

Motorized Mobility (ALP)-version 2.0" scale and the attainment of rehabilitation goals, assessed using the Goal Attainment Scaling (GAS). Assessments were performed by previously trained independent examiners at weeks 0, 8, 12 e 16.

Results: Four children with CZS participated, two males, aged between 3 and 6 years, three were classified as level V and one as level IV in the Gross Motor Function Classification System (GMFCS). All had moderate to severe intellectual disability, and two associated visual impairment. After the 12 weeks of intervention with powered ride-on cars, changes in mobility learning were observed, with an increment of one or two points in ALP, and clinically significant changes in GAS scores, when compared to week 0, in all participants.

Conclusion: The intervention with modified powered ride-on cars was potentially capable of increasing learning in motorized mobility and contributing to the achievement of rehabilitation goals in children with CZS. We suggest the development of clinical trials to explore the effects of the intervention on functional gains and participation of children with CZS.

Implications: The study presents a fun and low-cost intervention option, through powered mobility training with motorized ride-on cars for children with CZS and severe motor and cognitive impairment, which can be implemented in the child's natural context. In addition, the work contributes to fostering future intervention studies and contributing to evidence-based clinical practice for children with CZS in Brazil.

Keywords: Congenital Zika Syndrome, Child, Powered mobility

Conflict of interest: The authors declare no conflict of interest.

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EFFECTIVENESS OF INTERVENTIONS FOR HIGHER EDUCATION TEACHERS WITH BURNOUT SYNDROME: A SYSTEMATIC REVIEW

Jean Paulo Farias^{1,2}, Arthur de Sá Ferreira²

¹ Faculdade Inspirar, Curitiba, Paraná, Brasil

² Postgraduate Program in Rehabilitation Sciences, Augusto Motta University Center (UNISUAM), Rio de Janeiro, Rio de Janeiro

Background: Burnout Syndrome is a highly prevalent condition among higher education teachers (HET) and can bring consequences such as high levels of emotional exhaustion, depersonalization and reduced professional achievement. The extent to which interventions are effective in managing Burnout Syndrome in higher education teachers remains uncertain.

Objectives: Systematically review the literature on the effectiveness of interventions for Burnout Syndrome in higher education teachers.

Methods: We systematically searched the MEDLINE, LILACS, Index Psicologia, SciELO, BVS and PubMed databases in search of randomized clinical trials on interventions in Burnout Syndrome. Full texts of included studies were screened to extract data on study design, country, type of population, number of participants, characteristics of interventions, and summary of results. The methodological quality of the studies was assessed using the Physiotherapy Evidence Database (PEDro) scale.

Results: Seven randomized controlled trials were selected, with a total of 367 participants and samples ranging from 17 to 185 participants. Five interventions were identified: Cognitive Behavioral Therapy (CBT), Multidisciplinary Meeting with Guided Discussion, Meditation, Stress Management Programs and Auriculotherapy; however, studies reported efficacy in terms of reducing Burnout Syndrome only for CBT interventions ($p < .001$ for Emotional Exhaustion; $p = .006$ for Depersonalization and $p < .001$ for Personal Fulfillment) and Multidisciplinary Meetings with Discussion Guide ($p < .001$ for Emotional Exhaustion and $p = .006$ for Depersonalization). The average score, according to the PEDro scale, was 8/10 points, ranging from 5 to 10 points.

Conclusion: As for the identified interventions, evidence was found from a small number of studies, small samples and moderate to high methodological quality that suggest that CBT sessions can be effective for Burnout as well as collective interventions of Multidisciplinary Meetings with Discussion Guide. Additionally, such interventions also proved to be effective in increasing HES engagement. Furthermore, Meditation, as an individual intervention, seems to improve anxiety and resilience.

Implications: This result implies the need for more research to be carried out to replicate the interventions discussed here and to investigate others, to improve the quality of life of higher education teachers at all stages of their teaching careers.

Keywords: Burnout syndrome, Higher education teacher, Intervention

Conflict of interest: The authors declare no conflict of interest.

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MAPPING EVIDENCE ON BURNOUT SYNDROME IN UNIVERSITY PROFESSORS AND ITS RELATIONSHIP WITH ERGONOMIC AND BIOPSYCHOSOCIAL FACTORS: A SCOPE REVIEW

Jean Paulo Farias^{1,2}, Arthur de Sá Ferreira²

¹ Faculdade Inspirar, Curitiba, Paraná, Brasil

² Postgraduate Program in Rehabilitation Sciences, Augusto Motta University Center (UNISUAM), Rio de Janeiro, Rio de Janeiro

Background: The professional routine of university professors has been gaining prominence in research on Burnout Syndrome (BS), having been considered by the International Labor Organization (ILO) as the most prone to its development, and several studies in the last 20 years corroborate this statement. According to the World Health Organization (WHO) BS is the result of chronic stress in the workplace that has not been successfully managed.

Objectives: Map the evidence on BS in higher education teachers and its relationship with ergonomic and biopsychosocial factors.

Methods: We carried out a scope review of articles published up to 2021 in Pubmed, Medline, Lilacs and Index Psicologia databases, extracting characteristics of the population, location, study design, BS assessment instruments and synthesis of evidence regarding ergonomic and biopsychosocial factors.

Results: Eighteen studies were found in 12 countries, and most used a cross-sectional design (17/18, 94%). Among the evaluation methods used for BS, MBI - Burnout Maslach Inventory was the most used (9.75%), followed by JR-D - Work Demands-Resources (1.8%), CBI-BR - Copenhagen Burnout Inventory -Brazilian (1.8%), BAT - Burnout