CHAPTER 1

The Psychology of Burnout

> It's an overwhelming sense of falling further behind, of "lagging behind the pace car."
>
> —Professor at a major medical school

> Overworked . . . fatigued . . . no energy . . . not enough sleep! We are supposed to be limited to sixteen hours a day in the hospital, but sometimes it's much longer.
>
> —Medical student

> Tired . . . exhausted . . . depressed . . . anxious . . . no energy . . . a sense that "something's not right" . . . always rushed at work, no time to double-check.
>
> —Pharmacist

Symptoms of burnout are commonplace among many physicians and other healthcare professionals. This fact is both unfortunate and unsurprising; after all, healthcare providers are tasked with the care of patients who are physically, mentally, and/or emotionally compromised. These patients often understandably focus on the bedside manner of their physician or the level of personal care provided by a nurse, but what often goes unrecognized and unappreciated is the effort that a healthcare provider puts toward maintaining a generally positive and empathic persona regardless of their actual feelings. The fatigue associated with sustaining these caring personas is what motivated some of the earliest work on the concept of burnout.

At this point, you may be asking what exactly burnout *is*. "Burnout" is a commonly applied term used colloquially to express being tired or overworked, or worn out from too much of the same thing over and over. In popular culture and everyday conversations you may hear statements like those below:

- "We binge-watched *Game of Thrones* this weekend, and I am really burned out on it."
- "Not burgers again for dinner. I'm so burned out on burgers."

- "I'm so burned out on going to the movies. Let's just stay home and chill."

Burnout, however, is more than a simple feeling of tiredness. True burnout is a specific condition with a history of careful study. Let's move away from the layperson's use of the term to define it from a scientific perspective.

The World Health Organization defines burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed" (WHO, 2019). In other words, burnout occurs when the stress encountered at work exceeds the cognitive, physical, and emotional resources of an individual to maintain their effort, performance, and personal well-being while at work. The syndrome of burnout is multidimensional. Specifically, psychologists and clinicians who revised the *International Classification for Diseases* identified three defining dimensions of the syndrome (ICD-11, 2019), as follows.

1. *Feelings of energy depletion or exhaustion.* The exhaustion component represents the basic, fundamental, individual stress dimension of burnout. "I have absolutely no energy. Nothing left in the tank. I am drained. I am completely worn out." This aspect refers not only to feelings of being overextended but also to being depleted of one's emotional and physical resources.
2. *Depersonalization or increased mental distance from their job, including negativism and cynicism related to work.* The cynicism (or depersonalization) component represents the interpersonal-context dimension of burnout. It refers to a negative, callous, or excessively detached response to various aspects of the job, including the customers, clients, or patients one is there to serve. Typical statements indicating the depersonalization dimension are as follows: "I used to really care about my work. I was invested in it. At this point, though, I just don't care about my work or the people I have to deal with. I try to . . . but my enthusiasm is gone. I feel bad about it, but to be honest, I really don't care anymore. I'm all out of compassion. These people (clients, customers, patients) are just a number to me."
3. *Observed reduction in professional efficacy and/or decreased feelings of personal accomplishment.* The component of reduced efficacy or accomplishment represents the self-evaluation dimension of burnout (Alessandri et al., 2018; Shoji et al., 2016). It refers to feelings of incompetence and a lack of achievement and productivity at work. Those feelings may be accompanied by visible reductions in

> effectiveness. This is what the reduced-efficacy facet sounds like: "I got into this career to make a positive difference, and I used to feel that I was making that difference. Now? I don't think I am really accomplishing anything at all. What's the point? Why bother?"

Whether you are a physician, a nurse, another healthcare provider, a patient, or a family member of any of those folks, this description of the three critical defining dimensions of burnout syndrome may sound familiar. These more specific definitions of the facets of burnout tell a story of what far too many professionals in many fields, including physicians and other healthcare providers, are experiencing daily.

Although this book focuses primarily on physicians and secondarily on other healthcare providers, this introductory chapter is intended to provide a more general background on the topic of burnout and will conclude with a self-diagnostic tool that anyone can use to see if they may be experiencing or are at risk of experiencing those debilitating symptoms of the burnout syndrome. If that tool signals that you either are experiencing burnout symptoms or are at risk of it, much of the balance of this book will likely be especially useful to you. If you are a physician, other healthcare provider, or a patient, the information we have gathered and summarized in this book very well may be a lifesaver. As we will emphasize throughout this book, healthcare providers are especially at risk for burnout, with potentially severe consequences to themselves and their patients.

Brief History of Burnout

Burnout was first identified and officially named as such in the research literature in 1975 by Herbert Freudenberger, a psychiatrist working in an alternative healthcare agency (Freudenberger, 1975). In 1981, Christina Maslach, a social psychologist who studied emotions in the workplace, published the Maslach Burnout Inventory (MBI), the first major measurement tool for assessing burnout (Maslach & Jackson, 1981). This inventory allows individuals to self-assess on the three critical defining dimensions identified in the *International Classification for Diseases* (sound familiar? Flip back a few pages for a review). Research on burnout as a phenomenon began in caregiving and service occupations (Maslach & Schaufeli, 1993; Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). And decades before Freudenberger put a name to burnout, many professionals in human-contact-intensive, services-oriented professions lamented the emotional burdens of their work.

Burnout, of course, is not limited only to human services. Any job in any industry can lead to burnout, depending on heavy workload, long hours, low autonomy, and other factors. But there are certain consistencies in jobs that are especially associated with burnout. A recent survey ranked burnout-prone jobs in order of risk level: social work, emergency response, design, business development and sales, retail, medicine, and law (Montanez, 2021). A separate study placed medicine at the highest risk of burnout, followed by law and STEM (science, technology, engineering, and math; Stahl, 2020). We could cite dozens of such articles with different rankings, but each will inevitably list healthcare at or near the top of the list as a high-risk, burnout-prone profession.

What Are the Symptoms?

With our science-based working definition of burnout in hand, we will now explore some of the symptoms that those experiencing burnout can expect to see in themselves and/or in coworkers who are experiencing the syndrome or are verging on burnout. In other words, what does burnout feel and look like?

The symptomology and characteristics of burnout include a variety of cognitive, emotional, and physical elements. As one would expect, these symptoms map directly onto the dimensions identified by the World Health Organization and measured by the MBI (Maslach & Jackson, 1981; WHO, 2019). We summarize the main categories of symptoms here, and for those who wish to dig deeper into the symptomology of burnout (or any of the other areas covered in this and other chapters), we provide a list of references at the end of each chapter.

The most prominent symptoms of burnout include the following.

1. *Dysphoric symptoms center on emotional exhaustion.* Emotional exhaustion includes a general sense of unhappiness and a prevailing negative mood. Even things that would typically incite enthusiasm and a cheerful mood no longer do so. Emotionally exhausted individuals also commonly experience physical fatigue at a level that cannot be resolved by a good night's sleep (note that sleep disruption is a common, virtually universal correlate of the burnout syndrome; Ekstedt et al., 2006). Described as "a fatigue that is more than skin deep," the experience of emotional exhaustion includes biologically identifiable physical fatigue as well as mental fatigue that makes general alertness and complex thought processes challenging. The key term is exhaustion.

2. *Burnout symptoms include mental, behavioral, and physical deficiencies.* Many of the symptoms experienced by individuals with burnout are mental (cognitive), such as a lack of clear thought process, inability to focus and concentrate, being easily distracted, forgetting things, or missing steps in a procedure. Behavioral symptoms are also commonplace and may include choosing to distance oneself from people or expressing frustrations at minor hassles that normally are not particularly bothersome. Critically for healthcare providers, and central to the focus of this book, these behavioral symptoms can also include making errors. Physical symptoms in extreme cases are the familiar stress-related psychosomatic disorders, such as migraines, ulcers, or chronic hypertension (De Vente, Olff, Van Amsterdam, Kamphuis, & Emmelkamp, 2003; Peterson et al., 2008). Note too that current research has dramatically expanded the list of "stress-related diseases" beyond the classical list to include everything from the common cold to cancer. Excessive unmanaged stress predisposes one to a much wider range of physical disorders than those identified in the early research on stress.
3. *Additional observable behavioral symptoms of burnout relate to work performance.* Related to the previously described emotional and cognitive symptoms, another behavioral manifestation is disengagement in work activities, which in turn leads to inefficiencies and performance loss (Schaufeli, Leiter, et al., 2009). Tasks that are typically done without issue or error now become challenging and burdensome. Others within the workplace may begin to notice these changes. If severe, these deficiencies can result in major, even catastrophic mistakes, which in turn can trigger organizational and institutional sanction and intervention.

It is important to emphasize that these defining symptoms of the burnout syndrome do not occur in isolation, but come together and reinforce each other. For example, emotional fatigue and sleep disruption inhibit mental performance and mean that errors are more likely. More errors in turn add to the stress and emotional exhaustion. Withdrawal behaviors add to all the other symptoms. No matter how the cycle begins, once the symptoms become chronic, exhaustion, depersonalization, and reduced efficacy – the defining markers of burnout – will follow.

We want to emphasize that anyone, regardless of personality type, resilience, or any other psychological characteristic, can experience burnout. Recall that burnout is identified as a *work-related* syndrome, a serious condition to be sure, but not one that is classified as a form of

psychopathology. Previous psychopathology or current psychopathology is not at all a necessary condition for these symptoms to emerge. Burnout is an "equal opportunity" problem that can affect anyone under the "right" working conditions. However, while we are all susceptible to burnout under the right conditions, previous psychopathology can exacerbate the symptoms and lead more readily to chronic burnout. Individuals who show the symptoms of burnout are disproportionately more likely to experience clinical depression, which is identified in all of the standard reference sources as a form of psychological disorder. Burnout is not in itself a type of psychological disorder, but it correlates with the condition of depression, and it is not always clear which leads to which. We will discuss more of this important topic later.

Given the symptoms of burnout and the reality that it impacts otherwise normally functioning people, you might ask a simple question: How do I know if I am at risk for burnout? To begin to answer this question, consider yourself as having a finite amount of energy and other critical resources. When your energy and other essential resources drop into the negative range, you might find yourself going into what may fairly be called "survival mode" at work. At that moment, you would be approaching burnout. You may be doing just enough to get by, waiting for the workday or workweek to end, hoping to be able to rest, recover, and return to work ready to go. But remember, one of the critical early warning signs and continuing challenges of burnout is sleep disruption. If you are beginning to approach burnout, available rest and recovery time might result in insomnia more than sleep.

Burnout, importantly, is not a sudden-onset condition like post-traumatic stress disorder brought on by a catastrophic event, or like sudden panic attacks. And the workload and lack-of-control issues that underlie and trigger burnout generally do not appear suddenly. Recall that the World Health Organization officially defines burnout as resulting from *chronic* workplace stress that has not been successfully managed (WHO, 2019). If an individual experiences a sudden emergency at work, marshals the resources to deal with it in the short term, and gets back to business as usual, that sudden extra demand on energy and other personal resources will not in itself lead to burnout. It may well lead to a temporary surge in the "stress reaction" otherwise known as the venerable fight or flight syndrome. There may be intense activation of the sympathetic branch of the autonomic nervous system, with a pounding heart, dry throat, tense muscles, butterflies in the stomach, and all the internal hormonal changes that underlie the felt stress reaction. It's true that in the aftermath of an

especially intense sudden challenge, one might experience some level of post-traumatic stress disorder, with recurrent reliving of the event and anxiety-provoking flashbacks. But so long as those emergency events are uncommon, not extremely intense, handled well at the time, and not ongoing, a sudden spike in workload will not result in burnout.

For most people, the pressures that lead to burnout build gradually, as do the experienced symptoms of burnout. Individuals may be unaware that a gradual increase in their workload and the gradual decrease in their ability to control their workload are causing them to gradually begin to experience the early symptoms of burnout. In a sense, their "stress switch" is always half-on, but at a gradually increasing level of which they are unaware.

Remember the old adage: Question: How do you boil a frog? Answer: slowly.

Often it's easier to spot signs of burnout in others than in ourselves. When a colleague says, "We can't keep going like this," they may already be burned out, or at least clearly headed in that direction. Think about the symptoms of burnout that we outlined above. Subtle changes in overt, visible behavior can point toward inevitable burnout. Colleagues who distance themselves from others in the office, who become angrier or more argumentative, who fall behind on routine tasks, or who make atypical errors are showing warning signs of burnout. The key to addressing burnout in oneself and others is to be fully mindful of the symptoms and even the subtle changes that might indicate early burnout. A supportive conversation can help someone identify burnout before they suffer more serious consequences or leave the profession.

In this book, we will discuss ways to identify the signs of early or already-serious burnout, reasons why healthcare professionals are especially at risk, the effects of physician burnout on patient safety, and, finally, ways to put in place strategic interventions to mitigate and ideally even eliminate physician and healthcare provider burnout. But first, let's look at some of the primary outcomes of burnout, the effects of which are well documented in the research literature.

What Are the Cognitive, Job-Behavioral, and Physical/Health Outcomes?

A number of cognitive, job-behavioral, and physical/health ultimate outcomes are common among those who experience the symptoms of burnout. Again, and most fundamentally, burnout is a work-stress-related syndrome that should not be ignored in hopes that it resolves itself. It

should be treated like any other serious condition in terms of urgency and availability of treatment options.

Cognitive Outcomes

Behavioral scientists have found that when a person starts to experience the symptoms of burnout, several specific cognitive outcomes arise in the form of impairments to the normal thought process (Bianchi & Schonfeld, 2016; Linden, Keijsers, Eling, & Schaijk, 2005; Peterson et al., 2008; Sandström, Rhodin, Lundberg, Olsson, & Nyberg, 2005). The following cognitive outcomes are broken out into three related facets. These impairments in the thought process are visible in the early stages of burnout as minor "misses," but they evolve into major problems as burnout builds over time.

1. *Impaired cognitive performance.* Chronic burnout leads to several types of cognitive performance impairment, including reductions in non-verbal memory, poor problem solving and decision making, and inconsistent prioritizing (Peterson et al., 2008; Sandström et al., 2005). In jobs where these forms of cognitive capabilities are required, such as every facet of healthcare, burnout results in immediate, often severe performance deficits. Think of this impairment in general as "not thinking clearly . . . forgetting something . . . missing a step."
2. *Cognitive attentional difficulties.* Cognitive attentional difficulties are challenges to the ability to be aware of stimuli in one's environment at a normal operating level. Individuals at varying levels of burnout lose their ability to fully maintain voluntary control over attention (Linden et al., 2005). Those with chronic burnout may be easily distracted, increasing the probability of errors during tasks requiring consistent attention, as most tasks in healthcare do. Think of the attentional facet as "I got distracted by X, now where was I with Y? "
3. *Depressive cognitive style.* Individuals experiencing burnout are also prone to develop what is identified in the research literature as a depressive cognitive style (Bianchi & Schonfeld, 2016). They develop dysfunctional attitudes, ruminate on recent failures or challenges, engage in self-blame, and make more pessimistic attributions about their environment than others. These trends may well help to explain, or at least offer clues, as to why burned-out individuals are so susceptible to depression. The positive correlation between burnout and depression is an issue critical to the health of the healthcare professional and the safety of the patients they serve.

Taken together, the various cognitive effects can be summed up as difficulties with focusing attention as needed, with effective problem-solving and decision-making, and with the ability to properly prioritize tasks. More generally, this dysfunction results in a greater likelihood of mental mistakes, which can translate to performance mistakes. Awareness of these deficits results in increased anxiety and (especially) depression, which adds to the stress that the individual is feeling.

It comes as no surprise that those suffering burnout show more pronounced cognitive performance decrements compared to non-burned-out individuals (Sandström et al., 2005). As with any of the outcomes of burnout, there are gradations to the negative cognitive effects. As soon as an individual feels any of the symptoms of burnout, cognitive deficits are at risk of occurring, and there is limited time before those deficits become apparent in their performance on the job and most likely affect cognitive ability and behavior outside the workplace as well. Remember that while the sources of burnout are work-related, the effects are not at all limited to the workplace. We are focusing here mainly on work-related outcomes, but as we will see, symptoms and outcomes can manifest themselves in any setting, including with the families of burned-out individuals.

Job-Related Outcomes

The diminished cognitive capacities will most definitely at some point result in job-performance declines. However, we will first address several additional job-related outcomes that occur as a result of burnout, as discussed by the pioneering burnout researcher Christina Maslach and the many colleagues and researchers who have been inspired by her seminal work through the years.

We review some of the additional major job-related outcomes as well as the overall performance decrement here.

1. *Reduction in positive job attitudes.* Burned-out individuals are less satisfied with and less committed to their jobs and organizations. Prior to experiencing burnout, individuals who are happy and committed to their work are more likely to have positive job attitudes that express themselves in a wide variety of constructive behaviors. They are more prone to engage in helping behaviors (e.g., offering to take on an extra task or staying late to help a coworker) and otherwise demonstrate increased engagement in work. Helping behaviors above and beyond the mere requirements of the job are termed

organizational citizenship behaviors or extra-role behaviors, and they are common in positive work cultures where people are not greatly at risk for burnout (Erks, Allen, Harland, & Prange, 2020). Similarly, high levels of employee engagement, where employees are deeply committed to their organization, their supervisor, and their teammates are common in positive work cultures where the risk of burnout is low. As a result of burnout, those positive job attitudes and the helping behaviors commonly associated with them are greatly reduced.

2. *Increase in negative job attitudes.* Not surprisingly, reduced positive job attitudes generally correspond to increased negative job attitudes. Physicians who become burned out will of course experience the defining symptom of cynicism and therefore be more likely to distance themselves from their work, particularly in terms of patient interaction. Additionally, thoughts of quitting a job become common and the negative job attitude becomes visible to others at work through a variety of verbal and overt behaviors, as evidenced by many of the quotes from the healthcare providers we interviewed for this book.
3. *Decrease in job performance.* A decrease in job performance is not just a reduction in productivity, but commonly includes an increase in errors on the job. In many occupations, a heightened number of errors might mainly pose a risk to profit through poor product or service quality. In other jobs, errors can result in injuries. However, in a field like surgery, an increase in errors from burned-out surgeons or others on the surgical team can have life or death consequences for patients. While perhaps not as starkly visible, errors from other healthcare providers can also have very severe consequences. We will continue to discuss the central theme of medical error and its relationship with burnout throughout the course of the book.

Physical and Health Outcomes

The many symptoms and outcomes of the syndrome of burnout interact and reinforce each other. In particular, the physical and health outcomes associated with burnout rarely, if ever, exist in isolation from cognitive and job-related outcomes. A person who experiences cognitive deficits, for example, is more likely to see the result of those deficits in poor performance on the job. A person whose burnout is accompanied by depressive