

## Association between burnout and quality of life in military police officers from two Brazilian corporations

*Associação entre burnout e qualidade de vida em policiais militares de duas corporações brasileiras*

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### ABSTRACT

**Background and Objectives:** military police officers face stress related to increase in violence and devaluation of their profession, which can lead to burnout and compromised quality of life. This study aimed to analyze the association between burnout and quality of life in military police officers from two Brazilian corporations. **Methods:** this was a cross-sectional study of 773 military police officers, 506 (65.5%) from battalions of the Country Police Command - 5<sup>th</sup> Region in São Paulo state and 267 (34.5%) from 3<sup>rd</sup> Military Police Battalion in Paraná state. Data was collected between January and December 2018 using a questionnaire with sociodemographic and professional variables: the Maslach Burnout Inventory (MBI), translated and adapted into Portuguese by Robayo-Tamayo; and the abbreviated version of the World Health Organization Quality of Life (WHOQOL-Bref). **Results:** police officers from São Paulo had significantly better levels of quality of life than police officers from Paraná. There was a predominance of a high level of depersonalization (21.3%) among police officers from Paraná; a medium level of depersonalization (33.9%) among police officers from São Paulo; a medium level of emotional exhaustion and a high level of personal accomplishment in both police forces. **Conclusion:** police officers with low levels of depersonalization and emotional exhaustion had a higher quality of life in the physical health, psychological health, social relationships, environmental health and overall quality of life domains, and police officers with higher levels of personal accomplishment had higher quality of life scores.

**Keywords:** Military Health. Burnout, Professional. Quality of Life. Occupational Health.

## RESUMO

**Justificativa e Objetivos:** os policiais militares enfrentam desgastes relacionados ao aumento da violência e à desvalorização da profissão que podem levar ao esgotamento e comprometimento da qualidade de vida. Este estudo teve como objetivo analisar a associação entre o *burnout* e a qualidade de vida em policiais militares de duas corporações brasileiras. Métodos: estudo transversal, com 773 policiais militares, sendo 506 (65,5%) dos batalhões do Comando de Policiamento do Interior – 5ª Região do estado de São Paulo e 267 (34,5%) do 3º Batalhão de Polícia Militar do Paraná. Os dados foram coletados entre janeiro e dezembro de 2018, utilizando-se um questionário com variáveis sociodemográficas e profissionais: o Inventário de *Burnout* de Maslach (MBI), traduzido e adaptado para o português por Robayo-Tamayo; e a versão abreviada do *World Health Organization Quality of Life* (WHOQOL-Bref). **Resultados:** os policiais paulistas apresentaram níveis de qualidade de vida significativamente melhores dos que os policiais paranaenses. Houve predomínio alto nível de despersonalização (21,3%) entre policiais paranaenses; nível médio de despersonalização (33,9%) entre policiais paulistas; nível médio de exaustão emocional; e nível alto de realização pessoal em ambas as corporações. Quanto maiores os níveis de despersonalização e exaustão emocional dos policiais militares, menor a qualidade de vida. Por outro lado, quanto maior a realização pessoal, maior a qualidade de vida dos profissionais. **Conclusão:** policiais com níveis baixos de despersonalização e de exaustão emocional apresentaram maior qualidade de vida nos domínios físico, psicológico, relações sociais, meio ambiente e na avaliação da qualidade de vida geral, e os policiais com níveis mais elevados de realização pessoal tinham maiores escores de qualidade de vida.

**Descritores:** Saúde Militar. Esgotamento Profissional. Qualidade de Vida. Saúde Ocupacional.

## RESUMEN

**Justificación y Objetivos:** los policías militares enfrentan estrés relacionado con el aumento de la violencia y la devaluación de la profesión, lo que puede provocar agotamiento y comprometer la calidad de vida. Este estudio tuvo como objetivo analizar la asociación entre *burnout* y calidad de vida en policías militares de dos cuerpos brasileños. **Métodos:** se trató de un estudio transversal de 773 policías militares, 506 (65,5%) de los batallones del Comando de Policía Interior - 5ª Región en estado de São Paulo y 267 (34,5%) del 3º Batallón de Policía Militar en estado de Paraná. Los datos se recogieron entre enero y diciembre de 2018, mediante cuestionario con variables sociodemográficas y profesionales: el Inventario de *Burnout* de Maslach (MBI), traducido y adaptado al portugués por Robayo-Tamayo; y la versión abreviada del *World Health Organization Quality of Life* (WHOQOL-Bref). **Resultados:** los policías de São Paulo tenían niveles de calidad de vida significativamente mejores que los policías de Paraná. Predominó un alto nivel de despersonalización (21,3%) entre los policías de Paraná; nivel medio de despersonalización (33,9%) entre los agentes de policía de São Paulo; nivel medio de agotamiento emocional; y alto nivel de realización personal en ambas corporaciones. **Conclusión:** los policías con bajos niveles de despersonalización y agotamiento emocional presentaron mayor calidad de vida en el ámbito físico, psicológico, relaciones sociales, entorno y en la valoración de la calidad de vida general, y los policías con niveles más altos de realización personal tenían puntuaciones más altas en calidad de vida.

**Palabras Clave:** Salud Militar. Agotamiento Profesional. Calidad de Vida. Salud Laboral.

## INTRODUCTION

Military police officers perform important functions, ensuring the safety and well-being of all citizens. These professionals are responsible for inhibiting attacks on social order, providing security and freedom so that all citizens live in accordance with the principles of the law.<sup>1</sup>

Despite the important role played by these professionals, in many regions of Brazil, military police officers experience a lack of professional recognition, low pay and precarious working conditions which, associated with high crime rates, insecurity and lack of technical preparation, have a negative impact on the physical and emotional health, causing exhaustion and compromising quality of life.<sup>2,3</sup>

Studies have shown that soldiers and military police officers have worse mental health and a lower quality of life due to experiencing traumatic events. Furthermore,

reduced time for rest, smoking and lack of healthy lifestyle habits are associated with lower levels of quality of life among police officers.<sup>2,4,5</sup>

According to the Brazilian Public Security Yearbook 2021, in 2019 and 2020, 418 deaths of military police officers were recorded in Brazil due to intentional lethal violent crimes, 26% of which were due to suicide.<sup>6</sup> However, police officers still avoid seeking professional help due to fear of ostracization and stigmatization by the military organization itself, circumstances that end up making access to treatment difficult.<sup>7</sup>

Police work is one of the most frequent causes of conflicts in the family environment, and police officers are among the professionals with the highest divorce rates, in addition to the highest propensity for developing Burnout Syndrome (BS).<sup>3,4,8</sup> BS is an occupational phenomenon characterized by professional exhaustion,

resulting from long exposure to stressors in the work environment and is characterized by physical, mental and emotional exhaustion. Considered an occupational disease by the World Health Organization (WHO), this syndrome is identified as an important cause of high rates of sick leave, absence from work and devaluation of military police officers by their superiors.<sup>9</sup>

In this context, military police officers' health is considered by the Brazilian National Health Promotion Policy (*Política Nacional de Promoção da Saúde*) as a priority factor to be worked on.<sup>10</sup> Stress related to police work, accompanied by a culture in which the display of emotions is seen as a sign of weakness, can affect several dimensions of work and life.<sup>11</sup> Thus, there is a need to work on aspects related to these professionals' quality of life, as physical fatigue and compromised mental health can lead them to adopt irrational attitudes during crises and chaotic situations, which can lead to ineffective performance of professional exercise.<sup>8,12</sup>

In this context, we understand that knowing the association between burnout and quality of life in military police officers can contribute to reducing vulnerabilities and risks of illness related to these professionals' environment and work process, in addition to supporting the implementation of interventions that promote police officers' mental health and quality of life.

Considering the above, this study aimed to analyze the association between burnout and quality of life in military police officers from two Brazilian corporations.

## METHODS

This is a quantitative, observational, cross-sectional, descriptive and correlational study, carried out with military police officers from two Brazilian Military Police Battalions, such as Country Policing Command – 5<sup>th</sup> Region of the state of São Paulo (CPI-5/SP) and 3<sup>rd</sup> Military Police Battalion of the state of Paraná (3<sup>rd</sup> BPM/PR).

The CPI-5/SP has a staff of 2,200 police officers and covers an area of 96 municipalities, with approximately 1.4 million inhabitants. The 3<sup>rd</sup> BPM/PR belongs to the 5<sup>th</sup> Regional Military Police Command of the State and has a staff of 312 police officers, who serve a population of approximately 260 thousand inhabitants. The choice of these battalions occurred due to the existence of a previous connection with the researchers (one of them a former military police officer), who were aware of the labor difficulties that permeate police activity in different regions of Brazil.

All military police officers belonging to the CPI-5/SP and the 3<sup>rd</sup> BPM/PR were considered eligible for the study and, after being invited, consented to participate in the study. Those who were on vacation or away from professional activities, for any reason, during the data collection period, were excluded. All military police officers were invited to participate in the study. The sample was constituted by convenience and consisted of 506 police officers from the CPI-5/SP and 267 police officers from the 3<sup>rd</sup> BPM/PR.

Data were collected in 2018, using a questionnaire

prepared by the authors, containing sociodemographic (age, sex, age group, marital status, education) and professional (position, length of service and work shift of professionals, practice of physical activity and whether they have already responded to the Disciplinary or Justice Council) variables of military police officers, the Maslach Burnout Inventory (MBI), translated and adapted into Portuguese by Robayo-Tamayo,<sup>13</sup> and the abbreviated version of the World Health Organization Quality of Life (WHOQOL-Bref).<sup>14</sup>

The MBI is a self-administered scale composed of 22 questions, which assess BS, based on feelings and attitudes related to work. The scale has three dimensions: emotional exhaustion (EE); depersonalization (DP); and personal achievement (PA). Answers to the questions are given on a five-point Likert scale, where: 1= never; 2 = rarely; 3 = sometimes; 4 = often; 5 = always. The variation of the scale recommended by Robayo-Tamayo<sup>13</sup> was used, as it was considered easier to understand by respondents.

The WHOQOL-Bref is a reduced version of the WHOQOL-100 questionnaire, which has 26 questions, divided into four domains, such as physical health, psychological health, environmental health and social relationships. The answers to each question are given on a Likert-type scale of four types: intensity; capacity; frequency; and assessment. The result is obtained by calculating the mean of the values for each domain.<sup>14</sup> Quality of life scores are a positive scale, i.e., the higher the score, the better the quality of life.<sup>15</sup>

Data collection occurred after authorization from those responsible for each corporation. The researchers contacted the Battalion commanders, explained the objectives of the study and handed over the instruments to the military police officers. After filling out, the police officers delivered the instruments to the Battalion administration in sealed envelopes to guarantee data confidentiality. Each professional had a period of up to 30 days to respond to the research instruments.

Upon receiving the self-administered instruments, no police officer formally refused to participate in the study. However, only 773 returned the answered instruments, 506 (65.5%) police officers from the CPI-5/SP and 267 (34.5%) police officers from the 3<sup>rd</sup> BPM/PR.

The data obtained were entered and stored in a Microsoft Excel<sup>®</sup> spreadsheet, in order to enable analysis according to the proposed objectives. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 25.0.

For BS analysis, the mean of the scores obtained in each dimension was calculated.<sup>13</sup> Professionals with high scores in EE ( $\geq 27$  points) and DP ( $\geq 13$  points) dimensions and low values in PA dimension ( $\geq 39$  points) are considered to have BS.<sup>16</sup>

To assess quality of life, WHOQOL-Bref scores were calculated according to the statistical model provided by the WHOQOL Group, which establishes the calculation of scores on a scale of 4 to 20 for each domain of the questionnaire. To facilitate comparison with other studies, the scores obtained on a scale of 4 to 20 are transformed to a

scale of 0 to 100 using the formula  $[(\text{Average}-4)\times 100/16]$ .<sup>14</sup>  
 To assess the levels of DP, EE and PA according to battalion, sex and age group of military police officers, Pearson's chi-square test was applied. To compare quality of life levels according to these sociodemographic variables, t-test was used for two means and Analysis of Variance (ANOVA) for three or more means.

The comparison of quality of life scores with the levels of EE, DP and PA was performed using the ANOVA test. Pearson's correlation test was applied to verify the degree of relationship between the WHOQOL-Bref domains and the MBI domains. A confidence level of 5% ( $p\leq 0.05$ ) was considered.

In compliance with current ethical aspects regarding research involving human beings (Resolution 466/2012 of the Brazilian National Health Council), the study was approved by the *Faculdade de Medicina de São José do Rio Preto* (FAMERP) Research Ethics Committee on 4 December 2017, under Certificate of Presentation for Ethical Consideration (CAAE - *Certificado de Apresentação para Apreciação Ética*) 47885715.8.0000.5415 and Opinion 2,412,594. Upon receiving the questionnaires, prior to data collection, the police officers who agreed to participate in the study, after providing the necessary clarifications about the research, signed the Informed Consent Form.

## RESULTS

A total of 773 military police officers participated in the study, 506 (65.5%) belonging to the CPI-5/SP and 267 (34.5%) to the 3<sup>rd</sup> BPM/PR. Police officers' mean age was 34.5 years (standard deviation:  $\pm 7.8$  years), with a predominance of professionals aged between 31 and 40 years (39.7%). There was also a higher frequency of male police officers (87.2%), married (67.0%) and with high school (56.2%) (Table 1).

In relation to BS assessment, it was observed that 44.8% of police officers had high levels of DP ( $\geq 13$  points), 67.3% considered high levels of EE ( $\geq 27$  points) and 5.2% low levels of PA ( $\geq 39$  points). No professional presented BS, however, a high risk for developing the syndrome was identified among professionals, given the high prevalence of DP and EE.

In relation to burnout dimensions, there was a predominance of professionals with a high level of DP (21.3%) among military police officers from the 3<sup>rd</sup> BPM/PR and a predominance of professionals with a medium level of DP (7 to 12 points) among military police officers from the CPI-5/SP (33.9%), in addition to predominance of police officers with a medium level of EE (17 to 26 points) in both corporations (3<sup>rd</sup> BPM/PR: 15.5%; CPI-5/SP: 35.2%) and predominance of police officers with a high level of PA ( $\leq 31$  points) in both corporations (3<sup>rd</sup> BPM/PR: 28.4%; CPI-5/SP: 39.1%). It was also observed a predominance of police officers aged between 31 and 40 years old with medium levels (7 to 12 points) of DP (22.0%) and EE (17 to 26 points) (21.1%) and high level ( $\leq 31$  points) of PA (29.7%), and a predominance of police officers with high school and a medium level of EE (17 to

**Table 1.** Sociodemographic profile of military police officers (n=773).

Variable	n (%)
<b>Battalion</b>	267 (34.5)
Paraná	506 (65.5)
São Paulo	
<b>Age group</b>	14 (1.8)
Up to 20 years	250 (32.3)
21 - 30 years	307 (39.7)
31 - 40 years	200 (25.9)
41 years or older	2 (0.3)
Not reported	
<b>Sex</b>	674 (87.2)
Male	98 (12.7)
Female	1 (0.1)
Not reported	
<b>Marital status</b>	518 (67.0)
Married	202 (26.1)
Single	44 (5.7)
Divorced/separated	7 (0.9)
Widower	2 (0.3)
Not reported	
<b>Education</b>	7 (0.9)
Elementary school	434 (56.2)
High school	324 (41.9)
Higher education	8 (1.0)
Not reported	

26 points) (28.2%) (Table 2).

Police officers assessed the general quality of life positively (mean score 69.1). In relation to the WHOQOL-Bref domains, the results showed that police officers have a better level of social relationships (mean score 72.9), showing satisfaction in relationships with friends, family and spouses. On the other hand, the environmental health domain presented the lowest score (61.0), indicating a loss of satisfaction among professionals with aspects involving this domain, such as physical safety and security, financial resources, health and social care, opportunities for acquiring new information and skills, participation in and opportunities for recreation and leisure, in addition to the physical environment.

As shown in Table 3, military police officers from the CPI-5/SP had significantly better quality of life levels than police officers from the 3<sup>rd</sup> BPM/PR in all WHOQOL-Bref domains ( $p < 0.001$ ); there was no statistically significant difference between male and female police officers ( $p > 0.05$ ); younger police officers had better quality of life scores in social relationships ( $p = 0.030$ ), environmental health ( $p = 0.008$ ) and general quality of life ( $p = 0.023$ ) domains; and police officers with higher education had a lower quality of life score in the social relationships domain ( $p = 0.033$ ) than police officers with less education.

When analyzing the association between the quality of life domains and burnout domains (Table 4), it was found that professionals with low levels of DP ( $\leq 6$  points) and EE ( $\leq 16$  points) presented significantly higher scores quality of life in the physical health, psychological

**Table 2.** Assessment of burnout dimensions according to battalion, gender and age group of military police officers.

Variables	Depersonalization			Emotional exhaustion			Personal achievement		
	Low	Medium	High	Low	Medium	High	Low	Medium	High
<b>Battalion</b>		(n=769)			(n=770)			(n=70)	
Paraná	6 (0.8)	34 (12.2)	167 (21.7)	39 (5.1)	135 (17.5)	93 (12.1)	2 (0.3)	46 (6.0)	219 (28.4)
São Paulo	62 (8.1)	261 (33.9)	179 (23.3)	146 (19.0)	271 (35.2)	86 (11.2)	38 (4.9)	164 (21.3)	301 (39.1)
p-value	<b>&lt;0.001</b>			<b>&lt;0.001</b>			<b>&lt;0.001</b>		
<b>Sex</b>		(n=768)			(n=769)			(n=769)	
Male	61 (7.9)	309 (40.2)	300 (39.1)	166 (21.6)	352 (45.8)	153 (19.9)	37 (4.8)	185 (24.1)	449 (58.4)
Female	7 (0.9)	46 (6.0)	45 (5.9)	19 (2.5)	53 (6.9)	26 (3.4)	3 (0.4)	25 (3.3)	70 (9.1)
p-value	0.802			0.456			0.610		
<b>Age group</b>		(n=767)			(n=768)			(n=768)	
Up to 20 years	2 (0.3)	10 (1.3)	2 (0.3)	6 (0.8)	8 (1.0)	-	1 (0.1)	3 (0.4)	10 (1.3)
21 - 30 years	27 (3.5)	118 (15.4)	105 (13.7)	81 (10.5)	119 (15.5)	50 (6.5)	18 (2.3)	64 (8.3)	168 (21.9)
31 - 40 years	12 (1.6)	125 (16.3)	169 (22.0)	50 (6.5)	162 (21.1)	95 (12.4)	7 (0.9)	72 (9.4)	228 (29.7)
41 years or older	26 (3.4)	101 (13.2)	70 (9.1)	47 (6.1)	117 (15.2)	33 (4.3)	14 (1.8)	70 (9.1)	113 (14.7)
p-value	<b>&lt;0.001</b>			<b>&lt;0.001</b>			<b>0.001</b>		
<b>Education</b>		(n=761)			(n=762)			(n=762)	
Elementary school	-	4 (0.5)	3 (0.4)	1 (0.1)	6 (0.8)	-	-	4 (0.5)	3 (0.4)
High school	46 (6.0)	200 (26.3)	185 (24.3)	121 (15.0)	215 (28.2)	96 (12.6)	28 (3.7)	118 (15.5)	286 (37.5)
Higher education	21 (2.8)	149 (19.6)	153 (20.1)	59 (7.7)	184 (24.1)	80 (10.5)	12 (1.6)	85 (11.2)	226 (29.7)
p-value	0.442			<b>0.011</b>			0.355		

**Table 3.** Assessment of quality of life according to battalion, sex and age group of military police officers

Variables	Physical health domain	Psychological health domain	Social relationships domain	Environmental health domain	General quality of life
<b>Battalion</b>					
Paraná	68.1 ± 14.7	67.5 ± 15.6	68.8 ± 17.4	58.7 ± 13.1	65.8 ± 12.5
São Paulo	71.7 ± 14.0	74.6 ± 14.1	75.1 ± 16.0	62.2 ± 13.5	70.9 ± 12.1
p-value	<b>0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>
<b>Sex</b>					
Male	70.7 ± 14.5	72.5 ± 15.2	73.1 ± 16.8	60.9 ± 13.6	69.3 ± 12.6
Female	68.3 ± 13.4	69.9 ± 13.5	71.6 ± 16.2	61.4 ± 12.6	67.8 ± 11.3
p-value	0.099	0.085	0.386	0.760	0.219
<b>Age group</b>					
Up to 20 years	74.0 ± 9.7	77.1 ± 9.9	80.4 ± 20.3	65.0 ± 16.6	74.1 ± 12.5
21 - 30 years	72.1 ± 14.0	72.9 ± 15.5	74.1 ± 16.8	62.1 ± 13.7	70.3 ± 12.6
31 - 40 years	69.5 ± 14.4	70.9 ± 14.8	71.0 ± 16.8	59.0 ± 13.7	67.6 ± 12.4
41 years or older	70.5 ± 14.8	72.8 ± 15.0	73.9 ± 16.0	62.4 ± 12.2	69.7 ± 12.2
p-value	0.119	0.193	<b>0.030</b>	<b>0.008</b>	<b>0.023</b>
<b>Education</b>					
Elementary school	67.9 ± 8.0	69.0 ± 17.7	72.0 ± 7.0	62.1 ± 5.2	67.7 ± 7.4
High school	70.9 ± 14.7	73.2 ± 15.2	74.3 ± 16.4	61.0 ± 13.7	69.9 ± 12.6
Higher education	69.9 ± 14.0	70.7 ± 14.6	71.1 ± 17.2	61.0 ± 13.3	68.2 ± 12.3
p-value	0.539	0.070	<b>0.033</b>	0.978	0.171

health, social relationships, environmental health and assessment of general quality of life. On the other hand, significantly higher quality of life was observed among police officers who presented higher levels of PA ( $\leq 31$  points).

As shown in Table 5, a weak, negative and significant correlation was identified between the DP dimension and the physical health, psychological health, social relationships and environmental health domains, and a moderate, negative and significant correlation between

DP and general quality of life. EE showed a moderate, negative and significant correlation with all quality of life domains (physical health, psychological health, social relationships and environmental health) and with general quality of life. PA showed a positive and significant correlation with all quality of life domains, with a weak correlation with the physical health, social relationships and environmental health domains and moderate with the psychological health domain and general quality of life.

**Table 4.** Association between quality of life and burnout domains in military police officers.

Burnout	Quality of life				
	Physical health domain	Psychological health domain	Social relationships domain	Environmental health domain	General quality of life
<b>Depersonalization</b>					
Low level	79.54 ± 14.15	81.48 ± 15.83	82.72 ± 17.06	70.26 ± 13.06	78.50 ± 12.82
Moderate level	72.95 ± 12.43	75.45 ± 11.82	75.45 ± 14.43	64.02 ± 11.89	71.97 ± 10.23
High level	66.07 ± 14.85	66.82 ± 15.75	68.20 ± 17.46	56 ± 13.20	64.27 ± 12.54
p-value	0.02*	0.01*	0.01*	0.02*	0.02*
<b>Emotional exhaustion</b>					
Low level	80.53 ± 11.88	82.48 ± 11.27	82.97 ± 14.11	69.68 ± 12.03	78.92 ± 10.05
Moderate level	70.38 ± 11.72	72.35 ± 12.09	72.14 ± 14.45	60.06 ± 11.79	68.87 ± 9.84
High level	60.14 ± 14.85	60.94 ± 16.26	64.06 ± 18.58	52.87 ± 13.18	59.50 ± 12.41
p-value	0.01*	0.01*	0.01*	0.02*	0.02*
<b>Personal achievement</b>					
Low level	67.36 ± 13.91	68.53 ± 14.42	69.34 ± 16.46	57.88 ± 12.77	65.78 ± 11.78
Moderate level	75.57 ± 12.58	78.61 ± 12.72	78.67 ± 14.78	66.32 ± 12.02	74.79 ± 10.37
High level	83.57 ± 14.17	84.90 ± 14.46	88.12 ± 13.19	73.36 ± 13.89	82.49 ± 11.74
p-value	0.01*	0.01*	0.01*	0.01*	0.01*

Note: \*One-Way ANOVA test.

**Table 5.** Correlation between quality of life and burnout domains in military police officers.

Burnout	Quality of life				
	Physical health domain	Psychological health domain	Social relationships domain	Environmental health domain	General quality of life
<b>Depersonalization</b>	-0.357	-0.395	-0.333	-0.390	-0.438
p-value	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
<b>Emotional exhaustion</b>	-0.562	-0.566	-0.422	-0.488	-0.605
p-value	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
<b>Personal achievement</b>	0.367	0.425	0.327	0.359	0.440
p-value	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*

Note: \*Significant correlation at the 0.01 level; Pearson's correlation test.

## DISCUSSION

Military police officers assessed their general quality of life positively, despite showing a slight loss of satisfaction related to the environmental health domain, which includes physical safety and security, financial resources, health and social care, opportunities for acquiring new information and skills, participation in and opportunities for recreation and leisure. Although no police officer presented BS, the prevalence of professionals with high DP (44.8%) and/or EE (67.3%) highlights the risk of developing BS. Quality of life correlated inversely with DP and EE and positively with PA.

These results support the literature, which indicates good levels of satisfaction among military police officers with their quality of life, although they present losses in the environmental domain.<sup>8,17</sup> However, it is essential to carry out actions that promote awareness about mental health among public security professionals, aiming to facilitate the implementation of prevention and intervention measures in mental health.<sup>18</sup>

As it is an environment permeated by constant

pressure, due to the rigidity of the hierarchical culture, precarious conditions, violence and risk of death, the work of military police officers can alter their way of acting and thinking, causing feelings of fear, escape and despair, in addition to make it difficult to carry out daily activities and harm the establishment of priorities, negatively impacting the quality of life of these professionals.<sup>7,19</sup>

Fear is present daily in the activities of these professionals, who fear for themselves or their families, given the high rate of victimization of police officers, both while on duty and on their days off. Furthermore, high physical, cognitive and psychological demands placed on police officers during work activities may exceed their ability to cope.<sup>20-22</sup> In this context, professionals become susceptible to the development of BS, as we saw in this study.

As burnout is a disease with a significant impact on workers' health and performance, with the potential to influence the activities of daily living and the quality of life of military police officers, it is important to implement public policies that include actions capable of reducing the negative impacts of occupational stress present in police work, since interventions and actions aimed at

promoting the quality of life and well-being of police officers in military institutions are still incipient.<sup>7,18,23</sup>

In the environment of military corporations, it is common for emotional reactions to be perceived as weakness and the expectation that people should not have emotional reactions can generate internal conflicts within police officers. In this context, public stigma (others' perception of individuals) and/or low self-esteem (a person's perception of themselves) can trigger a feeling of not belonging, which negatively affects police officers' mental health.<sup>24</sup>

Some fundamental aspects characterize BS, such as emotional insensitivity, excessive tiredness, a feeling of "emptiness" and loss of self-esteem<sup>25</sup>. In the present study, the number of police officers with high levels of DP or EE draws attention to the need to implement preventive actions and programs to reduce emotional, physical and social damage caused by professionals' work practice.

In this context, the results point to the emerging need for strategies and interventions that seek to address the problems experienced by military police officers and the consequences for these professionals' physical and mental health, in addition to addressing the barriers that impede the development of strategies and interventions in military organizations.

The main limitation of this study is related to the convenience sample, which poses a risk of obtaining responses from professionals who are more encouraged and have better quality of life and mental health conditions. On the other hand, the results provide a diagnosis of police officers' perception of their quality of life, in addition to identifying the high risk for the development of BS in the study population. They thus contribute to identifying the need for management strategies and health care for these workers, which can improve police officers' working conditions and favor the improvement of public safety in local society.

The study showed that police officers with low levels of DP and EE had a higher quality of life in the physical health, psychological health, social relationships, environmental health and assessment of general quality of life. Police officers with higher levels of PA had higher quality of life scores. There was also a negative association between DP and EE with quality of life domains. These results show that military police officers are subject to losses in quality of life as a result of compromised mental health, reinforcing the importance of developing strategies and interventions that promote the quality of life of these workers, identify and prevent the factors that cause exhaustion and that contribute to the development of negative feelings, such as DP and EE.

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## AUTHORS' CONTRIBUTIONS

**Jacqueline Flores de Oliveira, Luciano Garcia Lourenção and Fernando Braga dos Santos** contributed to project design and administration; writing the manuscript and approving the final version. **Thiago Roberto Arroyo, Evellym Vieira and Marcio Andrade Borges** contributed to the critical review of the manuscript and approval of the final version.

All authors are responsible for all aspects of the work, including ensuring its accuracy and integrity.