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Research Paper

BURNOUT The Motivational and Mental Health Nightmare to Beware

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ABSTRACT : *Burnout is a work-related stress disorder that produces debilitating mental health outcomes in those workers affected by it – substance abuse, broken relationships and even suicide. At the macro-level, burnout has serious negative professional impacts – lowers productivity and efficiency, undermines client satisfaction, impairs one's capacity to adhere to safety standards, increases susceptibility to error and proneness to accidents etc., ultimately compromising own and others' safety. All such failures mean client dissatisfaction and grievances, loss of professional respect and reputation for the worker, and possible litigations; at an institutional level, inadequacies due to burnout translate into lower demand for their goods and services and loss of revenue and/or reduced political will toward the institution. Thus, the negative effects of burnout are far-reaching. They flourish in an environment of overly demanding work setups not adequately facilitated with resources and human capital, an environment devoid of care and concern for the well-being of the employee. In Zambia and many other poor resource countries, studies show extremely high numbers of people serving in human services whose work conditions resemble the direst work environments. In one study, 95% of both male and female teachers were diagnosed to have been working under severe burnout conditions and their work output had deteriorated as a result [25]. This paper details this phenomenon for awareness and calls everyone concerned to beware and to start to take measures against it; it is stalking every essential worker, old and young, male and female; eating into the cultural and corporate fabrics of governments and many corporate entities – big and small.*

KEYWORDS: *Burnout, motivational, Mental Health, Nightmare to beware*

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I. INTRODUCTION

Let us begin our discussion with an excerpt from the Novel by Nicholas Evans [1, pp. 129 - 130]:

"Sometimes Julia would wake in the middle of the night and find her staring into space with tears rolling down her cheeks. The first time she had reached out and touched Skye on the shoulder and asked if she was all right and Skye turned her back without replying….

Over the years, both in her regular job… and during her summers with WAY…, Julia had worked with hundreds of children. In their several ways, all had known more than a fair share of misery and misfortune. And if you let it get to you, as a teacher, if you embraced their pain too deeply and made it your own, you were in trouble. That didn't mean you couldn't understand or comfort them. But if you were going to be of any real use, you had to keep yourself strong and centred and slightly separate. And Julia had always managed to do that. Until she met Skye".

Situations like this fictitious emotional reflection will sound familiar to long-term helping professionals across a high spectrum of human services ranging from medical doctors, nurses, and teachers (as Julia is presented here) to fire service people, police officers, disaster-risk responders of all shapes and sizes and several others. The central theme is that clients of human services tend to suffer "a fair share of ***misery and misfortune*** (And) ***if*** you let it get to you, ***you embrace their pain too deeply*** and made it ***your own***, ***you're in trouble…*** (but) ***if you were going to be of any real use you had to keep yourself*** strong, centred and slightly ***separate*** from this suffering. And Julia had always managed to do that".

For us, the bolded words and phrases are the foundations and genesis of **burnout** - debilitating mental health and motivational human conditions plaguing our human services professionals upon whom we depend so much for effective, life-and-death services in hospitals, fire service, prisons, schools, water purification plants, food outlets, refugee services *etc*. Burnout is the outcome of chronic, work-related stress experienced as emotional exhaustion, physical fatigue, and cognitive weariness [2]. It occurs more commonly among functionaries in human services because of the high stakes involved [3] as personified in the passage above, thus:

> *"Julia had worked with hundreds of children … (*who*) in their several ways all had known more than a fair share of misery and misfortune"*.

Burnout develops gradually, and eventually, if allowed, it envelops the whole edifice of one's life and social interactions, making the functionary ineffective, detached and irritable toward those clients they are charged to serve. Important and excruciating as the disorder of burnout might be to its many victims, families, organisations and economies, it is generally unacknowledged as a mental health issue beyond being an occupational hazard and **yet to be** classified as a medical condition by WHO [2].

Thus, in this discussion, we concern ourselves with this little-known psychological disorder, which continues to weigh down upon our good works as workers and functionaries, supping our zeal, that drive that, hitherto, characterised our job outlooks and service delivery. Our motivations and general outlooks on life are tipping towards career disaster as burnout continues to turn our lives inside out. We no longer represent those 'dependable, ethical' officers we once were. We start our discussion by exploring the meaning of burnout and related phenomena and then attempt to explain its aetiology and its relationship with work-related distress. We close the discussion with a presentation of prevention and intervention measures.

II. UNDERSTANDING BURNOUT

It was only quite recently that some researchers took interest in the feeling and construct of burnout [4]. Specifically, it was not until the mid-1970s that two independent researchers, Herbert Freudenberger, a psychiatrist, and Christina Maslach, a social psychologist, began exploring this construct. Freudenberger is credited with coining the term burnout [3]. He had been working with volunteers exploring the intricacies of alternative healthcare. To his utter dismay, from idealistic beginnings, his young volunteers started to portray distraught demeanours worse than could be *read* in clients. According to Freudenberger's definition, the basic elements that go into describing burnout experiences are *to fail*, *wear out*, or *become exhausted* because of excessive demands exerted on workers' energy, strength or resources - which characterisations we still see in its modern core definitions of burnout [4].

Maslach, on the other hand, defined burnout as the experience of *exhaustion*, wherein individuals become cynical toward the value of their occupation and doubt their ability to perform their tasks [4, p.2.]. According to her, burnout is composed of three dimensions, namely, **exhaustion, cynicism,** and **lack of professional efficacy**. By exhaustion, she referred to feelings of distress, specifically chronic fatigue resulting from excessive work demands. By the second dimension, **depersonalization** or cynicism, she meant an apathetic or detached attitude toward work in general and the people with whom one operates; leading to a loss of interest in work, and a feeling that work has lost its meaning. Lack of professional efficacy refers to a reduced desire for efficiency, successful attainment, and accomplishment both in one's job and the organization.

All in all, the demeanours that characterise burnout might take the form of a general decline in drive, effectiveness and efficiency in one's functions; experiencing chronic fatigue and exhaustion; reduced interest in family and, eventually, the emergence of depressed mood and feelings of emptiness and cynicism against one's tasks [4, 2]. Notwithstanding the lack of convergence among researchers [3], over time and in broad terms, burnout has come to represent a long-term negative internal psychological experience involving feelings, attitudes, motives and expectations [3,4]. As it turns out, burnout is the eventual response to prolonged chronic distress elicited by interpersonal stressors on the job [4].

Gradually, the overall experience of burnout is personified by the burnout's three dimensions of exhaustion, cynicism, and inefficacy [3,4]. The sufferer presents symptoms of general exhaustion, a tendency of being cynical in his/her job and profession, and comes to downgrade his/her self-efficacy as a professional. As a person and service provider, his/her psychic energy is experienced as expended by the previous efforts to aid those caught up in various crises but perceptibly to little avail in service provision. The exhaustion arises when it dawns upon the victim that his efforts-to-output ratio is consistent with the *Law-of-diminishing-returns* whereby demands on personal efforts have outstripped emotional resources to go on in one's professional work. Thus, the decline in the drive to carry on one's professional functions is but the outcome and a most profound manifestation of burnout.

Dramatic as it might sound, burnout doesn't present the boom of typical mental health and motivational crisis; its onset is gradual and insidious without the accompanying triggers to point to or avoid [3]. Instead, it is the gradual erosion of professional spirit and energy following one's struggles with work-related pressure and

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chronic distress [3]. Unlike the usual characterising sequel of emotions and behaviours accompanying the *normal* crisis, in burnout, victims start to gradually feel defeated and exhausted by hazardous events surrounding their work environment. The usual repertoire of personal and institutional assistance is not forthcoming because burnout is so 'sneaky' that it is unnoticeable to a very large extent. However, when fully fledged, the mental health crisis resulting from burnout tends to be all-encompassing, enveloping all facets of the victim's life, ebbing all the usual idealism that helping professionals tend to enter their jobs [3]. Despite its severity and resemblance to characteristics of some mood disorders, especially depression [5], burnout is still nothing more than an occupation phenomenon, not classified as a medical condition [6]. In DSM-V, burnout is not mentioned and therefore no diagnostic criteria exist for identifying it [5]. On the other hand, the normal temptation by observers and supervisors in organisations is to attribute its emergence to a personality deficit on the part of the victims [2].

III. BURNOUT AND STRESS

Distress is the body's nonspecific response biologically presented as sympathetic hyperarousal meant to aid organisms in their flight-fight response when in a crisis [8, 9, 10]. Sympathetic neural activation is an essential physiological response in the face of danger, an essential and innate basic-life-protecting mechanism that enhances physical and mental defences and preparedness that focuses attention and mobilizes the energy and resources to undertake an appropriate and exceptional action [8, 10]. However, in the face of chronic stress related to one's work, wherein parasympathetic 'restfulness' is not restored within the required time, hormonal and physiological hyperarousal is bound to cause bodily malfunction and disease [8, 11], in the long-term manifesting as burnout.

Thus, psychological stress is viewed both as adaptive and maladaptive [8, 9, 10]; other researchers explain it as a *stimulus*, *response* or an *ongoing interaction between the organism and its environment* [19]. Adaptive stress stimulates the individual to achieve more than they would ordinarily [8, 9, 19] while maladaptive stress produces cognitive, physiological and behavioural consequences so much that the person might be impaired in their response and functions: '*I am tensed up*' and '*I am having trouble concentrating on things*' [19]. In this analysis, stress is an external stimulus (deadlines, supervision, incentives *etc*.) that elicits cognitive, physiological and behavioural responses. In the end, job-related stress comprises a combination of person-situation interactions, ongoing transactions between the employee and the totality of his/her work environments [19]. Job-related stress is the normal pattern of cognitive appraisal of demands in the job environment resulting in physiological responses (depression, anxiety, motivation *etc*.) and behavioural outcomes (dissatisfaction, withdrawal, hard work *etc*.). In this context, burnout results from the perception that demands in the work environment are excessive or unbearable because either/or:

- they outstretch one's resources to cope,
- of ever-burgeoning demands by supervisors and clients,
- of persistent failures experienced on the job in meeting the expectations of supervisors and clients, and/or
- the worker's rewards and incentives for involvement are not being satisfied.

Thus, burnout occurs amidst the never-ending job demands: overbearing bosses, unending blizzards of paperwork, jack-of-all-trades-and-master-of-none job descriptions, tidal waves of clients, ironclad, unbending institutional rules and procedures, accompanied by long operating hours [3]. From the worker's standpoint, there is neither short-term nor long-term relief to the debilitating distress and helplessness that sets in; the worker has been burnt-out.

IV. SYMPTOMS OF BURNOUT

Because of the three dimensions of exhaustion, cynicism, and inefficacy, burnout is experienced as a complex and multi-dimensional disorder across all the facets of the victim's life, be they behavioural, physical, interpersonal or attitudinal [3]. James and Gilliland [3, p. 616] have attempted to dissect burnout symptoms into dimensions, a valuable approach worth emulating. In this discussion, however, an attempt has been made to present some more salient but certainly not all symptomatic features of the construct.

Behavioural Symptoms: Like all other manifestations of distress, the mental health scientist first notes and measures behavioural changes in the would-be burnout victims. Hitherto, the upstart doctor or indeed any other helping professional had been outstanding in enthusiasm, drive, idealism and a proponent and defender of professional ethics. In due course, however, owing to institutional and personal realities which we shall discuss below, drastic behavioural changes kick in. His work output suffers in real quantity and quality terms. He begins to dread work and absenteeism becomes the norm rather than the rarity as has been not long previously. When undertaking professional tasks, the victim responds in a mechanical, detached manner. Consequent to this development, the once motivated staffer becomes prone to making avoidable mistakes and accidents thereby

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endangering the safety and health of self and others. At a personal level, he is a mess of his past, vulnerable to PTSD-like symptoms including turning to alcohol and other psychoactive substances [2, 7]. Typical of all those in distress, he is more susceptible to committing suicide and homicide [2].

Physical Symptoms: Characteristically, a burnout victim will feel and present chronic fatigue and exhaustion culminating in disease-like symptoms if left unattended [3]. Common stress-related disease symptoms manifest more and more with a deteriorating work-related environment, thus, triggering burnout. Stress-related diseases may afflict a burnout victim - including those due to immunodeficiency effects of sympathetic neural hyperactivation such as ulcers, gastrointestinal upsets, colds and other viral infections; those due to hormonal activation such as high blood pressure and heart disease, asthma, diabetes, reproductive health malfunctioning, sleep disorders including nightmares, excessive sleep disorders *etc*. [3, 10].

On the mental health side, while on the whole, there is disagreement among most researchers regarding any overlap between burnout and depression, there is no doubting the existence of burnout symptoms that appear to resemble depression such as the appearance of anhedonia. Anhedonia represents a loss of interest or pleasure, depressed mood, fatigue or loss of energy, impaired concentration and feelings of worthlessness, decreased or increased appetite, sleep problems - whether oversleeping or insomnia - and suicidal ideation [5, p.2].

Further, consistent with the behavioural pathway of distress, it is a regular practice for victims of burnout to adopt unhealthy habits primarily to cope with distress - such as overeating, alcohol abuse, smoking, lack of exercise or such bad habits [10, p. 44]. Inadvertently, even though the development of certain diseases may not directly be attributed to the emergence of distress and burnout, it appears the adoption of these maladaptive behaviours leads to ill health indirectly associated with stress and burnout victims [4, 11, 3]. For example, these maladaptive behaviours, especially the use of psychoactive substances might precipitate high-risk behaviours, endangering their safety and that of others in the workplace [2].

Interpersonal symptoms: Burnout victims endure poor interpersonal relationships with others underpinned by inherent withdrawal from family and other previously cherished social relationships [2]. A typical sufferer of burnout, instead, seems to place a premium on interactions with those others in similar burnout predicaments with whom they might be co-partaking maladaptive activities such as the consumption of psychoactive substances - psychoactive substances catalysing such interactions. Because of being in denial and relying on defence mechanisms generally, burnout victims lose their sense of authenticity in relating with family and previously valued friends and clients [3]. Thus, burnout explains psychological avoidance common among its victims; instead, victims tend to over-bond with those workmates presenting burnout symptoms like themselves. Over-bonding with such workmates tends to take precedence over relationships with family and previously close friends [3]. Generally, sufferers of burnout tend to be prone to unfounded bouts of irritation and display of mistrust of others' intentions [3], further compounding fissures in relationships with relevant others.

Attitudinal Symptoms: Emptiness and feelings of meaninglessness surround and underpin the whole edifice of a burnout victim's life and translate into poor work efficiency and efficacy [4, 5]. Commonly, victims feel incompetent, helpless, paranoid, pessimistic and overly critical of committed co-workers and generally are cynical of management's intentions. As a consequence, while these core attitudinal characteristics affect the victim as a person, they translate into profound and wide-ranging effects on the quality and quantity of service provided by such operatives [3, 4, 2]. It comes as no surprise that recently there has been an increasing number of incidents of violence by clients targeted at hospital operatives in Zambia, especially nursing staff in health centres because of perceived poor service and maltreatment of patients by these staff members. Burnout sufferers tend to have low regard for others and, in worst-case scenarios, they might even profess disagreement with professional values and ethics that anchor their profession as doctors, nurses *etc*.

The bottom line regarding burnout is that its effects cut across all edifices of human well-being – be they psychological, physical, behavioural, or interpersonal. The chain result is that the individual is dysfunctional all around, employment-related or otherwise.

V. LEVELS OF BURNOUT

It might also be relevant to fathom burnout as affecting individuals to varying degrees. Some individuals are burnt-out to a much lesser extent than others. For that reason, it is not uncommon for a burnt-out individual to be dedicated to off-work activities and function perfectly normally as a family man or woman. Or indeed a burnt-out individual might be so dedicated to hobbies such as gardening or voluntary religious activities but are completely detached, and depersonalised when serving clients in their official capacity. Even at work, sometimes they demonstrate burnout symptoms only when faced with certain work tasks and not all. That is why burnout is categorised as occurring at different levels and three levels have been postulated [14, 3]. To that end, burnout might be described as being at **activity, state or trait** level [3]. **Activity-based** burnout is so described when the key characteristic symptoms are experienced as a result of a requirement to perform certain nature of activities. Marking hundreds of examination essays for a college teacher might just be such a

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requirement; the requirement to perform several gruesome autopsies might lead to experiences of activity-level burnout for a medical doctor. Other activities such as delivering lectures to visiting students might be more agreeable to such teachers and doctors and over which no burnout is experienced.

State-level burnout is also periodical or situational such as when a registry officer at a school is tasked to receive and screen hundreds of students from dawn to dusk for a week so much that the sufferer might experience **anticipatory anxiety** [3] – the dread of the periods when such events are required to be performed. For example, registering students might be conducted at the beginning of an academic year. The workload is repetitive and tedious. An otherwise efficient officer caught up in such repetitive, boring tasks ends up suffering state-level burnout. **Trait** level burnout is all-pervasive burnout, encompassing every facet of the worker's life so much that they are non-functional - whether at work, as a friend, at the family level *etc*. [3]. At this level, depression-type conditions including anhedonia are likely to emerge [5]. The sufferer presents all the dimensions of the condition i.e., exhaustion, cynicism, and lack of professional efficacy [4].

VI. STAGES OF BURNOUT

While we might have serialised levels of burnout to imply ascending severity, in an actual sense, one experiencing less pervasive burnout symptoms need not deteriorate and end up at trait-level burnout. As Forney, Wallace-Schutzman, and Wiggers [14, p. 435] put it, most workers enter and exit employment because of burnout, but many of us, remain in and go around in circles restrained from seeking much healthier work environments because of feelings of inadequacy or lack of professional efficacy. We might not be at trait, but we are burnt out all the same. Thus, burnout can be understood to be on a continuum, particularly in terms of emergence and development [3, 15].

Stage 1: Enthusiasm or Honeymoon stage: The operative enters his/her job with high enthusiasm, high hopes and unrealistic expectations; this is the phase when most employees give their best and tap into their creative side.

Stage 2: Stagnation or onset of stress stage: In this phase, the employee starts to experience stress because of the realisation that his/her enthusiasm and career ambitions are not being met to the level they had expected. For example, the emoluments are not meeting the expectations of the family and the job is not as stimulating and intrinsically reinforcing as they had anticipated upon entry.

Stage 3: Frustration or chronic stress stage: Here the employee reaches a point where stress becomes pronounced and chronic. S/he starts to question his/her effectiveness, psychologically diminish their valence and the impact of their efforts in the face of ever-mounting demands of the job and supervisors.

Stage 4: Apathy or burnout phase: The employee is in full-blown burnout - s/he is apathetic and chronically indifferent to the needs of his/her clients. The employee might feel numb and develops professional self-doubt [15]. As per other conditions of chronic stress, the employee presents symptoms of related illnesses and anxiety [15, 10]. Cases of chronic headaches, stomach issues and gastrointestinal problems abound. Relationships with friends and family may be strained due to behavioural and mood swings in the victim – what with frequent bouts of irritation and displays of mistrust. This is an absolute crisis stage deserving no less than psychotherapy [3].

Stage 5: Habitual burnout phase: Without psychotherapy, burnout eventually becomes one's everyday mental health disorder characterised by anxiety and/or depression [15]. Under these day-to-day dispositions, the employee's job is on the line; failures become commonplace leading to disciplinary issues or litigations due to inefficiencies [16]. Symbolic of anhedonia, sufferers care less for their physical appearance and general public presentation such as adhering to the prescribed dress code. Substance abuse may take over one's daily preoccupations. In general, one may begin to experience chronic mental and physical ill-health symptoms that prevent him from applying him or herself adequately and creatively to job demands.

VII. THE WORST AFFECTED PROFESSIONS

As a work-related stress disorder, burnout affects disproportionately the helping professions the most [3, 16]. Health workers, especially clinicians, are said to top the list of the most affected profession [16]. Some estimates put it at 1 out of every 3 clinicians as suffering some form of burnout. Murray [17] points to working with people as the key risk factor for burnout. For health workers, the risk is exacerbated by the fact that the people they serve are sick and maybe even dying. This has an untold emotional toll on clinicians and other health service providers. This is further compounded by the often long-work hours involved and sleep deprivation [17].

This has untold implications for the quality of service provided in such institutions as hospitals. At a personal level, it comes at a high cost in terms of physical and mental health well-being resulting in high rates of substance abuse, broken relationships and even suicide ideation. For the public and general clientele, a burnout victim delivers ineffectiveness and diminished professionalism occasioning impaired quality of care –

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omissions, errors, accidents, poor adherence to ethical standards, low clientele satisfaction *etc*. that might result in unnecessary morbidity and mobility among their clients.

Murray lists retail and fast-food workers as also frequently affected by burnout, mostly attributed to experiencing high levels of foul treatment from rude customers heightened by long hours they spend on their feet, poor pay and other job conditions – inevitably feeling devalued. Again, one notes that the job of a retail and fast-food worker, like a health worker, involves working with people albeit not necessarily sick people but abusive ones in this case. Both jobs are exceptionally emotionally demanding.

Social workers and counsellors are also extremely prone to burnout [17]. Like health workers, social workers face a high frequency of burnout due to working with sick people, a condition that is referred to as compassion fatigue or *vicarious traumatisation* [3, 16, 17]. Like Julia at the beginning of our discussion, the one way to avoid the emergence of compassion fatigue is to emotionally "*keep…(slightly) separate*" from one's clients, not a particularly easy feat to achieve and maintain as demonstrated by the phrase "*Until she met Skye"*. High caseloads and overwork associated with social workers only compound the risk of developing burnout.

Next in line are police officers, for the same reasons as health officers and social workers - for dealing with people. What compounds the risk of burnout for police officers is the particularly high hazard level for physical injury and violence: criminals attempting to fight back. The response from the justice system wherein seemingly straightforward criminal offences is acquitted only adds to the frustrations of the policing job. Here below is the suggested list of the mostly burnt-out professions [16, 17]:

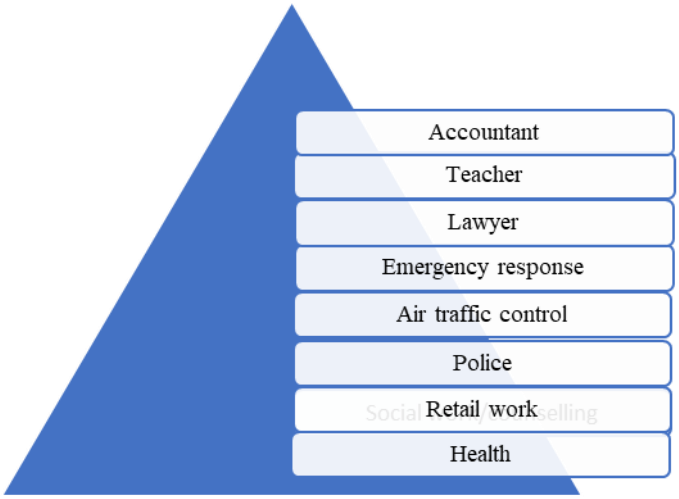

Figure 1: Ten burnout worst affected professions

There are also certain jobs with the least risk for burnout. Most of them, as expected have reduced potential for human-to-human contact and the fractious pressures that come with them. Or as it were, such jobs might have a high potential for putting a smile on the faces of beneficiaries and clients.

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Some such jobs include jeweller, curator, fashion designer, visual artist, *etc*. The worker is striving for Maslow's self-actualisation [18] and it appears all jobs involving striving for self-actualisation are less stressful and involve the least risk for burnout.

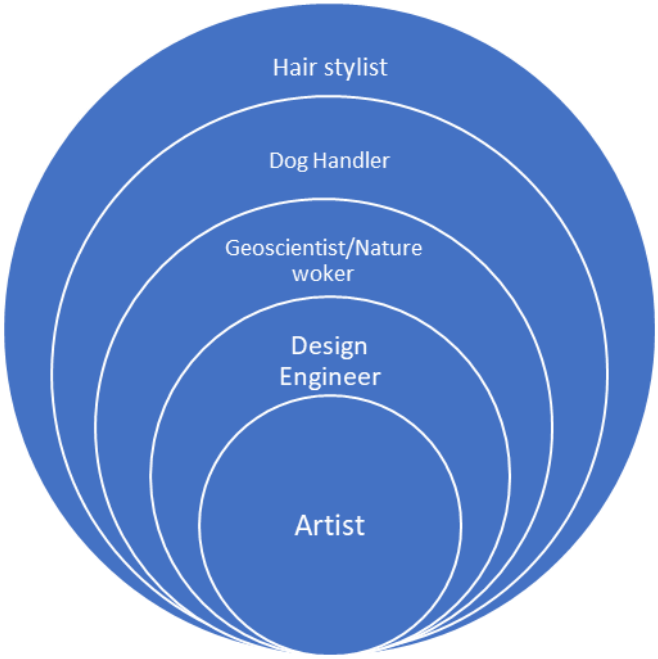

Figure 2: Some of the Least burnt-out jobs

One notes that the hypothesis is that the most effective strategy for coping with burnout and the underlying stress levels is to spend time in nature. As it were, there exist well-paying jobs that involve spending time in nature – voluntary, self-supervised.

As a geoscientist - biologist, nature photographer, archaeologist *etc*. – one spends most of one's time studying nature, away from the hassles of unsolicited human-to-human contact, overbearing supervision and deadlines *etc*. This kind of work is akin to being an artist.

Figure 3: Robert Sapolsky studies stress in primates in nature. Courtesy of https://www.google.com/imgres?

VIII. BURNOUT AND SERVICE DELIVERY

First and foremost, and from a standpoint of organisations, burnout is a motivational issue – it delivers poor service and reduces employee productivity and efficiency. The importance attached to mental health concerns affecting individual employees arising from burnout mirrors the same dictum as that attached to general mental health services across various third-world countries – underdeveloped and generally neglected!

Research has consistently demonstrated a shared relationship between burnout and the deterioration of employees' functionality in the workplace often involving several forms of withdrawal including absenteeism and intention to leave employment [5] compounded by reduced self-efficacy [16]. Thus, burnout is of public concern because it results in impaired quality of care and frequent job errors, engendering accidents and injuries of self, other employees and/or clients [16]. For those serving in health and medical services, errors and mediocrity can have profound effects on public confidence in the national health services in general and, in particular, those professions involved. At a micro-level, burnout poses serious negative consequences on the careers of those involved including low client satisfaction [16] and heightened risk of clients filing complaints and litigations against them; as a consequence, undermining the professional standing of the employee [5, 16].

To that effect, it has been suggested that a comprehensive diagnosis of the relationship between burnout and employee job performance should evolve around three, if not more, dynamics: *assessment* of job performance, *analysis* of job demands and *identification* and understanding of methods of job activities [19]. A

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suggested approach to achieving this could involve delimiting or separating various elements subsumed in a job. Such an approach would yield fundamentality distinct, albeit complementary, data related to:

- aspects of work that are under the control of the worker - principally behaviours involved in job performance itself;
- aspects of the work that are not under the control of the worker - the consequences or effectiveness of job performance;
- aspects that deal with relative costs – efficiency, productivity and
- aspects that show the value placed on each by the organisation - utility.

To further such an analysis, studies have tended to target the use of multiple measures of distress to represent burnout and self-and-supervisory ratings and observable behaviour to represent performance outcomes. For example, Lazaro, Shinn and Robinson [20] employed measures of alienation, low job satisfaction and psychological and somatic symptoms to measure distress and burnout; they employed self-reported intentions to leave the job and absenteeism to measure performance outcomes. In this way, associations burnout has with job performance were examined much more comprehensively.

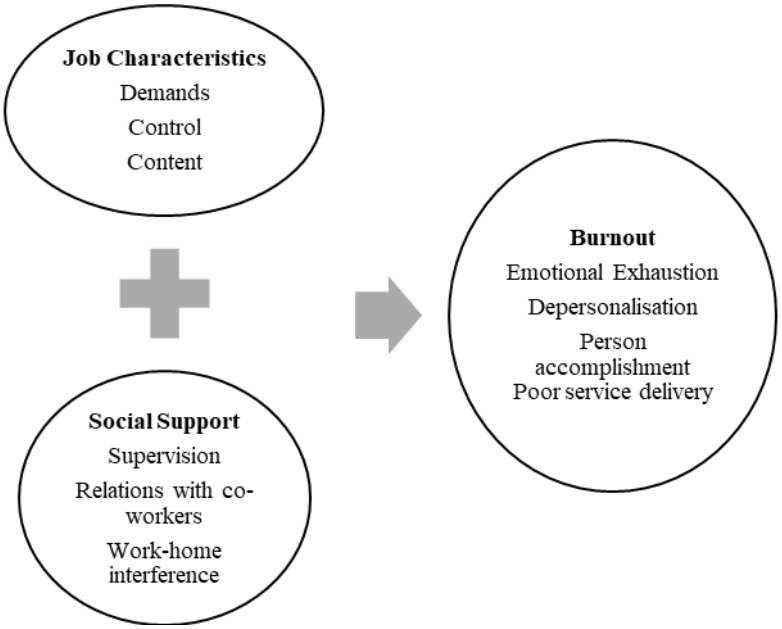

Figure 4: Work Characteristics, burnout and service delivery matrix

Several previous research studies examining the satisfaction-to-performance link appear to find no correlation between satisfaction and job performance [20]. Simply, it is universally posited that there is a lack of evidence that satisfaction levels are significantly associated with job performance.

On the other hand, Maslach seems to assert that workers who present burnout symptoms also have negative attitudes towards clients, i.e., that burnt-out employees are demotivated and are more predisposed to render minimal or poor service [21]. Because of the special nature of human service work, where workers use themselves as technology to meet the needs of their clients [20], then their psychological status may be more important to performance than is the case for employees less personally involved in their work. In this sense, some studies have found that performance in human service work is related to job satisfaction, satisfaction and work motivation [20]. For example, Lazaro, Shinn and Robinson [20] report a negative own rating concerning their performance with patients among nurses involved in general patient care. On the other hand, they found that burnout was positively correlated with the performance of those nurses serving in critical care and operating room leading to speculation that depersonalisation may have acted as a coping strategy against distress thereby enabling the nurses to more ably focus on the technical aspects the gruelling tasks at hand [20].

Thus, strong evidence points to the negative effect burnout have on poor job performance and minimal or poor service delivery. It is therefore imperative for both the employee and employer to safeguard against and/or intervene in cases of burnout among employees.

IX. PREVENTION AND INTERVENTION MEASURES

Field research shows a strong disposition towards withdrawal behaviours among burnt-out workers, especially among those who are younger, more educated and marketable [20]. This is a cause for concern,

especially in resource-poor countries including Zambia. The loss of highly qualified manpower in health and other human services is eating heavily into the fabric of national human services. A 2008 report on Zambia showed that due to the exodus of medical professionals, in the country teetering under a heavy HIV burden, its biggest and most advanced University Teaching Hospital in Lusaka was being serviced by less than 50% of nurses and 62% of doctors required for an urban population of 1 million. Thus, the consequences of burnout extend far beyond burnt-out individuals. Poor job performance impairs service delivery to clients, and turnover is costly to agencies [20]. These obvious negative effects underscore the importance of reducing burnout in the human service professions.

As a complex phenomenon, burnout requires a multifactorial approach for effective prevention and treatment [16]. For reasons that the disorder is centred on both environmental and personality aspects of work and the worker respectively, both institutional and psychosocial interventions are necessary for combating it [16,23]. Implicitly, this requires implementing measures at the level of the work environment aimed at generating awareness and corporate goodwill and support to improve work systems and supervision strategies as well as developing and implementing individual coping strategies when distressful circumstances arise [23].

With the understanding that burnout operates at various levels of severity, it presupposes that no effective *one-fits-all* interventions exist. For those victims presenting objectively minor, probably circumstantial symptoms, behavioural change strategies and optimising work-life balance might suffice. Such interventions could involve what is referred to as three important pillars: relief from stressors, recuperation via relaxation and sport and return to reality [16] to inspire the victim to abandon over-the-board expectations to attain perfection. Fertile ground for distress, dissatisfaction and burnout is engendered by an environment characterised by threatening job conditions defined by highly demanding work circumstances and low control over long-term rewards [16, 24]. The three important pillars practically entail undertaking reform toward more worker autonomy and control of both job demands and rewards.

To reduce the risk of burnout among workers, managerial interventions should aim at reducing workers' experience of stressors [24,16]. Institutional managers can devise strategies aimed at reducing workers' workload and increasing their sense of control. Other than merely promoting autonomy, worker well-being can be enhanced by providing them with adequate office resources and support staff and facilitating a pleasant work environment.

In various human services, the challenge of reducing workload arises due to limited resources. For example, in the case of Zambia, this is true where it is difficult to hire new and retain serving staff due to economic constraints. In such circumstances, the call on service managers is to provide workers with flexible work schedules. Such would entrench a sense of control and autonomy in the workers. Autonomy has been found to decrease job strain [24]. It also calls for providing adequate office resources and support while creating a pleasant and friendly work environment. Work-home interference tends to be a serious stressor at the workplace [19], wherein concerns such as childcare interests have to be weighed against adhering to inflexible work schedules [19].

Various complementary strategies to promote mental health can be undertaken by would-be and those already facing burnout. Figure 5 outlines some of the most commonly applied strategies [19]

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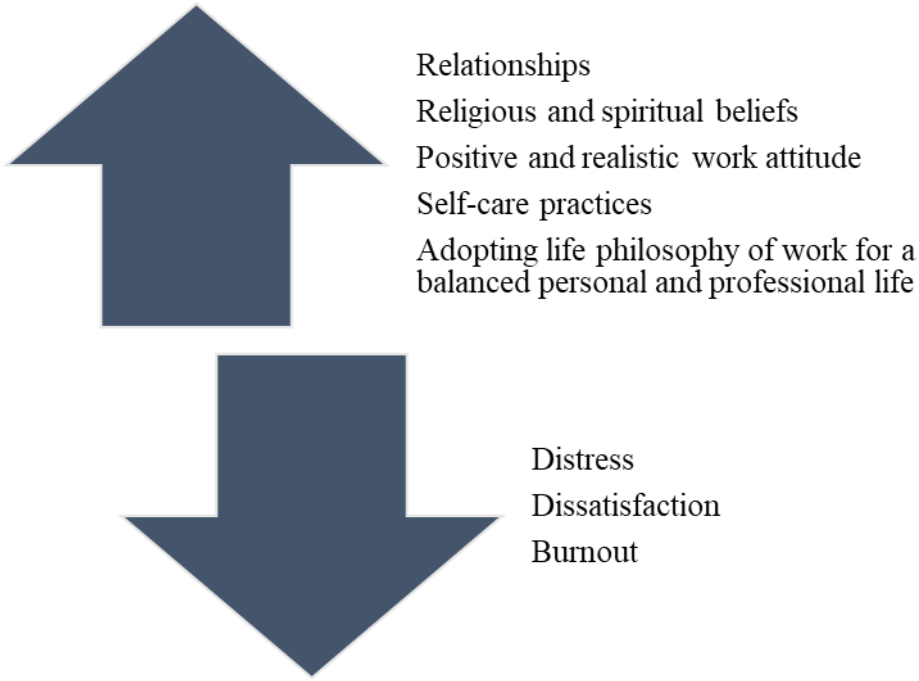

Figure 5: Personal strategies to manage burnout

The figure depicts that a high in *relationships, religious and spiritual beliefs, positive work attitudes, self-care practices and adopting a life philosophy valuing a balance of personal to professional involvement* will prevent one from receding into distress and burnout. Relationships relate to an understanding of the importance of spending quality time with family, friends and significant others. This might include actively cultivating and maintaining connections with colleagues, to share and reflect with them on emotional and existential aspects of the caring professions. For many people promoting well-being is centred on religious belief and/or spiritual practice [19]. Religious well-being has consistently been considered by such people to be essential to their general psychological well-being, helping them to hedge against distress generally [8]. An appropriate work attitude refers to employees' drive to find meaning and fulfilment in their work and actively choosing and limiting their involvement when distress becomes too much to cope with. Self-care practices involve an individual actively pursuing personal interests and being self-aware of the separation between professional and family responsibilities. This also includes actively seeking professional help when need be. Adapting protective life philosophy includes a positive outlook identifying own values and acting accordingly with emphasis on the balance between personal and professional life. These personal strategies are the suggested tools to be implemented in the prevention of the development of burnout.

X. KEY POINTS ABOUT BURNOUT TO BEWARE

For Zambia and other resource-poor countries especially in Africa, there is every cause for concern regarding burnout and the resultant poor work culture and performance ineffectiveness in general. Burnout can't be less severe than in a typical Zambian environment of poor infrastructure and equipment, acute human resources shortage and high population growth translating into high demand for human services. As demonstrated by the University Teaching hospital of Lusaka – Zambia, operating at 62% doctor capacity and less than 50% nursing capacity but expected to service a population of more than 1 million [22], such an environment necessarily means that resources are overly stretched and service delivery thinly spread and ineffectual.

In the face of mounting demand for human services, in Zambia, the Government has employed over 30 thousand and 15 thousand new teachers and medical workers respectively. Outside employing the new staff, nothing on the material-resource side might have improved significantly: inadequate equipment, poor housing, poor access to electricity, water and sanitation and internet services in rural stations to which the majority have been assigned to serve. On this score, a study on counselling and distress among teachers in Zambia found that an estimated 95% of teachers experienced distress in one way or the other regardless of age and gender mainly resulting from "large class sizes, too many teaching periods per day, family responsibility, poor work relations with administrators, deadlines for submitting assigned tasks" *etc.* [25]. Importantly, the study noted that teachers reported their work had deteriorated as a result.

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Thus, one notes that distress results from stressors falling into three traditional categories of *frustration*, *conflict* and *pressure* [10] and in an environment like what we are painting about Zambian conditions, all matters of stressors abound limitlessly. Workers can't deliver due to poor resource base, they are living under rural conditions way below those expected of college and university graduates in more opulent urban areas and the huge demand for services from the local population mean that they are frustrated, demeaned and dejected and pressured to provide services they are not facilitated to deliver. Work-related distress and burnout outcomes are inevitable in the Zambian human services environment.

For a start, corporate interventions are necessary to forestall the emergence of burnout in Zambia and other countries that share similar socioeconomic conditions. And workers – especially in human services - who are scantly aware of the epidemic stalking them everywhere they work, require to beware and seek some deliberate break from work conditions when distress and burnout get too much to bear. In the end, training and awareness campaigns on burnout might prove a worthy investment in human capital development.

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