In Karwowski (Ed.). International Encyclopedia of ... 2000 Human Factors (pp. 382-386). London: Taylor & Francis.

149

Burnout

W.B. Schaufeli
Department of Psychology, Utrecht University, The Netherlands

1. INTRODUCTION

Burnout is a metaphor that describes a state of mental exhaustion or occupational fatigue Literally it means to fail, to wear out or to become exhausted by making excessive demands on energy, strength or resources In the mid-1970s, the colloquial term "burnout" was introduced as a scholarly construct to denote a negative psychological condition mainly characterized by lack of energy, detachment, decreased motivation, distress and a sense of reduced professional efficacy The New York psychiatrist Herbert Freudenberger and the Californian social psychological researcher Christina Maslach were the first to use "burnout" as a psychological notion Burnout was particularly observed among those who worked with other people, i.e. human services professionals such as teachers, nurses and social workers, and correctional officers, poverty lawyers and pastors Soon after its introduction, burnout became a very popular topic, not only in work organisations and in the mass media, but also in academic psychology. By the end of the twentieth century, over 5500 scholarly publications had appeared and the number increases by some 300 each year Single occupational groups most often studied are teachers (22%), followed by nurses (17%) and social workers (7%) Despite the impressive quantity of the empirical publications, their methodological quality is often questionable· typically, studies on burnout are surveys that almost exclusively rely on self-reports, use non-random samples and one-shot research designs. However, particularly in recent years, the quality of burnout research increased

2. SYMPTOMS

A wide range of *individual* burnout symptoms has been identified that can grouped into five main categories (1) affective (e.g depressed mood, emotional exhaustion, anxiety); (2) cognitive (e g sense of failure, forgetfulness, inability to concentrate), (3) physical (e.g headaches, muscle pains, chronic fatigue), (4) behavioral (e.g procrastination, hyperactivity, impulsiveness); and (5) motivational (e.g loss of zeal, disillusionment, demoralization) In addition, *interpersonal* symptoms have been described (1) affective (e g. irritability, lessened emotional empathy with recipients, increased anger); (2) cognitive (e g cynical and dehumanizing perception of recipients, stereotyping, blaming the victim), (3) behavioral (e.g. social isolation and withdrawal, aggressiveness towards recipients, expressing sick humor); and (4) motivational (e.g. loss of interest in others, discouragement, indifference with respect to recipients) Finally, symptoms in relation to the *organisation* have been observed· (1) affective (e g job dissatisfaction); (2) cognitive (e.g. cynicism about work role, distrust in management, peers and supervisors); (3) behavioral (e.g reduced effectiveness, poor work performance, tardiness); and (4) motivational (e.g loss of work motivation, low morale, dampening of work initiative). Most symptoms stem from uncontrolled clinical observations or from interview studies rather then from rigorously designed and thoroughly conducted quantitative studies Despite the over-inclusiveness of this list, it appears that burnout symptoms are typically at three levels (individual, interpersonal, organizational) and that they include motivational symptoms, in addition to affective, cognitive, physical and behavioral symptoms which are also found in job stress. Most important, however, is that virtually all authors agree that exhaustion, energy depletion or chronic work related fatigue is the core symptom of burnout.

3. DEFINITIONS

Traditionally, state and process definitions of burnout are distinguished. The former describes burnout as a negative psychological condition, whereas the latter emphasizes its development The most popular state definition is by Maslach and Jackson (1986 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 " This definition lies at the core of the most widely used self-report burnout questionnaire; the Maslach Burnout Inventory (MBI). *Emotional exhaustion* refers to the depletion or draining of emotional resources. professionals feel that they are no longer able to give themselves at a psychological level *Depersonalization* points to the development of negative, callous and cynical attitudes towards the recipients of one's services Contrary to its use in psychiatry, depersonalization does not refer to the extreme alienation from the self, but to an impersonal or dehumanizing perception of others *Lack of personal accomplishment* is the tendency to evaluate one's work with recipients negatively, which is accompanied by feelings of insufficiency and poor professional self-esteem Initially, Maslach and Jackson (1986) claimed that burnout exclusively occurred among those who dealt with recipients, like students, clients and patients However, recently, the burnout concept was expanded beyond the human services and was redefined as a crisis in one's relationship with work, not necessarily as a crisis in one's relationship with people at work Accordingly, it includes three more general aspects: exhaustion, cynicism and professional efficacy.

Cherniss (1980: 5) proposed an influential process definition· 'Burnout refers to a process in which the professional's attitudes and behavior change in negative ways in response to job strain.' More specifically, he describes burnout as a three-stage process. (1) an imbalance between resources and demands (stress), (2) the development of emotional tension, fatigue, and exhaustion (strain); and (3) changes in attitudes and behaviors, such as a tendency to treat clients in a detached and mechanical fashion (defensive coping) Consequently, for Cherniss, burnout is a wrong way of coping with chronic job-related strain.

Despite obvious inconsistencies among burnout definitions Schaufeli and Enzmann (1998· 36) formulated a synthetic definition:

> Burnout is a persistent, negative, work-related state of mind in "normal" individuals that is primarily characterized by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviors at work. This psychological condition develops gradually but may remain unnoticed for a long time for the individual involved. It results from a misfit between intentions and reality at the job. Often burnout is self-perpetuating because

of inadequate coping strategies that are associated with the syndrome

4. BURNOUT AND RELATED PSYCHOLOGICAL CONDITIONS

From the outset, the distinction between burnout and related psychological phenomena (e g. job stress and depression) has been debated Burnout is as a *particular kind* of prolonged job stress An individual experiences job stress when job demands tax or exceed adaptive resources. That is, job stress refers to a temporary adaptation process accompanied by mental and physical symptoms, whereas burnout refers to a breakdown in adaptation that manifests itself in profound and chronic malfunctioning at work Furthermore, the stress responses includes physical, psychological (affective, cognitive, motivational) and behavioral symptoms, whereas burnout is defined as a multidimensional syndrome that includes — in addition to such symptoms — the development of negative, dysfunctional attitudes and behaviors at work Finally, everybody can experience stress, while burnout can only be experienced by those who entered their careers enthusiastically with high goals and expectations and who restlessly pursued success in their jobs Empirically speaking, burnout — as measured with the MBI — is related with job stress, but can nevertheless be differentiated from it

Despite clear similarities such as dysphoric mood, fatigue, and loss of motivation burnout and depressive illness (i.e. mood disorder) can be distinguished First, the former is usually accompanied by guilt (leading to suicidal ideation), whereas burnout generally occurs in the context of anger and resentment. Moreover, burnout symptoms, at least initially, tend to be job-related and situation-specific rather than pervasive In contrast, depressive illness is characterized by a generalization of the person's symptoms across all situations and spheres of life. Finally, typical symptoms of depression such as significant weight gain or weight loss and mood swings during the day are virtually absent in burnout Not only the clinical picture of burnout and depressive illness differs, but also empirical research corroborates the discriminant validity of the two most used self-report indicators of both constructs (i.e. the MBI and Beck's Depression Inventory).

5. ASSESSMENT

Burnout is almost exclusively assessed by means of self-report questionnaires; no standardized observation or interview procedures exist The MBI (Maslach *et al.* 1986) is almost universally used > 90% of the empirical studies on burnout include this instrument The second most widely used self-report scale is the Burnout Measure (BM), which exclusively assesses the employees' level of exhaustion. Three versions of the MBI exist the Human Services Survey (HSS), the Educator's Survey (ES) and the General Survey (GS). All versions include three scales that correspond with the dimensions of the state definition of burnout Instead of one total composite score, the MBI yields three scale scores The MBI has been thoroughly investigated psychometrically and appears to be a reliable and valid indicator of burnout.

"Burnout" is not a formal, officially known diagnostic label. It comes most close to the diagnostic criteria of an Unspecified Adjustment Disorder (Diagnostic and Statistical Manual of Mental Disorders — DSM-IVr) or of Neurasthenia (International Classification of Mental and Behavioral Disorders — ICD10) that is work related. Principally, the MBI can be used to assess the individual's level of clinical burnout. However, the current classification of burnout levels is based on arbitrary statistical norms that have not been clinically validated in a sample that consists of burned out patients Therefore, the MBI categorization of burnout into "high", "average" and "low" levels is not (yet) suited for individual assessment.

6. PREVALENCE

Since no clinically validated cut-off score is available to distinguish "burnout cases" from "non-cases", the absolute prevalence of burnout among the working population cannot be determined reliably However, the relative prevalence in particular occupational groups in the USA shows the following pattern: levels of emotional exhaustion are clearly highest among teachers, intermediate levels are found in the social services and in medicine, whereas workers in mental health services experience the lowest levels. For depersonalization the picture is slightly different. social workers and teachers report the highest levels, whereas levels in the mental health services are lowest Physicians and police officers exhibit particularly high levels of depersonalization, which might reflect their occupational socialization characterized by objectiveness and distance. Finally, reduced personal accomplishment is especially found in the social services and among nurses, police officers, and probation and correction officers Not surprisingly, the most highly trained professionals (i e physicians and psychologists) experience the strongest sense of accomplishment in their jobs There is some evidence that these specific occupational burnout profiles are consistent across countries

7. CORRELATES OF BURNOUT

Tables 1 and 2 present an overview of the correlates of burnout Since the vast majority of studies used a one-shot design, only very few cause–effect relationships could be established so far

As can be seen in table 1, burnout is observed more often among younger employees than among those aged > 30–40 years This is in line with the observation that burnout is negatively related to work experience. On balance, women tend to score slightly higher on emotional exhaustion, whereas males score significantly higher on depersonalization Most likely this reflects differences in sex roles, i.e women are more emotionally responsive, whereas men hold more instrumental attitudes. Singles seem to be more prone to burnout than those who are married (or divorced) persons Persons with high burnout levels are characterized by: (1) low involvement in daily activities, poor control over events, and little openness to change ("hardiness"); (2) attributing events to powerful others or to change ("external locus of control"); (3) avoiding problems instead of tackling them ("avoiding coping style"), (4) low self-esteem; (5) emotional instability ("neuroticism"), and (6) low intensity of interpersonal interaction ("extroversion"). Furthermore, burnout is positively related to high or unrealistic expectations about one's job and to various job characteristics. Generally speaking relationships with job characteristics are stronger than with personality characteristics

It appears from table 2 that burnout is particularly associated

Table 1: Correlates of burnout: possible causes*

biographic characteristics			
age	–	–	
gender		+	
work experience		–	
marital status		–	
personality characteristics			
hardiness	–	–	–
external control orientation		+	+
avoiding coping style		+	+
self-esteem		–	–
neuroticism	+	+	+
extroversion			–
job related attitudes			
high (unrealistic) expectations			+
job characteristics			
workload	+	+	+
time pressure	+	+	+
role conflict and ambiguity		+	+
direct client contact		+	+
social support from colleagues or superiors		–	–
lack of feedback		+	+
participation in decision making		–	–
autonomy			–

Notes: * Adapted from Schaufeli & Enzmann, 1998; p. 75; The number of minus or plus signs denotes the strength and the direction of the relationship based on: (1) the number of studies involved; (2) their methodological quality; (3) the consistency of results across studies.

Table 2: Correlates of burnout: possible consequences*

individual level	
depression	+ + +
psychosomatic complaints	+ + +
health problems	+
substance use	+
spillover to private life	+
work orientation and attitudes	
job satisfaction	− − −
organisational commitment	− −
intention to quit	+ +
organisational level	
absenteeism and sick-leave	+
job turnover	+
performance and quality of services	−

Notes: * Adapted from Schaufeli & Enzmann, 1998; p. 86. The number of minus or plus signs denotes the strength and the direction of the relationship based on: (1) the number of studies involved; (2) their methodological quality; (3) the consistency of results across studies.

with depression, psychosomatic complaints and job dissatisfaction, whereas it is less strongly related with subjective health problems, substance use, spill-over, poor organizational commitment, intention to quit, absenteeism, job turnover and poor job performance.

As far as the three dimensions of the MBI are concerned, emotional exhaustion is strongest related to possible causes, and consequences of burnout This applies especially to job characteristics, neuroticism, depression and psychosomatic symptoms. Generally, correlations with depersonalization are weaker On balance, personal accomplishment is least strongly related to potential correlates of burnout with the exception of some personality characteristics.

8. THEORETICAL EXPLANATIONS

There is no general psychological theory to explain burnout Rather, three different sets of approaches can be distinguished that are supplementary instead of mutually exclusive (Schaufeli *et al.* 1993, Schaufeli and Enzmann 1998) First, *individual approaches* emphasize the role of factors and processes within the person For instance, burnout can be seen as the result of a pattern of wrong (i.e. high or unrealistic) expectations, or as a failure to retain one's idealized self-image, or as a narcissistic disorder, or as a failed quest for existential meaning, or as a disturbed action pattern Second, *interpersonal approaches* focus on demanding relations with others at work (i e recipients and/ or colleagues). For instance, from this perspective burnout is considered to be the result of emotional overload due to the demanding interactions with difficult recipients, or of a lack of reciprocity between investments put into recipients and the outcomes received, or of the dissonance between the displayed and the experienced emotions, or of emotional contagion (i.e. being 'infected' by others with burnout). Third, *organizational approaches* stress the importance of the organizational context.

For instance, from this perspective burnout is seen as the result of a mismatch between person and job, or as 'reality shock' (the clash of personal ideals with harsh organizational reality). Generally speaking, most theoretical approaches are rather speculative and have no firm empirical bases, perhaps with the exception of some interpersonal explanations.

9. INTERVENTIONS

Basically, interventions to reduce burnout may be focus on: (1) the individual, (2) the individual/organisation interface (i e the interplay between individual and organisation), and (3) the organisation Although numerous interventions have been proposed (Schaufeli and Enzmann 1998), few are specific for burnout That is, most interventions are general approaches to reduce stress at the workplace. Examples of *individual level* interventions are didactic stress management (i.e. providing information about burnout to increase awareness and improve self-care), promoting a healthy life style (i.e physical exercise, weight control, smoking cessation), relaxation, and cognitive-behavioral techniques (e.g redirection the individual's irrational thinking). Examples at the *individual/organisation interface level* include: time management, interpersonal skills training (e g. assertiveness), balancing work and private life, coaching and consultation by peers and supervisors, career planning, and specialized counseling and psychotherapy Finally, interventions at the *organizational level* include: improving the job content by job redesign, management development, introducing corporate fitness and wellness programs, organizational development, and the institutionalization of occupational health and safety services Many interventions at this level are mere 'Band-Aids' primarily designed for increasing productivity, improving quality or reducing costs Empirical studies have shown that particularly cognitive and behavioral approaches such as relaxation training, time-management, didactic stress management and cognitive restructuring are effective in reducing levels of exhaustion. Effects on depersonalization and reduced personal accomplishment are far less strong or even absent

Some of these interventions — most notably at the individual or interface level — are combined in so-called *burnout workshops* in which small groups of workers participate Typically, such preventive workshops rest on two pillars. increasing the participants' awareness of work-related problems and augmenting their coping resources by cognitive and behavioral skills training and by establishing support networks. More specifically, such workshops include self-assessment, didactic stress-management, relaxation, cognitive and behavioral techniques, time-management, peer support, and the promotion of a more realistic image of the job. Taking together the few studies on the effectiveness of such multi-faceted workshops, it seems that they are effective in reducing levels of emotional exhaustion, even across relatively long periods of time (up to a year). Other burnout dimensions are usually not affected, though. The fact that depersonalization and reduced personal accomplishment do not change is not very surprising because most techniques focus on reducing arousal and not on changing attitudes (depersonalization) or on enhancing specific professional skills or resources (personal accomplishment)

REFERENCES

Cherniss, C , 1980, *Professional Burnout in the Human Service Organizations* (New York. Praeger).

Maslach, C. and Jackson, S.E , 1986, *Maslach Burnout Inventory. Manual* (2nd ed) (Palo Alto: Consulting Psychologists Press)

Maslach, C , Jackson, S E. and Leiter, M , 1996, *Maslach Burnout Inventory Manual* (3rd ed.) (Palo Alto: Consulting Psychologists Press)

Schaufeli, W.B , Maslach, C. and Marek, T (eds), 1993, *Professional Burnout Recent Developments in Theory and Research* (Washington, DC. Taylor & Francis).

Schaufeli, W.B and Enzmann, D , 1998, *The Burnout Companion to Research and Practice. A Critical Analysis* (London: Taylor & Francis)