

OUTLINE OF THE ISSUE OF OCCUPATIONAL BURNOUT

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Purpose: The article outlines the issues related to the syndrome of occupational burnout, a common phenomenon primarily affecting professionals whose work involves contact with others.

Design/methodology/approach: The text presents definitions of occupational burnout, its symptoms and progression, and also highlights issues related to the prevention of this phenomenon.

Findings: It is important for both employees and employers to understand the phenomenon of occupational burnout in order to effectively combat or prevent it.

Practical implications: Shared responsibility and open discussions about burnout are key to creating a work environment that fosters development, well-being, and employee engagement, as well as counteracting the negative effects of this phenomenon.

Originality/value: The article organizes knowledge regarding the characteristics of and responses to occupational burnout. This is important from the perspective of employees themselves, as well as employers and lawmakers.

Keywords: job burnout, burnout prevention, occupational risk, well-being.

Category of the paper: general review.

1. Introduction

The purpose of this article is to compile existing knowledge on the syndrome of professional burnout, including its definition, characteristics, symptom progression, as well as prevention and treatment methods. A responsible approach to this issue, especially early recognition of its symptoms, is important from the perspective of both vulnerable employees, their managers or employers. Awareness of the problem of burnout enables faster identification, the implementation of preventive measures, and the adoption of strategies that can improve the quality of both professional and personal life for employees.

2. The Concept of Burnout – An Attempt at Definition

Most people have likely heard of burnout syndrome. Intuitively, we understand what this term means and how it can manifest in our bodies. It is most commonly discussed in the context of social roles tied to specific professions. In everyday understanding and across various media outlets—newspapers, radio broadcasts, television programs, websites, and social media—burnout is associated with resignation, loss of motivation, initial engagement, and sometimes feelings of despondency, meaninglessness, or physical exhaustion. In a professional context, it may also be perceived as an admission of struggling with responsibilities, lacking professionalism, or even inadequacy. For many, experiencing burnout can be an exceptionally challenging ordeal. But how is this phenomenon defined in literature? In reality, there are many definitions, as researchers in the field of professional burnout have not reached a consensus on its nature, etiology, processual character, or diagnostic tool effectiveness. Below are several classic definitions proposed by leading scholars at different stages of their work on this topic. It is important to note that the understanding of burnout has evolved over the years and will likely continue to change. Herbert Freudenberger and Geraldine Richelson define burnout as "a state of fatigue or frustration resulting from devotion to a cause, way of life, or relationship that failed to produce the expected reward" (Freudenberger, 1974; Freudenberger, Richelson, 1980, as cited in Mańkowska, 2017, p. 144). In this sense, burnout can be described as a feeling of disappointment. Christina Maslach and Susan Jackson (1981, 1984, 1986) define burnout as "a psychological syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment that can occur in individuals who work with people in a specific way". According to the researchers, depersonalization is characterized by negative, impersonal, or overly indifferent responses to others, who are typically service recipients or people under the individual's care. They describe reduced personal accomplishment as a decline in feelings of competence and success in professional work (as cited in Sęk, 2000, 2004). According to Ayala M. Pines and Elliot Aronson (1988), burnout is "a state of physical, emotional, and mental exhaustion caused by prolonged involvement in emotionally demanding situations" (as cited in Pines, 2004, p. 12). Edelwich and Brodsky (1980) emphasize the processual nature of this phenomenon, indicating that it involves growing disappointment, loss of energy, and diminishing goals. Additionally, Maslach describes "emotional overload and the subsequent emotional exhaustion as the core of the burnout syndrome. The individual becomes overly emotionally involved, overworks, and then feels overwhelmed by the emotional demands imposed on them by others" (Maslach, 1982a, p. 3, as cited in Pines, 2000, 2004, p. 37). Despite certain differences, these definitions at least provide a directional understanding of the essence of burnout.

3. Social Roles and Professional Burnout

Burnout has traditionally been examined in the context of one's profession and, therefore, in terms of specific social roles. These roles not only define a person's social standing but also require particular aptitudes, knowledge, competencies, professionalism, ethical standards, and the ability to meet the expectations of industry peers, supervisors, and society as a whole. Many years ago, Adam Sarapata (1965) noted that a profession, as a primary element of labor division, grants individuals the right to engage in socially valued activities. Within the social system, it constitutes a fundamental part of services, rights, and responsibilities—a complex of not only technical tasks but also an assigned social role. According to Sarapata, sustained professional activity shapes an individual's personality, habits, and behaviors, creating “professional families,” unique lifestyles, “professional cultures”, “occupational patterns and stereotypes”, and “distinct professional worlds”. He observed that representatives of different professions differ not only through the technical activities of their jobs but also based on their work conditions, level of education, material status, interests, consumption habits, rights, responsibilities, and roles in society (Sarapata, 1965). Thus, one's profession has a profound impact on the individual. Furthermore, it is often noted that a chosen profession can even alter a person's personality. Maslach and Jackson (1979) referenced the words of an American police officer who described this impact: “We change when we become police officers—we become brutal, tough, and cynical. You have to learn to be like that to survive in this profession. And sometimes we act this way all the time, even with our own wife and kids. But it's something you have to do because if you start to approach everything emotionally, you'll end up in an asylum” (Maslach, Jackson, 1979, as cited in Sven Max Litzke, Horst Schuh, 2007, p. 166). The influence of a profession on daily life, behavior, and even psychological well-being is clear. This applies both to social professions, in which individuals spend a lot of time with others (exposing them to conflicts, stress, and frustration, as in the cases of police officers, social workers, doctors, nurses, therapists, and teachers), as well as numerous other fields. The pressures of change and the need to adapt to new realities affect almost every profession. According to Pines (2000, 2004), people who show high commitment to their duties are particularly susceptible to burnout. She notes that burnout is a negative state linked directly to physical, emotional, and mental exhaustion, which is the final result of disappointment—a gradual process of disillusionment. It usually occurs in highly motivated individuals who work for long periods in emotionally taxing situations (Pines, 2000, 2004). Other characteristics of individuals at risk of burnout include high personal expectations, ignoring their own limits, deprioritizing personal needs and interests, and willingly taking on additional tasks (Litzke, Schuh, 2007). Below are the three main dimensions of burnout syndrome as identified by Maslach (1986, 1993), offering a perspective on this phenomenon:

1. **Emotional Exhaustion:** According to Maslach, emotional exhaustion results from psychological overload, fatigue caused by empathy, and engagement in daily interactions with people facing various challenges. Common signs include general fatigue, lack of energy, and diminished enthusiasm. Clinically, psychosomatic symptoms such as insomnia and headaches dominate, reflecting a phase of somatization and attempts to escape difficulties through illness.
2. **Depersonalization:** Also called dehumanization, distancing, or the use of “detached concern,” this process makes interpersonal relationships impersonal. Those experiencing depersonalization show indifference toward others' problems (e.g., patients, clients, wards), ignore their needs, and develop strategies to minimize contact time. They may display cynicism, becoming “tough” and disillusioned. This symptom eventually manifests not only toward clients or patients but also colleagues, supervisors, or subordinates encountered daily.
3. **Diminished Sense of Personal Accomplishment** Maslach describes diminished personal accomplishment as a reduced sense of one's own effectiveness and a dissatisfaction with achievements, resulting from failures in coping with occupational stress (Maslach, Jackson, 1981). This dimension is characterized by a decline or complete loss of a sense of competence and the belief that one's work is ineffective and that success is unattainable. Individuals experiencing this symptom feel they lack the capacity to continue fulfilling their professional roles. During work, they may feel disappointed, frustrated, and burdened by a sense of failure and guilt, believing they are unfit for their job. This stage is accompanied by a gradual loss of energy and a sense of purpose in their work. The individual eventually starts to feel inadequate in their current position, leading to feelings of alienation, helplessness, and apathy. According to Maslach, this symptom is a direct consequence of the earlier stages and represents the most severe effect of prolonged work-related stress (as cited in Mańkowska, 2017).

Litzke and Schuh (2007) further delineate the characteristics of burnout based on earlier studies by Buchka and Hackenberg (1987) and Aronson (1983). They identify three categories of exhaustion proposed earlier by Aronson (1983):

1. **Physical Exhaustion:** This involves a lack of energy, chronic fatigue, weakness, increased susceptibility to accidents, neck and shoulder muscle tension, back pain, altered eating habits, weight changes, heightened vulnerability to colds and viral infections, sleep disturbances, nightmares, and increased use of medication or alcohol to alleviate physical exhaustion.
2. **Emotional Exhaustion:** Emotional exhaustion includes feelings of sadness, helplessness, hopelessness, uncontrollable crying, impaired emotional control, feelings of disappointment, emotional emptiness, irritability, loneliness, discouragement, and a general lack of motivation.

3. **Mental Exhaustion:** This category reflects negative attitudes toward oneself, work, and life, as well as a disdainful attitude toward clients, feelings of incompetence and inferiority, and severed connections with clients and colleagues.

4. Characteristics of the Burnout Process

Researchers have made numerous attempts to classify and describe the stages of burnout. The number of proposed stages varies, as does the question of whether these stages occur simultaneously, independently, or sequentially, with each stage potentially triggering subsequent stages. Jorg Fenger (2000) identifies ten stages of burnout: 1) Politeness and idealism, 2) Overwork, 3) Decreasing politeness, 4) Guilt due to declining politeness, 5) Increased effort to remain polite and reliable, 6) Lack of success, 7) Helplessness, 8) Loss of hope, 9) Exhaustion, aversion, apathy, strong opposition, anger, 10) Complete burnout, marked by self-blame, withdrawal, cynicism, sarcasm, absenteeism, somatic responses, and, in extreme cases, sudden and impulsive resignation. Matthias Burisch offers a similar yet nuanced view of this progression. He describes a series of signs and symptoms, beginning with warning signs of decreased engagement and growing fatigue. This is followed by reduced involvement across all professional functions. In the third stage, intense emotional reactions, such as depression (e.g., pessimism, loneliness, anxiety) or aggression (e.g., hostility, impulsiveness), become prominent. The fourth stage includes a weakening of basic cognitive functions and motivation, while the fifth stage features increasing psychosomatic reactions, such as issues with cardiovascular, digestive, and sexual health, as well as a heightened risk of addictions. The final stage is marked by despair and withdrawal from social and professional life, potentially leading to suicidal thoughts or actions (Burisch, 1989; as cited in Synal, Szempruch, 2017, p. 68).

Freudenberger and North (2002) delineated 12 stages of burnout development:

Phase 1: **Compulsion to Prove Oneself** – This stage is marked by excessive ambition and perfectionism. The employee pushes to maximize efficiency, driven by an obsessive fear of not giving more than 100%.

Phase 2: **Working Harder** – In this phase, the sentiments from the initial stage become exaggerated. The employee feels obligated to do everything personally and with urgency, leading to reckless task completion and reluctance to delegate.

Phase 3: **Neglect of Personal Needs** - Employees in this stage begin to view their difficult work situation as normal and even convenient. They downplay social needs, often regarding colleagues who prioritize such needs with disdain. Their lifestyle becomes increasingly unhealthy, and minor difficulties start to appear for the first time.

- Phase 4: Displacement of Conflicts - More conflicts arise with colleagues or spouses, while issues like lack of sleep and somatic symptoms go unnoticed. Problems like missing appointments, forgetting meetings, and chronic lateness become more common.
- Phase 5: Revision of Values - This phase involves a shift in priorities, leading to emotional dullness and insensitivity. Individuals become more calculating, living in the present and disregarding those who were once important to them.
- Phase 6: Denial of Emerging Problems - At this stage, individuals become increasingly cynical and bitter, gradually isolating themselves from the outside world. Impatience, intolerance, and overt or covert aggression dominate their behavior. Declines in performance and physical ailments become apparent.
- Phase 7: Withdrawal - Spouses, family, and friends are now seen as burdens or even enemies. Criticism from others is met with rejection and intolerance. Affected individuals report feeling disoriented and helpless, often turning to substitute pleasures (e.g., substances) for relief.
- Phase 8: Significant Behavioral Changes - At this stage, individuals exhibit signs of paranoia, perceiving everything as an attack. Any additional demands at work are viewed as burdens to be quickly avoided.
- Phase 9: Depersonalization - In this phase, individuals feel disconnected from themselves, viewing themselves as machines that must function. They see their lives as meaningless and overwhelming, neglecting their health.
- Phase 10: Inner Emptiness - Here, individuals feel utterly depressed, empty, useless, exhausted, anxious, or panicked. Phobias and panic attacks may occur.
- Phase 11: Depression This phase is marked by deep despair, self-loathing, exhaustion, and a desire not to wake up. Suicidal thoughts may arise.
- Phase 12: Burnout Syndrome The final stage involves complete physical, mental, and emotional collapse, creating an urgent need for intervention (as cited in Ponocny-Seliger, 2014, pp. 2-3).

Burnout can severely impact multiple aspects of a person's life, and in extreme cases, it can endanger the health and life of the employee.

5. Burnout in the Teaching Profession

Teachers are among the professions most vulnerable to burnout, alongside doctors, nurses, social workers, therapists, and police officers. Various factors contribute to this susceptibility, including the need for close interpersonal interactions, role ambivalence (being both a friendly mentor and a strict disciplinarian), delayed gratification, student aggression, stressful

encounters with parents, workplace tensions, excessive workload, and scrutiny from administrators and politicians (Sęk, 2004; Hreciński, 2016). Prolonged exposure to these stressors can lead to chronic stress and, eventually, burnout symptoms. Numerous authors, both internationally and in Poland, have highlighted how prolonged stress in teaching inevitably leads to burnout (Sęk, 2004; Hreciński, 2016; Grzegorzewska, 2006; Wołowska, 2019; Synal, Szempruch, 2017; Kirenko, Zubrzycka-Maciąg, 2011; Korczyński, 2014). Hreciński (2016), in his analysis of burnout in the teaching profession, references a popular typology by Farber (2000) on teacher burnout. According to Farber's theory, the first burnout type is the "worn-out" type. This type characterizes teachers who, in response to the demands of their work and the lack of expected results, significantly reduce their efforts. This behavior aims to mitigate the disparity between the energy invested in teaching and the outcomes achieved. Teachers in this group typically attribute the lack of results to circumstances beyond their control. According to the researcher, it may include parental indifference, lack of adequate school resources, and imposed administrative solutions that do not consider the needs of specific individuals. Educators come to believe that no matter how hard they try, they will not achieve success. The second type indicated by Farber is the frenetic type. This type is characterized by teachers who, when faced with various difficulties, do not give up but rather intensify their efforts. They make even desperate attempts and efforts to achieve pedagogical success. These are typically ambitious individuals with a strong need for achievement. This causes them to expend a large amount of energy, which over time leads to emotional or physical exhaustion. The environment, according to the researcher, notices their busyness, haste, fatigue, and the possession of inflated standards for educational and teaching work. It is difficult to convince them that failures in their teaching may stem from external factors over which they have little control. They do not accept the argument that a compromise is needed between their real capabilities at work and the goals and demands they set for themselves. While the first type of teachers (the worn-out type) gradually loses hope of achieving success, the burned-out frenetic type maintains their system of beliefs until it suddenly collapses. Another group of burned-out individuals is the underchallenged type. This includes teachers who neither show a high level of engagement in their work nor excessive fatigue, yet they are dissatisfied. The reason for this state is monotony and a lack of adequate stimulation for them. These individuals lose enthusiasm due to the boredom they experience from teaching the same material for consecutive years in the school (according to: Hreciński, 2016).

The fact that teacher burnout is a significant problem in our country is evidenced by the results of the latest nationwide study on the well-being of teachers conducted by Paliga in February and March 2023 on a sample of 7106 respondents. The surveyed indicated that the highest level of discomfort relates to the symptom of burnout, which is exhaustion, followed by a sense of lack of meaning in their work. The average level of these components in the study was 67.5% and 57.3%, respectively.

6. Counteracting Occupational Burnout

In the literature, we can find a range of activities that are part of a broad understanding of the prevention of burnout syndrome. These include expanding professional competencies, deepening knowledge, developing creative thinking skills, and cultivating interpersonal communication skills (Huget, 2015). These factors are cited as crucial for overcoming difficult situations. Additionally, researchers (Sęk, 2000; Dudek et al., 1999; Kocór, 2019) emphasize that counteracting burnout or its treatment should take into account different stages of professional careers and the perspectives of specific professional groups. Support should involve aiding employees in their development, responsible selection for the profession, a functional and effective education system, ongoing education and professional development, an appropriate motivational system for "activists" and change promoters, as well as running support groups. There is a need for special attention to be given to individuals entering the profession, who are still learning their roles. They should particularly participate in educational and training programs covering topics such as coping with ongoing stress, resolving interpersonal conflicts, and responding to and dealing with difficult behaviors from clients, patients, students, etc. For individuals directly at risk of burnout or already burned out, it is recommended to initiate intervention and therapeutic actions, with the participation of a psychiatrist, psychotherapist, or self-help groups. An important aspect of the process of recognizing, treating, and counteracting occupational burnout may be deepening self-awareness regarding personal functioning, stress-inducing factors, burnout, and its symptoms, as well as analyzing the sources of experienced difficulties and their consequences (Muchacka-Cymerman, Tomaszek, 2017). In this context, attention is also drawn to the development of professional and coping competencies that create a sense of self-efficacy, countering emotional exhaustion, and promoting better identification of one's life and professional goals, while also developing non-professional interests that provide relaxation and rest. In professions that involve helping others, it is particularly important to take care of oneself, as only such a balanced approach creates opportunities for the development of an optimal attitude characterized by detached concern (Sęk, 2005).

7. Summary

Burnout is a serious problem affecting an increasing number of individuals, especially in high-stress and demanding environments. Awareness of this syndrome and its symptoms is crucial for taking timely action—on an individual level, organizational level, and ultimately at the systemic level. Employees can implement stress management strategies, maintain a work-

life balance, responsibly build their competencies, and develop healthy habits. Meanwhile, employers should invest in support programs, stress management training, and well-being and health initiatives. Shared responsibility and open discussions about burnout are key to creating a work environment that fosters development, well-being, and employee engagement, as well as counteracting the negative effects of this phenomenon.

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