CHAPTER ONE

Where does burnout come from?

History and background

Burnout is a metaphor. It describes a state of exhaustion similar to the smothering of a fire or the extinguishing of a candle. Where there used to be a vital spark and the flame of life was burning bright, it is now dark and chilly. The fuel has been used up and the energy backup is depleted.

As a matter of fact, this metaphor is not entirely appropriate as it is too static. A broken car battery that cannot be recharged and loses its power bit by bit is a better comparison than the notion of a fixed amount of energy that is slowly consumed until nothing is left, as in the case of a candle or of a fire. Indeed, burned-out individuals often describe themselves spontaneously as empty batteries that can no longer be recharged. This analogy to an empty car battery reflects the gradual process in which more energy has been consumed than was produced over a long period of time. A car battery gets empty when more power is used up than is supplied by its dynamo. In other words, the dynamic equilibrium between demand and supply of energy is disturbed and as a result the individual's energy backup is gradually exhausted. That is exactly what happens in burnout: people give too much for too long and receive too little in return. Essentially, burnout is the long term result of an imbalance between investments and outcomes.

Unfortunately, we have no single word which neatly catches this dynamic process by referring to the slow draining of energy from a battery. Instead, 'burnout' became the colloquial term for mental exhaustion, despite the false connotation of a fixed amount of energy that is drained to the dregs. Obviously, burnout is a very powerful metaphor because not only has it spread around very quickly in English speaking countries, but it is used almost universally. Although native equivalents exist in most Germanic languages, the English word 'burnout' is usually preferred.[1]

This chapter starts out with a brief history of the burnout construct. Next, the broader social context of occupational stress and burnout is discussed. Evidence is presented for the increase of stress and burnout in today's society. In the concluding section several explanations are offered for this increase.

1.1 THE RECENT HISTORY OF AN ANCIENT PROBLEM

The dictionary defines the verb 'to burn out' as 'to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources'. If we accept this broad definition for the time being, it is clear that burnout is not restricted to a particular historical period. Indeed, it was observed long before the notion itself was introduced within psychology in the early 70s. Probably the earliest example of burnout *avant-la-lettre* is found in a collection of poems attributed to William Shakespeare and published in 1599 as *The Passionate Pilgrim*:

> She burnt with love, as straw with fire flameth.
> She burnt out love, as soon as straw out burneth. (Enzmann and Kleiber, 1989, p. 18)

At the turn of the century 'to burn oneself out' was borrowed from English slang meaning 'to work too hard and die early' (Partridge, 1961). Quite interestingly, the Japanese expression *karoshi* has an identical meaning – death by overwork – and can be considered the ultimate consequence of burnout: a lethal depletion of energy (Haratani, 1997).

More recently, but long before the discovery of psychological burnout, persons who suffered from it have been portrayed in great detail. For instance, in 1961 Graham Greene wrote a novel titled *A Burnt-out Case* which tells the sad story of the world famous architect Querry. Despite the fact that the novel was a bestseller, it did not make burnout a popular term in the 1960s (Box 1.1).

The best example of burnout *avant-la-lettre* is the case-study of a psychiatric nurse – Miss Jones – that was published in *Psychiatry* (Schwartz and Will, 1953). For nearly two decades, this description of burnout remained unprecedented. As is illustrated in Box 1.2, Miss Jones exhibits practically all the symptoms that were later to be identified as the typical elements of burnout: emotional exhaustion, a callous and indifferent attitude towards patients, and feelings of diminished accomplishment.

In the past, many other alternative notions have been used to describe a similar mental state as that captured by the burnout metaphor, for instance, 'overstrain' (Breay, 1913), 'neurocirculatory asthenia' (Cohen and White, 1951), 'surmenage' (Tuke, 1882), and 'industrial fatigue' (Park, 1934). Typically, these terms refer to negative aspects of the job that are considered to be the major contributors to the worker's poor mental condition. However, none of these words became as widespread and as popular as the term burnout that emerged in the 1970s.

The 'discovery' of burnout

Burnout was first mentioned as a psychological phenomenon that occurred in the helping professions by Bradley (1969), who proposed a new organisational structure in order to counteract 'staff burnout' among probation officers. However, the American psychiatrist Herbert Freudenberger is generally considered to be the originator of the burnout syndrome. In his influential 1974 paper entitled 'Staff burn-out' he describes the syndrome in great detail, thereby setting the stage for its introduction.

Box 1.1 Querry, the architect: A burnt out case

The world famous New York architect, Querry, 'is the victim of a terrible attack of indifference: he no longer finds meaning in art or pleasure in life' (back cover). Querry's cynicism is obvious when he states in a conversation with a friend 'To build a church when you don't believe in a god seems a little indecent, doesn't it? When I discovered I was doing that, I accepted a commission for a city hall, but I didn't believe in politics either. You never saw such an absurd box of concrete and glass as landed on the poor city square' (p. 114). Totally disenchanted Querry flees – anonymously – to the Congolese jungle, far away from everything and everybody that reminds him of his past. He is desperately looking for peace and reflection and ends up in a leper colony where he makes friends with Dr. Collins, the head of the colony. He confesses to him in their first conversation: 'Self-expression is a hard and selfish thing. It eats everything, even the self. At the end you find you haven't even got a self to express. I have no interest in anything anymore, doctor. I don't want to sleep with a woman, nor design a building' (p. 46). Dr. Collins diagnoses Querry as the mental equivalent of a 'burnt-out case'. They are 'lepers who lose everything that can be eaten away before they are cured' (p. 110). After having spent a while in the colony, Querry recovers and starts working again, this time for the lepers, until he discovers who he really is . . .

Graham Greene's fictional character is a gloomy, cynical, and disillusioned man who is at the end of the rope, no longer able any more to continue the work he once practised so passionately. In short, his creative energy is depleted: 'I began as an architect and I am ending as a builder. There is little pleasure in that kind of progress'.

Source: Graham Greene (1961, p. 110)

Freudenberger was employed as an unpaid psychiatrist in an alternative health care agency in New York. This *Free Clinic* was staffed mainly by young idealistic volunteers who were highly committed to their work with young drug addicts. Freudenberger observed that many volunteers experienced a gradual energy depletion and loss of motivation and commitment, which was accompanied by a wide array of mental and physical symptoms (Box 1.3).

To denote this particular state of exhaustion that usually occurred about one year after the volunteers started working in the *Free Clinic*, Freudenberger chose a word that was being used colloquially to refer to the effects of chronic drug abuse: 'burnout'. His detailed description of the burnout syndrome was easily and readily recognised, particularly by those who worked in the human services. In fact, Freudenberger's paper sparked the interest in burnout and constituted the basis for its future popularity. Quite interestingly, Freudenberger himself fell victim to burnout twice. It is therefore not surprising that he confesses:

Box 1.2 Miss Jones: The demoralised psychiatric nurse

Miss Jones worked as a nurse on a chronic ward in a psychiatric hospital. Most of her colleagues were well motivated and involved in their work with psychiatric patients. However, when Miss Jones returned after a period of absence she found the ward in a disconsolate state: the head nurse had been replaced, some nurses were absent, and the patients were restless. The nurses felt quite dissatisfied and their morale was poor. Miss Jones' colleagues reacted in an indifferent or even hostile way to her suggestions for changing the depressing situation. She felt rejected and frustrated and turned away from her colleagues. Now, she focused exclusively on the patients and cared for them with even more vigour than before. Meanwhile, the patients were more and more difficult to handle because of the poor treatment from the nursing staff and their fear of the impending chaos. Accordingly, Miss Jones had to pay the price for the indifference of her colleagues. This was quite painful for her since she expected gratitude and understanding from the patients, since she was the only nurse who really cared for them. After some time Miss Jones started to realise that she had failed. According to Schwartz and Will (1953) Miss Jones was now caught in a vicious circle: the more depressed and disappointed she felt, the more she failed, which in turn nourished her depressed mood and disappointment. Her depressed mood got worse, she felt exhausted and became more callous and indifferent, particularly towards her patients. Now, Miss Jones only saw the negative sides of her job, and she withdrew from social contact with patients and staff. Her job seemed meaningless to her and she started to be absent regularly. At this point the authors intervened by offering Miss Jones a couple of non-directive counselling sessions, which she readily accepted. In the first sessions she blew off steam. At a later stage, the authors taught Miss Jones how to analyse and understand her situation and how to lower her high expectations. The counselling approach succeeded. Little by little her situation improved now that her expectations had become more realistic. She got along better with her colleagues and her patients, which boosted her self-esteem. The case-study had a happy ending: some months after the intervention of the authors Miss Jones was doing well again.

Source: Schwartz and Will (1953)

> One of the prime motivators of my probing examination of Burn-Out was my own experience with it many years ago. (Freudenberger and Richelson, 1980, p. xvii)

Independently, and almost simultaneously, Christina Maslach – a social psychological researcher – stumbled across the term burnout in California. She studied the ways in which people in stressful jobs cope with their emotional arousal and was particularly interested in cognitive strategies such as detached concern and dehumanisation used in self-defence. Maslach mainly interviewed health care workers like

Box 1.3 The first description of burnout

'For one, there is a feeling of exhaustion, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness and shortness of breath. In short, one becomes too somatically involved with one's bodily functions. A staff member's quickness to anger and his instantaneous irritation and frustration responses are the signs. The burn-out candidate finds it just too difficult to hold in feelings. He cries too easily, the slightest pressure makes him feel overburdened and he yells and screams. With the ease of anger may come a suspicious attitude, a kind of suspicion and paranoia. The victim begins to feel that just about everyone is out to screw him, including other staff members. The paranoid state may also lead to a feeling of omnipotence. The burning out person may now believe that since he has been through it all, in the clinic, he can take chances that others can't. He becomes overconfident and in the process may look foolish to all. His risk-taking behaviour in counselling with speed freaks, psychotics, homicidal people and other paranoids sometimes borders on the lunatic, in terms of his own behaviour. He may resort to an excessive use of tranquillisers and barbiturates. Or get into pot and hash quite heavily. He does this with the "self con" that he needs the rest and is doing it to relax himself. As to the person's thinking, that almost becomes a closed book. He becomes excessively rigid, stubborn, and inflexible. He almost cannot be reasoned with – he once again knows it all better than anyone else. He blocks progress and constructive change. Why? Because change means another adaptation and he is just too tired to go through more changes. Another behavioural indicator of burn-out is the totally negative attitude that gets verbalised. He becomes the "house cynic". Anything that is suggested is bad rapped or bad mouthed. He knows it all because he has been through it all. The person looks, acts and seems depressed. He seems to keep to himself more. Other brothers and sisters really don't know what is going on. But they do know that changes are taking place in that individual. A sign that is difficult to spot until a closer look is taken is the amount of time a person is now spending in the free clinic. A greater and greater number of physical hours are spent there, but less and less is being accomplished. He just seems to hang around and act as if he has nowhere else to go. Often, sadly, he really does not have anywhere else to go, because in his heavy involvement in the clinic, he has just about lost most of his friends.'

Source: Freudenberger (1974, pp. 160–161). Quoted with permission from Blackwell Publishers.

physicians, nurses, psychiatrists, and hospice counsellors. Three general themes emerged from these interviews (Maslach, 1993). First, many practitioners talked about being emotionally exhausted and drained of all feeling. Second, the interviewees developed negative perceptions and feelings about their patients. Finally,

all too often the practitioners experienced a crisis in professional competence as a result of the emotional turmoil. When, by chance, she described these results to an attorney, she was told that poverty lawyers called this particular phenomenon 'burn-out'. Once Maslach and her colleagues had adopted this term, they discovered that the metaphor was immediately recognised by their respondents: a new psychological notion was born.

Approaches to burnout

The discovery of burnout, almost simultaneously in the early 70s at America's east and west coasts by Herbert Freudenberger and by Christina Maslach and her colleagues, illustrates that burnout first emerged as a social problem and not as a scholarly construct. Apparently, they had discovered something that was 'in the air'. This social origin of burnout is essential for understanding the historical development of the concept that took place along two lines that are relatively separate.

The clinical approach

Initially, the focus was predominantly on elaborate clinical descriptions of the burnout-syndrome (see Box 1.3). Attempts were made to characterise burnout by means of cautious but unstandardised observations and individual case studies. In particular, attention was paid to the symptoms that are displayed by burned-out individuals. Following the medical tradition, these symptoms were then grouped in order to identify a syndrome, i.e. a set of symptoms that occur together and constitute a recognisable negative condition. For instance, Freudenberger (1974) described not only physical (e.g. headaches) and behavioural signs of burnout (e.g. use of illicit drugs), but also affective (e.g. depressed mood), cognitive (e.g. cynicism), and motivational symptoms (e.g. demoralisation). The clinical approach emphasises the importance of individual factors underlying the burnout-syndrome.

Typically, the first publications on burnout were anecdotal and appeared in journals, magazines, and periodicals not only for professionals such as teachers, social workers, nurses, physicians, and managers, but also for pharmacists, fire-fighters, and librarians. Stimulated by these publications, public interest grew enormously and burnout became a hot topic. In further popularising the subject, the mass media played a crucial, albeit debatable, role. That is, burnout ended up as the buzzword or catch-phrase of the late 70s and early 80s. Meanwhile, the concept was stretched to encompass far more than it did originally. This blurred, all-encompassing meaning of burnout and the unempirical nature of the clinical approach led academic critics to disparage the concept of burnout or even dismiss it entirely. Initially, the popularity of burnout was not surprisingly inversely proportional to the scholarly interest it evoked.

Although today the clinical approach is no longer as dominant as it was initially it survived remarkably well. There is still a stream of publications that are typically clinical in nature and that are written by practitioners who work with burned-out professionals. For instance, recently Figley (1995) edited a book on 'compassion

fatigue' that focused on secondary traumatic stress among professionals who deal with severely traumatised persons. Interestingly, the mainly descriptive clinical approach to burnout developed independently from the more analytical research approach to burnout.

The research approach

Social psychologists such as Christina Maslach and Ayala Pines placed burnout on the scientific agenda against all the odds. Soon after they had come across the syndrome in a number of interviews they initiated a research programme. An important development came from the introduction of short and easy to administer self-report questionnaires to assess burnout (see Chapter 3). Initially the predominantly negative attitude of academics towards burnout seriously hampered their empirical work. As Maslach and Jackson (1984a, p. 139) put it:

> Because it has a catchy ring to it, burnout is sometimes immediately dismissed as fad or pseudoscientific jargon that is all surface and no substance.

For instance, their joint psychometric article on the development of the Maslach Burnout Inventory (MBI) was returned by a scientific journal editor with a short note that it had not even been read 'because we do not publish "pop" psychology' (Maslach and Jackson, 1984a, p. 139). Ironically, the MBI is now the most widely used and best validated instrument to measure burnout (see Chapter 3).

As a result of the development of standardised inventories, burnout could now be studied empirically. The prevailing conceptual confusion about the nature of burnout was gradually clarified by the almost general acceptance of the MBI as the main instrument to assess the syndrome. By implication, the definition of burnout used by the test-authors was sanctioned by the research community. At first Maslach and Pines and their collaborators studied health care professionals, but soon they extended their research to other occupational groups within the human services including teachers, social workers, police officers, and prison officers. They chose to study these human services professionals because of the high emotional demands they supposedly experienced in their work. Contrary to the clinical approach that stresses the importance of individual factors, the first social-psychological research emphasised the interpersonal nature of burnout:

> Despite similar noxious effects as other stress reactions, the unique feature of burnout is that its stress results from the *social* interactions between helpers and their recipients. (Maslach, 1982b, p. 3)

At about the same time, other researchers like Cary Cherniss (1980a, 1980b) and Robert Golembiewski and his colleagues (Golembiewski *et al.*, 1986) stressed the importance of the organisational environment in the development of burnout. Organisational psychological research investigated burnout in a way that touched the concern, not only of the scientific community, but also of administrators, managers, policy-makers, and organisational consultants. Although some authors, like

Cherniss, argued that burnout was related to organisational factors that were typically found in human services organisations, others, like Golembiewski, rejected this restriction. It seems that recently the tendency to associate burnout exclusively with human services professionals is weakening and the scope has broadened to other fields and professions (Maslach and Leiter, 1997). In the early 90s burnout research entered a new phase in which theoretically-driven and methodologically-sound studies are increasingly conducted.

1.2 OCCUPATIONAL STRESS (BURNOUT) AS A SOCIAL PROBLEM

In order to place burnout in a broader societal and cultural context we must broaden our scope somewhat by including occupational stress. Occupational stress is a more generic term that refers to any affect-laden negative experience that is caused by an imbalance between job demands and the response capability of the worker. When job demands are too high to cope with, stress reactions are likely to occur. Burnout is considered to be a special type of prolonged occupational stress that results particularly from interpersonal demands at work. Traditionally, occupational stress research is carried out predominantly in industrial settings, thereby neglecting the human services, whereas the reverse is true for burnout. In the next chapter, the relationship between burnout and occupational stress is discussed in greater detail. In the remainder of this chapter we will argue that occupational stress, including burnout, is a growing problem in western societies and we will suggest some factors that can be held responsible for this marked increase.

Prevalence of occupational stress (burnout)

There is ample evidence that the prevalence of occupational stress is rather high. For instance, a survey of nearly 16 000 workers in all 15 European Union member states sponsored by the European Commission revealed that 29% considered that their work activity affected their health (Paoli, 1997). The work-related health problems mentioned most frequently were back-pain (30%), stress (28%), and overall fatigue (20%). A similar survey in the United States showed that more than 75% of the American workers '. . . describe their jobs as stressful and believe that the pressure is steadily increasing' (International Labour Office, 1993, p. 65). Furthermore, US industry loses approximately 550 million working days per year due to absenteeism, of which 54% is estimated to be in some way stress-related (Elkin and Rosch, 1990). It has been estimated that in the United Kingdom 30 to 40% of all sickness absence is attributable to some form of mental illness (O'Leary, 1993). In the United Kingdom, a National Survey of Health and Development of almost 1500 young men showed that 38% of the sample were under some or severe 'nervous strain' at work, whereas only 8% were under similar strain at home or in their personal lives (Cherry, 1978). The top three causes reported were: pressure of work (36%), responsibility (24%), and contact with people (12%). The last cause is

particularly remarkable because, as noted before, demanding interpersonal relations are considered to be a specific antecedent of burnout. Prevalence studies in human services professions yield perhaps even more dramatic results. In a study among nearly 750 psychologists, Guy *et al.* (1989) found that 74% reported 'personal distress' during the previous three years, and 37% of this group believed that their distress decreased the quality of care they provided to their clients. In a similar vein, 62% of the members of Division 29 (Psychotherapy) of the American Psychological Association admitted to continuing working when too distressed to be effective (Pope *et al.*, 1995).

Prevalence rates of occupational stress are not only high but they are also rising continuously. For instance, Sutherland and Cooper (1990) reported that the number of workdays lost in the United Kingdom for stress-related causes increased significantly between 1982 and 1985. Of the 32.8 million days lost in 1984–5, 5.53 million (16%) were due to mental health causes. In the United States, Northwestern National Life Insurance Company (1991) reported that in 1991 25% of their sample had stress-related illnesses compared with 13% in 1985. Forty-six per cent of these workers felt highly stressed compared with 20% 6 years earlier. An increase of stress-related absenteeism can also be observed over a fairly long period. Hingley and Cooper (1986) calculated that in Britain absenteeism due to 'nervousness, debility and headache' has increased by 528% in a 25 year period from 1955 to 1979!

Workers' disability rates

In most industrialised countries the number of disability benefit recipients has increased sharply over the past two decades. Prins (1990) compared Belgium, Germany, and the Netherlands and showed that the steepest rise was observed in the Netherlands. Most interestingly, in all three West European countries, mental disorders were the second major diagnostic group after musculoskeletal diseases. Figure 1.1 shows that in the Netherlands in 1967 (the year of the introduction of the Disability Security Act) mental disorders accounted for 11% of the disability benefit recipients. This rate continued to rise by about 10% each decade but seems to have remained stable at about 30% since the early 90s. Most probably, these figures are underestimates since diseases with known psychosomatic aetiologies such as lower back pain or myocardial infarction are not considered to be mental disorders – they are recorded instead as musculoskeletal and coronary heart diseases, respectively.

As can be seen in Figure 1.1, work incapacity due to musculoskeletal disorders rose only slowly, whereas work incapacity due to coronary heart disease dropped sharply. At present in the Netherlands about one in every three disability benefit recipients is assessed work disabled on mental grounds. This means that approximately 34 000 Dutch workers receive a diagnosis of this kind – 116 people each day, one person every 4 minutes in the working day. Among human services professionals these figures are even more dramatic. In the Netherlands, these professionals are civil servants and have their own disability security arrangements. They

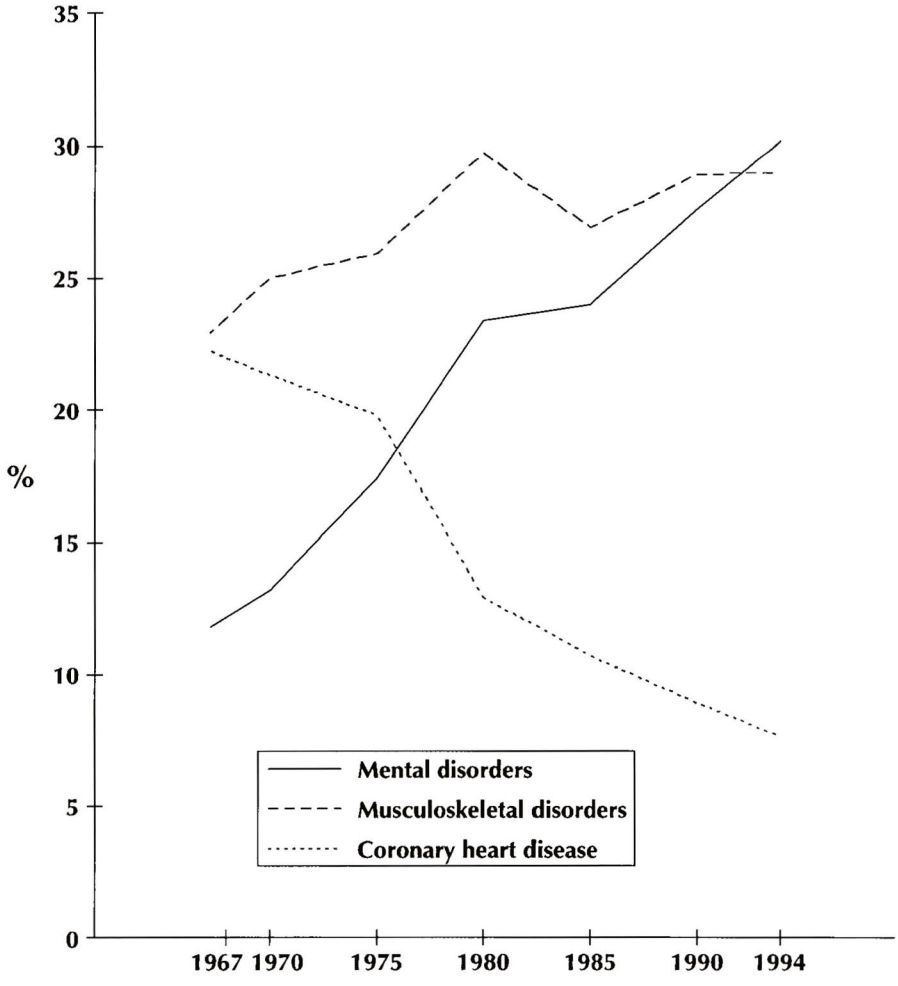

Figure 1.1 Workers' disablement in the Netherlands (1967–1994): Relative frequency of the three main diagnostic groups. *Source*: Statistical Yearbooks of the Gemeenschappelijk Medische Dienst (GMD) 1968–1995. Amsterdam: GMD.

are therefore not included in Figure 1.1. Among work incapacitated civil servants, 47% (about 4500 cases annually) receive benefits on mental grounds. The highest rate is observed in teachers (60%).

A closer inspection of these mental cases reveals an interesting profile. The vast majority (84%) suffer from an adjustment disorder and are diagnostically labelled as having a 'situative or exogenous reaction'. Moreover, recipients who receive disablement benefits on mental grounds are relatively young (aged under 35), predominantly highly educated, and work mostly in service professions such as health care, education and social work (Kers and Van der Zouwe, 1994). As we will see in Chapter 4, this profile closely matches the typical burned out professional.

In the United States stress-related workers' compensation claims have also risen sharply from less than 5% in 1980 to 15% in 1989 (International Labour Office, 1993). The state of California has the highest rate with 17%. In addition, the California Workers' Compensation Institute (CWCI, 1990) reports that, during the 10 year period from 1979 to 1988, the frequency of mental health claims for every 1000 covered workers increased by 540%, whereas the incidence of all disabling injuries declined by 8%. As in the Netherlands, the highest incidence of stress claims originated from public sector employees (e.g. law enforcement personnel and teachers). In 1986, there were 1.7 stress claims filed for every 1000 public sector employees, which is nearly six times the frequency for employees in the private sector. Based on these and similar data the CWCI concluded that 'mental stress claims are a significant – and growing – segment of the Californian worker's compensation program' (p. 6).

Costs

The expenditure on occupational stress is huge. It is estimated that in the United States occupational stress costs employers in excess of $200 billion per year in absenteeism, reduced productivity, medical expenses, and compensation claims (International Labour Office, 1993). Moreover, stress claims are relatively expensive: the average cost of a stress claim to the largest underwriter of workers' compensation insurance in the USA (the Liberty Mutual Group) in 1993 was $13 000, while the average cost of all claims reported was $6000 (Brogmus, 1996). Thus stress claims are twice as expensive as other claims. In the United Kingdom, the cost of sickness absence for stress and mental disorders have been estimated at more than £5 billion per year, which amounts to over 10% of the Gross National Product (Cooper *et al.*, 1996). In the Netherlands in 1994 about half of the costs for absenteeism and workers' compensation claims, which amount to approximately NLG 50 billion per year, are spent on stress-related disorders. Workers' compensation claims alone, of which about 30% are mental in nature, accounted for 13.9% of the Dutch Gross National Product in 1994. This is the highest percentage in the European Union (average = 9.6%).

Similar trends concerning the growing incidence of occupational stress have been observed in not only other industrialised countries such as Australia, Canada, Germany and Japan, but also in fast developing countries such as India and Brazil. This has led the International Labour Office (1992, p. 4) to speak about the 'globalisation of stress'. Moreover, it concludes that 'occupational stress is an important concern for workers, enterprises and society' (p. 15) and that 'the economic impact of stress on society is large and growing' (p. 15).

In summary, occupational stress is an important and rising concern in industrialised countries, particularly in the human services. It seems that the level of occupational stress has increased alarmingly in previous decades. This is illustrated by increasing stress-related absenteeism and work incapacity rates as well as by the rising associated costs. A closer examination of these figures suggests that burnout might play a substantial role.

1.3 WHY DOES OCCUPATIONAL STRESS (BURNOUT) INCREASE?

In order to understand the apparent increase of occupational stress and the sudden appearance and immense popularity of burnout we have to take into account not only work-related factors, but also the changing social, cultural, and ideological context. Seven tentative factors are considered that might explain the widespread prevalence of occupational stress and that might have set the stage for burnout. Of course, these factors are interrelated and do not operate independently from each other. In one way or another all the factors are aspects of a global economic, social and cultural transformation process that has affected society as a whole.

1. The emergence of the service sector

In recent decades, in all industrialised countries the commercial and not-for-profit service sector has rapidly grown at the expense of more traditional sectors such as agriculture and particularly manufacturing. In the European Union, 59% of the workforce is employed in the service sector, against 7% in agriculture and 34% in industry (Paoli, 1997). The relative size of the service sector varies from 69% in the Netherlands to 50% in Portugal. The human services constitute an important and growing part of the service sector.

Historically speaking, the human services became professions for the first time in the 1920s in the United States as well as in most European countries. At that time, the human services were small and uninfluenced by government policy or bureaucracy. This changed radically after World War II when human services work rapidly became professionalised, bureaucratised, and accredited. Government interference, support, and control increased since the human services were considered more and more an instrument to solve the problems of society. For instance, president Kennedy's *War against Poverty* in the 1960s boosted the numbers of human services professionals. During recent decades the number of people employed in services professions has risen sharply. Professions such as nursing, teaching, and social work are among the fastest growing occupational groups in the United States (Rifkin, 1995). For instance, in just 4 years, the number of nurses has increased by 14%. Because of this sharp increase in services professionals a growing number of employees are at risk of burning out. As we have seen previously, employees in service professions run a particularly high risk of developing burnout because of the emotional demands they are facing in working daily with people. Thus, the fact that occupational stress and burnout have increased might, at least partly, be explained by the growth of the service sector in general and the human services in particular.

2. Labelling

These days people are more inclined to label their problems, concerns, complaints, ailments, troubles, and difficulties in psychological terms than they used to do some

decades ago. Stress plays a pivotal role in this labelling process, since it is considered the root cause of many symptoms. Abbott (1990) argues that the term stress is particularly suited for labelling purposes since it is ambiguous, ambivalent, and over-inclusive. During the last decades, the use of the word stress has spread from scientific and professional circles to the general public. Barley and Knight (1992) showed that academic interest in stress not only began earlier (in the 1950s), but also popular interest did not set in until after the first surge of research subsided (in the 1970s). Furthermore, they argued that new professions like nursing and social work have used the rhetoric of stress as an organisational vocabulary.

> Claims of stress may be used to galvanise a sense of consciousness and solidarity among an occupation's members. Moreover, by repeatedly proclaiming exposure to stressful work, an occupation may construct a publicly credible rationale for why it should be allowed such privileges as higher pay and the right to self-regulate. (Barley and Knight, 1992, p. 19)

Thus, in recent decades, the notion of 'stress' has become most important in labelling various negative individual experiences, even up to the point that it developed into a cultural symbol of our time. Academic research and the rapid growth of new (human services) professions stimulated the diffusion of stress within our society. It is likely that similar dynamics play a role in the increased popularity of burnout.

3. Individualisation

In modern society, social roles are no longer fixed since the social fabric of traditional communities (e.g. church, neighbourhood) has gradually eroded. Instead, people have to define their roles themselves, and build and maintain their own social networks. This requires considerable effort and social skill. An increasing number of individuals do not have at their disposal the necessary psychosocial resources and 'move with dizzying speed toward greater anonymity, impersonality, and disconnectedness' (Slater, 1976, p. 128). According to Lasch (1979), we are living in a narcissistic culture that is characterised by the increasingly transient, unrewarding, and even combative nature of social relationships. As a result, the development of narcissistic, self-absorbed, manipulative individuals who demand immediate gratification of their desires but remain perpetually unsatisfied is fostered. Hence, individualisation leads to greater stress (i.e. alienation, disconnectedness), as well as to fewer resources to cope with frustration (i.e. narcissism). The combination of these two trends produce 'a perfect recipe for burnout' (Farber, 1983, p. 11).

4. Increased mental and emotional workload

New technology has penetrated not only manufacturing, but also the service sector. As a consequence, in many occupations a shift has been observed from a physical

to a mental workload. For instance, a nurse in an Intensive Care Unit operates in a sophisticated and highly technological environment that requires the use of complex cognitive skills such as vigilance, accuracy, and rapid decision making. These cognitive demands that follow from the introduction of new technology increase the workers' mental workload and may contribute to burnout (Schaufeli *et al.*, 1995). In addition, a shift towards an increasing emotional workload can be observed. Because of fierce competitiveness, employees are forced to continuously display 'consumer friendly' attitudes, in ways that contradict the expression of their genuine feelings. An illustrative situation comes from the work of Hochschild (1983), who studied occupational stress of flight attendants suffering from the 'emotional labour' associated with the need to continually please passengers and maintain a permanent smile:

> A young businessman said to a flight attendant, 'Why aren't you smiling?' She put her tray back on the food cart . . . and said, 'I'll tell you what. You smile first, then I'll smile.' The businessman smiled at her. 'Good,' she replied. 'Now freeze, and hold that for fifteen hours.' (Hochschild, 1983, p. 127)

But it is not just the qualitative workload that has increased in many occupations, it is also the quantitative workload. In the European Union, 18% of workers indicate that they are continually under time pressure, whereas 35% indicate that this happens regularly (at least 50% of the time) (Paoli, 1997). Houtman and Kompier (1995) analysed data from the National Work and Living Survey of a national representative sample of the Dutch labour force conducted in 1977, 1983, 1986, and 1989 by the Netherlands Central Bureau of Statistics. These surveys showed that the percentage of workers who complained about excessive work pace steadily increased from 38% in 1977 to 51% in 1989. This equals an increase of 13% in 12 years. Interestingly, those who work predominantly with other people such as managers, secretaries, health care workers (e.g. physicians and nurses), catering personnel (waiters, cooks, and barkeepers), and teachers experienced the highest work pace.

More particularly, Cherniss (1980a) points to the increasing case-load as a major cause of quantitative work overload contributing to professional burnout in the human services. Because of the individualisation of society, communities have declined and with it informal support systems. As a result, the service demands on the formal human service institutions that had replaced the old informal structures increased dramatically, particularly after World War II. Furthermore, Cherniss (1980a) argues that after the oil-crisis in the early 1970s governments in most countries started to economise and cut back public sector funds. Professionals working in public agencies faced in particular increases in service demands and declining budgets leading to increased workloads and hence more job stress. As Cherniss (1995, p. 36) puts it:

> Clients became needier and more difficult to help, and the numbers needing help increased. At the same time, support for the human services declined. Thus professionals had to do more with less.

5. The weakening of professional authority

Traditionally, professionals were appreciated members of society who owned considerable prestige and social status. However, during the 70s, the situation changed dramatically in such a way that 'the heroes of the 80s were not idealistic teachers or physicians; they were stockbrokers and corporate executives' (Cherniss, 1995, p. 35). Moreover, the fundamental assumptions on which authority was rested were no longer taken for granted and even the professionals' knowledge and skill were questioned. The general public started to mistrust professionals as well as the social institutions they represented. In a Dutch bestseller, published in the late 1970s, human services professionals were portrayed as manipulators who first consciously and willingly constitute a 'market of well-being and happiness' which they next monopolise (Achterhuis, 1979). The professionals were accused of misusing public funds since they continuously create new demands and service areas just in order to safeguard their own professional existence. A similar change was observed in the United States by Cherniss (1995, p. 35):

> Clients were . . . more resistant and suspicious as they came to believe that professionals were not there to help clients but to protect themselves.

These kinds of criticisms legitimatise governmental interference in a period in which public funds were limited anyway. Cherniss considers the growing disenchantment with the professionals and their declining authority as a major social cause of professional burnout.

The weakening of the professional authority was accompanied and reinforced by the entitlement of clients, patients, and customers. For instance, Gow (1982) argues that the public image of nursing care has changed considerably during the past two decades. A caring and committed nurse used to be responsible, orderly, tidy, neat, prudent, industrious, disciplined, and sensible. Nowadays, nurses are supposed to be empathic, giving, and in tune with the emotional lives of their patients. Accordingly as a result of patient entitlement the standards of care and compassion have risen, resulting in considerable emotional demands for the workers. In short 'we expect more of helping professionals than ever before' (Cherniss, 1995, p. 6).

6. 'Professional mystique'

According to Cherniss (1980a, pp. 249–256), 'professional mystique' is a set of beliefs, expectations, or opinions that the general public holds with regard to professionals and their work. These particular ideas are perpetuated by the mass media and transmitted in most professional training programmes. They reinforce unrealistic expectations, particularly to newcomers in the field. Inevitably, this mystique clashes with the harsh reality the professionals face, ultimately culminating in disillusionment and burnout. Cherniss distinguished between five different elements of the professional mystique:

- **Competence** All too often credentials are confused with competence. When professionals enter their first jobs they have the necessary credentials but generally do not feel like the competent expert that the public expects them to be.
- **Autonomy** Traditionally, professional status has been associated with freedom and control over the decisions affecting one's work. However, in practice, this turns out to be a thwarted expectation. More often than not bureaucratic interference, strict regulations, and fixed schedules are the standard.
- **Self-realisation** Professional jobs are supposed to be challenging, interesting, and varied, thus providing stimulation and fulfilment. However, in reality, professional practice is often dull, insignificant, and routine instead of being heroic or charismatic.
- **Collegiality** Many professionals like teachers work rather isolated from their colleagues. But even when frequent contacts with colleagues do occur they are often characterised by undercutting rivalry, competition, and distrust. So the expected collegiality is repeatedly frustrated.
- **Attitude of recipients** Typically, the recipient is supposed to be grateful, honest, and co-operative. Unfortunately, a disturbingly large percentage of recipients fail to live up to the professional's ideal for clients. Not only do recipients not show their gratitude, they sometimes tell lies, cheat, manipulate, or even actively resist the professional's effort to help.

7. Changed psychological contract

Due to changes in the world of labour and to changes in expectations of the workers, the nature of the so-called psychological contract between employee and organisation has changed over recent years. A psychological contract is defined as an individual's belief regarding the terms and conditions of a reciprocal exchange agreement between him/her and the organisation (s)he is working for (Rousseau, 1989). In other words, the psychological contract entails a belief in what the employer is obliged to provide based on perceived promises of reciprocal exchange. In recent years, this balance of exchange has shifted in a less favourable direction for the employee. Generally speaking, employees have to give more and receive less from their employer. For instance, as we have previously seen, the workload has increased qualitatively as well as quantitatively. On the other hand, life-time employment is no longer the norm. More and more workers are employed on a temporary or part-time basis or as contractors or freelancers – so-called contingency workers. It is illustrative that *Manpower*, the United States' largest temp agency, is now that country's single largest employer with 560 000 workers (Rifkin, 1995). Having to work harder and at the same time experiencing future job insecurity erodes the psychological contract. Violation of the psychological contract may result not only in negative consequences such as turnover and dissatisfaction (Robinson and Rousseau, 1994), but also in reduced organisational commitment and burnout (Schaufeli *et al.*, 1996b) and in coronary heart disease (Siegrist, 1996).

Violation of the psychological contract is all the more likely since today the expectations that are held about a job are higher then ever before (*cf.* the professional mystique). The economic nature of the job ('earning money to make a living') is supplemented by myriad other expectations hardly any job can live up to: good promotion prospects, challenging work, nice colleagues, variety, significance, participation in decision making, and autonomy. Of course, these expectations are legitimate and the quality of one's working life goes beyond the pay-cheque, but in today's world of work, they are hard to get. Hence, these high expectations are built-in sources of frustration and therefore increase the risk of burning out.

1.4 SUMMARY

Burnout is not a new phenomenon – it has its roots in the past. However, because of a unique constellation of several factors it was 'discovered' in the early 70s as a particular type of prolonged occupational stress that seemed to occur most prominently among human services professionals. Figures from several countries indicate that occupational stress, including burnout, has risen sharply in recent decades. This is also true of the costs that are associated with this pressing social problem: most countries of the European Union spend about 10% of their GNP on the negative consequences of occupational stress such as absenteeism, sick-leave, and disability claims. Seven factors are distinguished that may have contributed to the increase of work-related stress. Four of them are more or less specific for burnout: the expansion of the service sector; increased mental and emotional workload; the weakening of the professional's authority and the entitlement of service recipients; a particular ideology that reinforces unrealistic expectations in professionals (*professional mystique*). The remaining three factors are less specific and apply to the increase of genuine occupational stress: labelling of problems in living as 'stress'; individualisation of society; the changed psychological contract with the employer (i.e. more has to be performed for fewer rewards).

The development of burnout as a psychological notion took place along two lines. Initially, in the pioneer phase a clinical approach prevailed that was characterised by merely describing the symptoms of the burnout syndrome. In the second, empirical phase, social and organisational psychologists studied burnout more systematically, using standardised instruments (mainly self-reports). Recently, more theory-driven research on burnout has been conducted. In the next two chapters we will elaborate on the clinical and the scientific approaches to burnout by discussing its symptoms and by describing the ways that burnout is assessed, respectively.

Note

1 For instance, in Afrikaans ('uitbranding'), Dutch ('opgebrand'), German ('ausgebrannt'), Norwegian ('utbrenthet'), and Swedish ('utbränd').