence on mental health in the workplace and in teaching, with emphasis on the occurrence and determinants of burnout and occupational stress, as well as their repercussions on anxiety, depression, work capacity, sleep, professional retention, and quality of life.** Additionally, it seeks to identify risk and protective factors, examine differences between basic education and higher education contexts, and synthesize evidence on strategies capable of preventing or reducing occupational suffering among teachers, contributing to an integrated understanding of the phenomenon and to the development of institutional policies and practices for promoting mental health at work.

METHODOLOGY

This is an integrative literature review, analytical and descriptive in nature, developed with the aim of gathering, critically evaluating, and synthesizing

scientific evidence related to mental health in the teaching work environment, with emphasis on burnout, occupational stress, and their repercussions on quality of life, psychological health, and work

capacity. The methodological approach followed the principles proposed for integrative reviews by Whittemore and Knafl[36], encompassing problem definition, literature search, critical appraisal, analysis, and synthesis of findings. For greater transparency in the identification and selection of publications, the reporting principles of PRISMA 2020[37] were considered.

The guiding question was structured based on the PCC strategy, considering as population teachers and faculty of basic and higher education; as concept, occupational mental health, burnout, work-related stress, emotional exhaustion, anxiety, depression, well-being, quality of life, sleep, and work capacity; and, as context, the work environment in educational institutions. Thus, we sought to answer the following question: what scientific evidence demonstrates the relationship between teaching work conditions, burnout, and occupational stress and their repercussions on teachers' mental health, work capacity, and quality of life?

The bibliographic search was conducted

in recognized scientific databases, with emphasis on PubMed/MEDLINE and SciELO, complemented by tracking the references of relevant studies and verifying bibliographic records on official journal pages, DOI, and PubMed. Controlled descriptors from the Medical Subject Headings (MeSH) and free terms related to *teachers, faculty, burnout, occupational stress, mental health, anxiety, depression, quality of life, well-being, sleep, work ability, absenteeism* and *turnover intention*, combined using the Boolean operators AND and OR.

Original peer-reviewed studies were included, with a population consisting entirely or predominantly of basic or higher education teachers, that investigated at least one of the following outcomes: burnout, occupational stress, anxiety, depression, mental health, well-being, quality of life, sleep, ability to work or occupational repercussions. Were considered different designs, including cross-sectional studies, longitudinal studies, prospective cohorts, multilevel analyses, and trials clinical randomized.

Editorials, letters, opinion articles, protocols without results, studies without specific data for faculty members, and publications with insufficient methodol-

ological information were excluded. Systematic reviews and meta-analyses were used for contextualization and tracking of primary studies, but were not counted as independent units of the main synthesis.

After reading the titles, abstracts, and potentially eligible full texts, 35 primary studies were selected to compose the review corpus. In cases of publications originating from the same population or research project, data independence, follow-up period, and relevance of outcomes were considered, avoiding double counting of the same evidence.

Data were organized into an evidence matrix containing author and year, country, design, sample size, educational level, instruments used, main occupational exposures, outcomes assessed, relevant results, and methodological limitations. Study quality and risk of bias were assessed using Joanna Briggs Institute (JBI) instruments, selected according to the methodological design[38-40]. Interpretation considered internal validity, control of confounders, adequacy of instruments, follow-up losses, temporality, and

consistency of analyses, without the use of arbitrary numerical scores.

Due to heterogeneity among populations, instruments, exposures, and outcomes, a narrative and thematic synthesis of the results was chosen. The findings were organized into five axes: occupational stress and psychosocial demands; burnout and professional exhaustion; anxiety, depression, and psychological distress; impacts on quality of life, sleep, work capacity, and professional retention; and protective factors and prevention and intervention strategies. Longitudinal studies, cohorts, and randomized trials were given greater interpretive weight in analyses involving temporality and intervention effects, while cross-sectional studies were used mainly to characterize prevalence and associations.

RESULTS

The studies selected covered different educational and geographic contexts, encompassing basic education and higher education teachers in countries across the Americas, Europe, Asia, Africa, and Oceania. The designs

included cross-sectional studies, longitudinal investigations, prospective cohorts, multilevel analyses, randomized trials, and repeated-measures studies. The samples varied widely, from small-scale experimental studies to population-based investigations involving thousands of teachers.

Overall, the results converged on four main themes: occupational stress and

burnout; anxiety, depression, and psychological distress; impacts on quality of life and work capacity; and protective factors and intervention strategies. The

Table 1 presents a concise characterization of the evidence according to these thematic axes, allowing visualization of the main factors investigated and their respective outcomes.

Table 1 – Concise Characterization of the Main Themes Identified

Thematic axis	Main factors assessed	Predominant outcomes
Occupational stress and burnout	Overload, time pressure, emotional demands, low autonomy, role conflicts	Stress, emotional exhaustion, depersonalization, and burnout
Mental health	Work stressors, low support, work-family conflict, rumination	Anxiety, depression, psychological distress and reduced well-being
Quality of life and work ability	Persistent burnout, inadequate sleep, high quantitative demands	Worse quality of life, reduced work ability, absenteeism and turnover intention
Protective factors and interventions	Self-efficacy, autonomy, social support, leadership, emotional regulation, mindfulness	Lower stress and burnout, greater well-being, engagement and sleep quality

Occupational Stress and Burnout

Work-related stress was one of the most recurrent findings across different

educational contexts. Task overload, time pressure, emotional demands, role conflicts and ambiguities, classroom management difficulties, low autonomy, and performance pressure were associated with greater emotional exhaustion and burnout[1-5, 17- 19,23-30,35].

Among Australian teachers, more than half of the participants reported very high or extreme levels of stress, with workload and aspects related to emotional regulation being relevant factors[5]. In Portuguese higher education, higher perceived stress was associated with higher levels of emotional exhaustion and depersonalization and lower professional achievement[26]. Among Chinese university faculty, the

academic pressure also showed a positive association with burnout and a negative relationship with job satisfaction[30].

Longitudinal studies reinforced the relationship between working conditions and the progression of burnout. In early-career teachers, classroom-related demands preceded greater emotional exhaustion, while higher self-efficacy was associated with greater professional engagement[18]. In the follow-up conducted in Sweden, increased work demands were associated with an approximately 3.4 times higher chance of burnout worsen-

ing, while greater decision latitude showed an inverse association, with an approximate OR of 0.51[19].

Time pressure also proved relevant. In Swiss teachers followed longitudinally, greater leadership support was related to lower time pressure and lower emotional exhaustion[23]. Similar results were observed in studies that identified relationships between colleague support, positive perception of leadership, self-efficacy, and lower levels of burnout [17,25].

In the Brazilian context, burnout had an important repercussion in both basic education and higher education. Among university professors, Alves et al. identified burnout in 36.6% of the sample, with a significant association with poorer quality of life[7]. Other national results indicated relationships between burnout, sleep disturbances, anxiety, activities performed outside institutional hours, and a greater number of students per class[31].

Anxiety, depression, and psychological distress

Anxiety and depression symptoms also showed an association

frequent with adverse working environment conditions. Among Egyptian teachers, high levels of occupational stress were observed accompanied by anxiety and depressive symptoms[1]. In Japanese teachers, 20.1% presented depressive symptoms, mainly associated with quantitative overload, role ambiguity and conflict, and lower social support[20].

Among public school teachers in Ethiopia, the frequency of depressive symptoms was 44.7%, with severe occupational stress showing a strong association with this outcome, with an AOR of approximately 4.15[34]. Similarly, among North American high school teachers, continuous and episodic stressors were associated with anxiety and depression, while greater peer support was inversely related to these symptoms[33].

Studies with temporal follow-up indicated that mental health impairments may persist or intensify over time. In the French cohort, depressive symptoms showed a more pronounced increase among teachers during the follow-up

period when compared to professionals in similar occupations[21].

Relationships were also observed between stress, burnout, and intermediate psychological mechanisms. In Chinese university faculty, burnout showed a statistical

intermediate relationship between occupational stress, depressive symptoms, and physical health[28]. In a study with repeated assessments over 21 days, higher occupational stress was related to burnout through a pathway involving rumination and negative emotions[35].

Quality of Life, Sleep, and Occupational Repercussions

The repercussions of stress and burnout went beyond psychological symptoms and reached different dimensions of quality of life. Higher overload and psychological and physical strain were associated with worse physical and mental health indicators among teachers[2]. In Brazilian higher education, higher burnout showed a consistent relationship with worse quality of life[7].

Brazilian longitudinal results also demonstrated an association between work characteristics and the evolution of quality of life. In the RESPIRA cohort,

higher quantitative demands were related to worse evolution in the social relationships domain, while a higher number of health conditions had a negative effect on the physical and psychological components[9].

Sleep was another component frequently related to occupational distress. Changes in sleep duration and quality were associated with more unfavorable burnout dimensions[31]. Conversely, interventions aimed at reducing stress showed improvements in sleep duration and quality, as well as a reduction in insomnia symptoms in certain teaching groups [13,15].

Repercussions on professional functionality were also identified. In the Brazilian cohort of Salvagioni et al., the incidence of prolonged work leave was 9.4%, with teachers presenting high depersonalization showing approximately 80% higher risk of leave for a period equal to or greater than 30 days after adjustments[22].

Burnout also showed a prospective relationship with decreased perceived work ability[32]. In higher education, higher levels of stress and burnout were

associated with greater intention to leave the professional activity[29], indicating potential repercussions on career retention and sustainability of teaching practice.

Protective Factors and Intervention Strategies

In contrast to risk factors, different individual and organizational resources showed favorable associations with teachers' mental health. Self-efficacy, autonomy, leadership support, peer support, positive professional relationships, and emotional regulation resources were associated with lower levels of stress and burnout and with better well-being indicators[4,10,17-19,23-25,27].

Self-efficacy showed a consistent relationship with greater engagement and lower vulnerability to professional demands[18,29]. Greater autonomy was also associated with better longitudinal burnout outcomes[19]. Likewise, leadership support and positive relationships among colleagues were related to lower exhaustion, anxiety, and depressive symptoms [17,23,25,33].

Experimental studies indicated benefits of structured interventions aimed at

reducing stress and strengthening socioemotional skills. Programs based on mindfulness and on the development of awareness and resilience showed improvement in perceived stress, burnout indicators, sleep quality, life satisfaction, and well-being[11-15].

In the trial conducted in Denmark, the mindfulness-based intervention promoted an additional reduction of approximately 1.7 points on the Perceived Stress Scale at three months and 2.1 points at six months, when compared to the control group[14]. Among teachers in Hong Kong, reductions in stress, insom-

nia, and negative affect were observed, accompanied by improvements in life satisfaction and overall health perception [15].

The implementation of the interventions was also influenced by the institutional environment itself. Previous stress levels, organizational support, and leadership support interfered with adherence and the quality of program execution[16].

Table 2 summarizes the main risk factors, protective factors, and repercussions identified in the studies, allowing visualization of the most consistent relationships observed throughout the review.

Table 2 – Synthesis of Factors Associated With Mental Health at Work

Teaching

Category	Main findings
Occupational risk factors	Overload, time pressure, emotional demands, role conflict, low autonomy, academic pressure, and work-family conflict
Organizational factors	Low institutional support, insufficient leadership, relational difficulties, and unfavorable work environment
Protective factors	Self-efficacy, autonomy, peer support, leadership support, emotional regulation, and positive professional relationships
Outcomes psychological	Stress, burnout, emotional exhaustion, anxiety, depression, rumination, and reduced well-being
Functional outcomes	Sleep disturbances, poorer quality of life, reduced work ability, absenteeism, and intention to leave the profession

Interventions

Mindfulness, CARE and other structured stress reduction strategies showed favorable results across different outcomes

stress reduction[14, 15, 18, 19,21-25].

Together, the results showed a recurrent association between unfavorable psychosocial

working conditions and higher levels of stress, burnout and mental distress. Overload, emotional demands, low autonomy and insufficient organizational resources repeatedly appeared related to the worst outcomes, while social support, leadership, autonomy and self-efficacy were associated with more favorable indicators[17- 19,23-25].

The identified repercussions encompassed not only psychological health, but also sleep, quality of life, work capacity, professional leave and intention to leave the career[7,9,21,22,29,31,32]. Results from longitudinal and experimental studies reinforced the existence of temporal relationships between certain working conditions and the progression of professional burnout, in addition to demonstrating the potential benefit of interventions aimed at

DISCUSSION

The findings of this review show that mental health in teaching work is determined by a complex combination of individual, relational, and organizational factors. The convergence between studies conducted in different countries and educational levels indicates that work overload, time pressure, emotional demands, low autonomy, role conflicts, relationship difficulties, and insufficient institutional support constitute recurring elements in the association with occupational stress and burnout[3-5,17-19,23-26]. Although a significant portion of the evidence derives from cross-sectional studies, longitudinal investigations demonstrate that some of these conditions precede the worsening of professional exhaustion, strengthening the temporal plausibility of the observed associations[18, 19,23-25].

The relationship between occupational demands and burnout proved parti-

cularly consistent. The pattern observed in different studies suggests that high demands, when not accompanied by adequate resources, favor emotional exhaustion and compromised attachment to work. Among early-career teachers, demands related to classroom management preceded greater exhaustion, while higher self-efficacy was associated with better professional engagement[18]. Similarly, follow-up of Swedish teachers showed that increased occupational demands were associated with worsening burnout, whereas greater decision latitude had a favorable effect[19]. These results reinforce that professional burnout cannot be understood only as a consequence of personal characteristics or insufficient coping capacity, but as a phenomenon related to the organization and objective working conditions.

The influence of organizational resources was also consistent. Leadership support, positive relationships among colleagues, autonomy, and perceived institutional support were associated with lower levels of stress and exhaustion [17,23,25]. Leadership, in particular, appears to play a relevant role by influ-

encing both the perception of time pressure and the availability of support in the face of everyday demands[23]. This finding has important practical implications, since strategies to promote mental health in the educational environment should not be limited to developing individual resilience, but should include changes in work organization, distribution of responsibilities, professional autonomy, communication institutional and availability of support.

The results also demonstrated that burnout is related to a broader spectrum of psychological and functional outcomes. Anxiety, depressive symptoms, rumination, sleep disturbances, and reduced well-being appeared associated with occupational stress in different teaching populations

[1,20,21,28,33-35]. Among Ethiopian teachers, high levels of occupational stress showed a strong association with depressive symptoms

[34] , while the French longitudinal follow-up demonstrated a progressive increase in depressive symptoms among teachers throughout the studied period [21]. These findings suggest that

occupational suffering can go beyond transient episodes of stress and acquire a persistent character when demands are

maintained without sufficient compensatory resources.

The interaction between stress and burnout appears to also involve intermediate psychological mechanisms. Studies based on structural modeling identified the participation of work-family conflict, self-efficacy, professional satisfaction, and emotional regulation in these relationships[4,27,29,30]. In repeated assessments over 21 days, rumination and negative emotions were part of the pathway between occupational stress and burnout[35]. Although such models should not be automatically interpreted as causal evidence, they help explain how professional demands can remain active outside the work environment, hindering psychological recovery and amplifying accumulated strain.

The repercussions on quality of life constitute another relevant finding.

Teachers exposed to higher levels of stress and burnout showed worse physical, psychological, and social health indicators[2,7-9,28,31]. In the Brazilian context, the association between burnout and poorer quality of life was demonstrated among university professors[7], while prospective data from the RESPIRA cohort indicated that quantitative dema-

nds and health conditions may negatively influence the evolution of certain quality of life domains[9]. These results reinforce that the analysis of teachers' mental health should go beyond the presence of specific disorders and incorporate functional, relational, and overall well-being components.

Occupational impacts were also significant. Burnout was associated with later reduction in perceived work ability, higher risk of prolonged leave, and intention to leave the profession[22,29,32]. In the Brazilian cohort, elevated levels of depersonalization were related to a higher risk of prolonged work absence[22]. Among Czech teachers, burnout preceded a reduction in perceived work ability[32]. These findings indicate that psychological distress has institutional and economic repercussions, potentially affecting absenteeism, professional retention, productivity, and continuity of the teaching career.

Although basic education and higher education have distinct characteristics, the results demonstrated common risk factors. In basic education, difficulties in classroom management, student behavior,

time pressure, and school support stood out[3,17-19,23,25]. In higher education, in addition to teaching load, demands related to academic production, research, management, performance evaluation, and multiplicity of roles appear[7-10, 26-31]. Academic pressure showed an association with burnout and lower professional satisfaction[30], while stress and exhaustion were also linked to intention to leave work[29]. Thus, despite institutional specificities, both contexts share a core of factors related to excessive demands and insufficient resources.

Intervention trials demonstrated that structured strategies can produce favorable effects on stress, burnout, sleep, and well-being[11-15]. Programs based on mindfulness, stress reduction, and socioemotional skills development showed positive results across different teaching populations. However, these findings should be interpreted with caution. Some trials have small samples, limited follow-up, and an inability to achieve complete blinding[11-15]. Furthermore, individual interventions do not

eliminate the organizational factors that contribute to illness. The analysis of the implementation showed that institutional support itself influences program adherence and quality[16]. Thus, more consistent interventions tend to require an integrated approach, combining individual actions with structural changes.

The presence of recurrent protective factors reinforces this perspective. Self-efficacy, autonomy, peer support, favorable leadership, emotional regulation, and positive professional relationships were associated with lower vulnerability to stress and better well-being indicators [4, 10, 17-19, 23-25, 27]. However, such resources should not be used to place responsibility the teacher for burnout prevention. Available evidence indicates that individual resources function within an occupational system and may lose effectiveness when demands organizational remain excessive or persistently inadequate.

From an institutional standpoint, the results suggest that policies promoting teacher mental health should prioritize early identification of psychosocial demands, review of workload distribution,

strengthening autonomy, improving communication, leadership support, conflict prevention, and creation of mechanisms permanent of occupational health monitoring. In higher education, additional strategies should consider pressure for scientific productivity, multiplicity of roles, activities carried out outside formal working hours, and balance between teaching, research, extension, and management[9,29-31]. In basic education, interventions should also consider support for classroom management, structural conditions of the school, and relationships with students and the community[3,17-19,25].

This review has some limitations. The heterogeneity of the instruments used to measure burnout, stress, anxiety, depression, and quality of life hinders direct comparisons between studies. Furthermore, a significant portion of the investigations have a cross-sectional design, which limits inferences of temporality and causality. Cultural, organizational, and educational differences between countries should also be considered when generalizing the results. On the other hand, the inclusion of longitudinal studies, cohorts, multilevel analyses, randomized trials, and research with repeated measures allowed

for broadening the robustness of the synthesis and differentiating point associations from findings supported by temporal or experimental evidence.

In summary, the results indicate that burnout and occupational stress in teaching constitute phenomena multidimensional and closely related to the psychosocial and organizational conditions of work. Overload, time pressure, emotional demands, low autonomy, and insufficient support consistently appear associated with worse outcomes, while resources such as institutional support, leadership, autonomy, and self-efficacy demonstrate a favorable effect.

The consequences affect mental health, quality of life, sleep, work capacity, and career retention, reinforcing the need for preventive strategies that integrate individual interventions and sustainable institutional changes.

CONCLUSION

The evidence analyzed demonstrates that mental health in teaching work is strongly influenced by psychosocial and organiza-

tional factors, with emphasis on overload, time pressure, emotional demands, role conflicts, low autonomy, and insufficient institutional support. These elements were recurrently associated with occupational stress, emotional exhaustion, and burnout, both in basic education and in higher education.

The observed impacts go beyond immediate psychological suffering and include anxiety, depressive symptoms, sleep disturbances, poorer quality of life, reduced work capacity, absenteeism, and greater intention to leave the career. Longitudinal studies and cohorts reinforced that part of these relationships has a temporal dimension, indicating that certain working conditions may precede the worsening of burnout and other health-related outcomes.

Conversely, autonomy, self-efficacy, peer support, favorable leadership, organizational support, and emotional regulation resources were associated with better well-being indicators and lower vulnerability to stress. Structured interventions, especially those aimed at stress reduction and

the development of socio-emotional skills, showed favorable results in different contexts, although their effects should be understood as complementary, and not substitutive, to the necessary changes in work organization.

Thus, preventing burnout and mental distress among teachers requires an integrated approach capable of combining individual health promotion strategies with institutional policies aimed at adjusting work demands, strengthening autonomy, improving professional relationships, leadership support, and ongoing monitoring of psychosocial working conditions.

It is concluded that burnout and occupational stress represent major health problems in the educational context and have significant repercussions on quality of life, functionality, and professional retention. Addressing these phenomena should be incorporated into occupational health policies and the management of educational institutions, with preventive actions supported by evidence and adapted to the particularities of basic education and higher education.

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