

Job Stress and Burnout

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Stress, like depression, is a universal experience. Both are generally self-limiting and may even prove to be beneficial in terms of personal growth. In some circumstances, however, stress and depression may become excessive or morbid, and lead to considerable disability.

The association of stress with physical and psychological disorders has aroused much controversy over the years, but the particular subject of 'burnout' has received comparatively little attention in Britain. In the USA, on the other hand, job stress and the burnout stress syndrome (BOSS) have stirred up great interest, as demonstrated by the writings of Jones¹ and Cherniss.² They suggest that a high level of occupational stress leads to physical and emotional exhaustion, with consequent loss of efficiency. The condition is thought to affect particularly those in the helping professions and in responsible administrative positions.

Critics of the concept suggest that burnout is merely a trendy name for boredom or an alternative label for the mid-life crisis. But the present writer believes that few will read a description of the syndrome without recognizing in themselves or in their colleagues at least some of the signs and symptoms.

Symptoms and causes

Sufferers from burnout describe loss of energy and interest. They complain of being easily tired and of a growing feeling of inability to cope. There is often a drop in personal motivation and a progressive loss of idealism and purpose. The demands of patients grow burdensome. The mood is more one of apathy than depression, yet there seems to be an area of overlap. Freudenberger³ suggests that in clinical depression the condition is prolonged and pervades all areas of a person's existence, while the depressive mood of burnout is usually temporary and work-specific.

Particular personality types are associated with the syndrome. Those likely to be susceptible are described as socially isolated, hard-working, idealistic, and slow to seek help for themselves. But an interesting finding of Pines and her co-workers⁴ was that different work environments produced different burnout rates. This suggests that the crucial element may not be the individual's personality, but rather the kind of organization in which he works and the nature of the stresses imposed upon him. Features such as space and noise play their part, and significant factors include ease of interaction with others and the amount of authority or discretion the individual is given. Particularly important is 'overload', that is, having too many tasks or tasks which are too difficult.

For helping professionals it is the social dimension of work which is most telling. When the job itself is demanding

and complex, or involves serious decisions which affect the lives of others, the support of colleagues is indispensable. Yet it is often the daily relationships with co-workers which cause strain. Despite the lip-service paid to concepts such as team-work, consultation, supervision, and good communication, evidence abounds that helping professionals often feel unsupported, unappreciated, and isolated.

Survey and results

This investigation set out to estimate the prevalence of job stress or burnout in two groups of local doctors—GPs and hospital specialists. One hundred questionnaires were sent to each group and anonymity for the replies was assured. Eighty-four GP questionnaires were returned, suitably completed, and 72 from hospital doctors. Most of the latter were consultants, with some senior registrars and associate specialists. Table I summarizes the replies to the following five key questions, answered 'yes' or 'no': (a) Do you enjoy your work now as much as ever? (b) Do you suffer periods when you feel exhausted physically, emotionally or intellectually? (c) Do you find the conditions under which you work stressful? (d) Have there been times when you felt bored, frustrated or disenchanted with your work, not simply as a passing mood, but as a more enduring experience? (e) Would you say this has amounted to clinical depression?

TABLE I
Responses from different doctor groups expressed as percentages of each group

Question	All doctors (n 156)	GPs (n 84)	Hospital doctors (n 72)	Psychiatrists (n 11)
(a) Lack of work enjoyment	30	31	28	9
(b) Periods of exhaustion	83	87	79	54
(c) Work stressful	68	64	72	63
(d) Enduring boredom	47	50	44	27
(e) Depression	8	11	4	0

However else these figures are interpreted, they show without doubt that Aberdeen doctors in sizeable numbers experience periods of exhaustion, find their work stressful, endure extended periods of boredom, frustration or disenchantment, and (to a lesser degree) no longer enjoy

their work as much as they used to. In a small number of instances clinical depression has been experienced.

The present writer has difficulty in imagining any kind of clinical practice which fails to produce periods of exhaustion or stress. Yet, of all the doctors who replied, 17 per cent admitted no feelings of exhaustion and 32 per cent did not find their work stressful. In this regard, psychiatrists (admittedly a small group) show a quite strikingly different response from other doctors. While 63 per cent admit stress at work, only 54 per cent say they have periods of exhaustion, 27 per cent boredom, 9 per cent lack of enjoyment, and none experienced clinical depression. This comparatively low dissatisfaction score suggests several alternatives: that psychiatrists are more able to cope with stress; that they work in a specialty which occasions less strain and frustration; that they are more fulfilled by their calling; or that they are unwilling to tell the truth to one of their own number.

Discussion

To some the term burnout may sound rather dramatic and ill-chosen. Nevertheless it serves to identify a problem which is both uncomfortable and embarrassing and so often hidden from view. The reality and extent of job stress and burnout are worth determining so that preventive and treatment measures can be adopted as necessary. It is not difficult to imagine the damage or even danger that may follow the burnout of a surgeon, a headmaster, or an industrial manager.

To burnout, it is said, one has first of all to be 'on fire'. It seems true that many people enter professions such as medicine, nursing, and social work imbued with high ideals and, perhaps, with unrealistic expectations. Certainly a variety of stresses awaits the medical student and post-graduate. These include information overload, frequent or testing examinations, lack of time for recreation and family, dealing day by day with suffering, death and bereaved relatives, and fear of clinical error. The student's personal image of the ideal doctor may fail to match what he sees around him in actual practice. He may become disillusioned and lost to the profession. Or he may become anxious, depressed, burned-out, or even suicidal.

Disenchantment may arrive later in life. O'Donnell⁵ quotes doctors expressing regret that 'medicine, as they were then practising it, seemed unlikely ever again to offer them the challenge and excitement that it had in the early days of their careers.' It is worth noting in this respect how recent social and economic conditions, such as high unemployment levels and cut-backs, have tended to increase occupational stress. Career structures have become more and more rigid and the available options reduced. There is a growing intrusion of governmental and bureaucratic machinery. Caring professionals no longer feel so privileged and 'special'. Patients and clients seem more demanding, less grateful, and altogether unwilling to accept responsibility for

themselves.

Burnout, if it exists as a separate entity (and the figures quoted above suggest that it does), arises from the interaction of an individual personality with an unsatisfactory work environment. Of course stress may arise outside the work situation, for example, in marital or family difficulties, and added to work dissatisfaction may be enough to precipitate a breakdown. There may well be need for expert help in the form of counselling or psychotherapy. But preventive measures are possible if, at present, largely neglected.

For example, it is likely that burnout is not a single event, but rather the end-point of a process occurring in a series of stages or crises. It is when these crises fail to be dealt with constructively that frustration mounts and apathy eventually takes over. Management (of ward, hospital, or university department), which is alert to the problem and is devoted to safeguarding its human resources, can do much to improve morale and reduce the incidence of burnout. Too many places of work have become large and dehumanized; communication is poor, workers at all levels tend to feel insignificant and unheard; decision-making suffers and the organization is unresponsive to needed change. These problems require determined and informed efforts to improve communication and decision-making processes, to facilitate peer-group support and creative supervision, and to promote the importance and benefit of staff development. Training programmes should be more lively and relevant. Regular occasions, so-called 'workshops', where staff escape the routine tasks for a day at least, to vent frustration and formulate new ideas, can help. Perhaps a fuller use of sabbatical leave would be cost-effective in terms of renewed skills and motivation. And nowhere are these proposals more relevant than in the NHS.

Many heartfelt comments were made by doctors in the space provided in the questionnaire. A large number expressed frustration that patients' demands exceeded their needs, and that their needs exceeded available resources. One practitioner, however, expressed satisfaction that he now had a name for what he had been suffering from for years.

ACKNOWLEDGEMENT

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