



## The Effectiveness of Wisdom-Therapy on EFL Teachers' Occupational Burnout

Rasool Kurd Noqabi, Ph.D.

Maryam Asoodeh, M.A.

Department of Psychology, Bu-Ali Sina University, Hamedan, Iran

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### Abstract

Wisdom is a concept which has been extensively studied in many researches during recent years. On the other hand, occupational burnout is an issue that has affected teachers' activities for many years. Occupational burnout is caused by increasing responsibility of teachers over the years. To study the effect of wisdom-therapy on teachers' occupational burnout, 34 EFL (English as a Foreign Language) teachers who worked in Hamedan high schools were selected using convenience sampling method and assigned randomly into two groups of experimental and control, each including 17 teachers. Maslach Burnout Inventory-Educator's Survey developed by Maslach, Jackson, and Leiter (1996) was used for examining teachers' occupational burnout and using one of wisdom-therapy techniques, teachers of the experimental group received training in ten sessions. Finally, using the mentioned inventory, teachers' occupational burnout was examined again. The results of ANCOVA revealed that wisdom-therapy had a significant effect in reducing the level of occupational burnout, depersonalization and emotional exhaustion among Iranian EFL teachers. In addition, the results also showed that wisdom-therapy had a significant effect in improving the level of personal accomplishment. Thus, it is suggested that wisdom-therapy techniques be used in education and be part of teachers' training.

**Keywords:** EFL Teachers, Occupational Burnout, Wisdom, Wisdom-Therapy

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**Corresponding Author:** Rasool Kurd Noqabi

**Email:** rkordnohabi@gmail.com

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### Introduction

As teachers become vital elements of education and play one of the most significant and influential roles in teaching settings, they have recently become the main focus of attention in the mainstream of education (Akbari, Kiany, Imani Naeeni & Karimi Allvar, 2008). A typical aspect of teachers' occupation is its highly emotional nature. Teachers have become overburdened with the innumerable demands including governmental mandates, university, school or private institute safety, arrangement of curriculum, and responsibility of high

stakes (Fox, 2012). The psychological states of teachers are depended on several factors and if they are not provided with, it may lead to dissatisfaction of their occupation and consequently burnout.

Burnout was defined by Maslach (2003) as "a prolonged response to chronic emotional and interpersonal stressors on the job and is defined here by the three dimensions of exhaustion, cynicism, and sense of inefficacy" (p.189). Jude and Grace (2011) stated that burnout often starts with a feeling of physical, mental, or emotional fatigue and it is related to the lack of interest

in the job, negative feelings about work, lack of self-esteem and loss of motivation.

Several studies (e.g., Schaufeli, Daamen, & Van Mierlo, 1994; Smith, Brice, Collins, Mathews, & McNamara, 2000; Travers & Cooper, 1993) have shown that teaching compared to other professions has higher level of stress, although there is significant contextual variation in teaching trainings. According to Jennett, Harris and Mesibov (2003), all teachers may experience stress in their work, however the effects of this stress and its reasons may be different among them. Similarly, different research investigations have indicated that teachers experience high levels of stress and burnout (Reglin & Reitzammer, 2008) and one-half of them leave the profession within their initially five years of teaching experience (Ingersoll & Smith, 2003). Moreover, as Minarik, Thornton and Perreault (2003) maintained, the leaving rate of teacher profession is significantly higher than the departure rate in other occupations.

The consequences of teachers' burnout comprise of their decline in meeting profession accountabilities, dwindled energy and motivation, an onslaught of corporeal deficiencies, augmented truancy, and attrition (McMahan, 2003). In addition, research proposes that, when teachers' experience burnout, quality teaching is compromised, they are incapable of sufficiently devoting themselves to their career, the work quality decreases, and also students are undesirably impacted (Yong & Yue, 2007). Accordingly, teachers' burnout has been recognized as a serious occupational problem in educational systems in the world (Loonstra, Brouwers, & Tomic, 2009).

Different factors have been found to be related with burnout among teachers. Chang (2009) classified the factors of teachers' burnout in three groups, i.e., organizational, transactional and individual factors. According to Chang (2009), organizational factors involve work overload, large class size, lack of resource and students problems, while transactional factors include peer and administrative support, teacher efficacy, and internal rewards. Individual features include personality qualities of teachers, their educational backgrounds, their years of teaching experience and marital status (Chang, 2009). Different individual factors such as age, gender, experience, educational degree, and marital status have been considered as associated with burnout in different studies (e.g., Akbari & Tavassoli, 2012; Jamshidirad, Mukundan & Nimehchisalem, 2012; Vaezi & Fallah, 2011).

One of the individual factors that might have also an influence on teachers' burnout is the concept of wisdom or wisdom-therapy, which was coined in the 1920s by

Hall (1922) in reference to an ideal endpoint for the development of the human. This concept lurked in the dark isolation up to the early and mid-1970s, when empirical research about wisdom began (Staudinger & Gluck, 2011). While there is no consensus on the definition of wisdom in the literature, Kunzmann (2004) defined wisdom as "a perfect, perhaps utopian, integration of knowledge and character, of mind and virtue" (p. 504). As pointed out by Bergsma and Ardel (2012), wise individuals have a lot of positive features including a mature personality, superior skills in judgment and the ability to cope with the difficulties of life. Moreover, as aptly Kurd Noqabi (2021) asserted, wise individuals are believed to have cognitive empowerment, passion for learning, reflection and revision, caring for others, problem solving skills in real life, self-transcendence, tolerance of ambiguity, openness to experience, and balance in life. Kord Noqabi (2021) further stated that there are seven techniques of personal wisdom therapy, namely, flower and stone techniques, thematic diagrams of life, eternal repetition of life, chapters of the book of life, key scenes of life, the next chapter of life, and a study of the challenges of life. Despite the urgent need for more wisdom in today's society (Bruya & Ardel, 2018; Lee, Chen, & Xie, 2013), wisdom becomes a forgotten sector in education.

In line with what has been discussed above and despite the importance of teachers' occupational burnout (Chang, 2009; Maslach, 2003; McMahan, 2003) and wisdom-therapy (Bergsma & Ardel, 2012; Bruya & Ardel, 2018; Kord Noqabi, 2020; 2021), up to now, no single study has ever investigated the possible effectiveness of wisdom-therapy on reducing teachers' burnout. Accordingly, this study was an attempt to fill this gap and to empirically explore the possible effectiveness of wisdom-therapy on EFL teachers' occupational burnout in the context of Iran. Consequently, this study intended to answer the following research questions:

1. Does wisdom-therapy have a statistically significant effect on EFL teachers' occupational burnout?
2. Does wisdom-therapy have a statistically significant effect on EFL teachers' personal accomplishment?
3. Does wisdom-therapy have a statistically significant effect on EFL teachers' depersonalization?
4. Does wisdom-therapy have a statistically significant effect on EFL teachers' emotional exhaustion?

## Review of the Literature

### Wisdom and wisdom-therapy

"Stanley Hall (1922) was probably the first psychologist to mention the concept of wisdom. He also associated the development of wisdom in a person with the

emergence in later adulthood of a meditative attitude, philosophic calmness, impartiality, and the desire to draw moral lessons” (Staudinger & Gluck, 2011, p.215). In other words, in early writings about wisdom, it was described as an ideal endpoint for the development of the human. Empirical research about wisdom began in the 1970s. (Staudinger & Gluck, 2011). According to Webster (2003), “wisdom is a multidimensional construct” (p.13). However, research on these dimensions is still ongoing, but there is relative agreement that whatever the constituent elements of wisdom are, they act in a coherent manner.

Wisdom is defined as the power of judging rightly as well as following the soundest course of action, based on knowledge, understanding, etc. (Sternberg, 1998, p.347). Many authors present different meanings for wisdom and as Yang (2008) argues, although thus far psychologist working in this field have not reached an agreement about the manner of defining wisdom, but many presented definitions of wisdom could be categorized into four groups: first, wisdom can be defined as a combination of personality characteristics. Second, wisdom can be defined as positive results of our development. Third, wisdom can be defined as a system of knowledge about the concept and the meaning of the life. Finally, the fourth definition says that wisdom is a real process that is completed because of certain generated effects. Kunzmann (2004, p. 504) defined wisdom as “a perfect, perhaps utopian, integration of knowledge and character, of mind and virtue”. Wise people have a lot of positive characteristics, such as a mature personality, superior skills in judgment and the ability to cope with the difficulties of life (Bergsma & Ardelt, 2011).

According to the studies that have been done so far, there is no significant relationship between wisdom and intelligence and intelligent man is not necessarily a wise man, but in order to achieve wisdom, intelligence is one of the main requirements. What has been proven so far, indicates that intelligent man is not only more successful in achieving wisdom, but can also abuse his intelligence and provide damages to the growth of his intellect.

According to Kord Noqabi (2020), intelligent people have errors in their decisions compared to less intelligent people, which can impair the decision making of rational people. Some of these intellectual mistakes include self-centeredness, omniscience, and omnipotence, and invulnerability. Relying on his intelligence, the intelligent person imagines that he knows everything and can do anything, and in this way, he is not harmed, and all these exaggerated notions add to his egocentricity, and all of these are the obstacles that block the human path towards achieving wisdom and instead make him away from thinking and acting wisely.

According to Staudinger and Gluck (2011), the “age” factor is neither necessary nor sufficient to achieve wisdom. We all know that with age, wisdom doesn't necessarily increase, and young people can be wise people. The idea that age factor is associated with wisdom apparently stems from the idea that life experiences which are more prevalent in older people, facilitate the attainment of wisdom, while researches have not achieved a significant relationship in this regard.

Also, there was no significant relationship between wisdom and “gender” in the studies, but the external manifestations of wisdom are different in men and women's behaviors. Gluck, Strasser and Block (2009) argue that there is some difference in views of men and women about wisdom in situations where men and women display their wisdom. They believe that women reveal their wisdom more in family situations and interpersonal relationships, and men manifest their wisdom in their careers and careers. In the same vein, Orwell and Aachen Baum (1993) also saw the link between wisdom and gender as meaningless and believe that men and women present their wisdom in different ways. Men mostly use their wisdom in intellectual and cognitive fields, and women reveal their wisdom in the field of interpersonal relationships and human communication.

Kord Noqabi (2021) in his book entitled "Wisdom Therapy", summarized the characteristics of wise people as follows: cognitive empowerment, passion for learning, reflection and revision, caring for others, problem solving skills in real life, self-transcendence, tolerance of ambiguity, openness to experience, and balance in life. In this book, the author narrates the difference between the knowledge of the wise from the knowledge of ordinary people and considers the knowledge of the wise as interpretive knowledge, but the knowledge of ordinary people is described as descriptive knowledge. Also, wise people are enthusiastic and motivated to learn new issues and use deep thinking and reflection to understand the meaning of things. Empathy and compassion are prominent features of them and use their skills in life to solve problems. They don't rush to make decisions, and the ambiguity and complexity of their affairs doesn't bother them. They welcome new experiences and take advantage of past experiences and maintain balance in all areas of their lives.

Through two methods, full implementation of wisdom-therapy protocol helps clients to have more control over their lives and live more consciously. This is done by retrieving, reviewing, and reconstructing past experiences. By reviewing the life, more self-awareness becomes possible, which can help in the formation of a new identity and distance from the destructive identity

of the past. In this way, the present decisions of the person are less affected by past learnings and his/her ingrained mental patterns, and consciousness enters the process of his/her decisions. In this way, the clients learn not directly, but at a deeper level. The method that the client use during the sessions to solve their problems is wising. Wising means using the power of correcting and thinking to analyze problems. Rationality means living consciously and not being deceived by minds deception. The duty of wisdom therapy and especially the technique used in this study is to improve the reasoning process of teachers and ultimately reduce the rate of burnout in them.

### Occupational Burnout

As Lee, Chen, and Xie argues, the term “burnout” was coined by Herbert Freudenberg in 1974. “Burnout is a syndrome characterized by emotional exhaustion and cynicism that occurs frequently among individuals who do “people work” of some kind” (Lee, Wu, & Du, 2019, p.295). In a study of burnout aspects, Saracen and Saracen (1992) found that experiencing burnout leads to indifference to work, creates feelings of discomfort, and in addition, creates feelings of deprivation and, in most cases, physical symptoms. (cited in Behnia, 2000)

According to Bruya and Ardel (2018), schools and universities “teach a wide range of knowledge and skills, some of which are narrow and domain-focused, others of which are morally neutral, others of which are intentionally pro-social”. (p.106). Despite the urgent need for more wisdom in today’s society, wisdom becomes a forgotten sector in education. However, in recent years, some researches have been done about the introduction of wisdom into education. This research is an attempt to introduce and use wisdom therapy in teacher training. In recent years, teachers have suffered from occupational burnout due to overwork.

As Lee, Chen, and Xie (2013) argued, “school organizations have been reinforced in response to the rapid social changes in an increasingly multicultural and complex world” (p. 985). So, this is inevitable that duties of teachers have increased too, year by year and the teachers have to face many responsibilities and pressures, and all of these factors cause teachers’ burnout.

To the best knowledge of the researchers, despite the fact that many studies (e.g., Betoret & Artiga, 2010; Demerouti, Mostert & Bakker, 2010; Fallah, 2011; Ghahramani, Arastehnazari & Meemar, 2011) have been done on the teachers’ burnout, no studies have been done on the impact of wisdom-therapy on teacher burnout. To this end, the researchers set out in this study to address this gap by finding the possible effect of

wisdom-therapy on reducing teacher burnout has. As stated earlier, there are different techniques of personal wisdom therapy (Kord Noqabi, 2021), it is noteworthy that the researchers used the “key scenes of life” technique and set 10 sessions in one protocol in this format and taught the experimental group of teachers who suffer from occupational burnout.

### Method

#### Design

This study is quasi-experimental because the participants were selected non-randomly and were randomly assigned into two groups of experimental and control. Wisdom-therapy was the independent variable and burnout is considered as dependent variable. Also, the teaching experience of the participants, being 15-20 years, was assumed as control variable.

#### Participants

The 34 participants of this study were chosen from different high schools in Hamadan. They were female EFL teachers teaching English in the academic year 1399-1400. Their mother tongue were Persian and their teaching experience varied from 15 to 20 years. Moreover, their age ranged from 38 to 48. The participants were selected based on convenience sampling procedure. That is, the participants were non-randomly selected and were randomly assigned into two groups of experimental and control each included 17 participants. The demographics of participants are shown in Table 1.

**Table 1.**  
*The Demographics of Participants*

| Demographic Variable | Frequency   |     |
|----------------------|-------------|-----|
| <b>Gender</b>        | Male        | --- |
|                      | Female      | 34  |
| <b>Degree</b>        | BA          | 20  |
|                      | MA          | 14  |
|                      | Ph.D.       | --- |
| <b>Experience</b>    | 15-20 years | 34  |
| <b>Age</b>           | 38-48       | 34  |

#### Instruments

##### Maslach Burnout Inventory-Educator’s Survey (MBI-ES)

First, the participants of the study (i.e., 34 EFL teachers) were randomly divided into experimental and control

groups (i.e., 17 teachers in experimental group and 17 teachers in control group). Then, the Maslach Burnout Inventory-Educator's Survey (MBI-ES) was distributed among the participants that were selected by convenience sampling method. To collect data, the researchers initially considered the scores of the questionnaires in both experimental and control groups as pre-test. Afterwards, the researchers presented 10 training sessions (see Table 2) based on personal wisdom therapy approach with one-week intervals for teachers.

## Procedure

In order to measure the participants' burnout, the MBI-ES primarily developed by Maslach, Jackson, and Leiter (1996) was used. It has 22 seven point Likert scale items. The inventory produces 3 scores for each of the constructs of burnout, namely, emotional exhaustion, depersonalization and personal accomplishment. As pointed out by Maslach, Schaufeli and Leiter (2001), the Cronbach alpha of 0.90 for exhaustion, 0.76 for depersonalization and 0.76 for accomplishment was estimated. The administration of this instrument took approximately fifteen minutes. Moreover, using Cronbach's alpha consistency, the reliability of the MBI-ES in this study was calculated to be  $\alpha=0.82$ .

**Table 2.**  
*Training Protocol for Key Life Scenes Technique*

|                   |   |
|-------------------|---|
| <b>Session 1</b>  | The concept of wisdom and its impact on life were explained to teachers, briefly explained about seven wisdom therapy techniques, and five important questions to answer at each stage were explained.  |
| <b>Session 2</b>  | Some explanations were presented about peak experiences or high points of life and teachers were asked to describe their peak experience and answer five questions outlined in the technique.   |
| <b>Session 3</b>  | Some explanations were presented about low experiences or low points of life and teachers were asked to describe their low experience and answer five questions outlined in the technique.  |
| <b>Session 4</b>  | The researcher explained life milestones and asked teachers to explain their life milestones and answer five questions outlined in the technique.   |
| <b>Session 5</b>  | Researcher asked teachers to describe a positive memory of their childhood and adolescence and answer five questions outlined in the technique.   |
| <b>Session 6</b>  | Researcher asked teachers to describe a negative memory of their childhood and adolescence and answer five questions outlined in the technique.   |
| <b>Session 7</b>  | The researcher asked teachers to describe an important and meaningful memory of their adulthood and answer five questions outlined in the technique.  |
| <b>Session 8</b>  | Researcher urges teachers to describe an event of their lives in which they have behaved wisely and answer five questions outlined in the technique.  |
| <b>Session 9</b>  | Researcher asked teachers to describe it if they had a spiritual and mystical experience in their lives and answer five questions outlined in the technique.  |
| <b>Session 10</b> | In the last session, the researcher asks teachers to think about positive and negative experiences and milestones in their careers, use positive experiences of their jobs, enjoy their jobs, enthusiastically move towards more learning, reflect on their professional experiences, and wisely prevent their burnout. |

It is noteworthy that due to the acute coronavirus conditions, the research environment was arranged virtually through WhatsApp and the training sessions were recorded and placed in the WhatsApp group consisting of researchers and teachers in the experimental group. At the end of the intervention, the abovementioned questionnaire was administered once again to the participants in both experimental and control groups.

## Findings

This study intended to identify the effectiveness of wisdom-therapy on EFL teachers' occupational burnout. Table 3 shows the descriptive statistics of the pretest and posttest administration of both experimental and control groups.

**Table 3.**  
*Descriptive Statistics of the Groups*

|   | <b>Group</b> | <b>N</b> | <b>Mean</b> | <b>Std. Deviation</b> | <b>Std. Error Mean</b> |
|---|--------------|----------|-------------|-----------------------|------------------------|
| <b>Pretest-Burnout</b>                  | Experimental | 17       | 72.47       | 5.76                  | 1.39                   |
|   | Control      | 17       | 68.41       | 6.61                  | 1.60                   |
| <b>Posttest-Burnout</b>                 | Experimental | 17       | 59.05       | 6.11                  | 1.48                   |
|   | Control      | 17       | 71.82       | 6.65                  | 1.61                   |
| <b>Pretest-Personal Accomplishment</b>  | Experimental | 17       | 24.70       | 3.60                  | .87                    |
|   | Control      | 17       | 23.82       | 2.98                  | .72                    |
| <b>Posttest-Personal Accomplishment</b> | Experimental | 17       | 29.47       | 3.71                  | .89                    |
|   | Control      | 17       | 23.47       | 2.29                  | .55                    |
| <b>Pretest-Depersonalization</b>        | Experimental | 17       | 21.17       | 1.62                  | .39                    |
|   | Control      | 17       | 20.11       | 2.64                  | .64                    |
| <b>Posttest-Depersonalization</b>       | Experimental | 17       | 12.58       | 2.31                  | .56                    |
|   | Control      | 17       | 21.23       | 2.04                  | .49                    |
| <b>Pretest-Emotional Exhaustion</b>     | Experimental | 17       | 26.58       | 4.51                  | 1.09                   |
|   | Control      | 17       | 24.47       | 6.45                  | 1.56                   |
| <b>Posttest-Emotional Exhaustion</b>    | Experimental | 17       | 17.00       | 2.80                  | .68                    |
|   | Control      | 17       | 27.11       | 6.20                  | 1.50                   |

In order to inspect the normality of the distributions, One-Sample Kolmogorov-Smirnov Test was run, results of which are presented in Tables 4 and 5.

**Table 4.**  
*One-Sample Kolmogorov-Smirnov Test for the Experimental Group*

|                                 |                       | <b>Pretest-Burnout</b> | <b>Posttest-Burnout</b> | <b>Pretest-Personal Accomplishment</b> | <b>Posttest-Personal Accomplishment</b> | <b>Pretest-Depersonalization</b> | <b>Posttest-Depersonalization</b> | <b>Pretest-Emotional Exhaustion</b> | <b>Posttest-Emotional Exhaustion</b> |
|---------------------------------|-----------------------|------------------------|-------------------------|--|---|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <b>N</b>                        |                       | 17                     | 17                      | 17                                     | 17                                      | 17                               | 17                                | 17                                  | 17                                   |
| <b>Normal Parameters</b>        | <b>Mean</b>           | 72.47                  | 59.05                   | 24.70                                  | 29.47                                   | 21.17                            | 12.58                             | 26.58                               | 17.00                                |
|                                 | <b>Std. Deviation</b> | 5.76                   | 6.11                    | 3.60                                   | 3.71                                    | 1.62                             | 2.31                              | 4.514                               | 2.80                                 |
| <b>Most Extreme Differences</b> | <b>Absolute</b>       | .10                    | .13                     | .11                                    | .16                                     | .30                              | .18                               | .18                                 | .20                                  |
|                                 | <b>Positive</b>       | .09                    | .13                     | .11                                    | .10                                     | .30                              | .18                               | .12                                 | .20                                  |
|                                 | <b>Negative</b>       | -.10                   | -.10                    | -.10                                   | -.16                                    | -.22                             | -.12                              | -.18                                | -.17                                 |
| <b>Kolmogorov-Smirnov Z</b>     |                       | .43                    | .54                     | .47                                    | .67                                     | 1.26                             | .77                               | .77                                 | .84                                  |
| <b>Asymp. Sig. (2-tailed)</b>   |                       | .99                    | .92                     | .97                                    | .75                                     | .08                              | .58                               | .59                                 | .46                                  |

As presented in Table 4.2, all the Sig. values of One-Sample Kolmogorov-Smirnov Test for the experimental group's pretest and posttest scores are higher than the

critical value (.05). Therefore, the normality of distribution for the scores is supported.

**Table 5.**  
*One-Sample Kolmogorov-Smirnov Test for the Control Group*

|                          |                | Pretest-Burnout | Posttest-Burnout | Pretest-Personal Accomplishment | Posttest-Personal Accomplishment | Pretest-Depersonalization | Posttest-Depersonalization | Pretest-Emotional Exhaustion | Posttest-Emotional Exhaustion |
|--------------------------|----------------|-----------------|------------------|---------------------------------|----------------------------------|---------------------------|----------------------------|------------------------------|-------------------------------|
| N                        |                | 17              | 17               | 17                              | 17                               | 17                        | 17                         | 17                           | 17                            |
| Normal Parameters        | Mean           | 68.41           | 71.82            | 23.82                           | 23.47                            | 20.11                     | 21.23                      | 24.47                        | 27.11                         |
|                          | Std. Deviation | 6.61            | 6.65             | 2.98                            | 2.29                             | 2.64                      | 2.04                       | 6.45                         | 6.20                          |
| Most Extreme Differences | Absolute       | .11             | .17              | .12                             | .19                              | .30                       | .19                        | .12                          | .16                           |
|                          | Positive       | .11             | .17              | .12                             | .19                              | .13                       | .19                        | .12                          | .16                           |
|                          | Negative       | -.10            | -.12             | -.10                            | -.15                             | -.30                      | -.15                       | -.11                         | -.12                          |
| Kolmogorov-Smirnov Z     |                | .47             | .73              | .50                             | .79                              | 1.26                      | .81                        | .49                          | .67                           |
| Asymp. Sig. (2-tailed)   |                | .98             | .65              | .96                             | .54                              | .08                       | .52                        | .96                          | .75                           |

As indicated in Table 5, all the Sig. values of One-Sample Kolmogorov-Smirnov Test for the control group's pretest and posttest scores are higher than the critical value (.05). Therefore, the normality of distribution for the scores is supported.

**The First Research Question: Does wisdom-therapy significantly affect EFL teachers' occupational burnout?**

The first research question attempted to examine whether wisdom-therapy had any significant effect on EFL teachers' occupational burnout. Consequently, a set of ANCOVA was run. The test and its preconditions are discussed in the following sections. All sets of scores of course enjoyed normalcy as demonstrated earlier (Tables 4 and 5); hence, this prerequisite need not be discussed. With the first assumption of normalcy in place, the second procedure was testing the homogeneity of variance for which the Levene's test was run; as is shown in Table 6 below, the variances

were not significantly different ( $F(2,32) = 0.02, p = 0.87 > 0.05$ ).

**Table 6.**  
*Levene's Test of Equality of Error Variances (1)*

| F   | df1 | df2 | Sig. |
|-----|-----|-----|------|
| .02 | 1   | 32  | .87  |

As one covariate is being investigated (the pretest), the third assumption of the correlation among covariates did not apply in this case. The fourth assumption is that of homogeneity of regression slopes. Table 7 below shows that the interaction (i.e. Group\* Pretest) is 0.81 which is larger than 0.05 thus indicating that the assumption of homogeneity of regression slopes has not been violated.

**Table 7.**  
*Tests of Between-subjects Effects (1)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 1841.49                 | 3  | 613.83      | 21.64 | .00  |
| Intercept       | 127.61                  | 1  | 127.61      | 4.49  | .04  |
| Group           | 6.14                    | 1  | 6.14        | .21   | .64  |
| Pretest         | 439.29                  | 1  | 439.29      | 15.48 | .00  |
| Group * Pretest | 1.57                    | 1  | 1.57        | .05   | .81  |
| Error           | 850.89                  | 30 | 28.36       |       |      |
| Total           | 148299.00               | 34 |             |       |      |
| Corrected Total | 2692.38                 | 33 |             |       |      |

With the above assumptions in place, running an ANCOVA was legitimized. According to Table 6 below, the pretest scores (the covariate in the model) came out not to be significant ( $F = 16.54$ ,  $p = 0.00 <$

$0.05$ ) thus demonstrating that prior to the treatment, there was a significant difference between the two groups (i.e., experimental and control) in terms of their overall burnout.

**Table 8.**

*Tests of Between-subjects Effects (2)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 1839.91                 | 2  | 919.95      | 33.45 | .00  |
| Intercept       | 126.39                  | 1  | 126.39      | 4.59  | .04  |
| Pretest         | 454.94                  | 1  | 454.94      | 16.54 | .00  |
| Group           | 1770.61                 | 1  | 1770.61     | 64.38 | .00  |
| Error           | 852.47                  | 31 | 27.49       |       |      |
| Total           | 148299.00               | 34 |             |       |      |
| Corrected Total | 2692.38                 | 33 |             |       |      |

Furthermore, there was a significant relationship between the covariate (the pretest) and the dependent variable (the posttest) while controlling for the independent variables ( $F = 64.38$ ,  $p = 0.00 < 0.05$ ). As P-value obtained was less than 0.05, it was concluded

that there were significant difference between the mean scores of the two groups on the posttest after removing the possible effects of their entry knowledge as tested through the pretest.

**Table 9.**

*Mean Scores of the Groups (1)*

| Group        | Mean  | Std. Error | 95% Confidence Interval |             |
|--------------|-------|------------|-------------------------|-------------|
|              |       |            | Lower Bound             | Upper Bound |
| Experimental | 57.82 | 1.30       | 55.15                   | 60.49       |
| Control      | 73.05 | 1.30       | 70.39                   | 75.72       |

The experimental group and control group did perform significantly differently from each other ( $p = 0.00 < 0.05$ ); that is participants in the experimental group ( $M = 57.82$ ,  $SD = 1.30$ ) had lower levels of overall burnout than the participants in control group ( $M = 73.05$ ,  $SD = 1.30$ ). That is to say, wisdom-therapy had a statistically significant positive effect in reducing the level of occupational burnout among Iranian EFL teachers.

#### **The Second Research Question: Does wisdom-therapy significantly affect EFL teachers' personal accomplishment?**

The second research question attempted to examine whether wisdom-therapy had any significant effect on EFL teachers' personal accomplishment. Consequently, a set of ANCOVA was run. The test and its preconditions are discussed in the following sections. All sets of scores of course enjoyed normalcy as demonstrated earlier (Tables 4 and 5); hence, this prerequisite need not be discussed. With the first assumption of normalcy in place, the second procedure

was testing the homogeneity of variance for which the Levene's test was run; as is shown in Table 10 below, the variances were not significantly different ( $F(2,32) = 2.55$ ,  $p = 0.12 > 0.05$ ).

**Table 10.**

*Levene's Test of Equality of Error Variances (2)*

| F    | df1 | df2 | Sig. |
|------|-----|-----|------|
| 2.55 | 1   | 32  | .12  |

As one covariate is being investigated (the pretest), the third assumption of the correlation among covariates did not apply in this case. The fourth assumption is that of homogeneity of regression slopes. Table 11 below shows that the interaction (i.e. Group\* Pretest) is 0.20 which is larger than 0.05 thus indicating that the assumption of homogeneity of regression slopes has not been violated.



**Table 11.***Tests of Between-subjects Effects (3)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 334.00                  | 3  | 111.33      | 12.08 | .00  |
| Intercept       | 294.92                  | 1  | 294.92      | 32.00 | .00  |
| Group           | 2.97                    | 1  | 2.97        | .32   | .57  |
| Pretest         | 7.39                    | 1  | 7.39        | .80   | .37  |
| Group * Pretest | 15.64                   | 1  | 15.64       | 1.69  | .20  |
| Error           | 276.46                  | 30 | 9.21        |       |      |
| Total           | 24434.00                | 34 |             |       |      |
| Corrected Total | 610.47                  | 33 |             |       |      |

With the above assumptions in place, running an ANCOVA was legitimized. According to Table 10 below, the pretest scores (the covariate in the model) came out not to be significant ( $F = 1.31$ ,  $p = 0.26 > 0.05$ )

thus demonstrating that prior to the treatment, there was no significant difference between the two groups (i.e., experimental and control) in terms of their personal accomplishment.

**Table 12.***Tests of Between-subjects Effects (4)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 318.35                  | 2  | 159.17      | 16.89 | .00  |
| Intercept       | 280.49                  | 1  | 280.49      | 29.76 | .00  |
| Pretest         | 12.35                   | 1  | 12.35       | 1.31  | .26  |
| Group           | 283.95                  | 1  | 283.95      | 30.13 | .00  |
| Error           | 292.11                  | 31 | 9.42        |       |      |
| Total           | 24434.00                | 34 |             |       |      |
| Corrected Total | 610.47                  | 33 |             |       |      |

Furthermore, there was a significant relationship between the covariate (the pretest) and the dependent variable (the posttest) while controlling for the independent variables ( $F = 30.13$ ,  $p = 0.00 < 0.05$ ). As P-value obtained was less than 0.05, it was concluded

that there were significant difference between the mean scores of the two groups on the posttest after removing the possible effects of their entry knowledge as tested through the pretest.

**Table 13.***Mean Scores of the Groups (2)*

| Group        | Mean  | Std. Error | 95% Confidence Interval |             |
|--------------|-------|------------|-------------------------|-------------|
|              |       |            | Lower Bound             | Upper Bound |
| Experimental | 29.38 | .74        | 27.86                   | 30.91       |
| Control      | 23.55 | .74        | 22.02                   | 25.07       |

The experimental group and control group did perform significantly differently from each other ( $p = 0.00 < 0.05$ ); that is participants in the experimental group ( $M = 29.38$ ,  $SD = 0.74$ ) had higher levels of personal accomplishment than the participants in control group ( $M = 23.55$ ,  $SD = 0.74$ ). That is to say, wisdom-therapy had a statistically significant positive effect in

improving the level of personal accomplishment among Iranian EFL teachers.

### **The Third Research Question: Does wisdom-therapy significantly affect EFL teachers' depersonalization?**

The third research question attempted to examine whether wisdom-therapy had any significant effect on EFL teachers' depersonalization. Consequently, a set of ANCOVA was run. The test and its preconditions are

discussed in the following sections. All sets of scores of course enjoyed normalcy as demonstrated earlier (Tables 4 and 5); hence, this prerequisite need not be discussed. With the first assumption of normalcy in place, the second procedure was testing the homogeneity of variance for which the Levene's test was run; as is shown in Table 14 below, the variances were not significantly different ( $F(2,32) = 0.24, p = 0.62 > 0.05$ ).

**Table 14.**  
*Levene's Test of Equality of Error Variances (3)*

| F   | df1 | df2 | Sig. |
|-----|-----|-----|------|
| .24 | 1   | 32  | .62  |

**Table 15.**  
*Tests of Between-subjects Effects (5)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 638.52                  | 3  | 212.84      | 42.50 | .00  |
| Intercept       | 83.64                   | 1  | 83.64       | 16.70 | .00  |
| Group           | .49                     | 1  | .49         | .09   | .75  |
| Pretest         | .02                     | 1  | .02         | .00   | .94  |
| Group * Pretest | 2.57                    | 1  | 2.57        | .51   | .47  |
| Error           | 150.21                  | 30 | 5.00        |       |      |
| Total           | 10513.00                | 34 |             |       |      |
| Corrected Total | 788.73                  | 33 |             |       |      |

With the above assumptions in place, running an ANCOVA was legitimized. According to Table 4.14 below, the pretest scores (the covariate in the model) came out not to be significant ( $F = 0.07, p = 0.78 > 0.05$ )

thus demonstrating that prior to the treatment, there was no significant difference between the two groups (i.e., experimental and control) in terms of their depersonalization.

**Table 16.**  
*Tests of Between-subjects Effects (6)*

| Source          | Type III Sum of Squares | df | Mean Square | F      | Sig. |
|-----------------|-------------------------|----|-------------|--------|------|
| Corrected Model | 635.95                  | 2  | 317.97      | 64.51  | .00  |
| Intercept       | 90.18                   | 1  | 90.18       | 18.29  | .00  |
| Pretest         | .39                     | 1  | .39         | .07    | .78  |
| Group           | 605.97                  | 1  | 605.97      | 122.95 | .00  |
| Error           | 152.78                  | 31 | 4.92        |        |      |
| Total           | 10513.00                | 34 |             |        |      |
| Corrected Total | 788.73                  | 33 |             |        |      |

Furthermore, there was a significant relationship between the covariate (the pretest) and the dependent variable (the posttest) while controlling for the independent variables ( $F = 122.95, p = 0.00 < 0.05$ ). As P-value obtained was less than 0.05, it was concluded

that there were significant difference between the mean scores of the two groups on the posttest after removing the possible effects of their entry knowledge as tested through the pretest.

**Table 17.**  
*Mean Scores of the Groups (3)*

| Group        | Mean  | Std. Error | 95% Confidence Interval |             |
|--------------|-------|------------|-------------------------|-------------|
|              |       |            | Lower Bound             | Upper Bound |
| Experimental | 12.56 | .54        | 11.44                   | 13.67       |
| Control      | 21.26 | .54        | 20.14                   | 22.37       |

The experimental group and control group did perform significantly differently from each other ( $p = 0.00 < 0.05$ ); that is participants in the experimental group ( $M = 12.56$ ,  $SD = 0.54$ ) had lower levels of depersonalization than the participants in control group ( $M = 21.26$ ,  $SD = 0.54$ ). That is to say, wisdom-therapy had a statistically significant positive effect in reducing the level of depersonalization among Iranian EFL teachers.

**The Fourth Research Question: Does wisdom-therapy significantly affect EFL teachers' emotional exhaustion?**

The fourth research question attempted to examine whether wisdom-therapy had any significant effect on EFL teachers' emotional exhaustion. Consequently, a set of ANCOVA was run. The test and its preconditions are discussed in the following sections. All sets of scores of course enjoyed normalcy as demonstrated earlier (Tables 4 and 5); hence, this prerequisite need not be discussed. With the first assumption of normalcy in

place, the second procedure was testing the homogeneity of variance for which the Levene's test was run; as is shown in Table 18 below, the variances were not significantly different ( $F(2,32) = 2.66$ ,  $p = 0.11 > 0.05$ ).

**Table 18.**  
*Levene's Test of Equality of Error Variances (4)*

| F    | df1 | df2 | Sig. |
|------|-----|-----|------|
| 2.66 | 1   | 32  | .11  |

As one covariate is being investigated (the pretest), the third assumption of the correlation among covariates did not apply in this case. The fourth assumption is that of homogeneity of regression slopes. Table 19 below shows that the interaction (i.e. Group\* Pretest) is 0.07 which is larger than 0.05 thus indicating that the assumption of homogeneity of regression slopes has not been violated.

**Table 19.**  
*Tests of Between-subjects Effects (7)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 1134.84                 | 3  | 378.28      | 23.79 | .00  |
| Intercept       | 205.41                  | 1  | 205.41      | 12.91 | .00  |
| Group           | 1.13                    | 1  | 1.13        | .07   | .79  |
| Pretest         | 122.22                  | 1  | 122.22      | 7.68  | .00  |
| Group * Pretest | 55.13                   | 1  | 55.13       | 3.46  | .07  |
| Error           | 477.03                  | 30 | 15.90       |       |      |
| Total           | 18156.00                | 34 |             |       |      |
| Corrected Total | 1611.88                 | 33 |             |       |      |

With the above assumptions in place, running an ANCOVA was legitimized. According to Table 18 below, the pretest scores (the covariate in the model) came out not to be significant ( $F = 12.20$ ,  $p = 0.00 <$

$0.05$ ) thus demonstrating that prior to the treatment, there was a significant difference between the two groups (i.e., experimental and control) in terms of their emotional exhaustion.

**Table 20.***Tests of Between-subjects Effects (8)*

| Source          | Type III Sum of Squares | df | Mean Square | F     | Sig. |
|-----------------|-------------------------|----|-------------|-------|------|
| Corrected Model | 1079.71                 | 2  | 539.85      | 31.44 | .00  |
| Intercept       | 155.39                  | 1  | 155.39      | 9.05  | .00  |
| Pretest         | 209.59                  | 1  | 209.59      | 12.20 | .00  |
| Group           | 1006.88                 | 1  | 1006.88     | 58.65 | .00  |
| Error           | 532.17                  | 31 | 17.16       |       |      |
| Total           | 18156.00                | 34 |             |       |      |
| Corrected Total | 1611.88                 | 33 |             |       |      |

Furthermore, there was a significant relationship between the covariate (the pretest) and the dependent variable (the posttest) while controlling for the independent variables ( $F = 58.65$ ,  $p = 0.00 < 0.05$ ). As P-value obtained was less than 0.05, it was concluded

that there were significant difference between the mean scores of the two groups on the posttest after removing the possible effects of their entry knowledge as tested through the pretest.

**Table 21.***Mean Scores of the Groups (4)*

| Group        | Mean  | Std. Error | 95% Confidence Interval |             |
|--------------|-------|------------|-------------------------|-------------|
|              |       |            | Lower Bound             | Upper Bound |
| Experimental | 16.51 | 1.01       | 14.44                   | 18.58       |
| Control      | 27.60 | 1.01       | 25.53                   | 29.67       |

The experimental group and control group did perform significantly differently from each other ( $p = 0.00 < 0.05$ ); that is participants in the experimental group ( $M = 16.51$ ,  $SD = 1.01$ ) had lower levels of emotional exhaustion than the participants in control group ( $M = 27.60$ ,  $SD = 1.01$ ). That is to say, wisdom-therapy had a statistically significant positive effect in reducing the level of emotional exhaustion among Iranian EFL teachers.

## Discussion

The result of the first question revealed that wisdom-therapy had a statistically significant positive effect in reducing the level of occupational burnout among Iranian EFL teachers. As we say, occupational burnout is created by overwork and teachers suffer from burnout due to overwork. Wisdom-therapy and the technique used in this study was able to help teachers overcome occupational burnout by asking them to focus on the positive and negative experiences and to think deeply about life issues. Our finding about this question are in line with that of Ghadimi Moghadam, Hosseini Tabatabai and Jome Poor (1384) who showed that there is a statistically significant negative relationship between burnout and job satisfaction.

As this study revealed, wisdom-therapy had a significant effect on the teachers' occupational burnout. Wisdom-therapy reduced occupational burnout and increased happiness by identifying psychological variables and having a positive effect on teachers' mental health. The technique of wisdom-therapy used in this study asked teachers to remember their good and bad experiences and also the milestones of their lives. Thinking about these things, teachers could learn deep thinking and remembering positive experiences especially job experiences, teachers could receive their job satisfaction. Our results also could be supported with that of Yang (2008) who showed wisdom not only can affect knowledge, personality traits, and interests, but also can lead to a good life with emotional well-being for people.

The results of the second, third, and fourth questions which are related to the components of occupational burnout revealed that wisdom-therapy had a statistically significant positive effect in improving the level of personal accomplishment, in reducing the level of depersonalization, and also in reducing the level of emotional exhaustion among Iranian EFL teachers. We examine these research questions together because they are all related to each other and are components of occupational burnout. Our results are also in line with that of Lotfinia and Mohseninia (1389) who showed that

there is a significant positive relationship between occupational burnout and teachers' neuroticism. The researchers in this study mentioned the components of neuroticism as fear, sadness, anger, depression and anxiety. If the causes of burnout are variables such as fear, anger, and anxiety, so wisdom-therapy can easily treat these problems with its' positive effects and it will certainly reduce occupational burnout. One of the most important features of wisdom is reaching balance in life. Wisdom-therapy could reduce negative emotions about job in teachers and could reduce their occupational burnout.

As the study done by Lee, Chen, and Xie (2013) proved, teachers' burnout has a negative effect on the perceived health status. That is, even occupational burnout affects physical health and of course poor physical health also affects mental health. Another study done by Lee, Wu, and Du (2018) has shown that doctors' occupational burnout has a negative effect on patient safety and this study has recommended stress management programs for reducing occupational burnout and promoting mental health of doctors.

In our study, this fact has been proven for us that wisdom-therapy and the technique used in our study could reduce teachers' stress and could bring them peace and reduce their burnout and by this way, could affect their well-being and mental health. In every job and environment, burnout can affect efficiency and reduce productivity. If we can reduce teachers' occupational burnout, we will increase their efficiency and productivity and by this way, we will guarantee the academic success of the students. The participants of this study were limited only to female EFL teachers from public high schools because the researchers could not have access to male EFL teachers and EFL university instructors. It is suggested to replicate this study with an equal number of male and female participants, so that gender might not limit the generalizability of the findings. Moreover, further research is deemed necessary to be done on EFL university instructors and identify whether they possibly yield similar results.

## Conclusion

As studies have shown, burnout is caused by overwork in teachers and the longer the teachers work, the greater the burnout. By increasing wisdom in teachers, they can be affected and the effects of burnout can be reduced and the quality of their teaching can be promoted. Wisdom-therapy and its' techniques pursue the same goal. One of these techniques is "key scenes of life". Using this technique, teachers can focus on their positive and negative experiences and the milestones of their lives and by this way, they gain the ability to think and live

better and these changes also affect their career path. One of these effects is burnout reduction. Therefore, it is recommended that wisdom-therapy techniques be used in education and be part of teachers' training. The participants of this study were merely female teachers. This study can be replicated by considering an equal number of males and females, so that gender might not act as an intervening variable. The time span of the study were merely 10 sessions. It is suggested to replicate this study in a way that the treatment phase takes a longer time. This study was conducted among EFL teachers within the age range of 38 and 48. The same study could be conducted among other age groups.

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## Conflicts of Interest

No conflicts of interest declared.

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