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Opinions and Perception of Preschool Teachers about Burnout Syndrome

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The paper presents the results of research, the objective of which was to find out whether kindergarten teachers are informed about burnout syndrome, whether the frequency of use and the degree of effectiveness of preventive measures against burnout syndrome are related to the length of their teaching experience, and what the respondents' opinion is on the sufficiency of the frequency of preventive measures used. A self-administered questionnaire was used to collect the data. The questionnaire included a menu of options of preventive measures against SB with a measure of effectiveness to choose from. Spearman's correlation coefficient and the chi-square independence test were used to process the data. The research sample consisted of 182 female teachers from Czech kindergartens. It was found that the effectiveness of only certain preventive measures increases with an extended length of experience. Notably, the length of experience did not yield a statistically significant influence on the frequency of using individual preventive measures, and the respondents expressed contentment with the frequency of their utilization."

Keywords: burnout syndrome, kindergarten teacher, preventive measures, degree of effectiveness, frequency of use

INTRODUCTION

Burnout syndrome (SB) is a phenomenon that particularly affects teachers (Abdullah & Ismail, 2019). In western and eastern European countries, at least 30% of all teachers show clear signs of burnout (Rudow, 1999). Similarly, Curvehead (1998). The term burnout was described in 1974 by psychiatrist Herbert Freudenberger in an article Staff burnout in the *Journal of Social Issues.*

According to the Czech Teaching Personnel Act, the profession of a kindergarten teacher falls under the category of teaching staff, with a majority of women occupying

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this position. The primary responsibility is to educate preschool children following the nationally mandated curriculum. Direct educational engagement requires 31 hours per week, the highest among all categories of teaching personnel. Children become eligible for unconditional enrolment in kindergarten from the age of three, but classes can also include children as young as two years old. Age-diverse groups encompass children up to the age of six, including those with postponed schooling and special educational needs, with a maximum of 28 children per teacher.

The preschool years constitute a period of exceptional biological development, marked by rapid changes. Each year introduces distinct developmental aspects that must be accommodated in children's education. In the final kindergarten year, education becomes mandatory and personalized approaches are vital.

Preschool children's educational environment promotes movement to fulfil their psychomotor needs. Play is the most effective educational tool, allowing children to manipulate and experiment with toys and materials, question their surroundings, engage in discussions, and collaborate with peers. Given their age and developmental requirements, children are encouraged to express their emotions, experiences, and feelings, contributing to a lively and often noisy learning setting.

Alongside the demanding preparation and implementation of educational activities, kindergarten teachers bear various responsibilities concerning children's education. Notably, fostering cooperation and effective communication with parents is essential. Parents possess individual perspectives and expectations for their child's care, upbringing, and education. Balancing these parental demands within the context of a group dynamic poses a challenging task for teachers.

These complexities necessitate rigorous daily preparation and require teachers to be mentally, physically, and emotionally resilient. They encounter potential health risks, including infectious diseases, musculoskeletal issues, and speech disorders. The strain of daily psychological stress, workplace frustrations, concerns for children's safety, occasional misunderstandings with parents and colleagues, collectively contribute to a susceptibility to burnout syndrome among teachers (Tatalović-Vorkapić & Lončarić, 2013; Buyukbayraktar & Temiz, 2015; Hozo, Sucic & Zaja, 2015).

Theoretical Background

Defining SB

Over the subsequent decades, both descriptive and comprehensive definitions of burnout syndrome have surfaced. According to Rentzou (2015), there exist a minimum of 30 different definitions and descriptions encompassing the psychological phenomenon of SB.

Descriptive definitions describe burnout syndrome as either a *state, a process*, or as an *outcome.* Freudenberger and Richelson (1981) associate burnout with a mental and physical *state of* exhaustion and extinction of motivation following prolonged and debilitating stress. Rush characterizes the state of burnout as a type of stress and emotional fatigue, frustration and exhaustion (2003, p. 7). Edelwich and Brodsky

(1980) depict SB as a *process* a process that depletes both physical and mental resources. Moreover, according to Kebza & Solcova (1998), it represents not a static condition but an ever-evolving process. Cherniss (1980) defines burnout as the *outcome of* an intense engagement with a particular idea, leading to a waning of enthusiasm.

Mature definitions represent an endeavour to delineate burnout syndrome with greater precision and in a more systematic manner. Pines and Aronson (1988) have defined SB as the subjective experience of physical, emotional, and mental exhaustion. Giordano, Everly & Dusek (2012) describe it as a state of mental and/or physical exhaustion stemming from prolonged and excessive stress. According to Maslach and her colleagues, SB is closely linked with emotional exhaustion; depersonalization and reduced personal accomplishment (Maslach & Jackson, 1981; Maslach, Jackson & Leiter, 1997). Numerous authors aim to comprehend the essence of burnout by dissecting its phases in greater detail.

Čapek, Příkazská & Šmejkal (2018) have categorized burnout syndrome in teachers into three types. The "worn-out burnout" type diminishes self-efficacy and magnifies feelings of failure. The "classic burnout" type realizes but does not admit failure. In the "under-challenged burnout" type, teachers feel monotony and lack of stimulation in daily tasks. Some teachers belong directly to one particular type, others fluctuate between the described types. Common to all types of SB is the feeling of not enough rewards for their work.

Various process models have been proposed to identify and conceptualize burnout syndrome as a developmental process. However, Taris, Le Blanc, Schaufeli & Schreurs (2005) concluded that these models lack sufficient persuasiveness for the recognition of burnout syndrome. Nevertheless, researchers have continued to investigate SB for decades, adding and expanding information on this phenomenon in different professions.

Research on Teacher Burnout Syndrome

As careers extend, (not only) teachers are involved in the work process for a long time**,** where, among other things, they face long-term work stress. As a consequence, teacher burnout can gradually emerge (Kebza & Šolcová, 1998; Švingalová, 2006; Foley & Murphy 2015). According to research by Hakanen, Bakker, & Schaufeli (2006), SB is a consequence of the effect of high demands on teachers' workload, poor health, and lack of resources. Teacher burnout leads to health issues, some of which can be severe (Škobrtal & Badošek, 2013). Findings from research demonstrate that job quality deterioration and health decline are notable outcomes of SB in a significant portion of Finnish teachers (Saleh & Shapiro, 2008). For Belgian teachers, SB precipitates their departure from the education sector (Dupriez, et al. 2016). In Queensland schools, Goddard, R. & Goddard, M. (2006) identified substantial intentions to leave schools at the onset of teacher burnout. In French teachers, Bianchi, Schonfeld & Laurent (2015) examined whether burnout syndrome and depression represent distinct pathologies. Akça & Yaman (2010) discovered that teachers' burnout status is influenced by both internal and external control. Brouwers & Tomic's (2000) research indicated that perceived self-efficacy has a prolonged impact on depersonalization and operates

synchronously effect with teachers' personal achievement and emotional exhaustion. Personality and contextual variables in SB of teachers in Spain were investigated by Cano-Garcia, Padilla-Muñoz & Carrasco-Ortiz (2005). The role of self-knowledge and contrast (viewing others as competitors) in the development of ascending and descending comparisons in teacher burnout was explored among Spanish teachers by Carmona, Buunk, Peiro, Rodriguez & Bravo (2006). The variants in experiencing socio-contextual burnout risk were investigated among teachers by Pyhältö, Pietarinen, Haverinen, Tikkanen & Soini (2021). The association of SB with school-specific demands and resources on the one hand and teacher commitment and exhaustion on the other hand was investigated by Klusmann et al. (2008). The interplay between school and classroom environments and teacher burnout has been a subject of research by Dorman (2003). Fernet, Guay, Senécal, & Austin (2012) delved into predicting intraindividual changes in burnout, investigating the role of perceived school environment and motivational factors. Foley & Murphy (2015) explored burnout in Irish teachers, examining the role of individual differences, work environment, and coping factors. Aloe, Shisler, Norris, Nickerson, & Rinker (2014) revealed that unacceptable student behavior in schools significantly correlated with three-dimensional teacher burnout. Gavish & Friedman (2010) investigated novice teachers' teaching experiences, their perceptions of their work environment, and the dynamic aspects of burnout. Authors Howard & Johnson (2004) asked what is going wrong when some teachers are able to cope successfully with the same kinds of stressors that appear to defeat others. The development of individual teacher burnout with personal attitudes has been investigated by Hultell, Melin & Gustavson (2013). The associations between job stressors, personal characteristics and SB in primary school teachers in Cyprus are the findings of Kokkinos (2007). The findings of De Stasio, Fiorilli, Benevene, Uusitalo-Malmivaara & Di Chiacchio (2017) demonstrated that differences in personal and job burnout predicted happiness and job satisfaction of teachers in Italian schools.

Research on Kindergarten Teacher Burnout Syndrome

Research on SB among kindergarten teachers is also underway.
Teaching in kindergartens places substantial demands on the mental, physical and emotional aspects. This, in turn, renders it a profession susceptible to burnout syndrome. Kindergarten environments are marked by continuous noise, with preschool children naturally engaging in movement, manipulation, toy experimentation, enthusiastic discussions, persuasive interactions, and emotional expression due to their age. Teachers are exposed to infectious diseases, musculoskeletal, speech organs. Daily psychological stress, frustration at work, concerns about the safety of the children entrusted to them, (un)rare misunderstandings with parents lead to SB commonly (Tatalović-Vorkapić & Lonari, 2013; Buyukbayraktar & Temiz, 2015; Hozo, Sucic & Zaja, 2015).

Čech, Gilová & Dobešová Cakirpaloglu (2020) assessed burnout syndrome among 485 Czech kindergarten teachers employing the Maslach Burnout Inventory. The outcomes revealed the presence of burnout syndrome in half of the surveyed participants.

Hozo, Sucic & Zaja (2015) conducted research on SB among 88 preschool teachers in Bosnia and Herzegovina. The research revealed a prevalence of SB was identified in half of the teachers.

In 2016, Višnjić Jevtić and Halavuk conducted an online survey involving 456 early childhood teachers in Croatia employing the Maslach Burnout Inventory. The results indicated that the duration of experience, educational attainment, personal characteristics of kindergarten teachers, and their self-assessment were interconnected with each of the three dimensions of SB.

In Athens, SB was evaluated by Koulierakis, Daglas, Grudzien & Kosifidis (2019) with 415 kindergarten teaching and support staff. The results revealed moderate to high levels of burnout; emotional exhaustion was the most significant. Higher SB was identified in people with permanent contracts; widows; the oldest, more experienced and educated individuals; and those suffering from health problems.

Li, Li, Lv et al. (2020) investigated burnout and its prevalence among 1,795 Chinese kindergarten teachers, utilizing a validated Chinese version of the Maslach Burnout Inventory. SB was found to be associated with school type, income satisfaction, depression, and perceived stress.

Ishibashi, Tokunaga, Shirabe, Yoshida, Imamura, Takahashi, Kawano, Iwanaga & Tanaka (2022) conducted the cross-sectional survey of the Maslach Burnout Inventory of SB and related factors among 442 Japanese kindergarten teachers. Emotional exhaustion was significantly associated with interpersonal relationships at work and lack of time; depersonalization and reduced professional performance were associated with age.

Research on SB among kindergarten teachers is conducted throughout the world and is expanding our knowledge of SB in this group of teachers. However, exploring this topic is rendered challenging by the fact that the international research literature employs a variety of terms to refer to professionals working with preschool children, such as preschool teachers, early childhood teachers, educators, caregivers, interveners, family child care providers, day care teachers etc.

Teacher Burnout Prevention

Teachers should be educated to recognize SB, understand its underlying causes (Jeklová & Reitmayerová, 2006), and possess effective strategies to prevent its development (Holeček, 2014). Information and prevention are important. An individual's susceptibility to burnout is heightened when their physical well-being is compromised; the interactions between the body and the mind are mutually influential (Křivohlavý & Pečenková, 2004; Jeklová & Reitmayerová, 2006; Kroupis, Kouli & Kourtessis, 2019). Among internal practices to prevent SB, the authors mention the *meaningfulness of one's own life and work (Křivohlavý, 1998; Paulík 2017); mental hygiene (Míček, 1986, p. 9; Křivohlavý, 2001;* Fontana, 1997); *structuring an individual value system (Švamberk Šauerová, 2019);* enjoying successes, consciously seeking positive emotions; not fixating on uncontrollable matters; having realistic expectations (Holeček,

2014). Perfectionism poses a significant risk for the onset of burnout, as it is accompanied by persistent anxiety and fear of failure (Holecek, 2014).

The simplest external procedures for SB prevention are modification of working conditions, clarifying work tasks (Jeklová & Reitmayerová, 2006); effective cooperation, and guidelines for managing conflicts (Hennig & Keller, 1995); reducing administrative burdens (Matoušek, 2008); offering professional supervision (Tošner, 1999); discussing and analyzing teachers' needs, evaluating interventions (Maroon, 2012); helping individuals optimize their resource management to handle workloads (Hawkins & Shohet, 2004); addressing negative workplace relationships and bullying (Kelnarová & Matějková, 2014); providing support and assistance (Kyriacou, 2012); setting manageable workload expectations, structuring tasks based on time priorities, automating certain activities (Holecek, 2014), facilitating opportunities for relaxation (Míček, 1986; Riedl Černíková, Trojanová & Tureckiová, 2019; Jeklová & Reitmayerová, 2006; Fontana, 1997), engaging in regular exercise (Stock, 2010); adopting a balanced diet, ensuring sufficient rest and quality sleep (Lhotková, Šnýdrová & Tureckiová, 2013); maintaining proper hydration (Machová & Kubátová, 2009); quality social support, positive social relationships, opportunities for sharing (Riedl Černíková, Trojanová & Tureckiová, 2019), interests and hobbies (Holeček, 2014); mindfulness and well-being (Sujarwanto, Saroinsong, Boonroungrut, Adhe, K. R., Purwoko, B., & Riyanto, Y., 2022). Research by Brouwers & Tomic (2000) concluded that perceived self-efficacy in classroom management should be considered when designing interventions to prevent and treat burnout syndrome among teachers. Herman, Hickmon-Rosa & Reinke (2018) found that understanding the interrelation of teacher stress, burnout syndrome, coping strategies, and self-efficacy can serve as the foundation for prevention and intervention efforts to support teachers.

It is easier to influence the early symptoms of SB than to address deeper problems (Holecek, 2014); however, the danger of SB lies in its difficulty to recognize (Švamberk Šauerová, 2018). The process of burnout can be subtle and gradual, and individuals may not realize or recognize it (Švingalová, 2006).

"A significant step is when a person stops looking for blame and deliverance in the outside world and responsibly takes his health into his own hands" (Prieß, 2015, p. 150).

According to Kokkinos (2007), when designing and implementing intervention programs to reduce burnout syndrome in teachers, it should not go unnoticed that each dimension of the syndrome is predicted by different variables.

In compliance with some authors, the opposite of SB is the cultivation of personal well-being, which constitutes a continuous, ongoing process and life attitude. The more actively an individual tends to their well-being, the more he or she can prevent SB (Riedl Černíková, Trojanová & Tureckiová, 2019).

Paulík (1999) asserts that SB is characteristic of the later stage of teachers' careers and successful teachers are at a greater risk of burnout than unsuccessful ones. However, research demonstrates that burnout can also manifest in novice teachers (Gavish & Friedman, 2010). SB is a psychological state, a process and an outcome and has several

phases. According to Maslach and her colleagues, SB is associated with emotional exhaustion; depersonalisation and reduced personal accomplishment. Three types of Teacher Burnout Syndrome have been identified. Cox, Tisserand, and Taris, among others, acknowledge a challenge that requires an immediate solution in the field of burnout research: the need to establish a fundamental definition and framework for burnout (2005, p. 189-190).

The purpose of this paper is to present the findings of a study on burnout syndrome among kindergarten teachers in the Czech Republic. The study examines whether the frequency and effectiveness of preventive measures against burnout syndrome are associated with teachers' length of teaching experience. Additionally, the research investigates whether kindergarten teachers are informed about burnout syndrome and their opinions on the adequacy of the frequency of preventive measures.

METHOD

Research Question

The primary research question was: Does the frequency and effectiveness of preventive measures used by kindergarten teachers in the research group against SB related to the length of their teaching experience?
Supplementary to the specific questions, sub-questions focused on various aspects related to burnout syndrome:
Do kindergarten teachers in the research group know about burnout syndrome?
Do they consider the frequency of preventive measures used for SB to be sufficient?

Research Objective

In light of the posed question, a research objective was established.

The primary aim was to determine:

- whether the effectiveness and frequency of the preventive measures against SB, as evaluated by the respondents, are related to the length of their teaching experience

The subobjectives, complementing the specific goals**, were as follows:**

- to ascertain the perception of burnout syndrome among kindergarten teachers
- to gauge the respondents' opinions on the adequacy of the frequency of preventive measures employed against SB in their personal practice

It was assumed that

- the length of teaching experience among the respondents has a statistically significant impact on the degree of effectiveness and frequency the employed preventive measures against SB;
- the teachers will be informed about the SB;
- the frequency of preventive measure usages is sufficient for the respondents.

Instrument

The research method employed was a questionnaire survey. The research instrument utilized was a self-administered questionnaire. Some questionnaires were distributed through the online platform www.survio.cz, while others were personally handed out, sent via e-mail, or shared through Facebook along link to complete the survey on survio.cz. The questionnaire return rate reached 91.00%. Some respondents cited various reasons for not participating in the research, such as not considering it necessary, time constraints, or lack of interest.

Respondents answered a closed-ended question regarding their personal familiarity with SB by selecting from a scale ranging from 1 to 5 (1 = no knowledge, 2 = slight, 3 = partial, 4 = significant, 5 = extensive). The questionnaire also included a range of options for preventive measures against SB graded for effectiveness (1 = least, 5 = most). Preventive measures not utilized were indicated as 0. A contingency table consisting of frequencies, alongside an expected frequencies table, was generated and adjusted to evaluate the suitability for employing the chi-square test of independence, ensuring a good fit. Subsequently, the chi-square test of independence was conducted.

Both the length of teaching experience and the assessed effectiveness level of the employed preventive measures against burnout syndrome are ordinal variables. Consequently, their relationship was examined using Spearman's correlation coefficient, along with its associated test for statistical significance. The association between two additional categorical variables - the respondents' teaching experience length and the frequency of each preventive measure's usage - was evaluated utilizing the chi-square test of independence at a significance level of 5%. To facilitate this analysis, it was essential to construct a contingency table depicting the frequency distribution of preventive measures within each experience length category.

Participants

The research sample comprised 182 female kindergarten teachers from the North Moravia and Silesia regions in the Czech Republic. These participants returned completed questionnaires out of the 200 respondents initially approached. This sample was chosen due to its accessibility. The criteria for selecting participants included their 100% full-time employment, qualifications, and their position as kindergarten teachers who had undergone a standard educational programme. The purpose of the research was explained to the respondents, outlining their expected involvement. Subsequently, the teachers granted informed consent to participate in the study.

Teachers with varying lengths of experience were represented in the research sample. Among the respondents, 58 (31.9%) reported having up to 5 years of teaching experience, while 21 (11.5%) indicated 21-32 years of experience. Additionally, 38 (20.9% each) reported 11-20 years and 6-10 years of experience, respectively. Moreover, 27 (14.8%) respondents reported having more than 32 years of experience. The group of teachers with less than 5 years of experience exhibited the highest level of receptivity to participating in the survey.

FINDINGS

In response to a closed-ended question regarding their personal knowledge of SB: "*Do you know what the term burnout syndrome means?"* respondents answered by selecting from a 1 to 5 scale (1 = no knowledge, 2 = slight, 3 = partial, 4 = significant, 5 = extensive). One respondent recorded grade one, corresponding to a relative frequency of 0.5% (hereafter referred to as 1; 0.5%). Grade 2 was chosen by 6 respondents (3.3%); grade 3 was attributed to knowledge of SB by 18 (9.9%) respondents; grade 4 was selected by 41 respondents (22.5%); and grade 5 was rated by 116 (63.7%) respondents. It's important to note that this evaluation is subjective, and the number of respondents increases with each higher grade from the menu.

Moving to the next question: *"Do you know any preventive measures against burnout?"* 146 of 182 (80%) respondents answered affirmatively; while 36 (19.8%) respondents indicated that they were not familiar with any preventive measures.

Subsequently, the respondents were prompted to select preventive measures from a menu aimed at addressing SB. They were also asked to indicate the perceived effectiveness of these measures on themselves using a scale of 1 to 5 (0 = do not use, 1 = least, 5 = most).

Table 1
Preventive measures against SB used by the respondents and their perceived effectiveness

What preventive measures against burnout do you use and what is the degree of effectiveness of them in your life?		Degree of efficiency					
		0	1	2	3	4	5
I'm prioritizing	n	11	11	17	39	50	54
	%	6.0	6.0	9.3	21.4	27.5	29.7
I organize my work thoughtfully	n	3	7	14	39	57	62
	%	1.6	3.8	7.7	21.4	31.3	34.1
I'm cutting back on administration	n	23	23	36	49	19	32
	%	12.6	12.6	19.8	26.9	10.4	17.6
I choose the level of load	n	12	12	28	50	36	44
	%	6.6	6.6	15.4	27.5	19.8	24.2
I rejoice in small successes	n	4	5	6	21	29	117
	%	2.2	2.7	3.3	11.5	15.9	64.3
I experience the joy of work	n	7	5	9	35	36	90
	%	3.8	2.7	4.9	19.2	19.8	49.5
I observe mental hygiene		10	13	12	36	30	81
	%	5.5	7.1	6.6	19.8	16.5	44.5
I follow a healthy lifestyle	n	8	11	29	47	47	40
	%	4.4	6.0	15.9	25.8	25.8	22.0
I follow a healthy diet	n	10	18	30	56	33	35
	%	5.5	9.9	16.5	30.8	18.1	19.2
I rest my case	n	5	8	15	30	41	83
	%	2.7	4.4	8.2	16.5	22.5	45.6
I sleep well	n	6	11	13	27	47	78

	%	3.3	6.0	7.1	14.8	25.8	42.9
Relax	n	8	13	16	34	36	75
	%	4.4	7.1	8.8	18.7	19.8	41.2
I'm incorporating movement	n	4	12	25	35	48	58
	%	2.2	6.6	13.7	19.2	26.4	31.9
I'm devoted to my family	n	4	4	6	19	31	118
	%	2.2	2.2	3.3	10.4	17.0	64.8
I'm meeting friends	n	3	9	14	36	43	77
	%	1.6	4.9	7.7	19.8	23.6	42.3
I care about good social relations	n	6	7	21	42	48	58
	%	3.3	3.8	11.5	23.1	26.4	31.9
I strive for a positive approach to life	n	3	5	15	27	36	96
	%	1.6	2.7	8.2	14.8	19.8	52.7
I try to have a sense of humour	n	1	6	3	24	45	103
	%	0.5	3.3	1.6	13.2	24.7	56.6
I laugh in appropriate situations	n	4	5	5	20	40	108
	%	2.2	2.7	2.7	11.0	22.0	59.3
I look for positive emotions	n	3	9	5	30	52	83
	%	1.6	4.9	2.7	16.5	28.6	45.6
I avoid negative thinking and emotions	n	8	20	20	45	39	50
	%	4.4	11.0	11.0	24.7	21.4	27.5
control, suppress my own negative reactions	n	7	17	27	52	37	42
	%	3.8	9.3	14.8	28.6	20.3	23.1
I don't deal with things that are out of my control	n	10	19	16	48	34	55
	%	5.5	10.4	8.8	26.4	18.7	30.2
I don't create unrealistic expectations	n	9	16	18	42	52	45
	%	4.9	8.8	9.9	23.1	28.6	24.7
I don't take inappropriate behaviour of children personally	n	10	12	26	41	33	60
	%	5.5	6.6	14.3	22.5	18.1	33.0
I'm wondering about the nature of the problem	n	10	13	24	61	35	39
	%	5.5	7.1	13.2	33.5	19.2	21.4
in the tension, I focus on the problem	n	14	16	28	69	31	24
	%	7.7	8.8	15.4	37.9	17.0	13.2
I focus on emotions in tension	n	14	11	39	65	25	28
	%	7.7	6.0	21.4	35.7	13.7	15.4
I try not to be a perfectionist	n	15	22	17	51	31	46
	%	8.2	12.1	9.3	28.0	17.0	25.3
I don't take pharmaceuticals	n	130	20	11	12	4	5
	%	71.4	11.0	6.0	6.6	2.2	2.7
I don't use alcohol	n	124	32	12	5	3	6
	%	68.1	17.6	6.6	2.7	1.6	3.3
I don't do drugs	n	170	4	1	0	0	7
	%	93.4	2.2	0.5	0.0	0.0	3.8
I don't use aggressive outbursts against others	n	148	21	7	1	1	4
	%	81.3	11.5	3.8	0.5	0.5	2.2

Source: own research

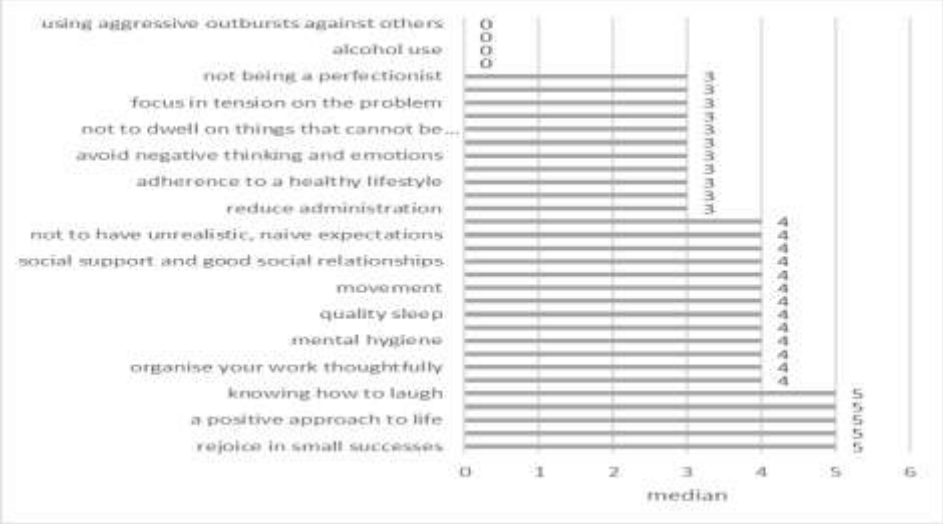
The preventive measures used by the kindergarten teachers, for which they indicated the highest degree of effectiveness on their own person, i.e. a rating of 5, are: laughing *in appropriate situations; trying to have a sense of humour; trying to have a positive attitude to life; being involved with my family; enjoying small successes.*

Respondents reported the fourth level of self-efficacy for the following preventive measures: *not taking inappropriate behaviour of children personally; not creating unrealistic expectations; seeking positive emotions; maintaining good social relationships; meeting friends; getting exercise; relaxing; getting good sleep; resting; maintaining mental hygiene; enjoying work; organising my work thoughtfully and prioritising.*

The preventive measures against SB used by the respondents, with a self-efficacy rating of 3, are as follows: *I try not to be a perfectionist; I focus on emotions in tension; I focus on the problem in tension; I reflect on the nature of the problem; I do not dwell on things that cannot be influenced; I control, suppress my own negative reactions; I avoid negative thinking and emotions; I follow a healthy diet; I follow a healthy lifestyle; I choose moderation; I reduce paperwork.*

Respondents did not rate the effectiveness of preventive measures against SB at level 2 or 1. Preventive measures against SB that teachers do not use at all, and therefore their effectiveness level is rated 0, include: I *do* not use *aggressive outbursts against others; I do not use drugs; alcohol and pharmaceuticals*.

Graph 1 presents the median values of preventive measures against burnout used by the respondents, along with their assessed levels of effectiveness on themselves. The measures considered most effective by female teachers have the highest median value.



Graph 1
Median utilization of preventive measures against SB among female respondents, along with the assessed degree of effectiveness on themselves

The hypothesis was that *the respondents' evaluation of the degree of effectiveness of individual SB prevention measures used in their own person is statistically significantly influenced by the length of their teaching experience.*
The length of teaching experience and the evaluated degree of effectiveness of the used preventive measures against SB on the own person are ordinal variables, therefore their relationship was verified using Spearman's correlation coefficient and its test of statistical significance.

Table 2
Results of the verification of the influence of the length of teaching experience of the respondents on their evaluated degree of effectiveness of the preventive measures used against SB on their own person

Preventive measures against SB	Spearman correlation coefficient	value of the test criterion	p-value
I'm prioritizing	0.145	1.972	0.050
I organize my work thoughtfully	0.026	0.348	0.728
I'm cutting back on administration	0.200	2.740	0.007*
I choose the level of load	0.094	1.273	0.205
I rejoice in small successes	0.011	0.147	0.883
I experience the joy of work	0.050	0.674	0.501
I observe mental hygiene	0.035	0.470	0.639
I follow a healthy lifestyle	0.151	2.055	0.041*
I follow a healthy diet	0.082	1.098	0.274
I rest my case	-0.004	-0.053	0.958
I sleep well	-0.028	-0.373	0.710
Relax	-0.029	-0.389	0.698
I'm incorporating movement	-0.040	-0.542	0.588
I'm devoted to my family	-0.015	-0.202	0.840
I'm meeting friends	-0.048	-0.649	0.517
I care about good social relations	-0.100	-1.350	0.179
I strive for a positive approach to life	-0.070	-0.939	0.349
I try to have a sense of humour	-0.055	-0.735	0.463
I laugh in appropriate situations	-0.045	-0.599	0.550
I look for positive emotions	-0.039	-0.528	0.598
I avoid negative thinking and emotions	0.000	0.001	0.999
I control, suppress my own negative reactions	0.081	1.090	0.277
I don't deal with things that are out of my control	0.014	0.192	0.848
I don't create unrealistic, naive expectations	0.088	1.190	0.236
I don't take inappropriate behaviour of children personally	0.150	2.033	0.044*
I'm wondering about the nature of the problem in the tension	0.102	1.376	0.170
I focus on the problem	0.059	0.790	0.430
I focus on emotions in tension	-0.033	-0.440	0.660
I try not to be a perfectionist	-0.021	-0.286	0.776
I don't take pharmaceuticals	0.064	0.856	0.393
I don't use alcohol	0.117	1.578	0.116
I don't do drugs	-0.017	-0.230	0.819
I don't use aggressive outbursts against others	0.044	0.585	0.559

*Source: own research (*statistically significant)*

The statistically significant influence of the length of teaching experience of the respondents *on the degree of effectiveness of* preventive measures against SB on their person was confirmed for the following preventive measures: *limit administration, follow a healthy lifestyle, and do not take the child's inappropriate behaviour personally. The* p-value of the significance test of the correlation coefficients for these preventive measures is less than 0.05, which means that the degree of effectiveness of these preventive measures increases with increasing length of practice. The longer the teacher's teaching experience, the higher the degree of effectiveness she chooses for these measures. For the other preventive measures, the length of teaching experience of the respondents does not affect their self-evaluation of the degree of effectiveness.

It was also hypothesised that the *length of teaching experience of the respondents has a statistically significant effect on the frequency of use of individual preventive measures.* The hypothesis again follows the relationship between two categorical variables, therefore it was tested using chi-square test of independence at 5% level of significance. For the calculation, it was necessary to construct a contingency table to see the representation of the frequencies of preventive measures in each category according to the length of practice, as the investigation pertains to whether the representation of the frequencies of preventive measures used in the categories differs based on the length of practice. If the dependence between the variables is confirmed, then the percentages in the contingency table are always observed, and the categories of length of experience that differ significantly in frequency are detected.".

Table 3
Contingency table of frequencies - frequency of use of preventive measures by respondents - processing by length of experience

Length of practice	Frequency of use of preventive measures				
	every day	2x-5x per week	several times a month	irregularly	Total
up to 5 years	29	13	10	3	55
%	52.73 %	23.64 %	18.18 %	5.45 %	
6-10 years	20	7	4	5	36
%	55.56 %	19.44 %	11.11 %	13.89 %	
11-20 years	21	8	1	7	37
%	56.76 %	21.62 %	2.70 %	18.92 %	
21-32 years old	15	3	2	1	21
%	71.43 %	14.29 %	9.52 %	4.76 %	
over 32 years old	9	1	1	8	19
%	47.37 %	5.26 %	5.26 %	42.11 %	
Total	94	32	18	24	168

Source: own research

168 respondents commented on the frequency of use of preventive measures. (94; 56 %) respondents try to use preventive measures every day; 32 (19 %) respondents use preventive measures 2 to 5 times a week; 18 (10.7 %) respondents use preventive measures several times a month. The absolute frequency of those who use preventive measures irregularly according to their needs and time possibilities is 24 (14.3 %).

The table shows low frequencies in some categories. To conduct the test, it is necessary to combine certain categories of length of experience. The modified contingency table looks like this.

Table 4
Adjusted contingency table of observed frequencies - frequency of use of preventive measures by respondents - processing by length of experience

Length of practice	Frequency of use of preventive measures				
	every day	2x-5x per week	several times a month	irregularly	Total
up to 10 years	49	20	14	8	91
%	53.85 %	21.98 %	15.38 %	8.79 %	
11-20 years	21	8	1	7	37
%	56.76 %	21.62 %	2.70 %	18.92 %	
over 20 years	24	4	3	9	40
%	60.00 %	10.00 %	7.50 %	22.50 %	
Total	94	32	18	24	168

Source: own research

Based on the adjusted contingency table of frequencies, a table of expected frequencies was created to verify the conditions for using the chi-square test of independence to calculate the test criterion and then the p-value.

Table 5
Expected frequencies - frequency of use of preventive measures by respondents - processing by length of experience

Length of practice	Frequency of use of preventive measures				
	every day	2x-5x per week	several times a month	irregularly	Total
up to 10 years	50.9	17.3	9.8	13.0	91.0
11-20 years	20.7	7.0	4.0	5.3	37.0
over 20 years	22.4	7.6	4.3	5.7	40.0
Total	94.0	32.0	18.0	24.0	168.0

Source: own research

The conditions for a good approximation were met and a chi-square test for independence was subsequently performed. This resulted in a test criterion value of 11.274 and a p-value of 0.080. The p-value is higher than the chosen significance level of 0.05.

In our study population of female respondents, it was not possible to demonstrate that the length of teaching experience has a statistically significant effect on the frequency of preventive measures usage against SB.

Next, the respondents were asked, "*Do you think that your frequency of use of preventive measures against SB is sufficient?"*

174 respondents commented on the evaluation of the sufficiency of the frequency of the use of preventive measures. 104 respondents (59.8%) thought that the frequency of their use of preventive measures *was sufficient* for them*;* 29 respondents (16.7%) assessed that they should use preventive measures *more often than they do now*; and 41 (23.6%) could not assess their need to use preventive measures against SB.

DISCUSSION AND CONCLUSION

The assumption that the length of teaching experience of the respondents has a statistically significant effect on the degree of effectiveness of using preventive measures against SB was confirmed for three preventive measures (limiting administration, following a healthy lifestyle, not taking one's child's inappropriate behavior personally). The p-value of the significance test of the correlation coefficients for these preventive measures is less than 0.05, which means that the degree of effectiveness of these preventive measures increases with increasing length of practice. For other preventive measures, the length of teaching experience of the respondents does not influence their evaluation of the degree of effectiveness against SB in their own person.

However, it was unable to demonstrate that in our study population, the length of teaching experience had a statistically significant effect on the frequency of using preventive measures against SB.

The assumption that kindergarten teachers would be informed about SB has proven true. As the degree indicating more knowledge of SB increased, the number of respondents increased. This is an individual, declarative, subjective self-assessment. Although one respondent stated that she 'knows nothing' about SB, it is assumed that the information was subsequently acquired very quickly, as the other responses were completed. In this specific sub-objective of the research, the investigation did not involve how the respondents would define SB; a choice from a 1 to 5 scale focused on their knowledge of the concept of SB was deemed sufficient. In a repeat survey, however, respondents would be asked to define SB."

When further asked if they knew any preventive measures against SB, 146 out of 182 (80%) respondents said they knew some preventive measures against SB, and 36 (19.8%) said they did not know any preventive measures.

The assumption that the frequency of use of preventive measures is sufficient for the respondents was not clearly confirmed. 174 respondents commented on the evaluation of the sufficiency of the frequency of the use of preventive measures. 104 respondents (59.8%) thought that the frequency of their use of preventive measures was sufficient for them; 29 respondents (16.7%) assessed that they should use preventive measures more often than they do now; and 41 (23.6%) could not assess their need to use preventive measures against SB.

The objectives of the research were met. t was determined which SB preventive measures exhibit a statistically significant effect on the respondents' length of teaching experience in relation to their degree of effectiveness. However, the proof of a statistically significant effect of the length of teaching experience on the frequency of using preventive measures against SB could not be established.

The investigation also encompassed how kindergarten teachers individually assessed their perspectives on the existence of burnout syndrome and how the effectiveness of preventive measures was evaluated based on the proposed levels of efficacy for themselves. The evaluation of efficacy is naturally individual; however, within the

research population, the most effective preventive measures are those that were rated by them with a score of 5. The measures that teachers consider most effective hold the highest median value.

According to Cox, Tisserand, and Taris, further research on SB faces five challenges that require immediate resolution: agreeing on a basic definition and structure of SB; determining whether SB is context-dependent; demonstrating its conceptual distinction from stress; investigating whether it is a continuous or dichotomous condition; and understanding the etiology and causal processes underlying SB (2005, pp. 189-190).

A significant challenge arising from our research is that future kindergarten teachers should be informed about the existence of SB during their pre-service training at faculties of education, given its potential impact at the start of their teaching careers. (e.g., as a result of the changing and increasing demands on this subset of the teaching profession, they may face long-term job stress in the future, which may develop into SB, and the situation may end up with them leaving kindergartens (Dupriez et al., 2010, 2016; Goddard, R. & Goddard, M. 2006). Moreover, SB can result in health issues among teachers, with some authors suggesting the potential for severe consequences (Škobrtal & Badošek, 2013; Saleh & Shapiro, 2008). At the same time, there is a need for students studying in the field of kindergarten teaching to be informed about the possibilities of prevention against SB using school-specific resources (Klusmann et al., 2008) and respecting personal characteristics (Kokkinos, 2007).

In-service training courses for practicing kindergarten teachers should include information on SB research, effective SB prevention strategies, and opportunities for teachers to discuss SB issues with experts. These courses can recommend coping strategies to teachers experiencing emerging or developed SB and guide them to seek expert assistance.

"Positive feedback was received from respondents who returned the questionnaires, indicating appreciation for the newfound knowledge. This held true for respondents who had prior knowledge about SB as well as those who acquired it through completing the questionnaires. Engagements with certain participants during workshops led to their subsequent involvement in sharing research findings and initiating discussions about their SB experiences with their relatives and themselves."

LIMITATIONS

Each of the respondents is a unique individual with original personal characteristics. They grew up, and even now live, in specific and individually different conditions, within environments of different value hierarchies. Depending on the length of their teaching experience, some of them lived, received their education, and became kindergarten teachers even under socialism. Although this is quantitative research, its results are influenced to some extent by these conditions.

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