

WHAT HAVE WE LEARNED ABOUT BURNOUT AND HEALTH?

CHRISTINA MASLACH*

University of California, Berkeley, USA

(In final form 15 January, 2001)

It has been a decade since an international group of scholars came together to discuss and debate the construct of job burnout. That conference, which took place in Krakow, Poland in 1990, was a major turning point in the development of this field. Not only did it bring together a wide range of theoretical perspectives and empirical data, it generated new directions for the work that needed to be done in the future (Schaufeli *et al.*, 1993). Now that we are 10 years into that future, it would be worthwhile to assemble a new group of international scholars and discover what progress has been made.

In essence, that is what the editors of this Special Issue have done. They have invited several of the leading burnout researchers from several continents to contribute their newest studies on this important social phenomenon. Thus this Special Issue affords us the opportunity to assess the strides that have been made since that first meeting in Krakow. So what have we now learned about burnout and its relation to health?

NEW UNDERSTANDING OF BURNOUT

The initial answer to that question is that this Special Issue has made impressive contributions to our knowledge about the burnout phenomenon. Some of the studies represent important “firsts” in the field, both theoretically and empirically. And all of them have addressed several of the research needs that emerged from the Krakow conference.

More International Research

A decade ago, the vast majority of the burnout research had been done in English-speaking countries, primarily the United States and Canada. So there was a distinct North American framework for the research, which raised questions of whether burnout was a meaningful construct outside of those borders. According to this Special Issue, the answer appears to be “yes” – as demonstrated by the remarkable range of national research sites in five countries. These studies attest to the cross-national significance of burnout, and suggest that the findings from one country may have value in others. However, none of the studies were

*Tel.: +1 510-642-7140; Fax: +1 510-642-5293; E-mail: maslach@socrates.berkeley.edu.

explicitly designed to assess cross-national comparisons, so the possible importance of cultural differences has yet to be addressed.

New Theoretical Constructs

A decade ago, there was a call for more theoretical frameworks that could generate research hypotheses and guide empirical studies. There has been a definite response to that call in recent years, and an excellent example is provided by the Zapf *et al.*, article on emotion work. Although earlier writing on burnout had suggested the importance of emotional demands on the job, the lack of a theoretical framework had produced little in the way of relevant research. The multidimensional emotion work construct, along with the multi-occupational research design, has produced notable progress in this area.

The conceptual framework for burnout has also broadened beyond its origins in the relationship between provider and recipient. First, this new contextual perspective is evident in the studies that have focused on the larger organization, and the relationships within it. Leiter *et al.* point to the social dynamics of the workplace environment, and provide the first assessment of certain interpersonal stressors (abuse and harassment) that may be important for burnout. Burke and Greenglass point to the impact of organizational policy, and identify workplace stressors arising from restructuring and downsizing. Second, this new contextual perspective goes beyond the job environment and focuses on the impact of people's life outside of the workplace. Burke and Greenglass provide some fascinating new data on the intersection of work and family life, and Westman and Etzion identify how aspects of non-work life (i.e. vacations) can affect the experience of job burnout.

More Longitudinal Research

A decade ago, the burnout field had a paradoxical time perspective. The theoretical models of burnout described a long-term process, but the preponderance of studies involved single, cross-sectional assessments. Researchers presumed causal relationships, despite the heavy emphasis on correlational studies. To begin to make some headway on this paradox, researchers needed to develop longitudinal designs. Two of the studies in the Special Issue provide good examples of the kind of research that was being called for. The study by Peiro *et al.*, is especially noteworthy for its contribution of more sophisticated data analytic strategies for longitudinal data sets. Westman and Etzion demonstrate the value of a longitudinal strategy for assessing the impact of an intervention to reduce burnout.

More Assessment of Criterion Levels

A decade ago, the challenge facing the burnout field was to go beyond describing the phenomenon and determine when it became a real problem. Were there negative outcomes associated with burnout, and of what kind? Was there a critical point at which burnout became particularly problematic, and could that be identified and diagnosed? The call from Krakow was for research that would establish these various criterion levels for burnout.

A major contribution in this area is made by the Schaufeli *et al.* research, which is the first to establish diagnostic criteria for burnout. Not only can burnout be identified, it can be distinguished from both a normal baseline and other clinical conditions. This achievement will have far-reaching implications for efforts to ameliorate burnout, as well as for future research.

None of the studies in the Special Issue were designed to test criterion issues of burnout outcomes, as burnout itself was always the final outcome variable. However, the underlying presumption throughout seems to be that burnout has negative consequences and thus is something to be lessened, prevented, or ameliorated in some way. What is still needed in future research is more extensive evidence on how burnout actually affects a person's work behavior, personal life, and well-being.

BUT WHAT ABOUT HEALTH?

The title of this Special Issue is "Burnout and Health". As noted above, the articles do make many important contributions to our understanding of "burnout", but they have surprisingly little to say about "health". None of the studies focuses on physical health. Only one study addresses the issue of mental health. Organizational health looms as an underlying concept in some research, and health care professions (particularly nursing) are utilized as samples in several studies. Thus, although there are certainly points of contact with some health constructs, the Special Issue as a whole does not discuss health in much depth and does not shed much new light on the relation of health to burnout.

However, this state of affairs is not unique to this Special Issue; rather, it is characteristic of the entire field of burnout research (for relevant reviews, see Leiter and Maslach, 2000; Schaufeli and Enzmann, 1998). This raises a fundamental question – does burnout actually have anything to do with health? I, along with many other researchers, have always presumed that the answer is "yes". But this Special Issue provides the opportunity to speculate more explicitly about why it might be "no".

Is physical health a critical outcome of burnout? This causal relationship is considered to be a true fact in most stress research, which has looked at the impact of the stress experience on physical symptoms and disease (for example, coronary heart disease), and on health-impairing behaviors (e.g., smoking, alcohol abuse). The link between stress and poor health is a central tenet of health psychology, and it is the underlying rationale for all sorts of wellness programs and interventions in the workplace. The presumption is that a physically healthy workforce will be more productive and less costly (in terms of sick leave and health insurance). If stress causes impairment of physical health, then interventions to manage or reduce stress are regarded as part of health promotion.

Although burnout has been conceptualized as a form of job stress, the research on its actual links to physical health is limited. The few studies that have been done have found that physical health outcomes are predicted primarily by the exhaustion dimension of burnout (which is considered to be the individual stress component of the syndrome). However, these outcomes have been various health symptoms (which can be stress-related), and not the kind of disease states that have traditionally been linked to stress. Moreover, there has been little research that documents the link between burnout and stress-related health behaviors, such as the utilization of health care services or the filing of workman's compensation claims. Taken as a whole, this body of research does not build a strong case for the argument that: (a) burnout causes physical illness; and (b) therefore, interventions should be implemented to reduce burnout.

It can be argued, of course, that the absence of research is not evidence of a lack of relationship between burnout and physical health. But it may be more fruitful to inquire why there is such a void in this area. One possibility is that the stress–health relationship is such a truism that research that would replicate this finding with burnout is considered obvious

and not worth the effort. A second possibility is that the research training of the leading burnout scholars is in psychology and not the biomedical sciences – and thus these researchers may not be predisposed conceptually, nor well-equipped methodologically, to investigate physical health variables (beyond self-report).

Could it be that mental (rather than physical) health is the critical factor for burnout? Here the theorizing and research present a more complex picture. Some research has argued that burnout causes mental illness. Other studies (including research on personality predictors) suggest a reverse causal order, namely that people who are less psychologically healthy are more at risk for burnout. However, the more common argument has been that burnout is, in and of itself, a form of mental dysfunction. During the early years of burnout research, debate centered on whether or not burnout was actually different from other mental disorders (depression in particular). With both theory and research suggesting that burnout was indeed a distinctive form of mental ill-health, the focus then turned to how to define and identify this phenomenon in clinical terms. The break-through research on this issue is presented in the current article by Schaufeli *et al.* in this Special Issue. As such, it represents the greatest contribution to the “burnout and health” theme – but it has done so by arguing that burnout *is* ill-health (thus challenging the underlying premise that burnout *and* health are different constructs).

What about organizational health and burnout? This particular health construct is of more recent origin, and utilizes an analogy between individual and organizational functioning. Just as individuals can be characterized as “healthy” in terms of their physical and emotional well-being, so can organizations be judged as “healthy” in terms of the social interactions among their members. (It is not clear, however, what is the value added by construing organizational functioning in terms of the individual metaphor of being “sick” or “healthy”). The contribution of the organizational health approach has been to reframe burnout as a systemic issue rather than simply as an individual one. Such an approach is in line with the bulk of the burnout research, which has found that situational and organizational factors play a more major role in burnout than individual variables. Several papers in this Special Issue focus attention on such systemic factors (e.g., harassment, workload, and vacation time), but do not analyze them in terms of a model of organizational health.

Is burnout better understood in terms of a public health model than of a medical one? To some extent, the shift from an individual to an organizational level of analysis suggests an affirmative answer to this question. It may well be that we will gain greater insight into burnout by investigating when it is a social epidemic than when it is an individual disease. Patterns of burnout “clusters”, and the circumstances in which they emerge, would be particularly informative. This suggests a more interdisciplinary research perspective, which brings together epidemiological and sociological approaches, along with psychological and (as mentioned earlier) biomedical ones.

The focus on burnout “clusters” might raise the question: is burnout a special problem for health care occupations? Is the link between burnout and health reflected in the possibility that the work of providing health care puts people at risk for burnout? It is true that health professionals have played a central role in the history of burnout research. Some of the earliest studies were done with health workers, and a large proportion of subsequent research has utilized health care samples. The latter point is certainly evident in this Special Issue, in which health care workers are the primary occupational group that is studied. However, the use of health care samples does not necessarily mean that the research has been designed to address the specific professional issues of these occupations (although a few articles do begin to describe these, most notably Burke and Greenglass). In the absence

of comparative samples, these studies cannot address the question of whether burnout is a greater risk for health workers than for other occupational groups.

A FINAL NOTE

The significance of burnout is not so much as an end-state in itself, but in its role as a mediator of other important outcomes (Maslach and Leiter, 1999). The general assumption has been that health is one of those outcomes – but it is possible that that assumption is incorrect. Burnout may be more significant in mediating job outcomes, such as behaviors that affect the quality of work. For example, if burnout causes people to be more irritable or uncooperative, or to minimize their efforts, then the quality and efficiency of their work will decline, and the social climate of their workplace will deteriorate. Perhaps it is these types of consequences, rather than people's health, which are the critical bottom line for burnout.

References

- Leiter, M.P. and Maslach, C. (2000) Burnout and health. In: A. Baum, T. Revenson and J. Singer (Eds.), *Handbook of health psychology* (pp. 415–426). Hillsdale, NJ: Lawrence Erlbaum.
- Maslach, C. and Leiter, M.P. (1999) Burnout and engagement in the workplace: A contextual analysis. In: T. Urdan (Ed.), *Advances in motivation and achievement* (Vol. 11, pp. 275–302). Stamford, CT: JAI Press.
- Schaufeli, W.B. and Enzmann, D. (1998) *The burnout companion to study and practice*. London: Taylor & Francis.
- Schaufeli, W.B., Maslach, C. and Marek, T. (1993) The future of burnout. In: W.B. Schaufeli, C. Maslach and T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 253–259). Washington, DC: Taylor & Francis.