CHAPTER I
INTRODUCTION
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Since the mid 1970s interest in the phenomenon of professional burnout has grown enormously. The National Education Association (NEA) made burnout the central theme of their 1979 convention. In recent years, virtually all major professional organizations have included at least one symposium on burnout at their annual conventions. This introductory chapter deals with the conceptual framework of the phenomenon, other related concepts which are confused with it and predicted factors of burnout.

What is burnout? And who "created" it? Freudenberger (1974, 1975) is usually given the credit for first using the term in its present sense: to denote a state of physical and emotional depletion resulting from conditions of work. Freudenberger took a word that was used colloquially in the 1960s to refer to the effects of chronic drug abuse ("burned out" on drugs) and used it instead to characterize the psychological state of certain volunteers who worked with him in the late 1960s and early 1970s at alternative health care agencies. Within a few months of work, these young, idealistic men and women would begin to appear to Freudenberger as more tired, depressed, apathetic, and needy than the clients for whom they were ostensibly working. These symptoms were
accompanied by guilt, paranoia, and a sense of omnipotence which made it difficult for these workers to cut back on their level of activity or involvement.

Even before Freudenberger, however, Graham Greene (1961), wrote a novel about "a burn-out case". Greene's protagonist was a spiritually tormented, disillusioned, and despondent man who found an appropriate metaphor for his malaise in a leper colony; the symptoms of this fictional character fit the current descriptions of burned out individuals. While Greene's book was popular, it did not make burnout a household word in the 1960s. For the most part, it was Freudenberger, as well as Christina Maslach and Ayala Pines, colleagues at the University of California at Berkely, who popularized the concept, pioneered its study, and legitimized its status as a critical social issue.

Burnout has been defined in a variety of ways. Pines and Aronson (1981) note that "burnout is characterized by physical depletion, by feelings of helplessness and hopelessness, by emotional drain and by the development of negative self-concept and negative attitudes toward work, life and other people........ (It is a) sense of distress, discontent and failure in the quest for ideals" (p.15). Freudenberger and Richelson (1980) describe burnout as a
"state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward" (p.13). Edelwich and Broadsky (1980) define burnout as a "progressive loss of idealism, energy purpose and concern as a result of conditions of work" (p.14). They note that "the seeds of burnout are contained in the assumptions that the real world will be in harmony with (one’s idealistic) dreams" (p.16). Maslach (1976) noted, burned out professionals "lose all concern, all emotional feelings for the persons they work with and come to treat them in detached or even dehumanized ways" (p.16). In addition, burned out professionals may become cynical toward clients, blaming them for creating their own difficulties or labeling them in derogatory or diagnostic terms. Burned out professionals are more frequently absent or late for work than their non-burned out colleagues; they become noticeably less idealistic and more rigid; their performance at work deteriorates markedly; and they may fantasize or actually plan on leaving the profession. Furthermore, the frustrations attendant to the phenomenon of burnout may lead to emotional stress (often manifest as anxiety, irritability, sadness, or lowered self-esteem, backaches, fatigue, high blood pressure), and increased marital and family conflicts."
<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>Excessive Behavior Indicators</th>
<th>Emotional Adjustment Indicators</th>
<th>Relationship Indicators</th>
<th>Attitude Indicators</th>
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<tbody>
<tr>
<td>Fatigue and chronic exhaustion</td>
<td>Increased consumption of caffeine, tobacco, alcohol, over-the-counter medications, psychoactive prescription drugs, illicit drugs</td>
<td>Emotional distancing</td>
<td>Isolation from or overbonding with other staff</td>
<td>Grandiosity</td>
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<td>Frequent and prolonged colds</td>
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<td>Paranoid</td>
<td>Responding to clients in mechanical manner</td>
<td>Boredom</td>
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<td>Headaches</td>
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<td>Depression: loss of energy, loss of hope</td>
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<td>Cynicism</td>
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<td>Sleep disturbances: insomnia, nightmares, excessive sleeping</td>
<td>High-risk-taking behavior: auto/soft accidents, falls, &quot;high-risk&quot; hobbies, general promiscuity to accidents and injuries, gambling, extreme good and behavioral changes</td>
<td>Decreased emotional control</td>
<td>Increased isolation from clients</td>
<td>Slick humor-aided</td>
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<td>Ulcers</td>
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<td>Martyrdom</td>
<td>Increased expressions of anger and/or mistrust</td>
<td>particularly at clients</td>
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<td>Gastrointestinal disorders</td>
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<td>Fear of &quot;going crazy&quot;</td>
<td>Increased interpersonal conflicts with other staff</td>
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<td>Sudden losses or gains in weight</td>
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<td>Increased amount of time daydreaming/fantasizing</td>
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<td>Flare-ups of preexisting medical disorders: diabetes, high blood pressure, asthma, etc.</td>
<td>Increased propensity for violent and aggressive behavior</td>
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<td>Disturst of management, supervisors, peers</td>
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<td>Injuries from high-risk behavior</td>
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<td>Over-and-undereating Hyperactivity</td>
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<td>Air of righteousness</td>
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<td>Muscular pain, particularly in lower back and neck</td>
<td>Increased premenstrual tension</td>
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<td>Hypercritical attitude</td>
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<td>Increased menstrual cycles</td>
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<td>toward institution and/or peers</td>
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<td>Expressions of hopelessness, powerlessness, crankinessless</td>
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<td>Value Indicator</td>
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<td>Sudden and often drastic changes in values and beliefs</td>
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Despite the general unanimity of opinion regarding some of the characteristics of burnout, the determination of whether a worker is or is not burned out is not easily made. Burnout does not seem to lend itself to such clear dichotomies—in part, because burnout is a process, not an event. Nor is the process identical for each person. As is shown in the table 1.A showing.

Mattingly (1977) has observed, "burn-out...... is a subtle pattern of symptoms, behaviours and attitudes that are unique for each person" (p.131). [Table 1.A indicators of burnout].

BURNOUT STRESS SYNDROME

Burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do "people work" of some kind (Maslach 1981). It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems.

A pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome. A person gets overly involved emotionally, over extends himself or herself, and feels overwhelmed by the emotional
demands imposed by other people. The response to this situation (and thus one aspect of burnout) is 'emotional exhaustion'. People feel drained and used up.

Once emotional exhaustion sets in, people feel they are no longer able to give of themselves to others. They try to get out from emotional burden by cutting back on their involvement with others.

The development of this detached, callous, and even dehumanized response signals causes a second aspect of burnout syndrome -- 'depersonalization'. It is as though the individual is viewing others through rust-coloured glasses--developing a poor opinion of them, expecting the worst from them, and even actively disliking them.

Feeling negatively about others can progress until it encompasses being on oneself. Care giver feels distress or guilt about the way he has thought about or mistreated others. He senses that he is turning into the very type of person-cold and uncaring -- that no body especially him likes very much. At this point, a third aspect of burnout appears - as feeling of 'reduced personal accomplishment'. Provider has a gnawing sense of inadequacy about his ability to relate to recipients, and this may result in a self-imposed verdict of "failure".
With the crumbing of self-esteem, depression may set in and some will seek counselling or therapy for what he believes are their personal problems. Others will change their jobs often to abandon any kind of work that brings them into stressful contact with people.

**BURNOUT AND OTHER STRESSES**

The concept of burnout is commonly confused with various stresses like role-stress, job-stress, depression and impairment etc. which are discussed in following pages.

**Burnout and Stress**

'Burnout' and 'Stress' - the two concepts are often confused or equated. Though, these two are similar, they are not identical. Burnout is more often the result not of stress per se (which may be inevitable in the helping professions) but of "unmediated stress" - of being stressed and having no "out", no support system (Farber, 1982 p.14). What is often overlooked is that stress can have both positive and negative effects - a fact that Selye (1956) noted over 25 years ago. Stress occurs when there is a substantial imbalance (perceived or real) between emotional demands and the response capability of the individual. As the environmental demands increase or the response capability of the individual decreases, the
likelihood of stress becoming a negative experience - and ultimately effecting a burned out state - becomes more probable.

The two concepts got confused so often. In several theories certain stress reactions are referred to in terms that are quite similar to those used in the description of burnout. For example, Hackman (1970) has noted four general types of strategy for coping with stress:

1. explicit movement against the stressful situation or its agent, such as aggression, attack, or hostility;
2. movement away from the source of stress, such as avoidance, withdrawal, resignation, inaction or escape;
3. submission or collaborative movement toward the source of stress, such as ingradiation or undue co-operation;
4. distortion of the situation through traditional psychological mechanisms such as denial, displacement, reaction formation, or internalization.

In this context, burnout may be seen as the final step in the progression from active problem solving to submission and distortion (strategies three and four above). When earlier steps in this progression fail to alleviate stress, more severe reactions (i.e. those seen commonly as part of the burnout syndrome) become manifest.
In a similar vein, Lazarus (1966) had earlier noted that efforts to reduce stress can take the form of active problem solving (e.g., increased information seeking), psychological defense, or withdrawal. Finally, Selye (1956, 1976) has proposed a stage theory of stress which she terms "The General Adaptation Syndrome". In stage one, "Alarm Reaction", the body mobilizes forces to defend itself against stresses. In stage two, "Resistance", a person is able to function in what appears to be a normal fashion. But in stage three, "Exhaustion", the cumulative effects of damaging stress have become too severe to allow for adaptation. The symptoms noted in this last stage are, again similar in many respects to the symptoms of burnout.

In short, burnout can be regarded as the final step in progression of unsuccessful attempts to cope with a variety of negative stress conditions. Starrin, Larsson and Styrborn (1990) state ... "while stress and burnout are similar in many respects, stress does not necessarily have a negative effect on the individual, while burnout always does."

Since burnout is considered as a work-related concept, it is commonly misunderstood as a type of job-stress or role-stress.
Burnout and Job-stress

Burnout, to Cherniss (1980), refers to a transactional process consisting of job-stress, work strain and psychological accommodation (table 1.B).

Table 1.B: Transactional definition of Burnout (Cherniss 1980)

<table>
<thead>
<tr>
<th>JOB STRESS</th>
<th>STRAIN</th>
<th>DEFENSIVE COPING</th>
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<tr>
<td>Demand</td>
<td>Tension</td>
<td>Emotional Detachment</td>
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<td>Resources</td>
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<td>Withdrawl</td>
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<td>Cynicism</td>
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<td>Rigidity</td>
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Burnout is a process that is self-reinforcing. Discouragement and withdrawal most likely to more failure in the helping role because enthusiasm, optimism, and involvement are necessary for success. Thus failure leads to further discouragement which then leads to further failure, and so on. Once the cycle begins, it is difficult to break.
The process of burnout begins with excessive and prolonged levels and job-stress, and leads to defensive coping by psychological detachment from the job and becoming apathetic, cynical or rigid (Cherniss p.21).

Research on stress (McGrath 1970) suggests that job-stress at its low levels can enhance motivation and performance. But the burnout even at its lowest level deteriorates the performance.

Burnout and Role-stress

Role-stress like job-stress is also commonly used with Burnout in work-related factor. Role stress is the feeling of strain in various fields of life, but organizational role stress, refers to the strainous feelings particularly in work set-ups. Therefore, role structure of a human service program influences the severity of burnout (Cherniss, 1980, p.80).

Those who work in institutional rather than private settings are often faced with stresses endemic to organizational structures, most notably role ambiguity, role conflict and role overload (Caplan and Jones, 1975; French and Caplan, 1972; Kahn, 1974; Tosi and Tosi, 1970).

Burnout, then can be viewed as a process that occurs when workers perceive a discrepancy between their input and
expected output. To balance the equation, burned out workers begin to give considerably less to their jobs. For example, teachers who become burned out may be less sympathetic towards students, may have a lower tolerance for frustration in the classroom, may plan for their classes less often or less carefully, and in general, may feel less committed and dedicated to their work (Farber and Miller, 1981).

It is evident that burnout negatively affects normal human behavior, it is mis-considered as depression too.

**Burnout and Depression**

These two terms are generally confused with each other. According to critics 'burnout' is simply old wine (depression) in a new bottle. As a matter of fact this notion is wrong.

Burnout is a process aroused from strain --> stress leading to severe problems of emotional exhaustion, depersonalization and reduced personal accomplishment which reduces the quality of performance, though the work remains continued.

Depression is an emotion characterized by "sadness", crying, withdrawal from others and feelings of inadequacy (Morgan, et al 1986). It is accompanied by dejected mood, poor appetite, difficulties in sleeping, a change in activity level
(becoming either lethargic, or agitated), loss of interest and pleasure in usual activities and negative self-concept (Plutnik, 1989).

Though some of the symptoms/feelings are similar in the two phenomena but resultant outcomes differ. A depressive person having passimism, does not have any positive attitude towards his own life and fails to accomplish the job in work set-up, whereas a burnout worker keeps on performing, may be, the quality is reduced.

In recent years, care of "care-takers" has attracted the researchers; this has resulted in a new concept "physician impairment", hence may cause confusion with burnout.

Burnout and Physician Impairment

Physician impairment as a 'concept' has only become well known within the last two decades. Marwadi (1979) has introduced impaired physician phenomenon based on the results of investigations carried out at Western Reserve University School of Medicine during the last 20 years. Physician impairment can range from slight distortions in acumen or judgement following a medical emergency to major impairments such as alcoholism, drug addiction, depression and suicidal ideation.
Impairment and burnout are not identical concepts, although they are closely related. Physical impairment occurs when medical, physical or psychological conditions impinging upon the physician cause a deviation from the delivery of optimum medical care. The impairment may be temporary or chronic. Burnout is a more pervasive phenomenon that affects both personal and professional aspects of a physician's life. It results in a state of emotional, physical and attitudinal depletion. Burned out physicians are less satisfied with their work. Ultimately, this may take a toll on the physician and can be a significant precursor to physician impairment.

FACTORS IN BURNOUT

In general, burnout can be conceptualized as a function of the stresses engendered by individual, work-related and socio-demographic factors.

PERSONAL FACTORS IN BURNOUT

A proper consideration of personal factors contributing to burnout will include such broad categories as genetic endowment and congenital factors; temperament, growth and development; physical health status; education and skill training; motivation and interests; behavior patterns, especially those relating to interpersonal relationships; personality dynamics; mental health status; work history; and general life experiences (Carrol and White, 1982).
Individual's perceptions and interpretations of their meaning and significance serve as the root cause of burnout (Lazarus, 1966; Lazarus et al, 1965; Lazarus and Launier, 1978; Baum et al 1981).

Previous experiences and attitudes, as existing coping styles and behaviour patterns will influence how an individual perceives and responds to any given stressors and/or frustrations (Meichenbaum, 1977b). Experience of personal and professional failure on the job invite burnout (Larson et al, 1978; Warnath, 1979; Edelwich and Brodsky, 1981; Shapiro, 1981; Wilder and Plutchik, 1981).

SOME SPECIFIC PERSONAL FACTORS

Burnout Prone Personality

Burnout does not occur for all of the people all of time. The first clues about the personal roots of burnout come from recent studies done by Maxine Gann and Steve Heckman (1980). The burnout prone individual is, first of all, someone who is weak and unassertive in dealing with people. Such a person is submissive, anxious, and fearful of involvement and has difficulty in setting limits within the helping relationship. He is impatient, intolerant, lacks self-confidence has little ambition and is more reserved and
contentional. He is more easily discouraged by difficulties and does not feel a sense of personal accomplishment and effectiveness in dealing with people.

Behaviour Pattern

There is general agreement that burnout prone individuals are empathic, sensitive, humane, dedicated, idealistic and 'people oriented', but also anxious, introverted, obsessional, overenthusiastic, and susceptible to overidentification with others (Bloch, 1977; Cherniss, 1980b; Edelwich and Broadsky, 1980; Freudenberger and Richelson, 1980; Pines and Aronson, 1981).

Recent studies have also suggested that "workaholic" persons with Type A behavior pattern are particularly prone to developing physiological symptoms, including cardiac problems, as a consequence of stress (Glass, 1971) Type A people are aggressive, competitive, intense and moody. They are less able to tolerate frustration than their type B counterparts; and are more likely to get angry and stressed when they perceive their efforts to be unsuccessful or unfairly compromised by other interference.
Since burnout is a work-related concept, the work environment generally receives considerable attention. Following lines deal with the factors which are related to work and affect burnout.

**WORK-RELATED FACTORS IN BURNOUT**

The search for causes (of burnout), states Maslach (1978), is better directed away from identifying the bad people and toward uncovering the characteristics of the bad situation where many good people function (p.114). This viewpoint emphasizes the central role of work-related stresses i.e. the nature of the work role, nature of work-setting.

Burnout has been studied and found to be correlated with certain factors in the job setting, such as workload (Maslach and Jackson, 1984b; Maslach and Pines, 1977), role in communication networks (Leiter and Meechan, 1986), a greater percentage of time in direct care of clients (Lewiston, Conley and Blessing - Moore 1981; Maslach and Jackson 1982) more difficult client problems (Meadow, 1981; Pines and Maslach, 1978), greater role conflict (Schwab and Iwanicki, 1982; Schwab, Jackson and Schuler, 1987) work pressure (Rosenthal, Teague, Retish, West and Vessell, 1983), a low degree of peer support (Maslach and Jackson, 1982; Burke, Shearer and Deszca, 1984) and lack of promotion opportunity (Gaines and Jermier,
Burnout has also been linked to job-dissatisfaction (Maslach and Jackson, 1982), poor job performance (Nowack and Hanson 1983), the intention to quit one's job (Maslach and Hackson 1984b; Jackson and Maslach, 1982; Schwab, Jackson and Schuler, 1977) and actual job turnover (Schwab et al 1987).

Experience on job has clear relationship with burnout. The burnout is greatest when people workers are freshers, least experienced and younger ones and is lower for older, experienced workers (Maslach et al, 1981). With experience on job, understanding of its demands and future scope and also with increased age, older workers have better capability to handle the early threats of burnout and remain comparatively stable with more balanced perspective on work and life, therefore, less prone to the excesses or burnout. Hence the work-related factors need to be explored further in various work-settings.

To appreciate multiple and complex roots of burnout, socio-demographic variables, too, are given the due consideration.
SOCIO-DEMOGRAPHIC FACTORS IN BURNOUT

Maslach and Jackson (1981) investigated the influence of socio-demographic variables upon different components of burnout. Various studies have established that certain background factors predict small but significant amount of variance in burnout sub-scales (Gold, 1985; Anderson and Iwanicki, 1984; Pierson and Archambault, 1984). It has been observed that married people having families are less prone to burnout than single or family-less people. Significant relationships of burnout with age, gender and educational status have been found (Maslach and Jackson, 1981). While these studies have determined that differences exist, no follow-up research has examined why they occur. The correlations between burnout and certain demographic variables also need to be explored further within occupations because these variables can be confounded with type of work and job-status (Gold, 1985; Maslach and Jackson, 1985; Cahoon and Rowney, 1984).

Gender Difference

Overall, men and women are fairly similar in their experience of burnout. There is something about the personal qualities that distinguish the two sexes on experience of burnout stress syndrome. Women tend to experience more emotional exhaustion, and to experience it more intensely than
men. However, men are more likely to have depersonalized and callous feelings about the people they worked with (Maslach and Jackson 1981). Hence the factor needs more research attention.

The above account of the concept of stress indicates a wide interest in the concept by researchers. Beginning from Selye's (1936) works, the concept has been subjected to a good deal of analysis, description and research. Since stress has become a part of modern life and has invaded not only personal life of an individual but also primarily occupational and professional life. As a result one comes across this concept in a variety of set-ups. The recent trends in stress research have shifted from general to more specific type of stresses. Consequently, stress literature has been enriched with concepts such as role stress, job stress, life stress, burnout etc. At times these terms are confused with each other. Therefore, researchers have attempted to delineate the differences between these.

As has been pointed out in the beginning of this chapter that the concept of burnout has been propounded by Freudenberger and following this a number of researchers worked on it and came upon various explanations of this. However, Maslach's description of the concept as a stress
syndrome, attracted much attention as it is based on a very sound foundation of empirical evidence. Researches not only by Maslach and her colleagues but researchers in different parts of the world have provided supportive evidence using variety of occupational samples. In addition to all this, with the advent of very comprehensive scales to measure 'burnout' as 'syndrome' by Maslach (1981), it has become possible to study the area empirically.

Most of the research on the concept has been done in the Western countries. However, the problem appears to be on the increase in this part of the world too. It is quite an important area for investigation as its implications are directly related to efficiency and well-being of an individual. Emotional-exhaustion may even precipitate problems ranging from "don't-give-a-damn" to suicide (Maslach, 1986). The problem deserves attention.

The constant rapid shift in values and societal norms from spiritual to material, modernization, mechanization and materialism of present day competitive society tend to produce 'emotional-exhaustion' which in turn leads to dehumanization. The process may go on further to precipitate feelings of 'reduced personal accomplishment' especially among human service professionals (Maslach, 1984, 1981, 1979; Scharf, 1985; Cherniss, 1980b). At such a critical time, the study of burnout attains relevance.