

# Burnout Syndrome – Prevention and Measures to Keep Everyone Working with Satisfaction

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Numerous cases have been reported in recent years of people employed in public services such as healthcare, education and welfare, as well as employees who work at leisure and accommodation facilities, flight attendants, and some office workers who had been working normally, suddenly losing motivation as if they had become “burnt out,” taking a leave of absence, and ultimately leaving their jobs. Many of these individuals had been handling their work with enthusiasm and were highly regarded by the people around them. Confounded, their coworkers and superiors could only describe these changes as “burnout.” What happened to them? What is important for not to cause these tragedies in healthcare professionals under the COVID-19 coronavirus peril?

## What is Burnout?

In her book, Hochschild, who originally proposed the concept of emotional labor, described “burnout” as a likely outcome for emotional laborers who over-identify with their jobs [1]. People began showing an interest in this phenomenon called burnout in the mid-1970s. As a social background to this, Cherniss suggests the spread of individualism in society [2]. As interpersonal relationships with relatives, friends, and other surrounding people became weaker, an increasing number of individuals began depending on professionals to solve a variety of problems in their lives. On-site professionals gradually became unable to meet this rapidly expanding demand and began to complain of stress. Recent studies estimate

that more than half of all physicians in the United States currently are experiencing burnout [3]. Physician burnout is an under-recognized and under-reported problem [4]. However, this is the risk of developing into a serious problem that can shake the structure and makeup of both organizations and society at large [5]. Elucidating the causes of burnout and implementing countermeasures are urgent tasks facing our society.

## Symptoms of Burnout

The concept of burnout was first studied in a scientific paper by Freudenberger [6]. While working at a public health facility, he witnessed many coworkers complaining of mental and physical problems. Over a period of about a year, these workers lost motivation and interest in work, as if being depleted of energy. To describe the state his colleagues had fallen into, he used the term “burnout,” a colloquial term signifying at the time “a state of apathy and lethargy that drug addicts fall into.” Research on burnout began by exploring and defining the state of burnout, led by Maslach and her research group who had actively worked on this theme early on. They developed the Maslach Burnout Inventory (MBI) which, since the release of the initial version in 1982, has been used by many researchers as a basic instrument for measuring burnout [7]. The MBI defines burnout based on three symptoms: (1) emotional exhaustion, (2) depersonalization, and (3) a decrease in personal accomplishment.

## Causes of Burnout

Burnout is considered a reaction to stress and causes of burnout have been roughly divided into two factors: personal and environmental.

### (1) Personal factors

Kahn states, “Ideally speaking, employers should hire people who do not burn out. [8]” In this case, “people who do not burn out” refers to those who only engage in stereotypical services and who, even if they face certain problems, deal with them mechanically by simply following the manual. In other words, “devotion and dedication” and “an attitude of wishing to become deeply involved with other people,” which are important personality traits for those who work in the service sector, are a source of burnout [9]. As personal factors differ from personality traits, many researchers have reported on the relationship between age and burnout. Bartz and Maloney conducted a survey on ICU nurses and found that younger nurses were more likely to burn out [10]. Another research suggests the importance of satisfaction and work-life balance in critical care nurses [11, 12]. Likewise, in other research, it is found that older individuals and individuals who had worked longer were less likely to burn out [13–16]. Although their studies revealed no direct relationship between age and burnout, a variety of factors are involved, such as experience, ideals, and differences in methods of coping with stress [17–20].

### (2) Environmental factors

The health care work environment appears to be the main contributing factor in the current high rates of physician burnout [3]. Overload is a factor that has been most frequently discussed as the cause of work-related stress. Many studies have reported the fact that occupational overload, such as daily work volume, is closely related to the onset of burnout [21–24]. Taking these workplace circumstances into account, it is necessary to allocate work volume appropriately and consider ways to manage work quality in order to reduce the excessive burden placed on employees [25, 26]. On the other hand, freedom without management/control and autonomy are two completely different concepts. By clarifying the share of work assigned to each staff member, we can prevent work from

being concentrated on a specific individual. By restricting goals to a certain extent, we can allow employees to more easily gain a sense of accomplishment. Conversely, there is a risk that a free workplace environment which imposes no restrictions may become a place that forces employees to provide an unlimited and/or indeterminate amount of services. Both circumstances are related to role stress and, after the discussions conducted by Kahn et al., numerous findings have been published in the field of stress research [27–30].

## Dealing with Burnout

### (1) Coping behaviors

The attitude of an individual who, as a service worker, tries to provide high-quality services can become a cause of burnout. However, this does not mean that people who continue to provide high-quality services will always experience burnout. Lemkau et al. state that service workers must have high psychosocial sensitivity as well as outstanding skills and competencies [31]. Furthermore, Hochschild states that to avoid suffering burnout it is necessary to clearly distinguish between oneself and one's occupational role [1]. In other words, a person must not only be able to interact with clients with warmth and sympathy but, at the same time, must have the ability to maintain a calm and objective attitude. Lief and Fox call this attitude “detached concern [32].” Striking a balance within the self, between the attitudes of putting oneself at a set distance from clients while sympathizing with them, is regarded as the most effective way to avoid mental and physical exhaustion while maintaining a high level of performance as a service worker.

### (2) Recovery from Burnout

It is possible to prevent burnout by understanding what causes it and taking organizational or personal countermeasures. Nevertheless, despite making a variety of efforts, one may still suffer burnout. If so, what should be done? We already have accumulated knowledge regarding coping behaviors that alleviate stress and prevent burnout. However, very little is known about how people who have developed burnout return to their workplace or society, and what process they follow. Bernier collected cases of

individuals who had recovered from a serious condition that was triggered by burnout, and divided the recovery process into six phases [33]:

- Phase 1:** Admitting the problem
- Phase 2:** Distancing themselves from work
- Phase 3:** Restoring their health
- Phase 4:** Questioning their values
- Phase 5:** Exploring work possibilities
- Phase 6:** Severing from their past career and initiating change

Therefore, burnout can become the starting point for choosing a new path, making a break with one's past career, and redesigning life in a new environment.

Abedini et al. identified factors promoting recovery from burnout and factors that assist with the subsequent avoidance of burnout among internal medicine residents [34]. Their study suggests that residents experience different types of burnout and have variable methods by which they recover from and avoid further burnout. Tang et al. characterized burnout patterns and factors contributing to recovery through a single-institution assessment of neurosurgery residents across 4 decades [35]. They mentioned the institutional support structures promoting mentorship and camaraderie are actionable methods to encourage resident burnout recovery.

Exhaustion progresses when things do not go as imagined, when a person stumbles over some sort of obstacle, and when things do not improve in any way despite an extraordinary effort. To spontaneously become aware of this process, one needs experience and skills as a service worker. If workers are unaware of this, people around them, such as supervisors, coworkers, family and friends, can provide an opportunity to restore their balance. Ugwu et al. clarified the job burnout was negatively related to recovery and perceived family cohesion was positively related to recovery [36]. Although individual- and organizational-level interventions appear to be effective in reducing burnout, there is no conclusive evidence regarding which intervention or combination of interventions alleviates symptoms. The only way to avoid the cycle of exhaustion is by reexamining the relationship between one's work and personal life, and

restore a healthy balance. And also, beyond the level of the individual worker, employers and payers should recognize the benefits of supporting worker well-being and making their work a rewarding and healthy experience.

## References

1. Hochschild AR (1983) *The Managed Heart*, Berkeley: University of California Press.
2. Cherniss C (1980) *Professional Burnout in Human Service Organizations*, New York: Praeger.
3. Martin M (2018) "Physician Well-Being: Physician Burnout" *FP Essentials* 471: 11–15.
4. Lacy BE, Chan JL (2018) Physician Burnout: The Hidden Health Care Crisis. *Clin Gastroenterol Hepatol* 16: 311–317. [View]
5. Shanafelt TD, Noseworthy JH (2017) Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc* 92: 129–146. [View]
6. Freudenberger HJ (1974) Staff burnout. *Journal of Social Issues* 30: 159–165.
7. Maslach C, Jackson SE (1982) *The Maslach Burnout Inventory*, Palo Alto, CA: Consulting Psychologists Press.
8. Kahn R (1978) Job burnout: Prevention and remedies. *Public Welfare* 36: 61–63.
9. Mills LB, Huebner ES (1998) A prospective study of personality characteristics, occupational stressors, and burnout among school psychology practitioners. *Journal of School Psychology* 36: 103–120.
10. Bartz C, Maloney JP (1986) Burnout among intensive care nurses. *Research in Nursing and Health* 9: 147–153.
11. Friganović, A, Selić P, Ilić B, Sedić B (2019) Stress and burnout syndrome and their associations with coping and job satisfaction in critical care nurses: A literature review. *Psychiatr Danub* 31: 21–31. [View]
12. Kelly LA, Lefton C, Fischer SA (2019) Nurse leader burnout, satisfaction, and work-life balance. *J Nurs Adm* 49: 404–410. [View]
13. Kubo M, Tao M (1994) Burnout among nurses the relationship between stresses and burnout. *The Japanese Journal of Experimental Social Psychology* 34: 33–43.
14. McCarthy P (1985) Burnout in psychiatric nursing. *Journal of Advanced Nursing* 10: 305–310.
15. O'Driscoll MP, Schubert T (1988) Organizational climate and burnout in New Zealand social service agency. *Work and Stress* 2: 199–204.

16. Russell DW, Altmaier E, Velzen DV (1987) Job-related stress, social support, and burnout among classroom teachers. *J Appl Psychol* 72: 269–274. [View]
17. Cordes CL, Dougherty TW (1993) A review and an integration of research on job burnout. *Academy of Management Review*, 18: 621–656.
18. Bramhall M, Ezell S (1981) How burned out are you? *Public Welfare* 39: 23–27.
19. Fimian MJ, Blanton LP (1987) Stress, burnout, and role problems among teacher trainees and first-year teachers. *Journal of Occupational Behavior* 8: 157–165.
20. Rosenthal SL, Schmid KD, Black MM (1989) Stress and coping in a NICU. *Res Nurs Health* 12: 257–265. [View]
21. Lahoz MR, Mason HL (1989) Maslach burnout inventory: Factor structures and norms for use pharmacists. *Psychol Rep* 64: 1059–1063. [View]
22. Friesen D, Sarros JC (1989) Sources of burnout among educators. *Journal of Organizational Behavior* 10: 179–188.
23. Shinn, M, Rosario M, Morch H, Chestnut DE (1984) Coping with job stress and burnout in human services. *J Pers Soc Psychol* 46: 864–876. [View]
24. Tao M (1989) Burnout: A study of organizational stress among human service employees. *Japanese Journal of Social Psychology* 4: 91–97.
25. Maslach C, Pines A (1977) The burn-out syndrome in the day care setting. *Child Care Quarterly* 6: 100–113.
26. Pines A, Maslach C (1980) Combatting staff burn-out in a day care center: A case study. *Child Care Quarterly* 9: 5–16.
27. Kahn R, Wolfe DM, Quinn RP, Snoek JD, Rosenthal RA (1964) *Organizational Stress: Studies in Role Conflict and Ambiguity*, New York: Wiley.
28. Bacharach SB, Bamberger P, Conley S (1991) Work-home conflict among nurses and engineers: Mediating the impact of role stress on burnout and satisfaction at work. *Journal of Occupational Behavior* 12: 39–53.
29. Jackson SE, Schwab RL, Schuler RS (1986) Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology* 71: 630–640.
30. Jackson SE, Turner JA, Brieb AP (1987) Correlates of burnout among public service lawyers. *Journal of Occupational Behavior* 8: 339–349.
31. Lemkau JP, Rafferty JP, Purdy RR, Rudisill JR (1987) Sex role stress and job burnout among family practice physicians. *Journal of Vocational Behavior* 31: 81–90. [View]
32. Lief HI, Fox RC (1963) Training for ‘detached concern’ in medical students, in Lief, H. I., Lief, V. F., & Lief, N. R. (Eds.) *The Psychological Basis of Medical Practice*, New York: Harper & Row. pp. 12–35.
33. Bernier D (1998) A study of coping: Successful recovery from severe burnout and other reactions to severe work-related stress. *Work & Stress* 12: 50–65.
34. Abedini NC, Stack SW, Goodman JL, Steinberg KP (2018) It’s Not Just Time Off’: A framework for understanding factors promoting recovery from burnout among internal medicine residents. *J Grad Med Educ* 10: 26–32. [View]
35. Tang OY, Dunn KA, Yoon JS, Ponce FA, Sonntag VKH, et al. (2020) Neurosurgery resident wellness and recovery from burnout: A 39-year single-institution Experience. *World Neurosurg*, in press. [View]
36. Ugwu FO, Ugwu C, Njemanze VC, Nwosu I (2019) Family cohesion and family size moderating burnout and recovery connection. *Occup Med (Lond)* 69: 28–34. [View]

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