

Burnout and Health



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Work plays a central role in people's physical and psychological well-being. Not only does it provide income and other tangible resources, but it is a source of status, social support, life satisfaction, and self-identity. However, work can also have adverse effects on the individual worker, especially with respect to health (Ilgen, 1990). The risks to physical well-being, in terms of injuries and diseases caused by the job, have long been the concern of the field of occupational health, but it is only recently that more attention has been given to job risk factors for psychological well-being (e.g., Sauter, Murphy, & Hurrell, 1990).

Much of this attention has focused on job stress, which is a general rubric referring to the impact of external job demands (stressors) on the worker's internal experience (stress response), and to the subsequent outcomes of this process. Stress impairs performance by reducing people's capacity for complex physical skills and by impairing cognitive functioning. Stress compromises the immune system, increasing the risk of viral and bacterial infections. The chronic tension associated with stress increases vulnerability to musculoskeletal problems. Empirical evidence has been found for the negative effects of job stress on physical health (especially cardiovascular problems), as well as on psychological well-being (e.g., job dissatisfaction, negative affect). Job stress is also predictive of various behavioral responses, such as lowered job performance, problems with family relationships, and self-damaging behaviors (see Kahn & Byosiere, 1992; Sauter & Murphy, 1995).

WHAT IS BURNOUT?

One type of job stress that has been studied in recent years is *burnout*, which involves a prolonged response to chronic interpersonal stressors on the job (Maslach, 1982; Maslach & Leiter, 1997). The three key dimensions of burnout are an overwhelming exhaustion; feelings of frustration, anger, and cynicism; and a sense of ineffectiveness and failure. The experience impairs both personal and social functioning. Whereas some people may quit the job as a result of burnout, others will stay on, but they will only do the bare minimum (rather than their very best). This decline in the quality of work and in both physical and psychological health can be very costly—not just for the individual worker, but for everyone affected by that person.

Burnout is recognized as a particular occupational hazard for various people-oriented professions, such as human services, education, and health care. The therapeutic relationships that such providers develop with their service recipients can be quite stressful because they demand an ongoing and intense level of personal, emotional contact. Within such occupations, the norms are clear, if not always stated explicitly: to be selfless and put others' needs first, to work long hours and do whatever it takes to help a client or patient or student, to go the extra mile and to give one's all. When such norms are combined with work settings that are high in demands and low in resources, then the risk for burnout is high (Maslach & Goldberg, 1998).

Not surprisingly, burnout has long been an issue of concern for health care occupations (Leiter & Harvie, 1996; Maslach, 1979, 1997; Maslach & Jackson, 1982; Maslach & Ozer, 1995). The caregiving relationship between health worker and patient involves significant emotional experiences. Some of these experiences are enormously rewarding and uplifting, as when patients recover because of the worker's efforts. However, other experiences are emotionally stressful for the health practitioner, such as working with difficult or unpleasant patients, having to give "bad news" to patients or their families, dealing with patient deaths, or having conflicts with coworkers or supervisors. These emotional strains are sometimes overwhelming and lead to emotional exhaustion.

To protect themselves against such disruptive feelings, health professionals may moderate their compassion for patients by distancing themselves psychologically, avoiding overinvolvement, and maintaining a more detached objectivity (a process known as "detached concern"; Lief & Fox, 1963). For example, if a patient has a condition that is upsetting to see or otherwise difficult to work with, it is easier for practitioners to provide the necessary care if they think of the patient as a particular "case" or "symptom" rather than as a human being who is suffering. However, the blend of compassion and emotional distance is difficult to achieve in actual practice, and too often the balance shifts toward a negative and depersonalized perception of patients. A derogatory and demeaning view of patients is likely to be matched by a decline in the quality of the care provided to them.

Many health professionals have not had sufficient preparation for the emotional reality of their work and its subsequent impact on their personal functioning. Thus, the experience of emotional turmoil on the job is likely to be interpreted as a failure to "be professional" (i.e., to be nonemotional, cool, and objective). Consequently, these health workers begin to question their own ability to work in a health career and to feel that their personal accomplishments are falling short of their expectations. These failures may be as much a function of the work setting as of any personal shortcomings; providing good health care may be difficult to accomplish in the context of staff shortages, poor training, or inadequate resources. Nevertheless, health workers may begin to develop a negative self-evaluation, which can impair their job performance or even lead them to quit the job altogether.

Thus, burnout appears to be an important factor in job turnover, absenteeism, and low morale. It is also correlated with various indices of personal and social dysfunction. But the most critical bottom line for burnout is its link to a deterioration in the quality of care or service provided to clients or patients.

A MULTIDIMENSIONAL MODEL OF BURNOUT

Unlike unidimensional models of stress, burnout is best conceptualized in terms of its three core components: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1993). According to this model, burnout is an individual stress experience embedded in a context of

complex social relationships, and it involves the person's conception of both self and others.

Emotional exhaustion refers to feelings of being emotionally overextended and having depleted emotional resources. The major sources of this exhaustion are work overload and personal conflict at work. People feel drained and used up, without any source of replenishment. They lack enough energy to face another day or another person in need. The emotional exhaustion component represents the basic stress dimension of burnout.

Depersonalization refers to a negative, callous, or excessively detached response to other people, which often includes a loss of idealism. It usually develops in response to the overload of emotional exhaustion, and is self-protective at first—an emotional buffer of "detached concern." But the risk is that the detachment can turn into dehumanization. The depersonalization component represents the interpersonal dimension of burnout.

Reduced personal accomplishment refers to a decline in feelings of competence and productivity at work. This lowered sense of self-efficacy has been linked to depression and an inability to cope with the demands of the job, and it can be exacerbated by a lack of social support and of opportunities to develop professionally. Staff members experience a growing sense of inadequacy about their ability to help clients, and this may result in a self-imposed verdict of failure. The personal accomplishment component represents the self-evaluation dimension of burnout.

Conceptual Issues

The interrelations among the three components of burnout have been the subject of much theorizing and research. The only measure that assesses all three of these burnout components is the Maslach Burnout Inventory (MBI), so it is considered the standard tool for research in this field (Maslach & Jackson, 1981, 1986; Maslach, Jackson, & Leiter, 1996). There are now three versions of the MBI designed for use with different occupations, which reflects the developing interest in this phenomenon. The original version of the MBI (now known as the MBI-HSS) was designed for use with people working in the human services (including health care). It was in these occupations where the greatest continuing concern about burnout has been evident. A second version of the MBI (the MBI-ES) was developed for use by people working in educational settings. Given the increasing interest in burnout within occupations that are not so clearly people oriented, a third, general version of the MBI (the MBI-GS) has recently been developed. Here, the three components of the burnout construct are conceptualized in slightly broader terms, with respect to the general job, and not just to the personal relationships that may be a part of that job. Thus, the three components are exhaustion, cynicism (a distant attitude toward the job), and reduced professional efficacy (Maslach, Jackson, & Leiter, 1996).

The general version of the MBI was a significant departure from the established focus on the service relationship as the burnout concept was developed (Cherniss, 1980; Maslach,

1982). Almost from the original release of the MBI, researchers used the scale, modified or unmodified, with occupational groups other than public human service providers, including civil servants (Golembiewski & Munzenrider, 1988), military (Leiter, Clark, & Durup, 1994), computer programmers (Lee & Ashforth, 1993), police officers (Burke, 1987), managers (Lee & Ashforth, 1993), and entrepreneurs (Gryskiewicz & Buttner, 1992). These researchers saw that people in these occupations confronted crises in energy, involvement, and efficacy that shared core features with the experiences of human service workers, despite a less intense contact with people. The MBI-HSS did not fully assess burnout outside of human services because of the frequent reference to service recipients in the items; not only did these groups' scores on the MBI-HSS subscales differ from norms established with human service providers, but the factor structure for the MBI was not maintained across other occupational groups. The MBI-GS addressed this problem by developing a variation of the MBI that maintained a consistent factor structure across a variety of occupations including human service providers (nurses) along with a variety of managerial and technical occupations (Leiter & Schaufeli, 1996; Maslach, Jackson, & Leiter, 1996).

Exhaustion is the central quality of burnout and the most obvious manifestation of this complex syndrome. When people describe themselves or others as experiencing burnout, they are most often referring to the experience of exhaustion. In fact, nurses who responded to an advertisement about burnout scored much higher than the average on exhaustion but only moderately higher on the other two aspects of the syndrome (Pick & Leiter, 1991). Of the three aspects of burnout, exhaustion is the most widely reported and the most thoroughly analyzed. The strong identification of exhaustion with burnout has led some to argue that the other two aspects of the syndrome are incidental or unnecessary (Shirom, 1989). However, the fact that exhaustion is a necessary criterion for burnout does not mean it is a sufficient one.

Although exhaustion reflects the stress dimension of burnout, it fails to capture the critical aspects of the relation people have with their work. People do not simply feel exhausted when they experience a mismatch with their job. Exhaustion prompts people to attempt to distance themselves emotionally and cognitively from their work, as can be seen clearly in the human services. The emotional demands of this work exhaust a service provider's capacity to be involved with, and responsive to, the needs of service recipients. Depersonalization is people's attempt to put distance between themselves and service recipients by actively ignoring the qualities that make them unique and engaging people. Recipients' demands are more manageable when they are considered impersonal objects. Outside of the human services, people use cognitive distancing by developing an indifference or cynical attitude when they are exhausted and discouraged. Distancing is such an immediate reaction to exhaustion that a strong relation from exhaustion to depersonalization or cynicism is found consistently in burnout research, across a wide range of organizational and occupational settings (Maslach, Jackson, & Leiter, 1996).

The relation of reduced personal accomplishment to the other two aspects of burnout is somewhat more complex. In some instances, reduced personal accomplishment appears to be a function, to some degree, of either exhaustion, cynicism, or a combination of the two (Byrne, 1994; Lee & Ashforth, 1996). A work situation with chronic, overwhelming demands that contribute to exhaustion or cynicism is likely to erode an individual's sense of accomplishment or effectiveness. Further, the experience of exhaustion or depersonalization interferes with effectiveness: It is difficult for people to gain a sense of accomplishment when feeling exhausted or when helping people toward whom they are indifferent. However, in other settings, reduced accomplishment appears to develop in parallel with the other two burnout aspects, rather than sequentially (Leiter, 1993). Here the lack of efficacy seems to arise more clearly from a lack of relevant resources, whereas exhaustion and cynicism emerge from the presence of work overload and social conflict.

The inclusion of psychological distance in the construct of depersonalization or cynicism, along with professional inefficacy, make burnout much broader than established ideas of occupational stress. The stressful implications of emotional exhaustion are clearly tied to physical well-being, but the other two aspects of burnout are primarily related to psychological and social functioning. Together, the three aspects of burnout provide a rich and productive basis for examining psychological aspects of health in work organizations.

Personal Characteristics of Burnout

Burnout has been studied primarily in postindustrialized nations (United States, Canada, Europe, and Israel), although recently increased interest is being expressed in the syndrome by researchers in other nations. To date, most research on burnout has focused on human service occupations (Cordes & Dougherty, 1993; Leiter & Harvie, 1996; Maslach, Jackson, & Leiter, 1996), with the most frequent reports of burnout occurring among health care workers, teachers, and social workers. There are not substantial differences in burnout levels associated with gender, race, or age. As discussed later, burnout does vary with work conditions, and these may in turn be related to demographic characteristics. For example, in many organizations women have lower status positions relative to men, and they may also report more indicators of burnout due to a diminished quality of their work life. Human service workers in Europe tend to score lower on exhaustion and depersonalization/cynicism (Schaufeli, Maslach, & Marek, 1993; Van Yperen, Buunk, & Schaufeli, 1992). The absence of definite associations between burnout and personal characteristics has focused research and interventions on qualities of work settings.

Engagement With Work

Burnout is one end of a continuum in the relation people establish with their jobs. As a syndrome of exhaustion, cynicism, and ineffectiveness, it stands in contrast to the energetic, involved, and effective state of engagement with work. Re-

cently, the multidimensional model of burnout has been expanded to this other end of the continuum (Leiter & Maslach, 1998). Engagement is defined in terms of the same three dimensions as burnout, but at the positive end of those dimensions rather than the negative. Thus, engagement consists of a state of high *energy* (rather than exhaustion), strong *involvement* (rather than cynicism), and a sense of *efficacy* (rather than a reduced sense of accomplishment).

This state is distinct from established constructs in organizational psychology such as organizational commitment, job satisfaction, or job involvement. Organizational commitment focuses on an employee's allegiance to the organization, which provides employment rather than to the work itself. The two concepts are related, but the focus of involvement differs. Organizational commitment focuses on the organization; engagement with work focuses on the work itself. Job satisfaction is the extent to which work is a source of need fulfillment and contentment, or a means of freeing employees from hassles or dissatisfiers; it does not encompass the person's relationship with the work itself. Job involvement is similar to the involvement aspect of engagement with work, but does not include the energy and effectiveness dimensions. Engagement with work provides a more complex and thorough perspective on an individual's relationship with work.

The extensive research on burnout has consistently found linear relations of workplace conditions across the full range of the MBI subscales. Just as high levels of personal conflict are associated with high levels of emotional exhaustion, low levels of conflict are strong predictors of low exhaustion. Conversely, high personal accomplishment is associated with supportive personal relationships, the enhancement of sophisticated skills at work, and active participation in shared decision making. These patterns indicate that the opposite of burnout is not a neutral state, but a definite state of mental health within the occupational domain. Whereas the burnout concept describes a syndrome of distress that may arise from enduring problems with work, engagement describes a positive state of fulfillment.

The concept of a burnout-to-engagement continuum enhances the understanding of how the organizational context of work can affect workers' well-being. It recognizes the variety of reactions that employees can have to the organizational environment, ranging from the intense involvement and satisfaction of engagement, through indifference, to the exhausted, distant, and discouraged state of burnout. One important implication of the burnout-engagement continuum is that strategies to promote engagement may be just as important for burnout prevention as strategies to reduce the risk of burnout. A work setting designed to support the positive development of the three core qualities of energy, involvement, and effectiveness should be successful in promoting the well-being and productivity of its employees.

SOURCES AND OUTCOMES OF BURNOUT

The empirical research on contributing factors has found that situational variables are more strongly predictive of burnout than are personal ones. In terms of antecedents of burnout, both

job demands and a lack of key resources are particularly important. Work overload and personal conflict are the major demands, and the lack of such resources as control coping, social support, skill use, autonomy, and decision involvement seem to be especially critical. The consequences of burnout are seen most consistently in various forms of job withdrawal (decreased commitment, job dissatisfaction, turnover, and absenteeism), with the implication of a deterioration in the quality of care or service provided to clients or patients. Burnout is also linked to personal dysfunction, primarily in terms of impaired physical and mental health, although there is some evidence for increased substance abuse as well as marital and family conflicts. Figure 23.1 presents a diagrammatic summary of these major research findings, which have been discussed in a number of recent reviews (see Cordes & Dougherty, 1993; Leiter & Maslach, 1998; Maslach, Jackson, & Leiter, 1996; Schaufeli, Maslach, & Marek, 1993). This chapter concentrates on those findings having to do with health.

Unlike acute stress reactions, which develop in response to specific critical incidents, burnout is a cumulative stress reaction to ongoing occupational stressors. To put it in the terms of Selye's (1967) general adaptation syndrome, burnout is the exhaustion phase, following those of alarm and resistance. In this final phase, after prolonged exposure to stress, the physiological resources are depleted, and irreversible physical damage is caused to the organism. With burnout, the emphasis has been more on the process of psychological erosion, and the psychological and social outcomes of this chronic exposure, rather than just the physical ones. Because burnout is a prolonged response to chronic interpersonal stressors on the job, it tends to be fairly stable over time.

In a similar way, Brill (1984) conceptualized stress as an adaptation process that is temporary and is accompanied by mental and physical symptoms, whereas burnout refers to a breakdown in adaptation accompanied by chronic malfunctioning. This acute versus chronic temporal distinction implies that both concepts can only be discriminated retrospectively when the adaptation has been successfully performed (job stress) or when a breakdown in adaptation has occurred (burnout). In other words, stress and burnout are distinguished more in terms of process than specific physical symptoms (Maslach & Schaufeli, 1993).

Even though the stress literature provides a clear theoretical basis for a relation between burnout and health, such a relation has not been studied extensively. Of the three burnout components, emotional exhaustion is the closest to an orthodox stress variable, and thus it should be more predictive of stress-related health outcomes than the other two components. Exhaustion indicates a depletion of resources and personal energy. An exhausted individual is lacking the necessary resources for making an effective contribution at work as well as those needed to ward off disease and maintain physical well-being. However, the exhaustion may not be high enough to cause such severe debilitation that the person cannot function on the job, or is too sick to work.

Indeed, a consistent finding in burnout research is the correlation between the exhaustion component and various physical symptoms of stress: headaches, gastrointestinal

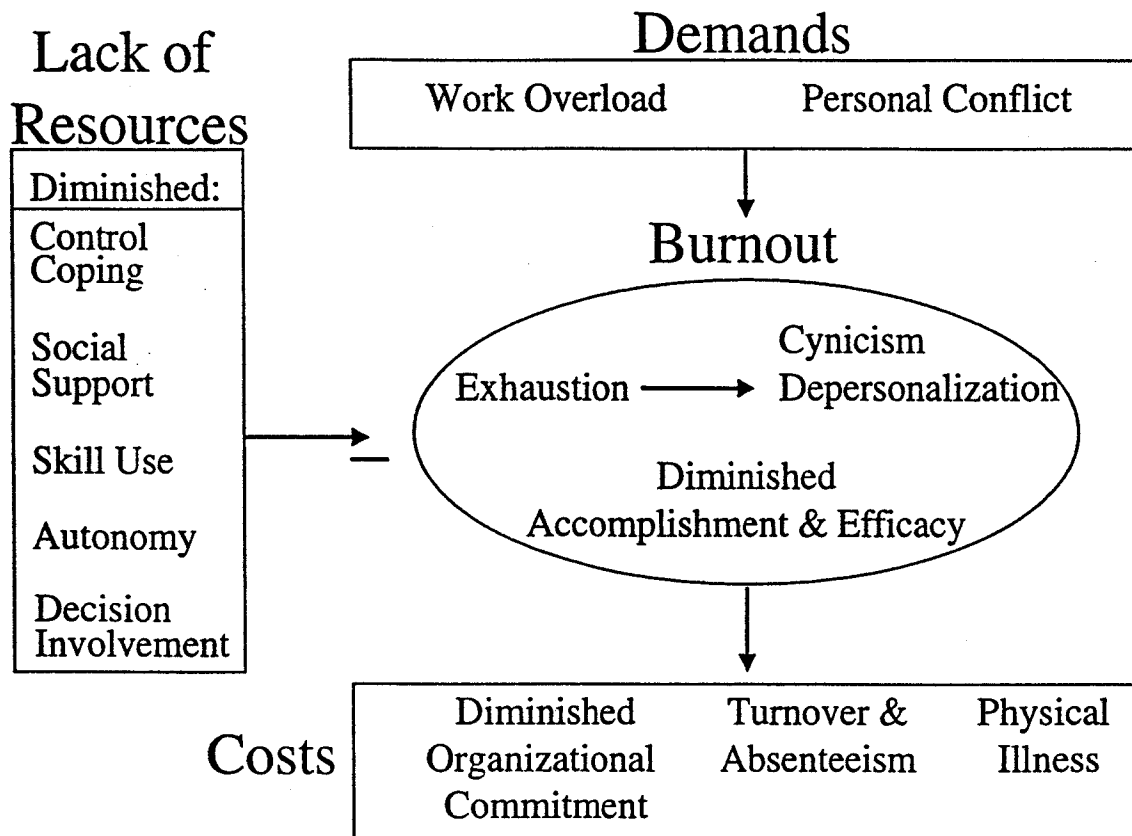


FIG. 23.1. Model of burnout. Modified and reproduced by special permission of the Publisher, Consulting Psychologists Press, Inc., Palo Alto, CA 94303 from the Maslach Burnout Inventory Manual by Christina Maslach, Susan E. Jackson, and Michael P. Leiter. Copyright 1996 by Consulting Psychologists Press, Inc. All rights reserved. Further reproduction is prohibited without the publisher's written consent.

disorders, muscle tension, hypertension, cold/flu episodes, and sleep disturbances (Bhagat, Allie, & Ford, 1995; Burke & Deszca, 1986; Golembiewski & Munzenrider, 1988; Hendrix, Summers, Leap, & Steel, 1995; Jackson & Maslach, 1982; Kahill, 1988; Leiter, Clark, & Durup, 1994; Leiter & Harvie, 1996). One study found that emotional exhaustion and a work environment index predicted distinct patterns of health symptoms and behaviors, even after controlling for negative affect and demographic variables. Work environment was most predictive of symptoms and behaviors associated with muscle aches and pains, whereas the exhaustion component of burnout predicted health symptoms related to sleep disturbances and visits to the doctor for cardiovascular complaints (Maslach, Zedeck, Skitka, & Mosier, 1997).

Despite this link between burnout and stress-related health behaviors, there has not yet been any research on relevant health outcomes, such as the utilization of health care services or the filing of workman's compensation claims for stress. There has also been no theorizing to suggest that burnout has a connection to the development or progression of specific diseases, and consequently there is no empirical research on this issue.

In terms of mental, as opposed to physical, health, the link with burnout is much more complex. It has often been presumed that burnout may result in subsequent mental disabilities, and there has been some evidence in support of that view. For example, emotional exhaustion was found to be correlated with anxiety (Corrigan et al., 1994), and higher phases of burnout were associated with worsening scores on a mental health index (Golembiewski & Munzenrider, 1991).

However, an alternative interpretation of such correlations is that burnout is itself a form of mental illness, rather than a cause of it. Much of this discussion has focused on depression, and whether or not burnout is a distinctly different phenomenon. Research conducted during the development of the MBI found burnout to be distinct from, but related to, anxiety and depression (Maslach & Jackson, 1981, 1986). A subsequent analysis (Leiter & Durup, 1994) demonstrated the distinction between burnout and depression in a confirmatory factor analysis of the MBI and the Beck Depression Inventory. This analysis established that burnout is a problem specific to the work context, in contrast to depression that tends to pervade every domain of a person's life. These findings lent empirical support to earlier claims that burnout is job related

and situation specific, as opposed to depression that is general and context-free (Freudenberger, 1981; Warr, 1987).

In their analysis of various conceptualizations of burnout, Maslach and Schaufeli (1993) noted five common elements with respect to mental health. First, there is a predominance of dysphoric symptoms such as mental or emotional exhaustion, fatigue, and depression. Second, the emphasis is on mental and behavioral symptoms more than physical ones. Third, burnout symptoms are work related. Fourth, the symptoms manifest themselves in "normal" persons who did not suffer from psychopathology before. Fifth, decreased effectiveness and work performance occur because of negative attitudes and behaviors.

Based on a similar analysis, Bibeau et al. (1989) proposed some diagnostic criteria for burnout. The principal subjective indicator is a general state of severe fatigue accompanied by loss of self-esteem resulting from a feeling of professional incompetence and job dissatisfaction; multiple physical symptoms of distress without an identifiable organic illness; and problems in concentration, irritability, and negativism. The principal objective indicator of burnout is a significant decrease in work performance over a period of several months, which has to be observable in relation to recipients (who receive services of lesser quality), supervisors (who observe a decreasing effectiveness, absenteeism, etc.), and colleagues (who observe a general loss of interest in work-related issues). Bibeau et al. (1989) also mentioned three criteria of exclusion that allow a differential diagnosis. These subjective and objective indicators of burnout should not result from sheer incompetence (i.e., the person has to have performed quite well in the job during a significant period), major psychopathology, or family-related problems. Also, severe fatigue resulting from monotonous work or a high work load is excluded because this is not necessarily accompanied by feelings of incompetence or lowered productivity. Although this is a provocative proposal for assessing burnout in clinical terms, there has not been any research to establish its validity. Moreover, there is not, as yet, any reliable method for diagnosing burnout at the individual level (Maslach & Schaufeli, 1993).

An issue that has received very little attention in the burnout literature is whether mental dysfunction is a cause, rather than an effect, of burnout. In other words, are people who are mentally healthy better able to cope with chronic stressors and thus less likely to experience burnout? Although not assessing burnout directly, one study addressed this question by analyzing archival longitudinal data of people who worked in interpersonally demanding jobs (Jenkins & Maslach, 1994). The results showed that people who were psychologically healthier in adolescence and early adulthood were more likely to enter, and remain in, such jobs, and they showed greater involvement and satisfaction with their work. Given this longitudinal data set, this study was better able to establish causal relations than is true for the typical correlational studies.

The issue of correlation and causality is familiar but often forgotten, and this is as true for burnout as for other research literatures. Just because one interpretation is plausible does not mean that it is the correct one. To illustrate this point, consider the research on burnout and coping styles, which often

finds a correlation between the different components of burnout and specific coping techniques. For example, problem-focused coping (e.g., making a plan of action, finding compromise) has been correlated with greater personal accomplishment, whereas emotion-focused coping (e.g., ignoring problems, looking for a silver lining, reminding oneself that things could be worse) has been correlated with depersonalization (Bhagat et al., 1995). Similarly, nurses who used more palliative coping (wishful thinking, self-blame, denial/escape) had higher levels of burnout on all dimensions, and those who used more existential coping (finding a sense of meaning and coherence) or preventive coping (trying to reduce anticipated problems) had higher levels of engagement (Ogus, 1995). But which comes first, coping or burnout? Is it that the experience of burnout or engagement causes people to cope differently with stressors? Or, does the use of different coping styles lead them to be more or less burned out? Or, is there some critical third variable that mediates this relationship? The implications of these alternative answers are important both theoretically and practically.

A similar argument can be made with respect to the commonly found negative correlation between job satisfaction and burnout. The overall pattern of the research findings has led some researchers to conclude that, although burnout and job dissatisfaction are clearly linked, they are not identical constructs (Zedeck, Maslach, Mosier, & Skitka, 1988). However, the specific nature of that link is still a matter of speculation. Does burnout cause people to be dissatisfied with their job? Or, does a drop in satisfaction serve as the precursor to burnout? Alternatively, both burnout and job dissatisfaction may be caused by another factor, such as poor working conditions.

HOW DOES BURNOUT HAPPEN?

Inherent to the concept of stress is the problematic relation between the individual and the situation. In the case of job stress, the basic idea is that it is the result of a misfit between the person and the job. Some of the earliest models of organizational stress focused on this notion of job-person fit, and subsequent theorizing continues to highlight the importance of both individual and contextual factors (see Kahn & Byosiere, 1992).

As applied to burnout, this approach proposes that the greater the gap, or misfit, between the person and the job, the greater the likelihood of burnout. However, a new aspect of this approach is the specification of six areas in which this mismatch can take place (Maslach & Leiter, 1997). In each area, the nature of the job is not in harmony with the nature of people, and the result is the increased exhaustion, cynicism, and inefficacy of burnout. On the other hand, when better fit exists in these six areas, then engagement with work is the likely outcome.

The six areas in which mismatches can occur are workload, control, reward, community, fairness, and values (see Fig. 23.2). Each area of mismatch has a distinct relation with burnout and engagement, and an assessment of all six is necessary for a thorough consideration of the impact of the workplace on workers (see Maslach & Leiter, 1997, for a more extensive discussion of these issues).

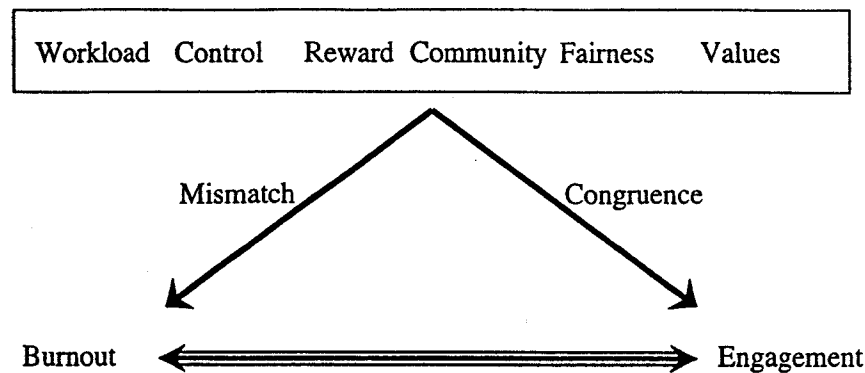


FIG. 23.2. Job-person fit.

Workload. The most obvious, and most commonly discussed, mismatch has to do with overload. Basically, job demands exceed human limits. People have to do too much in too little time with too few resources. They find it difficult to keep up with the rushed pace of work. In many of the human service professions, this kind of overload is a chronic job condition, not an occasional emergency, so there is little opportunity to rest, recover, and restore balance. The resulting burnout can lead to a deterioration in the quality of the work and a disruption of collegial relationships.

The obvious and straightforward relation of chronic work overload with exhaustion is consistently supported in the research as well as in the experience of working people. Both qualitative and quantitative work overload contribute to exhaustion by depleting the capacity of people to meet the demands of the job. The critical point occurs when people are unable to recover from work demands. That is, acute fatigue resulting from an especially demanding event at work—meeting a deadline or addressing a crisis—need not lead to burnout if people have an opportunity to recover during restful periods at work or at home (Shinn, Rosario, Morch, & Chestnut, 1984).

A sustainable workload, in contrast, provides opportunities to use and refine existing skills, as well as to become effective in new areas of activity (Landsbergis, 1988). It builds involvement by opening new opportunities, and by removing concern about work overwhelming personal capacity. A sustainable workload stops the cycle of exhaustion that is a driving force in the experience of burnout for many people.

Control. Another major mismatch occurs when people have little control over the work they do. As human beings, people have the ability to think and solve problems, and want to have the opportunity to make choices and decisions. In other words, they want to have some input into the process of achieving the outcomes for which they will be held accountable. A mismatch occurs when people are constrained by rigid policies and tight monitoring. They do not have much room to improve or customize or innovate—with the result that they do not feel efficacious or responsible for the outcomes.

In contrast, people are more committed to, and derive more satisfaction from, actions that they have freely chosen. The process of making a decision has an enduring impact on employees' experience of participating in organizational life and the responsibility they take for its outcomes. Participative decision making is a cornerstone of job enrichment strategies (Hackman, 1986) as much because of its power to engender commitment as for its capacity to make good use of knowledge and experience within a group of colleagues. Active participation in organizational decision making has been consistently found to be associated with higher levels of personal accomplishment and lower levels of exhaustion (Cherniss, 1980; Leiter, 1992).

Reward. A third type of job-person mismatch involves a lack of appropriate rewards for the work people do. This lack of recognition devalues both the work and the workers. Prominent among these rewards are external ones such as salary and benefits.

Intrinsic rewards (such as pride in doing something of importance and doing it well) can also be a critical part of this area of work life. What keeps work involving for most people is the pleasure they experience with the day-to-day flow of work that is going well (Leiter, 1992). When things are going very well, people experience intrinsic satisfaction continuously in their day-to-day work. An enjoyable workflow supports overall psychological well-being, and physical health as well. The more enjoyable and challenging aspects of work are often the source of recognition from professional colleagues outside of the immediate work setting. The more tedious aspects of work are not only dull in themselves, they crowd out opportunities for engaging in the creative activities that bring professional recognition and reward. Congruence between individuals and organizations regarding material rewards and opportunities for intrinsic satisfaction are an important part of a congruent workplace (Richardson, Burke, & Leiter, 1992).

Community. The fourth job-person mismatch occurs when people lose a sense of positive connection with others in

the workplace. People thrive in community and function best when they share praise, comfort, happiness, and humor with people they like and respect. Unfortunately, some jobs isolate people from each other, or make social contact impersonal. However, what is most destructive of community is chronic and unresolved conflict with others on the job. Such conflict produces constant negative feelings of frustration and hostility, and reduces the likelihood of social support.

Community is evident in social support that can take many forms at work. Generally, support from colleagues is more strongly related with effectiveness, whereas support from supervisors, especially instrumental support that assists people in managing their workload, is more closely associated with lower levels of exhaustion. Regardless of its specific form, social support has been found to be associated with greater engagement (Leiter & Maslach, 1988).

Fairness. A serious mismatch between the person and the job occurs when there is not perceived fairness in the workplace. Fairness communicates respect and confirms people's self-worth. Mutual respect between people is central to a shared sense of community. Unfairness can occur when there is inequity of workload or pay, or when there is cheating, or when evaluations and promotions are handled inappropriately. If procedures for grievance or dispute resolution do not allow for both parties to have voice, then those will be judged as unfair.

A lack of fairness undermines a person's engagement with work and exacerbates burnout in at least two ways. First, the experience of unfair treatment is exhausting. People react with anger, hurt, or anxiety when they are unfairly treated. They obsess on the offensive situation, trying to discover ways of influencing events or forcing another outcome. The personal antagonism toward those who treated one unfairly keeps the emotional upset alive. It can lead to sleep disturbance with the consequential fatigue. Complaining about unfair treatment is emotionally draining, time consuming, and rarely leads to meaningful action. Second, unfair decisions indicate a weak organizational culture in which the personal biases or ambitions of people with authority dominate the allocation of resources and the access to opportunities. It is a sign that neither the espoused values of a well-crafted mission statement nor the personal values of committed staff members drive organizational life.

Fairness in personal contacts with people at work and with the formal decision making and evaluation processes of an organization are critical to maintaining engagement with work. Fairness indicates that individuals and the organization have a common perspective on the work of the organization and the contribution of employees to its mission. Fairness builds the trust that is necessary to support productive involvement with work.

Values. The sixth area of job-person misfit occurs when there is a mismatch between the requirements of the job and people's personal principles. In some cases, people might feel constrained by the job to do things that are unethical and not in accord with their own values. For example, they might have to tell a lie or be otherwise deceptive or not

forthcoming with the truth. In other instances, people may be caught between conflicting values of the organization, as when there is a discrepancy between the lofty mission statement and actual practice.

People become vulnerable to burnout when they experience incongruity between personal and organizational values (Leiter & Harvie, 1997). Sometimes these crises are the result of people realizing that they entered an occupation with mistaken expectations. Often, human service professionals encounter a collapse of the professional mystique in their first job (Cherniss, 1980; Leiter, 1991). They find that the autonomy, power, and satisfaction they anticipated from their careers on the basis of media images or idealistic professional training are unfounded. They encounter public social service organizations whose values are based more on institutional survival or social control than on a sense of community. The resulting value crisis often contributes to burnout.

Changes in the political and economic environments of social institutions in postindustrial societies have increased the frequency and intensity of burnout for people who are established in their careers (Leiter, 1999). In these transitions, the organizational values change abruptly while individuals remain committed to personal values of customer service that were previously supported by the organization. Often, the changes begin with mismatches in one of the other areas of organizational life, but their impact on burnout is most intense when these mismatches lead to value conflict.

Congruency between individual and organizational values build engagement by justifying the energy people put into highly demanding jobs, encouraging involvement, and building effectiveness. Contributing to a meaningful personal goal is a powerful incentive for individuals. When this work contributes as well to the organizational mission, people may be rewarded with additional opportunities for meaningful work. As such, value congruence produces a self-perpetuating dynamic that supports engagement with work.

An Interactive Approach. Problems in one of these six areas of organizational life tend to be associated with problems in other areas. For example, excessive workload often indicates problems in control and autonomy, because much of what people identify as excessive work demands are externally imposed tasks. Professors in research universities rarely complain about the long hours they choose to spend in their research labs, but often grumble about their assigned teaching responsibilities. Similarly, surgeons will freely choose to spend long days in the operating room, but complain bitterly about any new forms or reporting procedure imposed by the hospital.

The areas of community, fairness, and reward all encompass personal relationships among people to some degree. An organization that has a strong and vibrant sense of community is likely to provide recognition for employees' contributions to its success and to treat people fairly as well as with respect. Although it is productive to examine each of these three areas in terms of their unique focus on personal relationships, they are not entirely independent of one another. Currently, it is unclear if some job-person mismatches are more important than

others, or if there is some minimum number that will be more likely to produce burnout, and future research will need to address these and related issues.

To varying degrees, values mediate the relations of the other five mismatches with burnout. At times, some mismatches may have direct implications for an employee's experience of one or more of the three dimensions of burnout. For example, as mentioned earlier, workload can be a direct predictor of exhaustion. In addition to their direct relations with energy, involvement, and effectiveness, the impact of the mismatches is often a function of value conflict. To focus on one potential mismatch, conflicts over control at work often occur when organizations put limits on the professional autonomy of staff members, as when teachers become frustrated with administrative policies that limit their approach to curriculum. These constraints have a much stronger personal impact if they conflict with the teachers' deeply held values about their professional role. For example, a teacher who valued arts education would be more strongly at odds with a back-to-basics policy than would a teacher who valued solid math and literacy skills primarily. Both teachers would be working within a system that constrained their professional autonomy, but only the first teacher would be experiencing value incongruity with the organization. This teacher would be much more susceptible to experiencing burnout.

The mismatches in these six critical areas of organizational life are not simply a list summarizing research findings from burnout studies. Rather, they provide a conceptual framework for the crises that disrupt the relations people develop with their work. This approach emphasizes the social quality of burnout—it has more to do with the organizational context of the job than with simply the unique characteristics of an individual.

ORGANIZATIONAL HEALTH

Burnout provides a perspective on individual mental health that reflects the health of the organizations in which people work. From this perspective, health is not limited to the physical or emotional well-being of individuals, but is evident in enduring patterns of social interactions among people. This is similar to the position of family therapists that it is often more productive to recast difficulties in a troubled family as a breakdown of a social system rather than as the problems of an individual whom the family has identified as the patient. A family problem is one for which each member shares a responsibility. They regain health when all members of the family change the way in which they interact with one another. In an organizational setting, some problems, such as burnout, are better cast as difficulties of the social context of work than as failings of individual employees.

Organizational health is evident throughout the social context in which people work. As with individuals, organizational health requires a reasonable balance of demands with appropriate coping resources. Periods of extreme demand that prompt an organization to work at peak levels are balanced with periods of rest and recuperation within an ongoing context of a readily manageable pace of activity. When this balance is exceeded for a prolonged period, members of the

organization experience the strain on the organizational system: A stressed organization creates strain for its members. This resolution is contrary to the long-term viability and productivity of the organization in a manner similar to a breakdown of an individual's health: The whole individual suffers when any bodily system is under excessive strain. In contrast, engagement with work is associated with a sense of well-being for both individuals and organizations.

Social Versus Individual Perspectives on Burnout

Viewing burnout as a function of the social environment raises the question of individual variation within it. If the impact of the environment is so critical, should not everyone (or no one) in a particular social setting be experiencing burnout? The wide range of burnout responses in any large organization often prompts observers to explain burnout in terms of personal failings, faulty self-concepts, or personality attributes. However, there are other explanations for this variation. First, not everyone experiences the same social environment. Burnout varies according to people's occupational role or their status in an organization. Nurses report consistently higher exhaustion than physicians, although both work very hard in a hospital setting. Managers report a stronger sense of professional efficacy than frontline workers, even though the accomplishments of managerial life are often elusive (Leiter & Harvie, 1998).

Second, people have different values. They bring some of these differences to work with them in the first place. Other differences arise from the unique experiences people have at work or in their personal life. For example, caring for an elderly parent or a chronically ill child may have a profound impact on an individual's values concerning health care, despite many common experiences with colleagues at work. These are important variations in values and experience that could readily affect individuals' experience of burnout without necessarily implying anything about their personality.

Most of the recommended strategies to alleviate burnout have been individual ones—which is particularly paradoxical given that (as mentioned earlier) research has found that situational and organizational factors play a far bigger role in burnout than individual variables (Maslach & Goldberg, 1998). Moreover, there is not much persuasive evidence that these types of self-help, personal stress management techniques are effective—especially in the workplace, where people have much less control of stressors than in other domains of their life. Contrary to this individualistic perspective, any progress in dealing with burnout will depend on the development of strategies that focus on the job context and its impact on the people who work within it.

The close ties of burnout to its social environment point toward organizational interventions. Individually oriented approaches (developing effective coping skills or learning deep relaxation) may help individuals to alleviate exhaustion, but they do not really deal with the other two components of burnout. The use of the complete multidimensional model of burnout focuses attention on the relation between the person and the job situation, rather than either one or the other in isola-