Burnout: an emerging occupational health problem

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Introduction

Occupational health was a neglected area, both in developed and developing world. While 50% of workers in developed countries have access to occupational health services only 5-10% of workers have access to such services. Current advancement of the technology and identification of occupational risk factors in epidemiology has contributed to significant reduction of the physical occupational health problems in the world. However, due to increase demands of the jobs, stress related mental health problems are increasing rapidly. The working environment could be an important contributor to mental ill health and well-being of the worker. It is reported that mental ill health is the second largest work related illness after musculoskeletal disorders¹. About three decades ago, a new disease entity called "Burnout" was described in the western world. Since then, a large number of scientists have defined and extensively studied about this concept.

What is burnout?

Freudenberger² was the first person who identified 'burnout'. He described it as a feeling of failure and being worn out. Edelwich and Brodsky³ defined burnout as a progressive loss of idealism, energy and purpose. Pines and Aronson⁴ defined it as a state of physical emotional and mental exhaustion. Sarros and Densten⁵ described burnout as a maladaptive coping mechanism to working conditions that are stressful, demanding or lacking sufficient challenge and recognition.

The most commonly accepted definition came from Maslach⁶ who described burnout as a

multidimensional condition comprising (i) emotional exhaustion, (ii) depersonalization and (iii) reduced personnel accomplishment that can occur among individuals who do "People Work of some kind". Maslach⁷ further described burnout as a psychological process that begins when human service professionals are overwhelmed with the unexpected and unbearable stressful aspects of the job that frustrate their efforts to make a positive impact on others.

According to Maslach⁷, *continued frustrating events may lead these professionals to feel emotionally exhausted and lacking the energy to face another day. To cope, they may detach themselves psychologically and emotionally, 'depersonalizing' those they serve as a means of distancing themselves from further stress laden situations. Over time these professionals may begin to develop an attitude of cold indifference to the needs of others, which may ultimately lead to a sense of reduced personal accomplishment, defined as feelings of incompetence and a sense of being unsuccessful in work related achievements.*

Although burnout was first described as a very vague concept, now it is widely accepted as a psychological syndrome in response to chronic interpersonal stressors of the job. Now burnout is categorized under the problems related to life-management difficulty, with the code z73.0 in the ICD-10 classification.

Further research has confirmed Maslach's theory that burnout is more prevalent among human service professionals such as nurses⁸, teachers^{9, 10}, social workers and mental health workers¹¹.

Pines and Aronson¹², described the reasons for high prevalence of burnout among human service professions. According to them, most individuals entering human service professions are motivated to

do so by a desire to work with people and to make significant contributions to the lives of those they serve. These human service professionals have high expectations that they will succeed in their efforts to help others. If they failed in achieving this expectation, that sets the stage to potential burnout.

Causes of burnout

Causes of burnout can be categorized mainly into three groups: personal characteristics, job characteristics and organizational characteristics. On the currently available evidence, organizational characteristics have more profound effect on burnout, compared to personal and job characteristics¹³. Demographic factors, lack of social support and high expectations of the job have been described as personal characteristics. Job characteristics include role conflict, role overload, role ambiguity and poor interpersonal relations. Job context, contingency and non-contingency of outcomes were observed as organizational characteristics¹⁴. According to Albee¹⁵, burnout is associated with over work, under appreciation, confusion about expectations and priorities, anxiety over job security and over commitment for responsibilities.

Signs and symptoms of burnout

Derobbio and Iwanick¹⁶ have listed anxiety, boredom, anger, cynicism, betrayal, depression, fatigue, frustration, resentment towards others, substance abuse, psychosomatic symptoms, mental and family crisis and reduction in commitment as the features of burnout.

Measurement of burnout

There are two main study instruments for the measurement of burnout.

1. Maslach Burnout Inventory (MBI)
2. Burnout Measure (BM)

According to the Shaufeli *et al.*¹⁷, Maslach Burnout Inventory (MBI) is by far the most popular instrument to diagnose burnout throughout the world. More than 90% of scientific publications and dissertations on burnout are based on the MBI. It has

22 items and can be used as a self-administered questionnaire.

The next most widely used instrument is Burnout Measure by Pines and Aronson¹⁸. This is used in about 5% of burnout studies. The BM is an internally consistent questionnaire, which assesses the individual's level of physical, emotional and mental exhaustion.

Maslach Burnout Inventory (MBI)

MBI was developed in 1980 to identify burnout among human service professionals. During the last 25 years it has been translated into several languages and used worldwide to measure burnout in different occupational settings. Later, minor modifications were made to the original MBI. Following these initial modifications, two new inventories were developed namely MBI-Educators Survey (MBI-ES) to assess the educators' burnout and MBI- General Survey (MBI-GS) to assess the burnout among the workers in occupations other than human services. The original MBI was renamed as MBI-Human Services Survey (MBI-HSS).

All three MBI surveys address the three general scales;

- (i) Emotional exhaustion - Feelings of being emotionally overextended and exhausted by one's work.
- (ii) Depersonalization - An unfeeling and impersonal response towards recipients of one's service.
- (iii) Personal accomplishment - Feeling of competence and successful achievement in one's work.

A number of studies done in different settings worldwide confirmed the validity and reliability of the MBI-ES. Iwanicki and Schwab¹⁹ studied 469 Massachusetts teachers and reported a Cronbach's alpha estimates of 0.90 for emotional exhaustion, 0.76 for depersonalization and 0.76 for personal accomplishment. Gold²⁰ in his study of burnout among 462 California teachers reported Cronbach's alpha estimates of 0.88 for emotional exhaustion, 0.74 for depersonalization and 0.72 for personal accomplishment. One study assessed the

construction validity of the MBI-ES using a sample of 750 Australian post primary (high school) teachers. This study confirmed the three factor structure and showed the inventory to be a reliable one²¹. Shaufeli *et al*¹⁷ studied the clinical validity of the MBI. They compared the findings of MBI with the diagnosis by a psychiatrist who used the criteria of 'work related neurasthenia' for the clinical diagnosis of burnout. By the results of this study they confirmed the validity of the MBI. Further, they were able to partly differentiate other mental disorders such as anxiety and depression from burnout.

Prevalence of burnout

Most of the studies on burnout had been carried out in the developed countries and very few studies had been conducted outside US and Europe. A study conducted in Taiwan found that 26% of primary teachers had burnout²². Recently concluded study among the primary school teachers in the southern province of Sri Lanka found relatively less prevalence (11.56%) of burnout. According to districts in the Southern Province in Sri Lanka, Galle district had the lowest prevalence (9.60%) while Hambantota district had the highest prevalence (15.78%) of burnout¹⁰. About one-third of Australian teachers and 5% to 20% of American teachers were found to have burnout⁹. Prevalence of burnout was found to be 59.2% among the Japanese public health nurses working in mental health services while the public health nurses working in other units had a slightly lesser prevalence (51.5%)²³.

Consequences of burnout

Absenteeism and attrition are the major negative outcomes of burnout. In addition, there is a strong association between burnout and low or diminished job satisfaction. Burnout was also found to be strongly associated with many other variables that are connected to job satisfaction such as low levels of life satisfaction, low levels of control and low levels of health¹⁴. All these factors collectively contribute to reduce the productivity of an employee.

Conclusion

Burnout is a grossly understudied phenomenon in developing countries including Sri Lanka. Its causes and consequences are complex and interrelated. It adversely affects the employees and the productivity of an organization. Therefore, both employers and employees should be aware of burnout. Measures should be introduced to minimise burnout among employees.

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