
HISTORICAL AND CONCEPTUAL DEVELOPMENT OF BURNOUT

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“It is a critical time for the concept of burnout. Will burnout prove to be a concept of enduring value, useful in understanding and treating a class of work-related symptoms? Or will the concept itself ‘burn out’ from overuse, overextension, and lack of new direction?” (Farber, 1983b, pp. 17–18). It has been a decade since this “critical time” and in the intervening years there has been an extraordinary amount of work on this topic. In their recent bibliography, Kleiber and Enzmann (1990) listed nearly 1,500 publications that were published in the 7 years following Farber’s 1983 statement. This is even more than in the previous decade 1974–1983, when 1,000 books, journal articles, and dissertations on burnout were written. Although the early work on burnout was almost exclusively American in origin, the current contributions are truly international in scope.

What have we learned from this extensive empirical and clinical literature? Is burnout really a concept of enduring value that improves our understanding of the working world of many professionals? We believe that the answer is

yes—an assessment that is well supported by the evidence documented in this volume. However, before beginning our tour through that territory, we first need to explore its definitional borders. In other words, how do we conceptualize, on various dimensions, the nature of burnout? To answer this question, we need to review the developmental history of the burnout concept and to trace the pattern of theoretical progress that has been made.

HISTORICAL DEVELOPMENT OF THE BURNOUT CONCEPT

Burnout first emerged as a social problem, not as a scholarly construct. Thus, the initial conception of burnout was shaped by pragmatic rather than academic concerns. In this pioneering phase of conceptual development, the focus was on clinical descriptions of burnout. Later on, there was a second, empirical phase, in which the emphasis shifted to systematic research on burnout and in particular to the assessment of this phenomenon. Throughout these two phases there has been increasing theoretical development in which the concern has been to integrate the evolving notion of burnout with other conceptual frameworks.

The Pioneer Phase

The first few articles about burnout appeared in the mid-1970s in the United States (Freudenberger, 1974, 1975; Maslach, 1976). The significance of these first articles was that they provided an initial description of the burnout phenomenon, gave it its name, and showed that it was not an aberrant response by a few deviant people but was actually more common.

The way in which the burnout phenomenon was identified and labeled illustrates its social origin. As a psychiatrist, Freudenberger was employed in an alternative health care agency. He observed that many of the volunteers with whom he was working experienced a gradual emotional depletion and a loss of motivation and commitment. Generally, this process took about a year and was accompanied by a variety of mental and physical symptoms. To denote this particular mental state of exhaustion, Freudenberger used a word that was being used colloquially to refer to the effects of chronic drug abuse: "burnout."

At about the same time, Maslach, a social psychology researcher, was studying the ways in which people cope with emotional arousal on the job (see Chapter 2). She was particularly interested in such cognitive strategies as "detached concern" and "dehumanization in self-defense," but soon discovered that both the arousal and the strategies had important implications for people's professional identity and job behavior. When by chance she described these results to an attorney, she was told that poverty lawyers called this particular phenomenon "burnout." Once Maslach and her colleagues adopted this term, they discovered that it was immediately recognized by their interviewees; thus, a new colloquial expression was born.

Do these anecdotes about the "discovery" of burnout indicate that the phenomenon did not exist before? Obviously not. For instance, Burisch (Chapter 5) presents several examples of psychological states that have been described previously in the literature. These states match the current description of burnout but have been labeled differently (e.g., "exhaustion reaction"). In 1953, Schwartz and Will published a case study of Miss Jones, a disillusioned psychiatric nurse, who is probably the most prominent (and often cited) example of burnout. Moreover, essayists have portrayed fictional burned-out characters long before the concept was introduced in the mid-1970s. For instance, Thomas Mann's description of the protagonist in *Buddenbrooks* (1922) includes the most essential features of burnout, such as extreme fatigue and the loss of idealism and passion for one's job. Most famous, however, is Graham Greene's *A Burnt Out Case* (1960), in which a spiritually tormented and disillusioned architect quits his job and withdraws into the African jungle. The symptoms displayed by this character fit quite well with current descriptions of burnout.

Given these forerunners, why did the burnout syndrome not attract public attention until the mid-1970s? Several authors point to a specific constellation of economic, social, and historical factors. Farber suggests that "American workers have become increasingly disconnected and alienated from their communities, and increasingly insistent upon attaining personal fulfillment and gratification from their work. The combination of these two trends has produced workers with higher expectations of fulfillment and fewer recourses to cope with frustrations—a perfect recipe for burnout" (1983a, p. 11). Farber also points to a problematic development in the human services. Originally these services were based in the community, but after World War II social services work became more professionalized, bureaucratized, credentialized, and isolated. Governmental interference increased, and clients became needier and more entitled to services. Consequently, it became more difficult for people to find professional fulfillment in human services work, and disillusionment and burnout became increasingly common.

In addition, Cherniss (1980a) argued that the tendency toward individualization in modern society has led to increasing pressure on the human services. Because the traditional social fabric is disintegrating, more and more problems in living have to be solved by professionals instead of relatives, neighbors, or other members of the community. Furthermore, over the past decades, the government has cut back costs for many human service agencies, so that an increasing workload has to be managed by even fewer people. Cherniss (1980a) also points to the decline of the authority of professionals over the past decades and to the recent development of what he calls the "professional mystique." The latter involves the public's belief that professionals experience a high level of autonomy and job satisfaction, are highly trained and competent, work with responsive clients, and are generally compassionate and caring. This mystique is reinforced by the professionals' education and leads to high and unrealistic

expectations in young professionals that clash with the harsh everyday reality of the job.

Thus, the stage was set for the introduction of the burnout concept in the mid-1970s. There was a tremendous reaction to the first articles on this topic, and in the next 5 years there was a virtual flood of writing about burnout. Obviously, burnout was "in the air." Not surprisingly, interest was particularly high among practitioners, as opposed to academic scholars, and thus much of the writing on burnout appeared in magazines or journals directed to this professional audience. These practitioners came from a variety of people-oriented, human services occupations where (1) the relationship between a provider and a recipient is central to the job and (2) the provision of service, care, or education can be fraught with emotional strain. Consequently, the greatest attention to burnout, and the most discussion of it in those first 5 years, occurred in the fields of education, social services, medicine, the criminal justice system, mental health, religion, and various other people-oriented occupations (see Maslach, 1982a for an annotated review).

This early burnout literature had several noteworthy characteristics, which in turn have had implications for the development of the burnout concept. First, what was meant by the term "burnout" varied widely from one writer to the next. As a result, these writers were sometimes talking about different phenomena rather than the same one. A second, and related, characteristic is that the concept of burnout was stretched and expanded to encompass far more than it did originally. Almost every personal problem that one can think of was described as "burnout" at some point. In some cases, burnout was a somewhat superfluous addition, as in "midlife crisis burnout." In other cases, it was stretched to include opposite phenomena, such as overload and underload. The problem here is that a concept that has been expanded to mean everything ends up meaning nothing at all, an issue that has been discussed elsewhere (Maslach, 1982c; Maslach & Jackson, 1984).

A third characteristic of the early burnout literature is that it was largely nonempirical. Perlman and Hartman (1982) reviewed 48 articles that had been published between 1974 and 1981, all with many ideas, suggestions, and proposals about what causes burnout and what should be done about it. However, only five of these articles (i.e., 10%) had any empirical data beyond an occasional anecdote or personal case history. Instead, most of these early articles on burnout used a "clinical" approach. Thus, the authors tried to describe and understand the burnout syndrome by means of cautious (but unstandardized) observations and subsequent analyses of individual case studies. In particular, the focus was on symptoms that are found in burned-out individuals.

Most early articles on burnout followed a typical pattern. First, the stressful nature of the particular profession was described. Next, job stress in that profession was related to burnout, and one or more case studies or vignettes were presented to illustrate the issue. Finally, some preventive strategies were

recommended. Thus, although much was being said about burnout, there was little evidence to either support or refute these statements. This relative lack of empirical evidence limited any attempts at intervention and led critics to disparage the concept or even dismiss it entirely.

One reason for the initial sparseness of research on burnout is that, as mentioned earlier, practitioners were far more interested in burnout than were academic scholars. This is not surprising, given that practitioners are more likely to be dealing directly with the problem of burnout on a daily basis. However, this fact has had some important ramifications. Most practitioners have had less training in research skills and thus are less likely to undertake major research projects. Furthermore, practitioners have different goals with respect to burnout than do academicians. Their primary concern is with intervention rather than theory, i.e., with how to solve the problem rather than with how to conceptualize it. Most academic scholars would argue that that is putting the cart before the horse and that one must first have a theoretical model about the phenomenon in order to know what to do about it. However, people who are actually dealing with the problem tend to view theory building as intellectual game playing, with no practical payoff. The argument is that we already know enough about burnout from direct experience, so now we should apply that knowledge to alleviate the problem.

On the other hand, many researchers were not interested in burnout at first, even though (or maybe because) practitioners were. Initially, the academic world had a somewhat negative reaction to the concept of burnout. "Because it has a catchy ring to it, burnout is sometimes immediately dismissed as a fad or as pseudoscientific jargon that is all surface flash and no substance" (Maslach & Jackson, 1984a, p. 139). For instance, Maslach and Jackson's psychometric article on the development of the Maslach Burnout Inventory (MBI) was returned by some journal editors with a short note that it had not even been read "because we do not publish 'pop' psychology."

Because there was not an early emphasis on developing theories of burnout, there was no conceptual framework for integrating and evaluating the various findings and proposed solutions. Consequently, the field seemed somewhat scattered and chaotic. However, this lack of an initial theoretical model was not as serious a flaw as some have argued. To some extent, the lack of theory reflected the newness of the phenomenon—much had to be discovered about its parameters before a model could be developed. Also, a different process occurs when one starts with a real-world problem and works back toward a theoretical model rather than vice versa (starting with a theory and then deriving some implications for a particular social issue). Real problems tend to be messy and complex rather than clean and simple, and no single theory is going to be the obvious choice as a guiding model. Moreover, different people will work back toward different theoretical models for the same problem, depending on their particular perspective. For example, someone with a clinical perspective may

conceptualize burnout in terms of depression, but someone with an organizational perspective may approach it as an issue of job satisfaction. Initially, it can be hard to compare and integrate these different perspectives (especially if there is definitional variation as well), and this may be one reason why the earlier burnout literature lacked theoretical coherence. However, as has been pointed out elsewhere, this rich diversity of theoretical perspectives, as well as of related methodological techniques, is one of the special virtues of the eclectic, problem-oriented approach that has typified the burnout field (Maslach & Jackson, 1984).

The Empirical Phase

During the next phase of the 1980s, the work on burnout entered a more focused, constructive, and empirical period. Many books and articles were written about burnout, in which the authors outlined their working models of the phenomenon, proposed various ideas and interventions, and presented various forms of corroborative evidence (survey and questionnaire data, interview responses, clinical case studies). Standardized measures of burnout were developed, thus providing researchers with more precise definitions and methodological tools for studying the phenomenon (for a review, see Chapter 12). In particular, the development and widespread acceptance of the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981a, 1981b, 1986) and the Tedium Measure (TM; Pines, Aronson, & Kafry, 1981) fostered systematic research on burnout, resulting in an increased number of articles published in scholarly journals (including several issues devoted entirely to burnout).

Up until the early 1980s burnout was studied exclusively in the United States. Gradually, the phenomenon drew attention in other countries as well, beginning with such English-speaking countries as Canada and Great Britain. Soon articles and books were being translated into other languages, and by the second half of the 1980s, research instruments (particularly the MBI) were also being translated into French, German, Italian, Spanish, Swedish, Dutch, Polish, and Hebrew, among others (see also Chapter 12). Soon, the first cross-national studies on burnout were carried out (for a review see Chapter 13).

Interestingly, in other countries burnout research started after the concept had been established in the United States, and after measurement instruments had been developed. Accordingly, what we have called the pioneer phase in the development of burnout was skipped in countries outside the United States. In these countries, burnout was conceptualized, from the very beginning, in operational terms that were implied by the measurement instruments. Thus, for researchers using the MBI, burnout was by definition a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Hence, the initial conceptual debate on burnout was less broad, and alternative measures were rarely developed. Only recently have conceptual con-

tributions been made by non-Anglo-Saxon authors (see Chapters 4-6, 9, and 10).

A general review of the more recent burnout literature indicates several trends. First, much of the work has continued to be done within people-oriented, human service occupations, although the variety of these occupations has expanded (e.g., police, correctional officers, prison guards, librarians). Although this is the general case, the burnout concept has also been extended to other types of occupations and other nonoccupational areas of life. For example, there has been discussion about burnout in the business world, in sports, in political activism, and within the family.

The empirical research on burnout has tended to focus more on job factors than on other types of variables. This is consistent with most of the conceptual models that have been proposed. Thus, researchers have studied such variables as job satisfaction, job stress (workload, role conflict, and role ambiguity), job withdrawal (turnover, absenteeism), job expectations, relations with coworkers and supervisors (social support on the job), relations with clients, caseload, type of position and time in job, agency policy, and so forth. The personal factors that have been studied are most often demographic variables (sex, age, marital status, etc.). In addition, some attention has been given to personality variables (locus of control, hardiness), personal health, relations with family and friends (social support at home), and personal values and commitment. In general, job factors are more strongly related to burnout than are biographical or personal factors.

The vast majority of the empirical work on burnout consists of correlational studies that collect subjective, self-report data (mostly employing the MBI or the TM) at one point in time from a nonrepresentative sample. Although some interesting findings have come from this research, it is important to recognize its limitations. First, some of the correlations between burnout and different variables may be an artifact of the reliance on a single method (common method variance) or the use of a specialized group (selection effects). Second, response rates tend to be rather low, which could indicate that particularly burned out respondents do not fill out the questionnaires because they feel embarrassed or threatened (another selection effect). Third, such studies do not permit a test of causal hypotheses, even though causal links are usually presumed and discussed. Fourth, the subjective assessments of certain variables may not accord with their objective status (e.g., a supervisor might provide helpful advice, but an employee might perceive it as condescending and thus report a lack of supervisor support). This is an interesting research question in its own right, but it is mentioned here only in terms of its methodological implications.

Given these limitations, one must be cautious in interpreting empirical data. For example, as indicated above, higher burnout has been correlated with poor job conditions of various kinds, and a common conclusion is that these job

conditions have caused people to burn out. However, it may be that people who are experiencing burnout begin to see everything in a negative light and report that the job conditions are poor (whether they are or not). Both interpretations are interesting in terms of our basic understanding of burnout, but their conceptual implications, as well as their implications for intervention, are very different.

Recently, several longitudinal studies of burnout were conducted (Dignam & West, 1988; Firth & Britton, 1989; Golembiewski & Munzenrider, 1988; Jackson, Schwab, & Schuler, 1986; Shirom, 1986; Wade, Cooley, & Savicki, 1986; Wolpin, 1988). These more methodologically sophisticated studies lead to three major conclusions. First, the level of burnout seems fairly stable over time. Obviously, its nature is more chronic than acute. Second, burnout leads to physical symptoms, to absenteeism, and to job turnover. Third, role conflict and lack of social support from colleagues and supervisors are antecedents of burnout.

Unfortunately, many of the studies, including the ones with longitudinal designs, have not been grounded in a theoretical framework. That is, they have not utilized a conceptual model of burnout, from which hypotheses are derived and tested. In many cases, there has not even been a clear rationale for the choice of variables. This atheoretical stance can cause further problems in interpretation of the results. It makes it difficult to assess whether the findings are supportive of the researcher's ideas about burnout, whether the findings are due to chance, whether the findings are consistent with other relevant research, and whether there is a clear interpretation of a lack of significant results (incorrect hypothesis? methodological problem? chance?).

However, in recent years much progress has been made on the theoretical front. One factor that has helped facilitate this progress is the greater consensual agreement on an operational definition of burnout, largely because of the development of validated research measures. Good opportunities now exist for integrating empirical results within a particular conceptual framework and for carrying out theory-driven research. At this stage of theoretical development there are various conceptual models from which researchers can choose to guide their empirical studies. These models are presented in the first three parts of this volume. Some of these models are current reformulations of earlier conceptual frameworks whereas some are new models that are being articulated for the first time. Thus, this volume contains the most comprehensive presentation of current theories of burnout, which we hope will both enrich ongoing work in the field and inspire further theoretical development.

CONCEPTUAL ISSUES

Although much progress has been made, and there is the promise of more, some issues pertaining to the specificity of burnout still need to be addressed. In

particular, there are three important questions. First, is burnout a distinctive syndrome that can be distinguished from other related concepts, such as job stress, depression, or job dissatisfaction? Second, is the experience of burnout limited to human services professions, or is it a more general phenomenon that is also found in other occupations or even outside the work sphere? Third, are there diagnostic criteria that would allow burnout to be identified within an individual?

Is Burnout a Distinctive Concept?

How is burnout distinguished from other psychological constructs? Is burnout truly a new phenomenon or is it simply an "old" phenomenon with a new label? The diversity of burnout causes, symptoms, definitions, and consequences has contributed much to the confusion about the specificity of burnout. For instance, at various times burnout has been equated with tedium, (job) stress, (job) dissatisfaction, (reactive or professional) depression, alienation, low morale, anxiety, (job) strain, tension, feeling "worn out," experiencing "flame-out," tension, conflict, pressure, "nerves," boredom, (chronic or emotional) fatigue, poor mental health, crisis, helplessness, vital exhaustion, and hopelessness. As Cox, Kuk, and Leiter (Chapter 11) argue, part of this confusion is caused by mixing two different levels of explanation: the level of common discourse and the level of scientific definition and measurement. This result is probably due to the fact that burnout emerged as a pragmatic issue rather than developing within a scholarly context (as previously mentioned).

In this section we will concentrate on the distinctiveness of burnout from other related and established psychological constructs. In particular, questions have been raised about the extent to which burnout can be distinguished from such concepts as stress (especially job stress), depression, and job dissatisfaction. It should be noted that most of these other concepts are plagued with the same sort of definitional ambiguity as burnout. Thus, the problem of specifying burnout is by no means an exception.

Burnout can only be distinguished in a relative way from other related concepts. There are no sharp boundaries, and trying to establish such divisions could be very artificial. However, a relative distinction between burnout and "stress" can be made with respect to time, and between burnout and both "depression" and "satisfaction" with respect to domain.

Burnout can be considered as prolonged job stress, i.e., demands at the workplace that tax or exceed an individual's resources. This longer time perspective is also implied in the terminology: burning out (depleting one's resources) is a long-term process. A remarkable parallel exists with the work of Selye (1967), the "founding father" of the concept of stress. According to Selye, exposure to a stressor leads to the general adaptation syndrome, consisting of three phases: alarm, resistance, and exhaustion. In the final phase, after

prolonged exposure to stress, the physiological resources are depleted, and irreversible damage is caused to the organism. Referring to Selye's adaptation syndrome, Etzion (1987) argued that burnout is a latent process of psychological erosion resulting from prolonged exposure to job stress. Typically, the exhaustion phase is reached before the individual consciously has noticed both preliminary phases. Brill (1984) has also conceptualized burnout as prolonged job stress. According to Brill, stress refers to an adaptation process that is temporary and is accompanied by mental and physical symptoms, whereas burnout refers to a breakdown in adaptation accompanied by chronic malfunctioning.

Therefore, the relative distinction with respect to time between (job) stress and burnout implies that both concepts can only be discriminated retrospectively when the adaptation has been successfully performed (job stress) or when a breakdown in adaptation has occurred (burnout). To put it in another way, stress and burnout cannot be distinguished on the basis of their symptoms, but only on the basis of the process. Regarded from this viewpoint, it is remarkable that burnout has been studied predominantly as a state and not as a process that develops over time. This criticism is emphasized by Burisch (Chapter 5), Hallsten (Chapter 6), and Leiter (Chapter 14), each of whom proposes a different approach to the study of burnout *process*.

A fundamental problem arises when one tries to make a distinction with respect to the domain between burnout and other concepts. Various theoretical perspectives predict that burnout should be related to such concepts as depression and job dissatisfaction. But at what point does a relationship become so strong that both concepts are reinterpreted as indices of the same underlying construct? In other words, "being different from" and "being related to" are not mutually exclusive. This distinction becomes even harder to make when measurement and methodological problems are taken into account. For instance, a high correlation between two concepts can be due to several artifacts (e.g., common method variance), whereas a poor correlation might be caused by unidentified confounding variables. Nevertheless, it is a legitimate question to ask whether burnout can be differentiated, conceptually as well as empirically, from such affective states as depression and job dissatisfaction.

It has been claimed by Freudenberger (1981) that (reactive) depression is most often accompanied by guilt, whereas burnout generally occurs in the context of anger. Unfortunately, only clinical evidence is presented for this assertion. Moreover, Freudenberger argues that the symptoms of burnout, at least initially, tend to be job-related and situation-specific rather than pervasive. A "real" depression is characterized by a generalization of the person's symptoms across all situations. In a somewhat similar vein, Warr (1987) distinguished between two types of affective well-being: depression is considered to be "context-free," whereas burnout is regarded as "job-related." Oswin (1978) described a syndrome of "professional depression" among nurses that bears

close resemblance to burnout, including being overtired, becoming hardened, and accepting one's ineffectuality at the job. Thus, on a conceptual level there seems to be some agreement about the specificity of burnout as a job-related syndrome, which is characterized by dysphoric symptoms that are similar to those of depression.

Empirically speaking, research on the discriminant validity of the MBI shows that the emotional exhaustion component of burnout is substantively related to depression. The relationships with depersonalization and personal accomplishment are less strong (for a review, see Chapter 12). Hence, the conclusion of some authors that burnout and depression show a considerable overlap (e.g., Meier, 1984) is only partly correct. The fact that depression is differently related to the three MBI dimensions underscores the validity of a multidimensional model of burnout (see Chapter 2).

A similar argument can be made with respect to the relationship between job satisfaction and the three burnout dimensions. Most empirical studies with the MBI show that job satisfaction is negatively correlated with emotional exhaustion and depersonalization, but (contrary to expectations) only weakly correlated with personal accomplishment. In most studies only correlations are reported (for a review, see Chapter 12). However, a German study by Enzmann and Kleiber (1989) uses a more comprehensive factor analysis of scale means and suggests that personal accomplishment and job satisfaction constitute one factor.

The overall pattern of the research findings has led some researchers to conclude that while burnout and job dissatisfaction are clearly linked, they are not identical constructs (Zedeck, Maslach, Mosier, & Skitka, 1988). However, the specific nature of that link is still a matter of speculation. One possibility is that burnout causes a drop in job satisfaction, i.e., that job dissatisfaction is an affective outcome of burnout. The reverse causal hypothesis is that job dissatisfaction causes burnout. Alternatively, both burnout and job dissatisfaction may be caused by a third variable, such as poor working conditions.

Given the current state of knowledge on these issues, the most conclusive statement that we can make is that the distinctiveness of the burnout concept pertains to both its process (time) and to its multidimensionality (domain). Hence, what is needed in future work on burnout is (1) a greater emphasis on process research and (2) further development of multifactorial models. Several of the chapters in this volume can serve as starting points for such endeavors. We return to this issue in Chapter 15.

Is Burnout Limited to the Human Services?

Much of the burnout research has continued to be done within people-oriented, human service occupations, although the variety of these occupations has expanded, as seen previously. The syndrome was first and foremost visible in the

human services, perhaps because the negative stereotyping of clients dramatically runs counter to what is considered to be a professional attitude. The concept of burnout is still very relevant for these groups.

However, burnout is not necessarily restricted to the human services professions. Because burnout appears to be specific to the work domain, in the sense that its origins lie in the job situation, the phenomenon might be found in other types of occupations. For example, there has been discussion about burnout in business, and corporate or managerial burnout (e.g., Cahoon & Rowney, 1984; Etzion, Kafry, & Pines, 1982; Ginsburg, 1974; Levinson, 1981). Burnout has also appeared in the sports world, in terms of both coaches (e.g., Caccese & Mayerberg, 1984; Capel, Sisley, & Desertrain, 1987) and athletes (e.g., Fender, 1989; Smith, 1986). In addition, the burnout construct has been extended to nonjob domains. For example, burnout is being studied among voluntary activities, such as political activism (Gomes & Maslach, 1991; Pines, in press-b). Furthermore, burnout has been applied to the family sphere, as evidenced by analyses of parent burnout (Pelsma, Roland, Tollefson, & Wigginton, 1989; Procaccini & Kiefaber, 1983) and marriage burnout (Pines, 1988).

Although the concept of burnout has been extended beyond the traditional borders of the human services, there has been no analysis of the form that burnout may take in these different professions. Thus, an issue that arises is whether the burnout definition (i.e., the MBI) has been transplanted uncritically to those fields and is being used in ways that are not as meaningful or relevant. For example, in occupations that do not involve work with clients, what is the meaning of the personal accomplishment and the depersonalization components of burnout? In some studies (e.g., Golembiewski & Munzenrider, 1988), the MBI has been modified to refer to relationships with coworkers rather than relationships with clients. What has been preserved is the interaction with people, but what has changed is whether these particular people are the core element of the job.

According to some critics, this change transforms the basic concept rather than simply translating it. For instance, referring to the rewording of MBI items, Garden writes:

Whether "getting along well with co-workers" in a research and development organization is a salient dimension for feelings of personal accomplishment is highly questionable. It would seem more likely that solving technical problems, or getting a report out on time would be the salient variable leading to feelings of personal accomplishment. Similarly, whether "caring about what happens to co-workers" for a research and development worker is comparable to "caring about what happens to clients" for the human services worker is doubtful. The meaning of such items with the word change is highly ambiguous. (1987a, p. 548)

The latter assertion is supported empirically by Schaufeli and Peeters (1990). They found that the internal consistencies of the depersonalization and personal accomplishment scales were unsatisfactory in non-human-services samples, which employed an adapted version of the MBI (in which the term "recipients" had been replaced by "coworkers").

Accordingly, what is needed is a thorough analysis of the core elements of particular jobs that would allow researchers to adapt the three burnout dimensions to other occupations. Such a reanalysis might involve a change in the labels for these dimensions. For example, the core element of an executive job is the responsibility for the continuity of the organization. Hence, executive burnout might be characterized by a negative attitude toward this responsibility (e.g., "the profit I make just flows into the pockets of the shareholders"). The core element for a research and development worker is solving technical problems under time pressure. Accordingly, burnout in this profession might be manifested by a negative attitude toward technology (e.g., "by improving modern technology, I am helping to destroy nature"). This type of reconceptualization should focus on types of professions (rather than single jobs), and the design of any revised measurement instruments should begin (as was the case with the MBI) with extensive interviews of workers in these professions.

The extension of the burnout concept to nonoccupational domains has been more controversial. According to some critiques, the term burnout takes on a different meaning when it is being applied to marriage or parenting, as opposed to a job in the human services. If burnout is being used in these contexts as simply a synonym for unhappiness, or frustration, or dissatisfaction with one's spouse or child, then it is a superfluous addition that is not adding any new insights to these issues. However, given that the basic conceptual framework of burnout is based on the social relationship between provider and recipient, it could be argued that such a concept could be applied in meaningful ways to other types of relationships, such as parent-child or husband-wife (see Chapter 2). Such an application would require the appropriate translation of the various burnout dimensions into these family contexts.

Are There Individual Diagnostic Criteria for Burnout?

To answer this question, we must first take a closer look at various definitions of burnout in which the process of burnout is emphasized: for example, "Burnout is a process that begins with excessive and prolonged levels of job tension. This stress produces strain in the worker (feelings of tension, irritability, and fatigue). The process is completed when the workers defensively cope with the job stress by psychologically detaching themselves from the job and becoming apathetic, cynical, and rigid" (Cherniss, 1980b, p. 40). Similarly, burnout has been characterized as "a progressive loss of idealism, energy and purpose experienced by people in the helping professions as a result of the conditions of

their work" (Edelwich & Brodsky, 1980, p. 14). The burnout process has also been described as follows: "to deplete oneself; to exhaust one's physical and mental resources; to wear oneself out by excessively striving to reach some unrealistic expectation imposed by oneself or by the values of society" (Freudenberger & Richelson, 1980, p. 16).

This gradual process of "burning out" (see Chapter 6) can result in a particular state that has been identified as burnout by some authors. Paine (1982a, pp. 6-7) distinguished between the burnout stress syndrome ("the identifiable cluster of feelings and behaviors most commonly found in stressful or highly frustrating work environments") and burnout mental disability ("the often serious, clinically significant pattern of personal distress and diminished performance which is an end stage of the burnout process"). According to Paine, the burnout stress syndrome is not typically a mental disorder, but it gradually develops over time and may eventually result in mental disability.

Diagnostic criteria can only be applied to this end state of the process, which has been defined in several ways. Freudenberger and Richelson (1980) describe a number of clinical symptoms of burnout, including exhaustion, detachment, boredom and cynicism, impatience and heightened irritability, a sense of omnipotence, a suspicion of being unappreciated, paranoia, disorientation, denial of feelings, and psychosomatic complaints. Pines and Aronson (1988) define burnout as a state of physical, emotional, and mental exhaustion caused by a long-term involvement in situations that are emotionally demanding, and describe this state as follows: "Physical exhaustion is characterized by low energy, chronic fatigue, and weakness" (p. 11); "Emotional exhaustion, the second component of burnout, involves primarily feelings of helplessness, hopelessness, and entrapment" (p. 13); "Mental exhaustion, the third component, is characterized by the development of negative attitudes towards one's self, work, and life itself" (p. 13).

The most widely used definition of burnout comes from Maslach and Jackson (1986, p. 1): "Burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind." They go on to say that "burnout can lead to a deterioration in the quality of care or service provided . . . it appears to be a factor in job turnover, absenteeism, and low morale . . . it seems to be correlated with various self-reported indices of personal dysfunction, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems" (1986, p. 2). Finally, a less well-known but rather precise "operational definition of burnout" was presented by Brill: "an exceptionally mediated, job-related, dysphoric and dysfunctional state in an individual without major psychopathology who has (1) functioned for a time at adequate performance and affective levels in the same job situation and who (2) will not recover to previous levels without outside help or environmental rearrangement" (1984, p. 14).

Although these "state" definitions of burnout differ in scope and precision, they share at least five common elements. First, there is a predominance of dysphoric symptoms such as mental or emotional exhaustion, fatigue, and depression. Second, the accent is on mental and behavioral symptoms rather than on physical symptoms, although some authors mention atypical physical complaints as well. Third, burnout symptoms are work-related. Fourth, the symptoms manifest themselves in "normal" persons who did not suffer from psychopathology before. Fifth, decreased effectiveness and work performance occur because of negative attitudes and behaviors.

Based on a similar analysis of definitions, Bibeau et al. (1989) propose subjective and objective diagnostic criteria for burnout. The principal subjective indicator is a general state of severe fatigue accompanied by (1) loss of self-esteem resulting from a feeling of professional incompetence and job dissatisfaction; (2) multiple physical symptoms of distress without an identifiable organic illness; and (3) problems in concentration, irritability, and negativism. The principal objective indicator of burnout is a significant decrease in work performance over a period of several months, which has to be observable in relation to (1) recipients (who receive services of lesser quality); (2) supervisors (who observe a decreasing effectiveness, absenteeism, etc.); and (3) colleagues (who observe a general loss of interest in work-related issues). Bibeau et al. (1989) also mention three criteria of exclusion that allow a differential diagnosis. These subjective and objective indicators of burnout should not result from (1) sheer incompetence (i.e., the person has to have performed well in the job for a significant period), (2) major psychopathology, or (3) family-related problems. Also, severe fatigue resulting from monotonous work or a big workload is excluded because this is not necessarily accompanied by feelings of incompetence or lowered productivity.

Despite these concrete diagnostic criteria, Bibeau et al. (1989) conclude that it would be superfluous to introduce a new psychiatric nosographic category such as burnout or professional exhaustion. In their opinion, such a mental state is included in the subcategory of "adjustment disorders with work (or academic) inhibition" of the DSM-III (American Psychiatric Association, 1980), which currently is the most widely employed diagnostic tool in mental health. According to DSM-III (p. 299), an adjustment disorder is characterized by "a maladaptive reaction to an identifiable psycho-social stressor, that occurs within three months after the onset of the stressor. The maladaptive nature of the reaction is indicated by either impairment in social or occupational functioning or symptoms that are in excess of a normal and expected reaction to the stressor." More specifically, the adjustment disorder with work (or academic) inhibition should be used when "the predominant manifestation is an inhibition in work or academic functioning occurring in an individual whose previous work or academic performance has been adequate. Frequently there are also varying mixtures of anxiety and depression" (p. 301).

Whether Bibeau et al. (1989) are correct in arguing that a new diagnostic category is unnecessary, they have demonstrated that burnout can be assessed in psychiatric terms. This means that standardized questionnaires, particularly the MBI, have the potential to be used in the individual assessment of burnout. The MBI covers the major aspects of burnout and has good psychometric properties (see Chapter 12). Nevertheless, clinically validated cutoff points have to be developed in order to apply it for individual assessment.

However, the description of burnout in psychiatric terms (as defined in the DSM-III) may have the negative consequence of labeling individuals as mentally ill. It has been argued that one reason for the popularity of the burnout concept is that it is a socially accepted label that carries a minimal stigma (Shirom, 1989). From this perspective, the introduction of a psychiatric diagnosis of burnout would be a step backward. On the other hand, in most countries such a diagnosis is necessary to determine if a worker is entitled to a leave of absence, treatment, or other benefits. Thus, the benefit of a psychiatric diagnosis for burnout would be that it would provide an official recognition of a legitimate personal problem. In considering the pros and cons of this issue, we should keep in mind that such a diagnosis would refer to the end stage of a long process; presumably, relatively few people would reach this state.

CONCLUSION

Now that we have reviewed the past history and conceptual development of burnout, it is time to turn to a discussion of its current status, both theoretical and empirical. Presented in the following pages are a wealth of ideas and critiques by the leading scholars in the burnout field. Of course, this book is not the final, definitive statement on burnout; many questions and controversies remain, and much theorizing and research have yet to be done. But this volume makes many significant contributions to the ongoing discussion. First, it presents a variety of theoretical perspectives that link burnout to concepts that have been developed in social psychology (Part I), personality and clinical psychology (Part II), and organizational psychology (Part III). Second, it presents some state-of-the-art assessments of crucial research issues in the study of burnout (Part IV). By integrating the latest developments in theory and research into this volume, we hope that our book will have a major impact on our future understanding of professional burnout.