**Occupational burnout** is thought to result from long-term, unresolvable job stress. In 1974, Herbert Freudenberger became the first researcher to publish in a psychology-related journal a paper that used the term burnout. The paper was based on his observations of the volunteer staff (including himself) at a free clinic for drug addicts.[1] He characterized burnout by a set of symptoms that includes exhaustion resulting from work's excessive demands as well as physical symptoms such as headaches and sleeplessness, “quickness to anger,” and closed thinking. He observed that the burned out worker "looks, acts, and seems depressed". After the publication of Freudenberger's original paper, interest in occupational burnout grew. Because the phrase "burnt-out" was part of the title of a 1961 Graham Greene novel, *A Burnt-Out Case*, which dealt with a doctor working in the Belgian Congo with patients who had leprosy, the phrase may have been in use outside the psychology literature before Freudenberger employed it.[2]

In order to study burnout, a number of researchers developed more focused conceptualizations of burnout. In one conceptualization, job-related burnout is characterized by emotional exhaustion, depersonalization (treating clients/students and colleagues in a cynical way), and reduced feelings of work-related personal accomplishment.[3][4] In another conceptualization, burnout is thought to comprise emotional exhaustion, physical fatigue, and cognitive weariness.[5] A third conceptualization holds that burnout consists of exhaustion and disengagement.[6] The core of the three conceptualizations, as well as Freudenberger's, is exhaustion. Long limited to these dimensions, burnout is now known to involve the full array of depressive symptoms (e.g., low mood, cognitive alterations, sleep disturbance).[7][8]

Originally, Maslach and her colleagues focused on burnout within human service professions (e.g., teachers, social workers).[9] She later expanded the application of burnout to include individuals in many other occupations.[3]

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## Diagnosis

Burnout is not recognized as a distinct disorder in the DSM-5.[10] It is included in the ICD-10, but not as a disorder.[11] It can be found in the ICD under problems related to life-management difficulty (Z73).
In 1981, Christina Maslach and Susan Jackson developed the first widely used instrument for assessing burnout, namely, the Maslach Burnout Inventory (MBI)\[12\]. Consistent with Maslach's conceptualization, the MBI operationalizes burnout as a three-dimensional syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment\[12][13\]. Other researchers have argued that burnout should be limited to fatigue and exhaustion\[13\].

A growing body of evidence suggests that burnout is etiologically, clinically, and nosologically similar to depression\[14][15][16][17][18][19\]. In a study that directly compared depressive symptoms in burned out workers and clinically depressed patients, no diagnostically significant differences were found between the two groups; burned out workers reported as many depressive symptoms as clinically depressed patients\[20\]. Moreover, a study by Bianchi, Schonfeld, and Laurent (2014) showed that about 90% of workers with full-blown burnout meet diagnostic criteria for depression\[16\]. The view that burnout is a form of depression has found support in several recent studies\[14][15][17][18][19][21\].

**Risk factors**

Evidence suggests that the etiology of burnout is multifactorial, with dispositional factors playing an important, long-overlooked role\[22][23\]. Cognitive dispositional factors implicated in depression have also been found to be implicated in burnout\[24\]. One cause of burnout includes stressors that a person is unable to cope with fully. Occupational burnout often develops slowly and may not be recognized until it has become severe. When one's expectations about a job and its reality differ, burnout can begin.

Burnout is thought to occur when a mismatch is present between the nature of the job and the person doing the job. A common indication of this mismatch is work overload, which sometimes involves a worker who survives a round of layoffs, but after the layoffs the worker finds that he or she is doing too much with too few resources. Overload may occur in the context of downsizing, which often does not narrow an organization's goals, but requires fewer employees to meet those goals\[25\].

The job demands-resources model has implications for burnout, as measured by the Oldenburg Burnout Inventory (OLBI). Physical and psychological job demands were concurrently associated with the exhaustion, as measured by the OLBI\[26\]. Lack of job resources was associated with the disengagement component of the OLBI.

Maslach, Schaufeli and Leiter identified six risk factors for burnout: mismatch in workload, mismatch in control, lack of appropriate awards, loss of a sense of positive connection with others in the workplace, perceived lack of fairness, and conflict between values\[27\].

Burnout is supposed to be a work-specific syndrome. However, this restrictive view of burnout's scope has been shown to be groundless\[28\]. In other words, burnout could apply to nonwork roles such as that of caregiver or student.

**Effects**

Some research indicates that burnout is associated with reduced job performance, coronary heart disease\[29\] and mental health problems (although note the abovementioned research that suggests it is a depressive syndrome, e.g., Ahola et al., 2005\[14\]). Chronic burnout is also associated with cognitive impairments such as memory and attention\[30\]. Occupational burnout is also associated with absences, time missed from work, and thoughts of quitting\[31\].

**Treatment and prevention**

**At the individual level**

It is difficult to treat the three symptoms of exhaustion, cynicism, and inefficacy, as they react to the same preventive or treatment activities in different ways\[32\]. Exhaustion is more easily treated than cynicism and professional inefficacy, which tend to be more resistant to treatment. Research shows that intervention actually may worsen the professional efficacy of one who originally had low professional efficacy\[33\].
For the purpose of preventing occupational burnout, various stress management interventions have been shown to help improve employee health and well-being in the workplace and lower stress levels. Training employees in ways to manage stress in the workplace have also proven effective in prevention of burnout.[34] One study suggest that social-cognitive processes such as commitment to work, self-efficacy, learned resourcefulness and hope may insulate individuals from experiencing occupational burnout.[31] Increased job control is another intervention shown to help counteract exhaustion and cynicism in the workplace.[32]

Burnout prevention programs have traditionally focused on cognitive-behavioral therapy (CBT), cognitive restructuring, didactic stress management and relaxation. CBT, relaxation techniques (including physical techniques and mental techniques), and schedule changes are the best-supported techniques for reducing and preventing burnout in a health-care specific setting. Combining both organizational and individual level activities may be the most beneficial approach to reduce symptoms. A Cochrane review reported that evidence for the efficacy of CBT in healthcare workers is of low quality, indicating that it is no better than alternative interventions.[35]

Employee rehabilitation is a tertiary preventive intervention which means the strategies used in rehabilitation are meant to alleviate, as well as prevent, burnout symptoms.[32] Such rehabilitation of the working population includes multidisciplinary activities with the intent of maintaining and improving employees' working ability and ensuring a supply of skilled and capable labor in society.

Additional prevention methods include: starting the day with a relaxing ritual; adopting healthy eating, exercising, and sleeping habits; setting boundaries; taking breaks from technology; nourishing one's creative side, and learning how to manage stress.[36][37]

**At the organizational level**

While individuals can cope with the symptoms of burnout, the only way to truly prevent burnout is through a combination of organizational change and education for the individual.[25]

Maslach and Leiter postulated that burnout occurs when there is a disconnection between the organization and the individual with regard to what they called the six areas of work life: workload, control, reward, community, fairness, and values.[27] Resolving these discrepancies requires integrated action on the part of both the individual and the organization.[27] A better connection on workload means assuring adequate resources to meet demands as well as work/life balances that encourage employees to revitalize their energy.[27] A better connection on values means clear organizational values to which employees can feel committed.[27] A better connection on community means supportive leadership and relationships with colleagues rather than discord.[27]

One approach for addressing these discrepancies focuses specifically on the fairness area. In one study employees met weekly to discuss and attempt to resolve perceived inequities in their job.[38] The intervention was associated with decreases in exhaustion over time but not cynicism or ineffectiveness, suggesting that a broader approach is required.[27]

**See also**

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

**Stress and the workplace:**

- Industrial and organizational psychology
- Occupational health psychology
- Occupational stress
- Perceived organizational support
- Perceived psychological contract violation
- Stress management
Work–life balance

Medical:

- Depression (mood)
- Stress (medicine)

References


Further reading


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