Occupational burnout

Occupational burn-out	
Other names	Burn-out
 A person who is experiencing psychological stress	
Specialty	Psychology

According to the World Health Organization (WHO), **occupational burnout** is a syndrome resulting from chronic work-related stress, with symptoms characterized by "feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy."[1] While burnout influences health and may be a reason for people contacting health services, it is not itself classified by the WHO as a medical condition.[1]

In 1974, Herbert Freudenberger became the first researcher to publish in a psychology-related journal a paper that used the term "burnout." The paper was based on his observations of the volunteer staff (including himself) at a free clinic for drug addicts.[2] He characterized burnout by a set of symptoms that includes exhaustion resulting from work's excessive demands as well as physical symptoms such as headaches and sleeplessness, "quickness to anger," and closed thinking. He observed that the burned-out worker "looks, acts, and seems depressed." After the publication of Freudenberger's original paper, interest in occupational burnout grew. Because the phrase "burnt-out" was part of the title of a 1961 Graham Greene novel *A Burnt-Out Case*, which dealt with a doctor working in the Belgian Congo with patients who had leprosy, the phrase may have been in use outside the psychology literature before Freudenberger employed it.[3]

Christina Maslach described burnout in terms of emotional exhaustion, depersonalization (treating clients/students and colleagues in a cynical way), and reduced feelings of work-related personal accomplishment.[4][5] In 1981, Maslach and Susan Jackson published the first widely used instrument for assessing burnout, the Maslach Burnout Inventory.[6] Originally focused on the human service professions (e.g., teachers, social workers),[6] its application broadened to many other occupations.[4] The WHO adopted a conceptualization of burnout that is consistent with Maslach's.[7]

There are, however, other conceptualizations of burnout that differ from the conceptualization adopted by the WHO. Shirom and Melamed with their Shirom-Melamed Burnout Measure conceptualize burnout in terms of physical exhaustion, cognitive weariness, and emotional exhaustion;[8][9] however, an examination of Shirom and Melamed's emotional exhaustion subscale indicates that the subscale looks more like a measure of Maslach's[7] concept of depersonalization.[10] Demerouti and Bakker (with their Oldenburg Burnout Inventory) conceptualize burnout in terms of exhaustion and disengagement.[11] There are other conceptualizations as well that are embodied in these instruments: the Copenhagen

Burnout Inventory,[12] the Hamburg Burnout Inventory,[13] Malach-Pines's Burnout Measure,[14] and more. Kristensen et al.[12] and Malach-Pines (who also published as Pines)[15] advanced the view that burnout can also occur in non-work roles such as that of spouse.

The core of all of these conceptualizations, including that of Freudenberger, is exhaustion. Alternatively, burnout is also now seen as involving the full array of depressive symptoms (e.g., low mood, cognitive alterations, sleep disturbance).[16][17] Marked differences in understanding of what constitutes burnout have highlighted the need for consensus definition.[18][19]

Contents

Diagnosis

Classification

Burnout is thought to be an occupational health problem involving multiple symptoms linked to chronic work-related stress.[1] While such a syndrome is known to affect a person's health (as can occur with all forms of stress), burnout has not in itself been classified as a medical condition.[1]

Burnout is not recognized as a distinct disorder in the current revision (dating from 2013) of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).[20] With regard to the International Statistical Classification of Diseases and Related Health Problems (ICD), burnout had been classified in the ICD-10 edition as a type of non-medical life-management difficulty.[21] In May 2019, the WHO clarified what is meant by burnout, specifically connecting it to employment, rather than non-occupational life-management difficulties.[1] In the most recent version (ICD-11), burnout is classified under "Problems associated with employment or unemployment" in the section on "Factors influencing health status or contact with health services." The section is devoted to reasons other than recognized diseases or health conditions for which people contact health services.[1][22] According to ICD-11:

> Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.[23]

Problems with the concept of occupational burnout

In 1981, Maslach and Jackson developed the first widely used instrument for assessing burnout, namely, the Maslach Burnout Inventory (MBI).[6] Consistent with Maslach's conceptualization, the MBI operationalizes burnout as a three-dimensional syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment.[6][4] Other researchers have argued that burnout should be limited to fatigue and exhaustion.[24] Exhaustion is considered to be burnout's core.[7][25]

A growing body of evidence suggests that burnout is etiologically, clinically, and nosologically similar to depression.[26][27][28][29][30][31][32] In a study that directly compared depressive symptoms in burned out workers and clinically depressed patients, no diagnostically significant differences were found between the two groups; burned out workers reported as many depressive symptoms as clinically depressed patients.[33] Moreover, a study by Bianchi, Schonfeld, and Laurent (2014) showed that about 90% of workers with full-blown burnout meet diagnostic criteria for depression.[29] The view that burnout is a form of depression has found support in several recent studies.[27][28][30][31][32][34] Some authors have recommended that the nosological concept of burnout be revised or even abandoned entirely given that it is not a distinct disorder and that there is no agreement on burnout diagnostic criteria.[18][35]

Liu and van Liew wrote that "the term burnout is used so frequently that it has lost much of its original meaning. As originally used, burnout meant a mild degree of stress-induced unhappiness. The solutions ranged from a vacation to a sabbatical. Ultimately, it was used to describe everything from fatigue to a major depression and now seems to have become an alternative word for depression, but with a less serious significance" (p. 434).[36]

Risk factors

Evidence suggests that the etiology of burnout is multifactorial, with dispositional factors playing an important, long-overlooked role.[37][38] Cognitive dispositional factors implicated in depression have also been found to be implicated in burnout.[39] One cause of burnout includes stressors that a person is unable to cope with fully.[40]

Burnout is thought to occur when a mismatch is present between the nature of the job and the job the person is actually doing. A common indication of this mismatch is work overload, which sometimes involves a worker who survives a round of layoffs, but after the layoffs the worker finds that he or she is doing too much with too few resources. Overload may occur in the context of downsizing, which often does not narrow an organization's goals, but requires fewer employees to meet those goals.[41]

The job demands-resources model has implications for burnout, as measured by the Oldenburg Burnout Inventory (OLBI). Physical and psychological job demands were concurrently associated with the exhaustion, as measured by the OLBI.[42] Lack of job resources was associated with the disengagement

component of the OLBI.

Maslach, Schaufeli and Leiter identified six risk factors for burnout: mismatch in workload, mismatch in control, lack of appropriate awards, loss of a sense of positive connection with others in the workplace, perceived lack of fairness, and conflict between values.[7]

Effects

Some research indicates that burnout is associated with reduced job performance, coronary heart disease,[43] and mental health problems. Examples of emotional symptoms of occupational burnout include a lack of interest in the work being done, a decrease in work performance levels, feelings of helplessness, and trouble sleeping. [44] With regard to mental health problems, research on dentists[27] and physicians[13] suggests that what is meant by burnout is a depressive syndrome. Thus reduced job performance and cardiovascular risk could be related to burnout because of burnout's tie to depression. Behavioral signs of occupational burnout are demonstrated through cynicism within work relationships, such as coworkers, clients, and the organization.

Other effects of burnout can manifest as lowered energy and productivity levels, with workers observed to be consistently late for work and feeling a sense of dread upon arriving. They can suffer decreased concentration,forgetfulness,increased frustration,or feelings of being overwhelmed. They may complain and feel negative, or feel apathetic and believe they have little impact on their coworkers and environment. [45] Chronic burnout is also associated with cognitive impairments such as memory and attention.[46] Occupational burnout is also associated with absences, time missed from work, and thoughts of quitting.[47] There is a growing amount of research suggesting that burnout can manifest differently between genders, with greater incidence of depersonalisation amongst men and higher emotional exhaustion among women.[48][49]

Treatment and prevention

At the individual level

It is difficult to treat the three symptoms of burnout, exhaustion, cynicism, and inefficacy, because they respond to the same preventive or treatment activities in different ways.[50] Exhaustion is more easily treated than cynicism and professional inefficacy, which tend to be more resistant to treatment. Research suggests that intervention actually may worsen the professional efficacy of a person who originally exhibited low professional efficacy.[51]

For the purpose of preventing occupational burnout, various stress management interventions have been shown to help improve employee health and well-being in the workplace and lower stress levels. Training employees in ways to manage stress in the workplace have also been shown to be effective in preventing burnout.[52] One study suggest that social-cognitive processes such as commitment to work, self-efficacy, learned resourcefulness, and hope may insulate individuals from experiencing occupational burnout.[47] Increasing a worker's control over his or her job is another intervention has been shown to help counteract exhaustion and cynicism in the workplace.[50]

Burnout prevention programs have traditionally focused on cognitive-behavioral therapy (CBT), cognitive restructuring, didactic stress management, and relaxation. CBT, relaxation techniques (including physical techniques and mental techniques), and schedule changes are the best-supported

techniques for reducing or preventing burnout in a health-care setting. Mindfulness therapy has been shown to be an effective preventative for occupational burnout in medical practitioners.[53] Combining both organizational and individual-level activities may be the most beneficial approach to reducing symptoms. A Cochrane review, however, reported that evidence for the efficacy of CBT in healthcare workers is of low quality, indicating that it is no better than alternative interventions.[5]

Employee rehabilitation is a tertiary preventive intervention which means the strategies used in rehabilitation are meant to alleviate burnout symptoms in individuals who are already affected.[50] Such rehabilitation of the working population includes multidisciplinary activities with the intent of maintaining and improving employees' working ability and ensuring a supply of skilled and capable labor in society.

Additional prevention methods include: starting the day with a relaxing ritual; yoga; adopting healthy eating, exercising, and sleeping habits; setting boundaries; taking breaks from technology; nourishing one's creative side, and learning how to manage stress.[54][55][56]

At the organizational level

While individuals can cope with the symptoms of burnout, it is thought that the only way to truly prevent burnout is through a combination of organizational change and education for the individual.[41]

Maslach and Leiter postulated that burnout occurs when there is a disconnection between the organization and the individual with regard to what they called the six areas of worklife: workload, control, reward, community, fairness, and values.[7] Resolving these discrepancies requires integrated action on the part of both the individual and the organization.[7] With regard to workload, assuring that a worker has adequate resources to meet demands as well as ensuring a satisfactory work–life balance could help revitalize employees' energy.[7] With regard to values, clearly stated ethical organizational values are important for ensuring employee commitment.[7] Supportive leadership and relationships with colleagues are also helpful.[7]

One approach for addressing these discrepancies focuses specifically on the fairness area. In one study employees met weekly to discuss and attempt to resolve perceived inequities in their job.[57] The intervention was associated with decreases in exhaustion over time but not cynicism or inefficacy, suggesting that a broader approach is required.[7]

See also

- Compassion fatigue
- Counterproductive work behavior
- Employee engagement
- Meditation
- Spoon theory
- Writer's block

Stress and the workplace:

- Industrial and organizational psychology
- Occupational health psychology
- Perceived organizational support

- Perceived psychological contract violation
- Work–life balance

Medical:

- Depression (mood)
- Stress (medicine)

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External links

Classification	**ICD-10**: Z73.0 (http://apps.who.int/classifications/icd10/browse/2016/en#/Z73.0), F43.8 (http://apps.who.int/classific

ations/icd10/browse/2016/en#/F43.8) · **MeSH**: D002055 (https://www.nlm.nih.gov/cgi/mesh/2015/MB_cgi?field=uid&term=D002055)

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