

# Professional Burnout as the State and Process – What to Do?

Zlatka Rakovec-Felser

University of Maribor, School of Medicine, Department for Health Psychology, Maribor, Slovenia

## ABSTRACT

*The professional staff in human service institutions is often required to spend time in intense involvement with other people. Frequently, the staff-client interaction is centred around the client's current problems (psychological, social, and/or physical) and is therefore charged with feelings of anger, embarrassment, fear or despair. In this article we follow the burnout which could not be only the consequence of such job characteristics but could appear also as the result of type of work organization, social relationships, and some bodies personal characteristics as life style, too. Moreover, it can be a consequence of a disturbed balance between give and take at all three levels of social exchange – at interpersonal, at the team, and at the organizational level. So burnout is not only the problem of individuals but also the problem of social environment in which they work. The workplaces shape how people interact with another and how they carry out their jobs. In addition, we try to find the ways how to prevent or to reduce burnout, too. So we present the theories of social comparison (Festinger, 1954; Schachter, 1959), equity theory (Walster and Berscheid, 1978), as also the Kahn's model of employee engagement (1990) and the Schaufeli- Buunk's integrative comprehensive social exchange model (1993) as the possible key to help individuals and organization. In this context V. also Frankl's logo therapy (sense of purpose, 1960) became much more important as the theories of positive (Seligman, 2000) and humanistic psychology (Maslow, 1971, 1987; Rogers, 1959), too.*

**Key words:** professional burnout, social exchange balance, psychological well-being

## What Is Professional Burnout?

The concept of burnout was first introduced by Freudenberg (1974). He defined it as a specific psychological condition in which people suffer emotional exhaustion, experience a lack of personal accomplishment, and tend to demoralize others. He suggests that burnout can lead to deterioration in the quality of care or service that is provided by the staff. It appears to be a factor in job turnover, absenteeism, and low morale<sup>1,2</sup>.

Cherniss (1980) identified that, in process of burnout, both attitudes and behaviours change in an unconstructive manner in response to work stress<sup>1</sup>.

Edelwich and Brodsky (1980) explore how unrealistically high expectations of what can be achieved can create the background for the later development of disillusionment and apathy. Many professions also encourage their trainees to develop the image of themselves as heroic helpers who can continually provide for others, solving their problems, feeling their pain, and meeting their

needs, while remaining themselves strong and happy. This can be coupled with the personality of those attracted to such work who may have been the people who contained the pain and were always helpful in their own families<sup>3</sup>.

Pines, Arson, and Kafry (1981) define burnout as the result of constant or repeated emotional pressure associated with an intense involvement with other people long periods of time. Such intense involvement is particularly prevalent in health, education and social service occupations, where professionals have a »calling« to take care of other people in need, that they have nothing left in them to give<sup>4</sup>.

In 1981 Maslach and Jackson described burnout as a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do »people work« of some kind. A key aspect of burnout syndrome is increased feelings of emotional exhaustion. As their emo-

tional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level. Another aspect is the development of negative, cynical attitudes and feelings about one's clients. Such negative reactions to clients may be linked to the experience of emotional exhaustion, i.e. these two aspects of burnout appear to be somewhat related. This callous or even dehumanized perception of others can lead staff to view their clients as somewhat deserving of their troubles (Ryan, 1971), and the prevalence among human service professionals of this negative attitude towards clients has been well documented (Wills, 1978). A third aspect of burnout syndrome is the tendency to evaluate oneself negatively, particularly with regard to one's work with clients. Workers feel unhappy about themselves and dissatisfied with their accomplishments on the job. The consequences of burnout are potentially very serious for the staff, the clients, and the larger institutions in which they interact<sup>2</sup>.

At the probably most often cited definition of burnout was also made by Maslach and Jackson (1986): »Burnout is a emotional exhaustion, depersonalisation, and reduced personal accomplishment that occur among individuals who do »people work« of some kind«. The accent that burnout exclusively occurs in occupational groups where professionals deal the problems with other people is very important. They identified at that time three burnout dimensions:

- emotional exhaustion, feelings of being emotionally overextended and exhausted by one's work;
- depersonalization, an unfeeling of impersonal response toward clients;
- a reduced sense of personal accomplishment, a loss of personal self-efficacy<sup>5</sup>.

As started previously, the dimensions of burnout include emotional exhaustion, depersonalization and reduced feelings of personal accomplishment. In an effort to develop a comprehensive theoretical framework, Maslach and Leiter (1997) identified also six major influences on burnout:

- workload,
- lack of control over establishing following day-to-day priorities,
- insufficient reward and accompanying feelings of continually having to do more for less,
- the feeling of community in which relationships become impersonal and teamwork is undermined,
- the absence of fairness, in which trust, openness, and respect are not present,
- conflicting values, in which choices that are made by management often conflict with their mission and core values.

While the presence of each of these would certainly indicate a strong likelihood of development of burnout symptoms in an individual, it should be noted than any single one of these could also lead one to display symptoms of burnout.

Both authors characterised burnout also as the erosion of soul:

»It represents erosion in values, dignity, spirit, and will – an erosion of human soul. It is malady that spreads gradually and continuously over time, putting people into downward spiral from which it is hard to recover<sup>6</sup>«.

## The Differences between Stress and Burnout

Burnout may be the result of unrelenting stress, but it is not the same as too much stress. Stress, by and large, involves too much: too many pressures that demand too much of you physically and psychologically. Stressed people can still image, though, that if they can just get everything under control, they will feel better.

Burnout on the other hand, is about not enough. Being burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often do not see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up. One other difference between stress and burnout: While you are usually aware of being under a lot of stress, you do not always notice burnout when it happens.

Chief differences between stress and burnout are:

- Stress is characterized by over-engagement.
- In stress emotions become over-reactive.
- In stress the physical damage is primary.
- The exhaustion of stress affects physical energy.
- Stress produces disintegration.
- Stress can be best understood as a loss of physical energy.
- Stress produces a sense of urgency and hyperactivity.
- Stress produces panic, phobic, and anxiety-type disorders.
- Stress may kill you prematurely, and you will not have enough time to finish what you started.
- Burnout is a kind of defence characterized by disengagement.
- In burnout emotions become blunted.
- In burnout the emotion damage is primary.
- The exhaustion of burnout affects motivation and drive.
- Burnout produces demoralization.
- Burnout can be best understood as a loss of ideals and hope.
- Burnout produces a sense of helplessness and hopelessness.
- Burnout produces paranoia, depersonalization and detachment.
- Burnout may never kill you but your long life may not seem worth living<sup>7</sup>.

## The Causes of Burnout

### *Situational factors: Where does burnout occur?*

There are many causes of burnout. In many cases, burnout stems from the nature of job (number of clients, severity of clients problems,), from the occupational characteristics (insecurity, pay level, pay equity) and/or from the organizational work characteristics (unpredictable work, lack of information, role conflicts). In a person's workplace that can lead directly to burnout Maslach and Leiter (1997) identified six characteristics. These are:

- First, an unreasonable workload – specifically a workload that is beyond what somebody can accomplish, even when he/she put it in significant extra hours. It is the feeling that we can just barely keep our nose above the rising tide of paper or computer code or projects or crises.
- Second, a lack of control over work – specifically, a situation in which somebody has little control over assignments and little opportunity to use creativity and problem-solving skills.
- Third, a lack of reward, especially a lack of recognition for our efforts, sacrifices, achievements, and contribution to the organization.
- Fourth, a lack of community – specifically, breakdowns in connections with the other people in somebody's immediate workplace.
- Fifth, a lack of fairness – specifically, the sense that people are treated unevenly, that managers and supervisors play favourites, and that rewards, especially merit pay, salary increases, and the bonuses do not reflect the amount and quality of work that individuals actually perform.
- And, finally, sixth, a mismatch of values – specifically, when the values of somebody's organization suddenly separate from his/her own personal values<sup>6</sup>.

According to Hackman and Oldham (1980), three critical psychological states must be present in order for a person's work to be motivating and satisfying:

- A feeling of personal responsibility for one's work that emanates from autonomy concerning work pace and procedures,
- Experiencing one's work as meaningful, stemming from opportunities for skill variety and task identity and from believing that the work affects others people,
- Having knowledge of the results of one's performance through feedback from the job itself, supervisors, and the peers is important.

While Hackman and Oldham in their Job Characteristics Model only deal with intrinsic characteristics, Warr (1987) adds four extrinsic factors that affect work outcomes: (1) pay level and (2) pay equity, (3) physical security of workplace, (4) social contacts, which offer support, and holding a valued social position.

According to the Job Strain Model of Karasek and Theorell (1990), the influence of work demands on health are moderated by the degree of control that individuals

have over their work. Job decision latitude reflects the degree to which a job provides substantial freedom, independence, and discretion to employees in scheduling their work and in determining the procedures used to carry out. Sauter et al. (1990) suggest that personal control is the determining factor in generating any health consequences of work demands.

Role conflict, role ambiguity, and role overload have been identified as three key factors contributing to job stress (Kahn, Wolfe, Quinne, Snoek, Rosenthal, 1964; Kahn, 1980). Role conflict emanates from incompatible job-related demands, such as conflicting demands and expectations from different superiors. Role ambiguity refers to a lack of adequate guidelines to provide sufficient knowledge of what is expected for adequate performance at work. Role overload refers to having too much to do or not enough time to complete otherwise reasonable assignments. All three role stressors are clearly associated with symptoms of psychological and physiological strain. Some of the consequences of the three role stressors include increased job-related tension, decreased job satisfaction, less organizational confidence, decreased satisfaction with work relationships, decreased self-esteem, and increased anxiety and depression (Kahn, 1980). Role ambiguity, and role conflict are also negatively related to commitment and involvement among workers (Fisher and Gitelson, 1983)<sup>8</sup>.

### *Individual factors: Who experiences burnout?*

People do not simply respond to the work setting; rather, they bring unique qualities to the relationship. These personal factors include demographic variables, enduring personality characteristics, and work-related attitudes. Several of these individual characteristics have been found to be related to burnout. However, these relationships are not as great in size as those for burnout and situational factors, which suggests that burnout is more of social phenomenon than an individual one.

Of all the demographic variables that have been studied, age is the one that has been most consistently related to burnout. Among younger employees the level of burnout is reported to be higher than it is among those over 30 or 40 years old. Age is cofounded with work experience, so burnout appears to be more of risk earlier in one's career. Variable of sex has not been a strong predictor of burnout. Those who are unmarried seem to be more prone to burnout compared with those who are married.

People who display low levels of hardiness (involvement in daily activities, a sense of control over events, an openness to change) have higher burnout scores, particularly on the exhaustion dimension. Burnout is higher among people who have an external locus of control rather than an internal locus of control. Similar results have been reported on coping styles and burnout. Those who are burned-out cope with stressful events in a rather passive, defensive way, whereas active and confrontive coping is associated with less burnout. In particular, confrontive coping is associated with the dimension of ef-

ficacy. In other research, all three burnout dimensions have been related to lower self-esteem.

It has been argued that low levels of hardiness, poor self-esteem, an external locus of control, and an avoidant coping style typically constitute the profile of a stress-prone individual (Semmer, 1996). Obviously, the results from the burnout research confirm this personality profile.

Research on The big five personality dimensions has found that burnout is linked to the dimension of neuroticism. Neuroticism includes trait anxiety, hostility, depression, self-consciousness, and vulnerability; neurotic individuals are emotionally unstable and prone to psychological distress. The exhaustion dimension of burnout also appears to be linked to Type A-behaviour (competition, time-pressured lifestyle, hostility, and an excessive need for control). There are also indications that individuals who are »feeling types« rather than »thinking types« (in terms of Jungian analysis) are more prone to burnout, especially to cynicism.

People vary in the expectations they bring to their job. In some cases these expectations

are very high, both in terms of nature of the work and like hood of achieving success. Whether such high expectations are considered to be idealistic or unrealistic, one hypothesis has been that they are a risk factor for burnout. Presumably, high expectations lead people to work too hard and do too much, thus leading to exhaustion and eventual cynicism when the high effort does not yield the expected results. This hypothesis has received mixed empirical support – about half of studies find the hypothesized correlation, whereas the rest do not<sup>9</sup>.

### *The integrative comprehensive social exchange model*

Based on the notion of a disturbed balance between give and take appeared first Adam's classic interpersonal equity formula (Adams, 1956), the theories of social comparison of Festinger (1954) and Schachter and (1959), equity theory (Walster and Berscheid, 1978) and then also the central thesis of Buunk and Schaufeli (1993), which started from position that burnout develops primary in the social context of the work organization.

An addition to emphasizing the importance of social exchange processes, Buunk and Schaufeli first argued, on the basis of social comparison theory, that human services professionals, who – by the nature of their work – are faced with high emotional demands, tend to compare their own emotional reactions to those of their co-workers. As predicted they found, that nurses who felt uncertain at work showed an increased desire to affiliate with others, but at same time their actual affiliation decreased. They explain the later tendency towards social isolation, which is typical of burnout, by pointing to the fear of embarrassment: talking about one's doubts and uncertainties may be felt as admitting inferiority.

Buunk and Schaufeli (1993) also assumed that lack of reciprocity, or unbalanced helping relationship, drains

the professional's emotional resources and eventually leads to emotional exhaustion – a hallmark of burnout. Their later formed integrative comprehensive social exchange model so proposed three levels of social exchange with (1) recipients, (2) colleagues, and (3) the organization as a whole. Lack of reciprocity at all three levels of social exchange (the interpersonal level, the team level, the organisational level) is expected to be associated with distress (emotional exhaustion), as well as with attempts to restore the balance of give and take at that specific level of exchange (social withdraw). Several studies tested this model and confirmed that lack of reciprocity at the interpersonal level is clearly and convincingly related to all three dimensions of burnout, even after controlled for a host of variables such as work stressors, interpersonal characteristics, personality characteristics, and demographics. Lack of reciprocity with organization affected both emotional exhaustion and the intention to leave the organization. Both effects appeared about equally strong. Furthermore, lack of reciprocity with organization seemed to follow from negative communication about management; the more negative the professionals rated their communication with management the more unbalanced their relationship with the organization. Lack of reciprocity with organization was associated with emotional exhaustion, psychosomatic complaints, poor organizational commitment, and future absenteeism<sup>10</sup>.

## **The Symptoms and Consequences of Burnout**

Manifestations of burnout can be grouped for convenience into six major categories: mental, physical, behavioural, social, attitudinal and organizational.

### *Mental manifestations*

Typically, the burned-out person's emotional resources are exhausted and he/she feels empty, trapped and at the end of rope. Affective symptoms that relate to depression are most prominent (depressed mood, helplessness, hopelessness and meaninglessness). A sense of failure, insufficiency and impotence is observed, which eventually leads to poor self-esteem. The second type of affective symptom relates to aggression and anxiety (Kahill, 1988). The burned-out person's frustration tolerance is diminished. He or she is irritable, over-sensitive, and behaves in a hostile or suspicious manner, not only towards recipients, but also towards colleagues and superiors. In addition, cognitive symptoms (inability to concentrate, forgetfulness, difficulties in decision making and sensory-motor symptoms (nervous tics, restlessness, inability to relax) may be observed (Kahill, 1988). These cognitive and sensory-motor symptoms are signs of high arousal and nervous tension.

### *Physical manifestations*

All kinds of indefinite physical complaints are observed, such as headaches, nausea and muscle pains, particularly lower back pain (Belcastro, 1982). In addition,



sexual problems, sleep disturbances, loss of appetite and shortness of breath are reported by individuals who suffer from burnout (Kahill, 1988). However, the most typical physical manifestation of burnout is chronic fatigue (Shirom, 1989). Various psychosomatic disorders seem to develop, such as ulcers, gastro-intestinal disorders and coronary heart disease (Belcastro, Gold, and Grand, 1982). Less serious but more frequently occurring are prolonged colds and flu that cannot be shaken off (Paine, 1982). The study of Wolpin showed that, after one year, burned-out teachers report significantly more somatic complaints than teachers who were not considered burned-out.

### *Behavioural manifestations*

Individual behavioural manifestations are mainly caused by the person's increased level of arousal (hyperactivity, violent outbursts). An increased consumption of stimulants like coffee and alcohol (Quattrochi-Tubin, Jones, and Breedlove, 1982) is observed, as well as substance abuse (Nowack, Hanson, and Gibbon, 1985).

### *Social manifestations*

Interpersonal problems at work occur with recipients, colleagues, supervisors and subordinates (Pines and Maslach, 1978). Typically, the burned-out individual withdraws from social contacts and is in danger of isolating himself or herself. Physical as well as mental withdrawal from others is observed (Maslach and Pines, 1977). One of the most obvious characteristics of burnout is the decreased involvement with recipients. This is illustrated by the so-called »John Wayne syndrome« that is observed among police officers: playing the tough guy who is not moved or touched by anything he gets involved in during his duty. Burned-out individuals might take their work problems home: negative spill over (Jackson and Maslach, 1982). These problems come to dominate family life and might increase interpersonal conflicts with spouse and children.

### *Attitudinal manifestations*

In addition to exhaustion, a dehumanizing, callous, detached, indifferent and cynical attitude towards recipients is the most characteristic sign of burnout: »That ulcer from room 34« (Cummings and Nall, 1983). Such negative attitudes are particularly striking since initially the relationship with recipients has been characterized by involvement, empathy, concern and understanding (Pines and Kary, 1978). By derogating and stereotyping recipients, and by making sick jokes, one creates a psychological distance which protects or enhances the self (Maslach, 1982a). Negative attitudes might also develop towards the job or the organization (Richardson, Burke, and Leiter, 1992). The person's initial intrinsic motivation has vanished; his/her zeal, enthusiasm, interest and idealism are lost. When the challenge of the job dissipates, boredom and dissatisfaction develop (Jayarathne and Chess, 1983). Burned-out individuals do not feel appreciated by either the organization or by their col-

leagues. They have lost their concern for the organization and now they are hypercritical, distrusting management, peers and supervisors<sup>11</sup>.

### *Organizational manifestations*

The increasing breadth of occupational sectors has required a rethinking of the situational context for burnout. Prior research has tended to focus on the immediate context in which work occurs, whether that be a nurse's work with patients in a hospital or a teacher's work with students in a school. However, this work often takes place within in larger organization that includes hierarchies, operating rules, resources, and space distribution. All of these factors can have a far-reaching and persistent influence, particularly when they violate basic expectations of fairness and equity. Consequently, the contextual focus has been broadened to include the organizational and management environment in which work occurs. This focus has highlighted the importance of the values implicit in organizational processes and structures, and how these values shape the emotional and cognitive relationship that people develop with their work.

The organizational context is also shaped by larger social, cultural, and economic forces. This has meant that organizations have undergone a lot of changes, such as downsizing and mergers that have had significant effects on the lives of their employees. This is perhaps most evident in changes in the psychological contract - i.e. the belief in what the employer is obliged to provide based on perceived promises of reciprocal exchange (Rousseau, 1995). Now employees are expected to give more in terms of career opportunities, lifetime employment, job security, and so on. Violation of psychological contract is likely to produce burnout because it erodes the notion of reciprocity, which is crucial in maintaining well-being<sup>9</sup>.

### *The Consequences of burnout*

The relationship that people have with work and the difficulties that can occur if that relationship goes awry have long been recognized as a significant social problem (Maslach, Schaufeli and Leiter, 2001). Authors divided the negative consequences of burnout into two categories, job performance and individual health. Job performance burnout is associated with absenteeism, intention to leave the job, and actual staff turnover. So researchers have reported that from staff turnover, because of need to recruit and training new workers in some organizations can be a high negative monetary impact (Yoon and Kelly, 2008).

When staffs that experience burnout choose to stay in their respective jobs, their productivity and effectiveness decreases. Additionally, people who are burned out can cause personal conflicts on the job site and may disrupt the job tasks of their co-workers. In other words, burnout is contagious and can perpetuate itself on the job. There is also some evidence that burnout can spill over into an employee's home life. Finally, the health component of burnout is correlated with stress-related conditions and illness – substance abuse, anxiety, depression, and de-

creased self-esteem have all been associated with burnout (Maslach, Schaufeli and Leiter, 2001)<sup>12</sup>.

Crossover is the term used to describe the interpersonal process that occurs when job stress or psychological strain experienced by one person affect the level of strain of another person in the same social environment (Bolger, DeLongis, Kessler, and Wethington, 1989). Some researchers have focused on the crossover of job stress from the individual affects the strain of the spouse, and yet others have studied how psychological strain of one partner affects the strain of the other. Most studies have investigated and found the crossover of psychological strains such as anxiety (Westman, Etzion, and Horowitz, 2004), burnout (Bakker and Schaufeli, 2000), depression (Home, Levy, and Caplan, 2004), adjustment (Takeuchi, Yun, and Teslu, 2002), work-family conflict (Hammer, Allen, and Grigsby, 1997; Westman and Etzion, 2005), and marital dissatisfaction (Westman, Vinokur, Hamilton, and Roziner, 2004). Researchers have focused particularly on the family as the victim of job incumbent's stress. Their work was based on Moss theory (1984) that people are part of social systems and we need to understand them within these systems. Each member in the system is linked to other members and, presumably, change in one will affect change in others. Edelwich and Brodsky (1980) were the first to relate to the possibility of crossover of burnout at work: »If burnout only affected individuals in isolation, it would be far less important and far less devastating in its impact than it is. Burnout in Human Services Agencies is like an infection in hospitals; it gets around. It spreads from clients to staff, from one staff member to another, and from staff back to clients. Perhaps it ought to be called staff infection«.

Hatfield, Cacioppo, Rapson (1994) have argued that there were several circumstances under which people should be especially likely to catch others' emotions. Emotion contagion is particularly likely, for example, if individuals pay close attention to others, and if they construe themselves as interrelated to others rather than as independent and unique. A number of studies have shown that there exist stable individual differences in people's susceptibility to emotional stimuli (Doherty, Orimoto, Singelis, Hatfield and Hebb, 1995; Stiff, Dillard, Somera, Kim, and Sleight, 1988), and that these individual differences are good predictors of extent to which people catch positive and negative emotions from others. What are the conditions under which the crossover of burnout among health care professionals is most likely?

In 1998 Westman and Vinokur have argued that empathy can be a moderator of the crossover process. Bakker and Demerouti (2007) tested their hypothesis that empathy moderates the crossover of work engagement. They reasoned that empathy may best be considered as a set of related constructs including both emotional (empathic concern for others, compassion) and non-emotional components (perspective taking, entertaining the point of view of others, cognitive type of empathy). They found that the crossover of engagement (the direct oppo-

site of burnout) was strongest when worker were characterized by high levels of perspective taking.

Bakker, Schaufeli, Sixma, and Bosveld (2001) observed that general practitioners' individual susceptibility to emotional contagion was positively related to burnout. That is, they were most vulnerable to catching the negative emotions expressed by their patients, such as fear, anxiety, depressed mood, and worry.

Bakker and Schaufeli (2000) found that teachers who frequently talked with their burn-out colleagues about problematic students had the highest probability of catching the negative attitudes expressed by their colleagues. The result is negative attitude change, particularly when the burned out colleague has evidence or strong arguments to bolster their frustration and uncaring attitudes.

Classic social comparison theory regards uncertainty as the main motive for social comparison activity. Festinger (1954) argued that when objective sources of information for self-evaluation are lacking, people would turn to others in their environment. Information about similar others are most informative for self-evaluation as about others (Tesser, Millar, and Moore, 1988).

As health care professionals are characterized by high empathy and frequent interactions between team members, the process of crossover is more intense in this case. This process leads to burn-out teams. However, crossover of burnout in health care professions can create an additional hazard except for psychological and physiological price, namely, errors in judgment and mistreatment of patients<sup>13</sup>.

## The Stages of Burnout

According to Freudenberger (1980), burnout develops when individuals believe in their images of themselves as charismatic, dynamic, inexhaustible and supercompetent persons. As a result, they lose touch completely with their other, more fallible, real selves. In vigorously trying to uphold their idealized self-images, burnout candidates typically use the wrong strategies, which further deplete their emotional resources. These false cures are summarized by Freudenberger in four Ds: (1) disengagement, (2) distancing, (3) dulling and (4) deadness.

According to Edelwich and Brodsky (1980), four stages of progressive disillusionment characterize the burn-out process: (1) enthusiasm, (2) stagnation, (3) frustration and (4) apathy.

According to action theory of Burisch (1989, 1993), action episodes may be disturbed in four different ways. Some obstacle may interfere with goal attainment, either calling for unexpected high investments or blocking the goal altogether. Alternatively, the goal may be obtained, but the rewards fail to meet expectations. Finally, unexpected negative side effects may occur. Disturbed action episodes result in first-order stress, which may develop into second-order stress when attempts to remedy the situation repeatedly fail. Coping with second-order stress

and the concomitant loss of autonomy may be successful and lead to personal growth, enhanced competence and so on. On the other hand, when coping fails a burnout process is triggered: motives (of being an effective helper) may inflate or extinguish, action planning may become inadequate, aspiration levels may shift downwards, feelings of self-efficacy may decrease and demoralization may set in<sup>11</sup>.

## **The Implication For Intervention: How Do We Deal with Burnout?**

### *Individual and workplace interventions*

The applied nature of burnout research has prompted calls for effective intervention throughout the research literature.

Most discussions of burnout interventions focus primarily on individual-centred solutions, such as removing the worker from the job, or individual strategies for the worker, in which one either strengthens one's internal resources or changes one's work behaviours. That research has found that situational and organizational factors play a bigger role in burnout than individual ones.

Individual-oriented approaches (cognitive-behavioural techniques such as stress inoculation training, relaxations, time management, assertiveness training, rational emotive therapy, training in interpersonal and social skills, teambuilding, management of professional demands, and meditation) may help individuals to alleviate exhaustion, but they do not really deal with the other two components of burnout. Rarely do any programs report a change in cynicism or inefficacy. Also, individual strategies are relatively ineffective in the workplace, where a person has much less control over stressors than in other domains of his/her life.

A focus on the job environment, as well as the person in it, is essential for interventions to deal with burnout. This suggests that the most effective model of intervention is to combine changes in managerial practice with the educational interventions described above. Managerial interventions are necessary to change any of six areas of work life as (1) workload, (2) lack of control, (3) insufficient reward, (4) impersonal relationships and undermined teamwork, (5) the absence of fairness without trust, openness, respect in contacts, and finally, as (6) conflicting values are. But they all are insufficient unless educational interventions convey the requisite individual skills and attitudes. So neither changing the setting nor changing the individuals is enough; effective change occurs when both develop in an integrated fashion. The recognition of six areas of work life expands the range of options for organizational intervention. For example, rather than concentrating on the area of work overload for an intervention (teaching people how to relax), a focus on some of the other mismatches may be more effective. People may be able to tolerate greater workload if they value the work and the feel they are doing something important, or if they feel well-rewarded for their ef-

forts, and so an intervention could target these areas of value and reward.

On advantage of a combined managerial and educational approach to intervention is that it tends to emphasize building engagement with work. The focus on engagement permits a closer alliance with the organizational mission, especially those aspects that pertain to the quality of work life in the organization. A work setting that is designed to support the positive development of (1) energy, (2) vigour, (3) involvement, (4) dedication, (5) absorption, and (6) effectiveness among its employees should be successful in promoting their well-being and productivity. Moreover, the statement of positive goal for intervention-building engagement (rather than reducing burnout) – enhances the accountability of the intervention.

Although the potential value of organizational interventions is great, they are not easy to implement. They are often complex in the level of collaboration that is necessary and they require a considerable investment of time, effort, and money. A new approach to such interventions has been designed on the basis of past research and consultation on burnout, and may provide better guidance to organizations for dealing with these issues (Leiter and Maslach, 2000)<sup>9</sup>.

### *To the opposite state of burnout – employee engagement*

W.D. Kahn (1990) is credited with conceptualizing the major components of employee engagement. The major propositions of his model are that people express themselves cognitively, physically, and emotionally while performing their work roles. It proposes that, in order for individuals to fully engage with their job, these three psychological conditions must be met in the work environment: (1) meaningfulness (worker feeling that their job tasks are worthwhile), (2) safety (feeling as though the work environment is one of trust and supportiveness), and (3) availability (workers having the physical, emotional, and psychological means to engage in their job tasks at any given moment).

Another major proposition of engagement model is that these three key psychological conditions are, to some degree, within the control of agency management. Employee engagement is also something that is changeable, and can vary widely from one workplace to another (Coffman and Gonzalez-Molina, 2002). Studies indicate that workers are, to some extent, a reflection of administrators of an agency. Low or conversely high engagement scores have been traced back to the organization's leadership, from top to bottom (Townsend and Gebhardt, 2007).

Kahn's identification of three-psychological dimensional model serves a framework for the study of employee engagement. The state of meaningfulness as one in which workers feel worthwhile, useful, and valuable, and that they are making a difference and are appreciated for the work they do. Safety is described as an envi-



ronment in which people feel an ability to act as what would be normal for the individual without fear of negative consequences. Safety is found in situations in which workers trust that they will not suffer because of their engagement to their work and where they perceive the climate to be one of openness and supportiveness. Availability Kahn defined as the sense of having the personal physical, emotional, and psychological means with which to engage with their job tasks at any particular moment. This model acknowledges that personal coping mechanisms and factors in life outside the job can impact a workers engagement to the job. He concluded that people have the dimensions of themselves that they preferred actions within the psychological conditions existent in their work environment and work roles, then they engage with the job.

Kahn compared burnout with disengagement and said that disengaged employees are ones who withdraw from the job physically, emotionally, and cognitively which in turn, likens it to the state of burnout (Freeney and Tiernan, 2006). An important distinction between engagement and burnout is that burnout relates specifically to job demands. Engagement, on the other hand, is indicated by job resources such as job control, the availability of learning opportunities, access to necessary materials, participation in the decision-making process, positive reinforcement, and support from colleagues (Freeney and Tiernan, 2006).

Maslach and Leiter (1997) assessed that burnout is the erosion of engagement. It has characteristics of exhaustion, cynicism and lack of professional efficacy. If engagement is the lack of burnout then engagement is characterized by energy, involvement and efficacy.

However, these three factors did not emerge when engagement was studied as the other end of burnout continuum (Schaufeli, Salanova, Gonzales-Roma, and Bakker, 2002). Authors defined engagement as a positive, fulfilling, work related state of mind that is characterized by (1) vigour, (2) dedication, and (3) absorption. It is a persistent and pervasive affective cognitive state not focused on any particular object, event, individual or behaviour. Of the three dimensions, vigour at work is characterized by high levels of energy and mental resilience, the willingness to invest effort in one's work and persistence even in the face of difficulties. Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride and challenge in one's work. And finally, absorption is characterized by being fully concentrated and deeply engrossed in one's work, whereby time passed quickly and one has difficulties detaching oneself from work<sup>13</sup>.

Work engagement and burnout are moderately negatively related with correlations typically ranging from .30 to .65 (Schaufeli and Salanova, in press).

Engagement is also opposite of the work holism. The term work holism was coined by Oates (1971), who describes it as the compulsion or the uncontrollable need to work incessantly. This early description entails two core elements which return in the most later definitions of

work holism: working excessively hard and the existence of a strong, irresistible inner drive (McMillan, O'Driscoli, and Burke, 2003). The former points to the fact that work holist tend to allocate an exceptional amount of time to work and that they work beyond what is reasonably expected to meet organisational or economic requirements. The later recognises that work holist persistently and frequently thinks about work, even when not working, which suggests that work holists are obsessed with their work. In fact, these two elements-that represent the behavioural and cognitive component of work holism respectively-refer to very origin of the term work holism which was meant to correspond to alcoholism (Oates, 1986)<sup>14</sup>.

In this context, how to prevent or to recover from burnout process, V. Frankl's logotherapy (1960) became especially actual, because the meaning is a general human's need of discovery and accomplishment, Each individual needed to strive for, it is his fundamental need as it is the hunger. From a motivational point of view, meaning in life grows out of three needs (Baumeister and Vohs, 2002). The first is need for purpose. Connecting the activity of the today with a future goal effectively endows day-to-day activity with a sense of purpose it otherwise would not have. The second need is for values. Values define what is good and what is right, and when we internalize or act on a value we affirm a sense of goodness in us. The third need is for efficacy. Having a sense of personal control or competence is important because it enables us to believe that what we do makes a difference. Collectively, a sense of purpose, internalized values, and high efficacy to affect changes in the environment are the motivational means to cultivate meaning in life (Baumeister and Vohs, 2002).

For Rogers (1959), one fundamental need – the actualizing tendency – subsumed and coordinated all others motives so as to serve the collective purpose of enhancing and actualizing the self. With socialization, children learn societal conditions of worth on which their behaviour and personal characteristics are juggled. As a consequence, all of us live in two worlds – the inner world of the actualizing tendencies and organismic valuation and the outer world of social priorities, conditions of worth, and conditional regard. When people move away from organismic valuing and toward external conditions of worth, they adopt facades and reject or deny personal characteristics, preferences, and beliefs.

According to Rogers, when fully functioning, the individual lives in close and confident relationship to the organismic valuation process, trusting that inner direction. Congruence is constant companion. The fully functioning individual spontaneously communicates inner impulses both verbally and nonverbally. He/she lives in close proximity to the actualizing tendency and therefore experiences a marked sense of autonomy, openness to experience, and to personal growth.

Maslow (1971, 1987) estimated that less than 1% of the population ever reached self-actualization. In some cases, Maslow reasoned, people fail to reach their poten-



tial because of a nonsupportive internal (e.g., chronic pain), such, unfriendly external environment (lack of social support) or because of his/her own lack of growth (e.g., somebody's fears). He emphasizes that the process of self-emergence is an inherently stressful and anxiety-provoking process, because it always makes the person face the insecurities of personal responsibility.

In addition, helping people and organization in their fight against burnout, in process of preventing or rehabilitation of burnout basic theoretical concepts of the positive psychology had to be included. Positive psychology looks at people's mental health and the quality of

their lives to ask »What could be?« (Seligman, 2000 and Csikzentmihalyi). It seeks to build people's strengths and competencies, and it makes the study of these strengths and competencies its subject matter. Flourishing is more than the absence of mental illness and depends on well-being that grows out of continuous personal growth, high-quality relationships and a life characterized by purpose, optimism, meaning, and eudaimonic well-being, which is the experience of seeking out challenges, exerting effort, being fully engaged and experiencing flow in what one is doing, acting on one's true values, and feeling fully alive and authentic (Ryan and Deci, 2001)<sup>15</sup>.

## REFERENCES

1. HOGAN RL, MC KNIGHT MA, *Internet and Higher Education*, 10 (2007) 117. — 2. MASLACH C, JACKSON SE, *J Occup Behav*, 2 (1981) 99. — 3. EDELWICH J, BRODSKY A, *Burn-out (Human Sciences*, New York, 1980). — 4. PINES AM, ARSON E, KAFRY D, *Burnout: From Tedium to Growth (The Free Press*, New York, 1981). — 5. MASLACH C, JACKSON SE, *Maslach burnout inventory (Consulting Psychology Press*, Palo Alto, 1986). — 6. MASLACH C, LEITER MP, *The truth about burnout: How Organizations cause personal stress and what to do about it (Jossey-Bass*, San Francisco, 1997). — 7. UNGER DE, *Superintendent Burnout: Myth or Reality. PhD Thesis (The Ohio State University, Department of Aging*, Columbus, 1980). — 8. GOTTLIEB BH, *Coping with Chronic Stress (Plenum Press*, New York, London, 1997). — 9. MASLACH C, SCHAUFELI WB, LEITER MP, *Ann Rev Psych*, 52 (2001) 397.
- 10. SCHAUFELI WB, *Presse Universitaires de Grenoble*, 19 (2006) 87.
- 11. SCHAUFELI WB, BUUNK BP, *Professional burnout. In: SCHAUBRACQS MJ, WINNUST JAM AND COPER CL (Eds) Handbook of Work and Health Psychology (J. Wiley*, New York, 1996). — 12. WILSON K, *A Survey of Employee Engagement. PhD Thesis (The Faculty of the Graduate School, University of Missouri*, 2009). — 13. WESTMAN M, BAKKER AB, *Crossover of Burnout among Health Care Professionals. In: HALBESLENENS JRB (Eds) Handbook of Stress and Burnout in Health Care (Nova Science Publishers*, New York, 2008). — 14. SCHAUFELI WB, TARES TW, VAN RHENEN W, *Applied Psychology*, 57 (2008) 173. — 15. REEVE JM, *Understanding Motivation and Emotion, 5th Edit (John Wiley & Sons*, New York, 2009).

Z. Rakovec-Felser

*University of Maribor, School of Medicine, Department for Health Psychology, Elekrarniška 9, 2351 Kamnica/Maribor, Slovenia*

*e-mail: zlatka.rakovec-felser@triera.net*

## »BURNOUT« SINDROM KAO STANJE I PROCES – ŠTO UČINITI?

### SAŽETAK

Od osoba koje nude pomoć i bave se problemima drugih ljudi često se zahtjeva da provode vrijeme u intenzivnoj interakciji s drugim osobama. Često je fokus tih interakcija klijentov trenutni problem (psihološki, socijalni, i/ili fizički) te je on zbog toga preplavljen emocijama poput ljutnje, stida, straha i očaja. U ovom se radu mi bavimo »burnout« sindromom koji ne mora nastati samo kao posljedica bavljenja specifičnom vrstom posla, već također kao rezultat načina organizacije posla, društvenih odnosa te, naravno, zbog nekih osobnih karakteristika i načina života. Štoviše, sindrom može biti i posljedica poremećene ravnoteže između uloga i dobitka na sve tri razine socijalne razmjene – na interpersonalnoj, timskoj i organizacijskoj razini. Dakle, »burnout« sindrom nije samo problem pojedinca, već i društvene okoline u kojoj pojedinac radi. Radno mjesto oblikuje način na koji se odvija interakcija između osoba i način na koji rade. Mi pokušavamo naći načine kako smanjiti i spriječiti razvoj ovog sindroma. Stoga predstavljamo teorije društvene usporedbe (Festinger, 1954., Schachter, 1959), teoriju jednakosti (Walster and Berscheid, 1978), kao i Kahnov model angažiranosti zaposlenika (1990) i Schaufeli-Buunkov integrativni model društvene izmjene (1993), kao mogućenačine pomaganja pojedincima i organizacijama. U ovom kontekstu značajno mjesto zauzima i logoterapija V. Frankla (osjećaj smisla, 1960), kao i teorije pozitivnosti (Seligman, 2000) i humanistička psihologija (Maslow, 1971, 1987; Rogers, 1959).