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Returning to work after suffering from burnout syndrome: Perceived changes in personality, views, values, and behaviors connected with work

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To date only a few studies have focused on returning to work after suffering from burnout syndrome. Participants were asked about their perceived work effectiveness, changes in their personal values, and obstacles and support factors that they encountered when they returned to work. Among the 27 individuals of various professions included in the study, 18 achieved an average or a high score on the Maslach Burnout Inventory, which was used to conduct a semi-structured interview. The answers were later processed by analyzing the content. The results showed that burned-out individuals only slowly return to work after recovery. When they return to work, they encounter changes in personality, personal values, and work effectiveness, and they only receive partial support from the environment. The results draw attention to insufficient detection of the disease by medical staff and employers in Slovenia. Recovering from burnout is a long-term process, which depends most on individuals themselves. At the same time, they can receive the necessary support from their family and coworkers, especially in terms of understanding them and partially adapting their responsibilities at work when they return. This study draws attention to a number of factors that can influence an individual's process of returning to work and can be used as a basis for developing systematic rehabilitation programs.

Keywords: *job burnout, burnout recovery, vocational rehabilitation, working population, personality, values*

Work-related stress and burnout are increasing in the European Union; next to musculoskeletal diseases, they are the second most common threat posed by the working environment (European Agency for Safety and Health at Work, 2009). Job burnout results from personality, psychological, and environmental factors. Among employees, it is manifested as depersonalization, reduced effectiveness, and emotional exhaustion (Maslach & Goldberg, 1998). This involves a group of various symptoms that can have psychosomatic and

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psychological consequences; in addition, these people can have problems with interpersonal relations, they can change their views on work and life, their effectiveness can decrease, and the level of absenteeism can increase (Petita & Vecchione, 2011; Schaufeli, Bakker, & Van Rhenen, 2009;). The majority of studies to date have focused on detecting the causes of burnout and determining the burnout rate in various professions (e.g., Bakker, Schaufeli, & Van Dierendonck, 2000; Matthews, 1990). Only a few studies (e.g., Fritz & Sonnentag, 2005; Hätinen et al., 2009; Norlund et al., 2011) have focused on the convalescent period (it includes also returns to work) experienced by people with detected burnout syndrome, and consequently many questions still remain open about this issue. Previous studies draw attention to both organizational and personal factors affecting this return (Noordsy et al., 2002). This study focuses on the relationship among individuals that experienced job burnout and their return to work with the accompanying features, for example when employees suffering from burnout syndrome stay home from work, who provides support for them, how employer's interventions help them, what work-related changes they experience, and how they return to work.

Definition of burnout

Burnout syndrome is a state of physical, emotional, and mental exhaustion resulting from long-lasting emotionally demanding circumstances and a gradual process of disappointment (Pines & Aronson, 1988). Maslach and Schaufeli (1993) highlighted five key elements of the burnout concept: 1) prevalence of dysphoric symptoms such as mental and emotional exhaustion, fatigue, and depression; 2) greater emphasis on mental and behavioral symptoms than physical ones; 3) burnout symptoms are related to work; 4) the symptoms are manifested in "normal" persons that have not suffered from psychopathology before; and 5) reduced effectiveness and work performance are typical. Burnout results from various factors in the environment (e.g., working with people, the influence of family) and personality traits (e.g., workaholism, psychoticism, and neuroticism). It occurs due to the interaction between the triggering, stimulating, and hindering effects of the environment (Maslach & Leiter, 2008; Zellars et al., 2004) and an individual's personality traits (e.g., Griffith, Steptoe, & Cropley, 1999; Shirom, 2003).

Burnout and jobs

Studies to date have shown that burnout is most highly correlated with situational factors connected with jobs such as the characteristics of work, the profession, and organization. Burnout is caused by the following factors: work overload, lack of control, insufficient remuneration, disintegration of community, dishonesty, opposing values (Leiter & Maslach, 2005), conflicting roles, lack of social support (Low, Cravens, Grant, & Moncrief, 2001; Prosser et al.,1999), social comparison (Buunk, Ybema, Van der Zee, Schaufeli, & Gibbons, 2001),

and the “contagiousness” of burnout within a team (Bakker & Schaufeli, 2000; Bakker, Demerouti, & Schaufeli, 2003).

Burnout can be experienced by individuals of all professions, and the most studied ones include physicians, psychiatrists, teachers (Bakker et al., 2000), and social workers (Matthews, 1990). The findings of studies conducted on smaller samples show that the more threatened groups include older employees (Bakker et al., 2000), managers, the self-employed, and highly educated people (Cole, Salahadin, Shannon, Scott, & Eyles, 2002; Schieman, Newbury-Birch, & Kamali, 2001; Van Gundy & Taylor, 2001). Women tend to be more emotionally exhausted and experience a higher degree of depersonalization (Ogus, Greenglass, & Burke, 1990; Van Horn, Schaufeli, & Enzmann, 1999), which can be ascribed to the differences in the traditional patterns of sex roles (Greenglass, Burke, & Konarski, 1998). Single people are more threatened than those in relationships (Maslach, Jackson, & Leiter, 1996; Zijlstra & de Vries, 2000).

The course of burnout

Burnout is a chronic process. Pšeničny (2009) describes it as a process that starts with an exhaustion phase (a person works very little, denies being chronically fatigued, and tries to overcome it by activating new personality sources), which can last up to twenty years (phase a). This is followed by phase b, in which people feel increasingly exhausted, guilty, and stuck in their own way of working, living, and establishing and maintaining relationships. Then comes phase c, in which adrenal burnout syndrome occurs; here all the symptoms are at their peak. People try to remain active and successful, but they are increasingly less successful in doing so. This state lasts for several months and finally results in adrenal burnout (a psychological disorder with strong symptoms of depression and anxiety, which can last from several weeks to 3 months). (d) Adrenal burnout represents an almost complete loss of energy. It is a major psychophysical and neurological breakdown. The breakdown itself is fairly short, whereas the period following it is longer and lasts an average of 2 to 4 years. The person feels vulnerable and does not have enough energy to maintain his or her defense mechanisms.

Signs of burnout reflected in work

Signs of burnout usually manifest themselves in such an intense form that individuals get the feeling that their physical and psychological condition makes them incapable of working and so they go on sick leave for a short or long period of time. Burnout is related to psychological health and manifests itself as depression, worry, insomnia (Quick, Quick, Nelson, & Hurrell, 1997), and helplessness (Lee & Ashforth, 1990).

The burned-out individuals become very critical towards the organization (Schaufeli & Enzmann, 1998). They perceive the organization as an enemy and

distance themselves emotionally from it (Lee & Ashforth, 1996). Burnout also contributes to low morale (Barak, Nissly, & Levin, 2001), change of work's value (Pšeničny, 2007), job dissatisfaction (e.g., Wolpin, Burke, & Greenglass, 1991; Ybema, Smulders, & Bongers, 2010) and presenteeism (Koopman et al., 2002).

Burnout is also one of the best predictors of leaving the organization (e.g., Barak et al., 2001; Goodman & Boss, 2002). The employees that stay in the organization despite being burned out are much less effective and productive (Maslach et al., 2001; Taris, 2006; Wright & Hobfall, 2004).

Interventions

An employee's 'personal process of change is recognized as an important element in the rehabilitation process that may affect the acceptance and outcomes' (Dubouloz, Vallerand, Laporte, Ashe, & Hall, 2008) of recovery process. The majority of preventive measures are intended for individuals because the reasons for burnout are thought to originate in factors of an individual nature and it is assumed that it is easier to change an individual than the organization (Maslach & Goldberg, 1998). Therefore programs in the form of briefing, training courses, and workshops are primarily directed to techniques of dealing with stress such as learning interpersonal and social skills, assertiveness training, time management, reducing anxiety, and stress inoculation. The meta-analysis of the effectiveness of interventions (Van der Klink, Blonk, Schene, & van Dijk, 2001) showed that the results of interventions are only short-term: a) individual cognitive behavioral interventions have a medium effect when burned-out employees return to work; relaxation programs only have a small effect; b) group workshops on stress management and communication skills are partly effective or ineffective at reducing emotional exhaustion; and c) interventions intended for improving work conditions have a low effect or are completely ineffective. Therefore, one cannot seek universal solutions, but should use the most effective approach for a given situation.

Overview of research questions

This study examines and describes the period after experiencing burnout syndrome with an emphasis on the relationship between burned-out employees and their job, which is represented by their employer (director, direct supervisor), the HR department (in the form of assistance), coworkers, the nature of their work, and the physical work environment. Our research questions include the following:

1. How does burnout syndrome, given its development phases, affect the employee's work effectiveness?
2. How (if at all) does job burnout affect changes in work values?
3. What obstacles do employees encounter when they return to their job after experiencing burnout syndrome?

4. How do employees perceive the effectiveness of various support factors (including the employer) after they experience burnout syndrome?

A clear-cut hypothesis has not been suggested for any of the research questions. However, based on the overview of relevant literature, we expect the influence of burnout on work habits and the relationship to work to be significant and multilayered.

Methods

Participants. Twenty-seven individuals from Slovenia responded to the researchers' invitation and participated in the study. We selected the participants with the snowball sampling method. Many participants knew at least one person that had also experienced burnout syndrome. At the beginning all participants were informed about the purpose and goal of the study, and their personal information was processed and saved in line with the psychological ethics code. In line with the parameters we established, only the 18 in whom a certain degree of burnout was detected were taken into account in the analysis. Five participants had an "average degree of burnout" on the Maslach Burnout Inventory, which means they had average scores on the emotional exhaustion, depersonalization, and personal accomplishment scales. The remaining 13 participants had a "high degree of burnout" on this questionnaire, which means they had high scores on the emotional exhaustion and depersonalization scales, and low scores on the personal accomplishment scale.

The participants' average age was 43.5 years (ranging from 27–59 years). The sample included 13 women and five men. Three participants had a secondary-school degree, nine had a university degree, three had a master's degree or graduate certificate, and three had a PhD. By employment, 61.1 % were in the private sector, 27.8 % in the public sector, and 9.1 % in both sectors (part-time self-employment or company ownership); among them, 66.7 % were managers and 33.3 % were in non-management positions. To make the sample representative, we selected participants from various professions: three healthcare employees (one nurse and two physicians), two secondary-school teachers, two university instructors, five department heads and managers at large or small enterprises, two HR department heads, one HR advisor, one inspector, one gallery manager, and one landscape architect.

Measures. Because there is little information on what happens to people after they experience burnout syndrome and how their recovery progresses, we decided to adopt a qualitative approach to research. With this approach we try to determine the largest possible quantity of various information, opinions, viewpoints, motives, and feelings to obtain detailed insight into the area studied.

The basis for the study was a detailed semi-structured interview whose questions referred to the period before and after recognized burnout syndrome. The questions were divided into several topics and the participants were asked about the time order of events connected with burnout, their annual, monthly, weekly, and daily activities (quantity and type), reactions to physical and psychological changes, changes in their relations with others, their attitude to work, performance, effectiveness, and adaptation after returning to work.

Examples of questions for the certain topic:

- Chronological order: Briefly describe how the burnout process and recovery happened. What came first: physical or psychological changes? When did you notice first signs of improvement?
- Activities, schedule: What were the main areas in which you were active in everyday life and what do you do now? How many hours a week you devoted to work before burnout syndrome and how many hours you work now?

- Reaction to changes: How did you react to changes (burnout syndrome)? How do you think about them? What was happening in the first period, shortly after the burnout syndrome? When did you begin to realize that something is not right?
- Physical changes: What physical changes have occurred? Did you seek for medical help? What is (was) your opinion on nutrition, exercise, sexuality?
- Psychological changes: What did/do you expect from yourself? How do you feel and what to do when you experience success and failure? How do you assess your skills now and how did you assess your skills before the burnout syndrome?
- Relationships: Did anybody warned you that burnout syndrome could happen? How did your husband/wife/children/parents/friends react? Who helped you? What was the reaction of doctor/ medical staff? To what extent do you maintain relationships with co-workers?
- Work, efficiency and effectiveness: How efficient and effective were you at work? To what extent were you able to control your workload and to what extent can you control it now? How would you describe your commitment and dedication to work before and after burnout syndrome? What was adaptation after returning to work (for those who already work)?
- Ending of interview: Do you think that burnout syndrome could happen to you again? What advice would you give to people who are facing similar problems?

The degree of subjectively perceived recovery was measured with the question "To what extent have you recovered so far in your opinion?" on a 10-point scale (1 = have not recovered, 10 = completely recovered).

Procedure. The interviews lasted 45 to 80 minutes and were conducted in a peaceful, quiet room with anonymity assured. The participants were encouraged to think as broadly as possible about their experiences and tell about them in their own words. If their answers to the questions were brief, the interviewer asked them additional questions such as "What do you mean?" and "Can you use an example to explain this to me?" The interviewer wrote down the key pieces of information and also recorded the interview, which facilitated later analysis.

Processing data. We performed a content analysis based on the data obtained in the interviews. The interviewers' notes were used as the *sampling unit* (Krippendorff, 1980) and the missing information was later added by listening to the recordings. *Units of analysis* are the smallest units of content referring to a specific topic. They include experience and ideas that the interviewees described in their interviews. *The unit of context* usually refers to several units of analysis; in our study, the thematic sequence of a question and answer was used as a unit of context.

The method of categorizing the answers was selected based on the research goals, in which the findings of previous theories and studies were taken into account as much as possible. The units of analysis were classified according to the content of the issues discussed and separated such that they matched the research questions in terms of content as much as possible. In this way four groups were formed and they were sufficiently separated such that each represented its own category: attitude to work, work performance and effectiveness, returning to work, and support factors after returning to work.

Both authors were involved in processing the data. Before processing them, the author that conducted the interviews explained to the other author the circumstances that were specific to certain interviews and could lead to mistakes in interpretation (e.g., laughing, irony, the participants' speech characteristics, and nonverbal communication by some interviewees). A participant's experience that the authors defined as the "breaking point" (the interviewees often talked about the moment "when *this* happened") was defined as the point of adrenal burnout. Each author processed units of analysis separately, using interview notes

and recordings. For each unit of analysis, they defined which research question it referred to. If it turned out that several units of analysis had the same content, they also specified the frequency in terms of the number of interviewees that provided a similar answer in terms of content. The inter-coder reability for separate unites were: attitude to work (Krippendorff's α = .78), work performance and effectiveness (Krippendorff's α = .82), returning to work (Krippendorff's α = .66) and support factors after returning to work (Krippendorff's α = .93).

Results and interpretation

How does burnout syndrome affect employees' work effectiveness in terms of its development stages?

We used this question to examine how successful and effective the participants were before experiencing burnout syndrome and how their effectiveness and performance changed during their recovery. Employees' effectiveness was assessed according to the numerical evaluations of effectiveness and various work habits.

The majority of participants (n = 12) stated that their work effectiveness decreased after experiencing burnout syndrome. Nine described in greater detail the time trend of changes in work effectiveness: they gave their best before the syndrome started and for the most part while they were burning out, and so their effectiveness was also the best at that time. This was followed by a drastic fall immediately before or during the point they themselves referred to as adrenal burnout. After the adrenal burnout, eight of these people did not work effectively because they experienced complete psychological, physical, and social collapse. They spent all their time recovering at the hospital or stayed at home. The period of complete isolation from work varied: two participants returned to work after 14 days of being off work, and the longest absence from work lasted 6 months. The average absence was 2.4 month. There are considerable differences between those that were able to decide on their own when to return to work and those that did not have this opportunity and were tied to the length of their sick leave. Six out of 18 participants were able to independently decide when to return to work because the nature of their work (working on projects), profession (advisor), or a good financial status (they resigned) made this possible for them. They said they returned gradually and that their effectiveness increased moderately. One woman described her average workday in the following way: "I can only have one one-hour advising session in the morning. Then I go home and go directly to bed for four hours. I rest in the afternoon and enjoy my free time . . ." Gradually the participants increased their active hours and their fatigue decreased. They reported that the process of improving work effectiveness takes time and it took most of them several months or even years rather than just a few days. Ten participants did not have the opportunity to decide on their own when to return to work. They had to return when their sick leave ended, and the nature of their work and profession (e.g., a secondary-school teacher, a physician at the medical center, and an HR manager) demands maximum effort from them and they must perform the same duties as they did before the syndrome. Seven participants

feel that this held back their recovery and that, if they had had the opportunity to recover fully and return to work later, this would have reduced the likelihood of the syndrome recurring and they would have performed their work more effectively than they are currently performing it. One woman described this in the following way: "After one month I came back to the same environment and the same work rhythm. My desire to change my behavior was strong, but something keeps pulling me back and I can't help myself."

Six participants said their work effectiveness did not decrease, but they radically changed their work habits and the quantity of work. They worked less in terms of quantity, but they were better organized (five participants), delegated more work (four participants had this opportunity), rejected a task or project (three participants), and asked for help more often (two participants).

The participants also evaluated their future effectiveness differently. Seven believed they would never again reach the same level of effectiveness they had achieved before the occurrence of burnout syndrome. Five out of 12 participants believed they would reach the highest possible level of work effectiveness over time, but all five emphasized that the transition should be gradual and in accordance with their abilities, because otherwise they could be affected again.

Some participants found it easier to assess their effectiveness on a ten-point scale (1 = completely ineffective, 10 = very effective). Twelve participants assessed their effectiveness before and after experiencing burnout syndrome. The average score on the effectiveness scale before adrenal burnout was 9.67 (SD = 0.53), whereas in the recovery phase the effectiveness was lower (M = 7.79, SD = 1.97). The Kolmogorov-Smirnov test showed that the distribution of the scores was partly abnormal (before adrenal burnout: $Z = 1.384$, $p = 0.043$; after adrenal burnout: $Z = 0.723$, $p = 0.672$), and therefore a nonparametric test was used for testing the differences. The Wilcoxon signed-rank test showed that the difference between the average effectiveness scores before and after adrenal burnout was statistically significant ($Z = -2.524$, $p = 0.012$). Even though the participants assessed their own effectiveness before burnout syndrome in retrospect, it can be concluded that their level of perceived work effectiveness was higher before burnout syndrome than after the moment defined as adrenal burnout.

After experiencing burnout syndrome the participants that had the opportunity to delegate work thought about it and decided to make a change (seven participants). Three participants decided to also discuss their overwork issues with their superiors and ask them to reduce their workload. In doing this, they had to face various obstacles. Four women reported that their specialization (e.g., a physician) allowed very little delegation and that no one else was able to perform the work because they did not have the required knowledge, experience, or adequate formal education. In changing their work habits related to delegating tasks, the participants also dealt with resistance of their coworkers, superiors, or subordinates. A woman reported the following: "All of a sudden everyone thought I was weird. I'd always helped them before and also done their tasks instead of them and then they were very surprised when I told them to do them themselves... I had a really hard time dealing with this and still gave in occasionally."

The participants had different work habits before adrenal burnout. The majority (i.e., 16 out of 18) were performing multiple tasks at the same time during work. Eleven participants described their work dynamics as extremely stressful and incontrollable, which strongly affected their psychological balance: "Every time the phone rang or someone entered the office, everything started growing dark because I knew there was some kind of a problem or that I'd get even more work. And I needed 120 % of my energy to even perform my regular duties." Their subjective feeling of having control over their workload was very poor. Nonetheless, the majority of participants (14 out of 18) reported that they had always completed their work tasks, even though they had to work longer (a woman reported that there were months when she worked 16 to 18 hours a day during the week). All 18 participants reported that they used their work time as best as they could given the working conditions. They had very few breaks. Most of them (15 participants) also did not ask for help with their work or refuse the work offered to them (16 participants never said no, even if they had the opportunity to refuse additional work).

After the adrenal burnout their work habits changed. All the participants reported that they had to invest a great deal of intentional effort and self-discipline in this and that occasionally they still could not carry out the set plans. Fifteen participants reported that after burnout syndrome they have been trying to only perform one task at a time. Ten participants continue to complete their tasks, but they do not stay at work longer to do so. They know how to set their priorities and only perform the most urgent tasks. Four participants do not complete their work because they no longer consider this to be so important that they should risk their own health for it. Work-time utilization is lower with all participants—they take breaks and rest more often (13 participants), ask for help (15 participants) and refuse work offered (after adrenal burnout everyone said no to additional work at least once).

Past research has shown that work overload is a key predictor of burnout (e.g., Burke & Richardsen, 1996; Cordes & Dougherty, 1993). Thus the participants' new work habits also led to changes in workload (the scope of work is smaller with all participants) and the quality of work. One woman said the following in this regard: "Our work doesn't allow mistakes, but I did take more time for every task, decision, and patient. I reduced the work that wasn't urgent, which enabled me to focus more on basic work."

How (if at all) does burnout affect changes in work values?

The participants were also asked what they found important in their work before experiencing burnout syndrome and what during recovery. Fifteen participants assigned great importance to the quality of work. They wanted to do everything almost to perfection and without mistakes: "I worked until the project was perfect... I later realized that, even if the project is only satisfactory, that's good enough. Brilliance was just a demand I made up in my head." Some were also afraid of failing: "I kept thinking about what I had done wrong and what could come up later on. I could see myself sinking into the ground out of

embarrassment. This feeling was so strong that I did everything to prevent this from happening." Nine participants still found the quality of work extremely important after adrenal burnout, but they do know how to set limits at work.

Nine participants also found external factors very important before burnout syndrome; they include success recognized by others (seven participants), power, an important position (one participant), business style or a formal dress code (three participants), and money (five participants). After adrenal burnout not one of the participants believed these factors were important for their job satisfaction.

In this regard, special attention should be dedicated to success and recognition by others, which was reported by seven participants. They confirmed their own value through their work and the recognition by others. Their self-image was based on excellently performed work—if that was not provided, there was also no recognition from superiors, subordinates, and coworkers (five participants). This could also be connected with the findings by Aubert and de Gaulejac (1991), and Kets de Vries (1996), whose psychoanalytical case studies revealed that the most important motive for strong and long-term work commitment among managers and the self-employed is the opportunity to realize their ego ideal through their work.

What is interesting is that only one woman reported that she found what and how much others had done important. All other participants emphasized that the goals they had set only apply to them, regardless of others. However, these goals were higher and stricter than those of others. Berger (2000) established that the overlapping of a demanding superego and demanding employers always results in the feeling that their work is never good enough and so they keep trying to do their best. They set increasingly higher goals, which they cannot always achieve. This changed after burnout syndrome and it confirmed one part of transformative learning theory (Mezirow, 1994). Six participants reported that they intentionally use their coworkers as their role models when setting work goals and try to set goals that match those of their coworkers. Their coworkers' goals have become their informal criteria for work performed to a "satisfactory" extent; a woman described this as: "As long as I know the job's done well, but not too well."

Before adrenal burnout, many participants (i.e., 11) also found moral or ethical principles very important. They always felt obliged to do their work "the right way." This can be connected with the findings of Altun (2002), who determined that nurses listed equality and altruism as the most important values, and suffered from the greatest emotional exhaustion. Our sample also included many participants that found values connected with morals, justice, and ethics very important at work. A teacher reported: "I could have taken the path of least resistance and so I wouldn't have stressed out about it as much. But instead I wanted to do what was right. In education an additional hour of class a week doesn't help a child one bit if he doesn't have the necessary background knowledge and doesn't keep up. I gave them additional assignments and dedicated extra time to them during class." Even after experiencing burnout syndrome, this value is still present in the majority of participants (i.e., seven out

of 11). Three participants find it difficult to accept the fact that they occasionally do not meet their ethical criteria, and this still bothers them a lot.

Before the occurrence of burnout syndrome, 13 participants found it very important to see that their work yielded results; after the syndrome, only four still felt the same. One woman described the reduced importance of work results in the following way: “What I find more important now is the path to the goal. I don’t want to limit myself anymore and tear myself apart at any cost to achieve my goals.” Before burnout syndrome, all participants felt very responsible for their work results, 16 regarded themselves very committed, and 15 very dedicated to their work. Most people changed these work-related qualities considerably after experiencing burnout syndrome. Twelve still felt very responsible for their work, but only four were still committed and dedicated to their work. A participant commented that he could no longer be dedicated to an environment and habits that have become a burden to him. For a long time work has meant his life to him and only now he truly sees what is really important in life [his daughter and family].

Most of the participants changed their work values or replaced them with values that are not strictly work-related, but also emphasize the balance between work and personal life. After burnout syndrome, the following became more important to them than work: good rest (10 participants), hobbies and more time for leisure activities (eight participants), creative activities (two participants), knowledge and wisdom (two participants), and balancing work and family (seven participants). Before burnout syndrome, none of the participants highlighted these values as being of key importance. The result is similar to research outcomes of nine adults during 6 months rehabilitation process after myocardial infarcts (Dubouloz, Chevrier, & Savoie-Zajc, 2001) and demonstrated the need for meaning perspective transformation to more easily enable occupational rebalance.

What obstacles do employees face when they return to work after experiencing burnout syndrome?

Employees face various obstacles when they return to work. We divided them into three categories:

- An individual’s self-image, own feelings, and changed personality traits;
- Work environment;
- Family, friends, and wider environment.

After returning to work, many employees reported problems connected with a poorer self-image. Nine participants openly admitted that their identity was based on their work qualities. It meant a lot to them that they were regarded as successful (three managers and two HR specialists), effective, experienced, knowledgeable (two physicians), resourceful, and flexible (an organizer and an advisor) in their own eyes and those of others. One woman reported the following: “After coming back to work I wasn’t myself anymore. My old job required a flexible, strong, dynamic, successful, and communicative person, and I wasn’t like that any more. Even the slightest problem threw me off course.”

The participants also talked about the negative feelings they had to face when they returned to work. Eight mentioned fear and insecurity: "I felt I didn't do anything right anymore. And mistakes are inadmissible in my line of work. I was afraid that I'd do something that would be professionally wrong and that I'd lose my credibility that way." They also faced anger in relation to reactions from the environment: "I helped everyone, but when I came back I had the feeling that nobody paid any attention to me. And that made me angry." A participant also reported that she was angry and extremely disappointed with herself. She found it extremely difficult to accept that she couldn't do everything and that the goals she set were too high.

Reactions in the work environment varied. Most of the people returned to the same position (nine participants), some of them changed positions and chose a less demanding work environment (four participants), and others completely cut off contact with their previous work environment, found work elsewhere, or changed their profession and area of work (five participants). Those that decided to cut off contact with their previous work environment most easily faced the changes after experiencing burnout syndrome. All five participants reported that they established new behavior patterns at the new workplace. They believe that returning to their previous workplace would make them have another adrenal burnout. Participants that returned to the same or a similar position within the company faced various obstacles:

- Coworkers ("The two coworkers that had families were the only ones that understood me. We helped each other when there was too much work, but the others didn't understand us. We could feel a great lack of understanding on their part"; "They were all set against each other. When I became the weakest link, I felt it more than ever");
- Superiors ("They didn't really pay a lot of attention to me. The regime was the same for everyone coming back from sick leave. There was work waiting for me and I had to make up for the lost time.");
- Subordinates ("I had problems establishing authority.");
- Emotional obstacles ("I had the feeling that nobody understood me. I felt lonely . . . I no longer belonged among them);
- Prejudice, unfamiliarity with the disease and its consequences ("They thought I was making the whole thing up and didn't believe that work can make you sick.").

What is the perception of the effectiveness of various support factors or interventions (also by employers) after experiencing burnout syndrome?

All participants reported that they would have never recovered if they had not had enough motivation and self-discipline to change their thinking, self-evaluation, and behavioral patterns. Their optimism also helped them in this regard; other studies (Borkin et al., 2000) also showed that optimism was a good predictor of successful rehabilitation. Fifteen participants assessed their own contribution to their recovery as the most important. Despite this, all the

participants mentioned at least one support factor in coping with problems at work: family members, friends, the wider environment, coworkers, superiors, and medical staff.

Thirteen participants emphasized the great importance of family and friends' support during recovery, which also helped them return to work faster. They described the strong emotional support, understanding, and help they had received: "I talked a lot with my friend about what was truly important in life. I started to realize that no problem at work is so difficult that it would be worth obsessing about it at home."

Nine participants said that family members, friends, and their wider social environment helped them the most in returning to work. This help included emotional support (seven participants), encouragement in dealing with problems (eight participants), and financial help while they were not working (two participants). These nine participants also benefited a great deal from the help they received with regard to balancing their family life and career, and they perceived this help as an important contribution to their recovery. This help primarily refers to enhancing the importance of their private life and relaxation in their free time (their parents or children helped them with the household chores, they cooked dinner together, their friends invited them to come over, they spent more time socializing with their friends, and they more often took time for their hobbies and themselves).

The role of coworkers is also important with regard to returning to work. As established by Secker and Membery (2003), understanding and supportive supervisors enable people to return to their work tasks more easily. Participants reported various support circumstances that helped them return to work:

– Coworkers ("My coworkers divided my teaching hours among themselves without a word.");
– Superiors ("They let me work in shorter intervals and take more breaks.");
– Subordinates ("They knew there was something wrong, but didn't dare to ask me. Then I told them myself what had happened and they handled everything well.").

The participants' assessment of the medical staff's reactions is very individual. The majority went to see several doctors or medical institutions and with some they received positive feedback, whereas others did not understand or were not familiar with burnout syndrome. In addition to their GP, they also turned to other forms of organized psychological assistance (group or individual psychotherapy), and went to see psychiatrists and homeopaths, took part in creative workshops, practiced yoga and meditation, had massages, and so on.

The participants reported some major obstacles such as unfamiliarity with the disease, the lack of formal criteria for diagnosing the disease, prejudices, and stigma. A woman highlighted the absurdity of certain measures: "Your movement is limited while you're on sick leave; you can't leave your place of residence more than is allowed. This doesn't make sense for people who are suffering from burnout syndrome because we need a change of environment."

Conclusion

The sample studied was heterogeneous in terms of the type of demographic variables, which provided broader insight into the population examined; in addition, the sample was also relatively small, yet still sufficiently large for the research method applied. The participants were invited to take part in the study and were not randomly selected. In qualitative research this does not enable the answers to be representative and to generalize them to the entire population, which is why caution and objectivity are required when interpreting the results.

One limitation of quantitative research is that the researcher can influence the study. The interview results were analyzed by two assessors, which increased the reliability of evaluating individual units of content. In carrying out further research using a similar method of obtaining information we recommend a different approach (i.e., a multiple one) to analyzing the information.

The scientific contribution of this research shows the broadness of the burnout syndrome and points out possible connections between observed variables that can be confirmed in additional studies with bigger samples. The results of this study also showed that a) after adrenal burnout work effectiveness decreases and again increases during rehabilitation; b) after experiencing burnout syndrome every person changed his or her personal values; c) as one of the obstacles to returning to work, they list changes connected with self-image and the presence of negative feelings and prejudices in both themselves and others; and d) that during recovery they found the greatest deal of support in themselves and one of their family members. Regedanz (2008) also reached similar conclusions: she describes the experience of burnout syndrome as "a recovery process, an existential shift, a sense of empowerment, increase in self-referencing and relationship change."

The effectiveness of various approaches to recovery is limited to individual feedback and the results show that in the end, after trying out several options, every participant found the form of treatment that suited and helped him or her recover. The participants continue to draw attention to the low level of informedness among medical staff (especially general practitioners) regarding the fact that there is no unambiguous classification of this disease (which would facilitate the diagnosis and the arrangements for financing treatment), and that Slovenia, where this study was conducted, still does not have a uniform program for treating people suffering from burnout syndrome.

Applied value and suggestions for further research

Recovery from burnout is a long-term process, in which the employer must also participate. The participants involved in the study indicated a need for implementing organized and systematic forms of assistance upon returning to work: this involves organization and connection of various support factors.

Theme of our study is a recovery and returning to work after burnout syndrome, that is why all the participants were only at the post-burnout stages.

It would be interesting for further research to include also participants in earlier stages of burnout syndrome and longitudinally follow changes in personality, views, values, and behaviors connected with work.

The participants' answers also showed a need for greater awareness about burnout and its causes among the employees, employers, and the medical staff. This way, potential individuals with a higher burnout risk would be detected faster and the stigma would also be reduced when they return to work. At the same time, the study also shows a need for preventive and diagnostic measures to prevent burnout. The participants' answers showed that they were partially aware of their condition, but only took action after adrenal burnout, when their work effectiveness notably decreased and other changes connected with their personality and behavior also appeared.

This also raises further research questions with regard to recovering from burnout syndrome. It would be interesting to study the employers' perception, challenges, and limitations when employees return to work after recovery.

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