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Editor

Burnout for Experts

Prevention in the Context of Living and Working

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1.1 Aspects of Burnout

Social factors in general and socio-economic factors in particular are important in the context of mental health (Bährer-Kohler 2011a). As the World Health Organization (WHO) documented with regard to mental health aspects in 2004, the clearest evidence is associated with indicators of poverty, including low levels of education, and in some studies with poor housing and insufficient income (WHO 2004). Income may be generated by work, which has a demonstrable effect on health. Burnout has often been documented in the context of work and specific occupation groups (Innstrand et al. 2011), and it has often been associated with stress and/or chronic stress (Gusy 1995; Weber and Jaekel-Reinhard 2000). At the same time, burnout has been analyzed in connection with partners (Ekberg et al. 1986), parental burnout (Lindström et al. 2011, 2010), and situations in which dementia patients, for example, require care and support (Valente et al. 2011; Lilly et al. 2011). The symptomatology of burnout that emerges is extraordinarily diverse.

Burnout can be described as a condition based on the protracted depletion of an individual’s energies (Shirom 1989), characterized by emotional exhaustion, reduced personal accomplishment, and feelings of insufficiency and depersonalization (Melamed et al. 2006; Houkes et al. 2011). Burnout features certain facets and other characteristics that are related to the individual, always context- and/or organization-related and influenced by living conditions. It may be the personal response, with emotional core elements, of an individual to persistent stress, displaying psychic and somatic symptoms (Melamed et al. 2006; Ahola et al. 2009), even though the immediate causes may not be clear (Korczak et al. 2010).
To date, there has been no conclusive scientific proof of what causes burnout—one of the reasons being that burnout is described as a dynamic process (Schaufeli and Enzman 1998).

There is no unified international definition of burnout (Korczak et al. 2010), neither in the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), nor in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). The ICD-10 merely documents problems associated with difficulties in coping with life under item Z 73. In Sweden, on the other hand, burnout has been a legitimate diagnosis since 1997 (Friberg 2009). Many questions remain, such as: Is burnout a process in which the burnout syndrome might form a building block of depression? Starting out from chronic stress, burnout might thus develop into depressive symptoms and/or a clinical depression (von Känel 2008a, b) and/or a self-reported depression with many symptoms (Peterson et al. 2008). Alternatively, it may be merely an individual adjustment disorder.

At the onset of the condition, people with burnout are often distinguished by high motivation, high commitment, and outstanding performance and ambition, aspects that are also described in the various phase models (Freudenberger and North 1992; Lauderdale 1982; Burisch 2006).

The number of phases may range from three (e.g., in the concept of Lauderdale 1982) to 12 (in the concept of Freudenberger and North 1992), and the sequence of phases may vary. According to Freudenberger and North, burnout starts in phase 1 with a feeling of having to prove oneself, proceeding via enhanced commitment, the neglect of one’s own needs, and the displacement of conflicts to stage 7, personal withdrawal, that may end in burnout in stage 12. According to Burisch (2006), burnout begins with an excessive deployment of energy and experiences of exhaustion, and ends, in phase 7, in profound despair, often marked by a negative attitude toward life, hopelessness, and a feeling of futility.

Other potential symptoms include tiredness, sleep disturbances (Ekstedt et al. 2009, 2006), irritability, cynicism, and lack of concentration. Individual characteristics, such as age, gender, sector, occupation, employment status, and environmental and societal factors interact with stress and/or coping with stress at work (European Agency for Safety and Health at Work 2009, p. 10). Unmarried men and divorced women have been described to be potential at-risk groups (Soares et al. 2007; Ahola et al. 2006), and women (Bakker et al. 2002; Roth et al. 2011), particularly those with multiple functions (Norlund et al. 2010; Van Emmerik and Euwema 2001; Innstrand et al. 2011), have been the object of a broad scientific debate (Ahola et al. 2006, 2008; Norlund et al. 2010; Houkes et al. 2011). The current publication by Houkes et al. documents that, while burnout affects both genders, it is more likely to be triggered by depersonalization in men and by emotional exhaustion in women. Others again found that men suffered more emotional exhaustion and a higher degree of depersonalization than women (Van Horn et al. 1997). There is no such thing as a typical burnout personality (Burisch 2006). Nevertheless, burnout can be influenced by factors like intrinsic motivation (Ten Brummelhuis et al. 2011) or neuroticism (McCrae and Costa 1987). Neuroticism refers to characteristics such as anxiety, lack of self-respect, susceptibility to guilt, and low self-esteem.
Among other institutions, the European Agency for Safety and Health at Work (2009) emphasizes the possibility of burnout being linked to stress at work, e.g., in the context of low support for those affected.

The burnout process may be reinforced by

- High work load and complexity (Leiter et al. 2009; Ten Brummelhuis et al. 2011)
- Time pressure (Kaschka et al. 2011)
- Job uncertainty (Msaouel et al. 2010)
- Work conflicts, problems of leadership and collaboration (Kaschka et al. 2011)
- Bullying (Kaschka et al. 2011)
- Lack of control (Cerimele 2011)
- Demands for and/or lack of flexibility (Weber and Jaekel-Reinhard 2000, p. 513)
- Lack of autonomy (Nahrgang et al. 2011)
- Reduced job resources (Ten Brummelhuis et al. 2011)
- Poor teamwork (Kaschka et al. 2011)
- A disorganized work environment (Cerimele 2011)
- Low job satisfaction (De Oliveira et al. 2011)

Work-related stress is one of the biggest health, mental health, and safety challenges. Various studies document the high prevalence of the professional stress syndrome. It has been shown that, in Europe alone, one in four workers is affected by it, an average of 22% in 2005 (European Agency for Safety and Health at Work 2011).

At the same time, burnout is also influenced by societal aspects (Weber and Jaekel-Reinhard 2000, p. 513), such as individualization factors (Fischer and Boer 2011), the loss of traditional support systems, changing values, anonymity, etc.

1.2 Models for Coping with Stress and the Development of Burnout

While some models concentrate on the individual, others focus on outside influences such as occupational, organizational, and societal factors (Cooper et al. 2001).

Stress is a nonspecific reaction of the body (Selye 1936) and, as Richard S. Lazarus (1966) explains in his transactional theory of stress, it is essentially a cognitive phenomenon. This theory assumes that a person experiences a situation, perceiving and evaluating it, and searching for solutions or the ability to respond (Ladegard 2011).

Another concept that particularly addresses stress in a work situation is the requirement control model of Karasek & Theorell. It explains that the relationship among requirements at work, controllability (see uncontrollable stress, Hüther 1997), reward, and social support could be imbalanced (Karasek and Theorell 1990).

At the international level, three theoretical models have been repeatedly used to explain burnout. The first is that conceived by Golembiewski, Munzenrider, and Stevenson; the second is the process model by Leiter and Maslach, and the