Occupational Burnout

Definition
Burnout is “an experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding”. [1]

Another definition is “burnout is the index of dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will and erosion of the human soul”. [2]

It may manifest as depersonalisation, low productivity, and feelings of low achievement. Burnout may seem to have two apparently conflicting elements:

- One is an apparent daily trudge of a dull, monotonous and tedious routine.
- The other is sheer exhaustion from years of struggling through demands and change.

There are three components to burnout:

Physical and emotional exhaustion
This leads to an inability to engage fully with many aspects of the job but, particularly, with those aspects involving interaction. Speech may become flattened and body and facial gestures diminished as the person becomes less responsive to the demands of the situation of a professional interaction.

Depersonalisation
This is a tendency to depersonalise those with whom one is forced to interact so that patients are seen less as individuals and situations become simply part of a routine.

Lack of personal accomplishment
This usually accompanies burnout. The individual will tend to feel little sense of achievement in relation to the job, even if the reality is very different.

Epidemiology
Burnout can occur in any occupation. [3] However, it has been found to occur most amongst professional people in the caring professions of medicine, nursing, social work, counselling and teaching. It is typically associated with the prolonged and cumulative effects of emotional stress and pressure that arise from personal interaction with members of the public on a daily basis. Where studied, the prevalence amongst healthcare workers approaches 25%. [1]

Healthcare workers can experience occupational stress as a result of lack of skills, organisational factors, and low social support at work, which may lead to distress, burnout and psychosomatic problems, and deterioration in quality of life and service provision. [4]

Causes
- Lack of control. An inability to influence decisions that affect work (eg, work schedule, assignments or workload) or a lack of the resources needed to work effectively.
- Unclear job expectations. Uncertainty regarding the degree of authority or what is expected at work.
- Feeling of a loss of control when at work.
- Dysfunctional workplace dynamics - eg, bullying, feeling undermined.
- Different personal values from those values in the workplace environment.
- The job doesn’t fit a person’s interests and skills, causing stress.
- A job that is either always monotonous or chaotic, which can both lead to fatigue and occupational burnout.
- Lack of social support when at work and when away from work.
- Work-life imbalance, leaving insufficient time and energy to spend with family and friends.

Presentation
Burnout may be associated with the development of depression and this is seen to be linked most clearly to the degree of emotional exhaustion. The condition may go through three stages as indicated by groups of symptoms below:

- Poor concentration and memory.
- Insomnia.
- Fatigue.
- Poor productivity and more mistakes.
• Guilt.
• Denial.
• Loss of libido.
• Depression.
• Anxiety.

This may be followed by:
• Becoming uncooperative and resistant to change.
• Resentment, cynicism.
• Frustrated, bored.
• Feeling isolated.
• Paranoia.
• Irritability.
• Aggressiveness, short temper.

This may progress yet further to:
• Poor timekeeping.
• Indecision.
• Avoidance behaviour.
• Apathy.
• Amnesia.
• Appearing withdrawn.
• Alcoholism, drug dependence or other inappropriate behaviour.

Physical symptoms may include non-cardiac chest pain, palpitations, shortness of breath, bowel upset, dizziness or headaches.

Those experiencing burnout may be more vulnerable to emotional eating and uncontrolled eating and have reduced ability to make changes in their eating behaviour, causing a risk of overweight and obesity. [5]

Burnout has been shown to be a risk factor for myocardial infarction and coronary heart disease. It has also been related to reduced fibrinolytic capacity, decreased capacity to cope with stress and hypothalamic-pituitary-adrenal (HPA) axis hypoactivity. [6]

Burnout syndrome is also a predictor for developing depression, absenteeism and a decline in working ability. [7]

Management

As with so many diseases, early diagnosis and treatment gives the best prognosis. Many of the work-related variables associated with high levels of psychological ill health are potentially amenable to change. [8] Institutions should make burnout intervention programmes available to employees. [9] However, it may be necessary to find a different occupation or a different place of work.

General advice for patients

Talk to others. Seek help if necessary. Do not be afraid to approach someone else to ask for help. They will not see you as weak, pathetic and inadequate but they may be able to offer help and advice as well as moral support.

• Manage the stressors that contribute to occupational burnout. Identify the causes of occupational burnout in order to develop a plan to overcome them.
• Evaluate options. Discuss specific concerns with an appropriate colleague, supervisor or manager. Consider possible solutions, such as a change of expectations, a compromise arrangement or a workplace solution.
• Possible beneficial changes may include job sharing, working from home, flexible work hours, use of a mentor, or considering continuing education or professional development.
• Adjust attitude. Consider ways to improve outlook, rediscover enjoyable aspects of your work, recognise co-workers for valuable contributions or a job well done. Take short breaks throughout the day. Spend time away from work doing things that are enjoyable. Control unreasonable and unrealistic demands.
• Seek support. Use colleagues, friends, partners or any other appropriate person to provide support to help cope with job stress and feelings of burnout.
• Assess interests, skills and passions. An honest assessment can help to decide whether an alternative job should be considered, such as one that's less demanding or one that better matches interests and core values.
• Develop outside interests.
• Regular physical exercise, such as walking or cycling, can help a person improve the way they deal with stress.

Interventions

A Cochrane review stated the following conclusions: [10]

• There is low-quality evidence that CBT and mental and physical relaxation reduce stress more than no intervention but not more than alternative interventions.
• There is also low-quality evidence that changing work schedules may lead to a reduction of stress.
• Other organisational interventions have no effect on stress levels. Organisational interventions need better focus on reduction of specific stressors.
In addition to addressing the negative emotional reactions to the aggressive behaviour encountered at work, it is also important to foster positive work factors which may be protective against emotional exhaustion.[11]

Further interventions will depend on individual needs and may include relaxation techniques, counselling or psychotherapy.

Further reading & references


Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Patient Platform Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our conditions.