

CHRISTINA MASLACH
prologue by Philip G. Zimbardo

BURNOUT
THE COST OF
CARING

MALOR BOOKS
Los Altos, CA

To my parents,
George J. Maslach and Doris C. Maslach,
whose love and caring
have meant so much to me.

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PHILIP G. ZIMBARDO, author of the prologue, is a professor of psychology at Stanford University and has written many books, including the bestseller *Shyness, The Shy Child* (also published by Malor Books) and *Psychology and Life*.

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Finally, this book would not have come into being without a very special person – my husband and colleague, Phil Zimbardo. From the beginning, he has been strong in his encouragement and constructive in his criticisms and has made many important contributions to my writing. His warmth, good humor, patience, and understanding have kept me going even when the going got tough. The love and support that he and our daughters, Zara and Tanya, have given me throughout this period have kept my own fire burning brightly, and for that I am truly grateful.

PROLOGUE by Philip G. Zimbardo

THREE STORIES: RONNIE, SNUFFY, AND CHRIS

My cousin, Ronnie Petrillo, is a cop, a good cop, honored for bravery, liked by his buddies, still an idealist about preserving law and order and making his beat a safer place for people to live.¹

My friend, Snuffy Thompson, is a robber, a bad robber, who gets arrested a lot, goes to prison some of the time, cons gullible souls into paying big money for worthless jewelry or someone else's Cadillac – and back to the slammer for awhile.

As different as the two of them are, I think you'd like them both if they'd let you get on the good side of their tough hides. Ronnie and Snuffy each play cameo roles in the tragic drama entitled "Burnout." The cop is but one of the many kinds of other actors you will soon meet, whose life's work entails providing a service to people in need. They are professional providers, the caregivers in our drama – health care, educational care, welfare care, legal care, and whatever

other kind of care one can make a career out of giving. Their stage directors call for “close contact” with the receivers of their services. Although cautioned about getting “too close” or making “too much contact,” these actors sometimes fail to maintain a sufficiently detached perspective. When this happens, the role gets to them, and they no longer can tell where the role ends and the self begins, or is it the self ends and the role takes over?

Snuffy is on the receiving end. He “gets done to” by these providers of people services. Cops track him down and arrest him, lawyers defend him, guards try to control him, prison counselors attempt to straighten him out, parole agents keep tabs on his activities, welfare personnel help him survive until the next time, and so on and so forth. But Snuffy is just one of a cast of millions who are the recipients of care from the ever-growing human services industry in our country. Care that used to come informally from individuals in our tribe, our family, our neighborhood, from the elders, now is packaged more formally by institutions with trained staffs of personnel who specialize in giving particular kinds of care to particular kinds of recipients, or cynically, the “caretakers.”

Ronnie and Snuffy have interesting stories to tell about how “the system” can work against, rather than for, them. But before we check out their stories, I should mention that the author of the drama that is about to unfold in this book, Christina Maslach, also has a little side story that needs telling. She won’t do it herself because of her sense of professional modesty, so I will have to because of my personal pride. It’s the kind of story that reveals a hidden dimension of a person whom we thought we really knew until some-

thing totally unexpected happened and the person improvised on the spot – sometimes for the better, as in this case, or for worse, as in too many other instances. Since Ronnie and Snuffy are already stage center, let's put Christina's story aside for the moment.

Ronnie

I've known Ronnie since he was a little kid, an easy-going, fun-loving kid. Full of smarts, but short on the discipline "to study hard to get into college like your cousin Philip." He had a variety of jobs that were fillers until he found what he really wanted to do with his life. When he finally became a police officer, at last he found the right career for his talents and interests. He was doing something for his community, not just working at a meaningless job selling some product only for the commission it brought.

"I help people who are weak, frightened, and in trouble. Thugs don't harass the shopkeepers in my area, junkies think twice before dealing around the school. Old ladies don't have to be in constant fear of their Social Security checks being ripped off. I'm only sorry that violence is so much a part of the job. We are the lightning rods that deflect the bullets and abuse from some target out there in the community onto us. And then we may have to kick ass to keep some hood from killing one of us or one of you."

The emergency call blasts in on his car radio. "Signal 21' [burglary in progress], still on premises. All units in area proceed to scene immediately; Unit 57 is closest and will be contact unit to enter premises. Unit 23 backup in rear yard, Unit 14 cover roof. Over and out."

Adrenaline flows in tune with wailing siren. “I’ll go in, you hit it last time, cover for me, stay in real close.” Heartbeat in ears almost drums out all other sounds. “This is the police. Come out with your arms above your head and you will not be harmed.” Silence. Pulse racing. Door kicked in. No resistance. No suspect. Room by room, the apartment is searched for the dangerous suspect who could be hiding in a closet or behind a shower curtain – with a nervous finger on a fast trigger.

“No one’s here, premises empty.” “Relief! False alarm, or did the bad guy make a quick escape? But what do I do with all this pumped up adrenaline? How do I push that pulse down to its old resting place?”

Ronnie overreacts a little in subduing a known drug dealer caught red-handed. He snarls back, “I’m gonna get you, you fag motherfucker, soon as I’m out!”

“That’s the second citizen complaint against you this week, Petrillo. I’ve had some community leaders in here who are distressed by the way you handled a forcible arrest in their neighborhood. Apparently, you lost control of the situation. I can’t tolerate that kind of...”

“But, Chief, a crowd of 200 people threatened us, they were going to take away our suspect, who was one of three bad guys who jumped another cop. We were lucky to escape from there alive.

“OK, sure, Chief, next time we’ll handle it differently. But I gotta tell you, you’ve been off the streets too long, you don’t have any idea what we are up against out there. It would be nice to know that we had a little support from somewhere, but we don’t seem to have any, not from the

DA's office, or the judges, or top brass. We're alone out there and it's cold."

Sure, it's past shift time, but there are still a mass of forms to be completed before heading home. Five A.M., the sun is coming up as Ronnie leaves the station house. "Can I buy you a cup of coffee, Copper? Told you it was a waste of time. I'm bailed out already before you even got to bed! And while you're sleeping, I'll make more money than you pick up in a month doing your Boy Scout errands." Frustration, anger. Some of it turned out, some turned in.

"He's getting like a real Gestapo when he puts that uniform on," my mother told me. "He's always yelling at the kids, ordering everybody around, no patience at all, can't stand any noise." "We're all on pins and needles when he's home," his wife reports. "Ronnie doesn't eat good like he used to, it's those night shifts and junk food. He's coming in to sleep when we're all getting ready to start the day. But he hasn't been sleeping so good lately either, and that makes him even more irritable and more exhausted when he's got to work overtime because somebody else calls in sick. And how can we have any social life with these hours?"

Ronnie sighs, "The headaches I handle with aspirin, Gelusil for the stomachaches, and a drink for the nerves. It seemed to be working until last Sunday when I noticed my speech slurring and my hand getting numb, then my arm and the right side of my face. I had a stroke. Imagine me with a stroke. I'm not even forty years old, and I got a stroke. Maybe it's the stress of the job, who knows, but what's new? It's part of my job. Fortunately, the stroke

went away with a little rest and medication in the hospital. Doctor said I should take it easy. ‘I’ll try, doc, but I can’t promise. I mean, to be a cop is to be a stress officer. It’s what the job is all about. If I can’t cope out there, I might as well be a night watchman in a cemetery.’ I guess I’ve just got to get tougher so the job doesn’t get to me the way it does. But how to do that is another matter.”

Snuffy

Snuffy is not only the kind of person who makes Ronnie’s job a source of so much stress, he is the “client” who contributes his fair share to increasing the emotional exhaustion in a host of other caregivers. He certainly exhausts my emotional reserves at times, gives me a case of *agita* (Sicilian for a state of aggravated irritability, the best cure for which is to bite one’s lips, count to dieci, and exit from the situation *presto*). Snuffy’s endless litany of problems, complaints, imagined injustices, his broken promises, missed appointments, unpredictable outbursts tax not only my patience, but almost everything else in and around me. There are times, I am ashamed to admit, that I wish he would just go away, vanish, or be banished to a desert island without access to the phone that he calls me on at midnight to ask for advice on how to deal with the welfare worker who won’t process his request for supplementary aid. He threatened to do her in if she didn’t wise up. You see, he really needs the money to pay his lawyer who got him off a drunk-driving charge (“How can a couple of shots get you drunk? I mean to tell you, those cops are out to get me because I don’t take no

shit from them, they can't come on my turf pushing us around. If I'm gonna do time again, I'm taking a few of them with me").

The welfare agent pressed the panic button, security subdued Snuffy, who was irate that he should be treated like a common criminal. "Lady, your time will come, don't ever forget my face because next time you see it, it will be too late." She didn't know he was more puff than tough stuff. The parole officer managed to get Snuffy released with the promise of psychiatric counseling. But the clinic psychiatrist did not have enough street savvy to rap on a par with Snuffy's fast talk, so Snuffy dismissed him as another of the incompetents "full of book learning, but without any common sense." "I told him he was a dunce when it came to really understanding people. I gave him a D grade; come back when you're ready to get down in human terms." Parole revoked, some county jail time. Guards are made to pay for the fact that nobody wants to give Snuffy a break, start him out with a decent stake, let him run a small business, give him a franchise, or whatever. And it's their fault too that "rich kids are born with a silver spoon in their mouths and the children of the poor get lead poisoning from the peeling paint off the rotten walls of their rat-infested tenements that are there to make fat-cat landlords fatter and make jobs for those 'homerelief workers.' That's what they used to be called in the old days in New York, now they are social welfare pukes."

And that's just a week in the life of Snuffy Thompson. As his world turns, so do the stomachs of the half dozen or more professional service providers he uses and abuses. They are not part of his solution, according to

him, and he is definitely part of their problem, according to them.

People needing people. People unable to make it on their own. People wanting to help others to cope, to survive, to adapt, to adjust, to make it. It is a reaching out and a making contact. It is the human connection. It brings a sense of fulfillment to the givers, to the sharers of their talents and energies. It brings relief, help, direction, new beginnings to those who take that hand being offered. When it works, this human drama is a joy to behold. When it doesn't work, it can be comic, but all too often it is tragic. The givers suffer, and those in need are not helped as they should be. The human connection is not renewed with gentle, firm human contact. It is broken or frozen with callous disregard and cynical disappointment: "So that's what those people are really like – they're animals, that's what they are, animals."

Christina Maslach deftly leads us through the various acts in which this tragic drama of the workplace develops. We are shown how the principal actors and actresses are affected by the stresses of the setting in which they work, what each contributes to the problem, and how each spreads its insidious malaise to others. But just when the stage appears strewn with the burnt offerings of once overzealous performers, our author redirects the action to suggest not only ways to rekindle the flame of the caregivers, but, even more, to discover how to prevent it from beginning to flicker. The end, however, awaits writing since the author rightly notes that recommendations need to be translated into scripts for action, actions made into policy, policy out-

comes evaluated, and evaluations appraised to guide further interventions.

The optimist in me holds out for an idyllic final scene, which when eventually written will be that “the worker enjoyed the work, those helped enjoyed the helpers and were enjoyed in return as problems found their rightful solutions and solutions ended unfair problems. And burnout disappeared from the land as people rediscovered the joy in giving and receiving the help, care, and concern that we all need at times in our journey through life.”

You are now close to meeting the author who you will find most knowledgeable about the actors and the contexts in which they perform. She has researched her subject well and makes her knowledge readily accessible by using language that is both common and precise. Thus, laypeople, professional caregivers, and social scientists (among others in her audience) will all be able to take away much from this unpretentious scholarly analysis that is informed by the obvious personal involvement of a researcher who seeks to understand and a gentle, caring person who would use that understanding to improve the lives of others.

Chris

Finally, Chris’s story. Some years ago, I was a prison superintendent. I ran the Stanford County Prison, an experimental prison created by psychologists to study the dynamics of the prisoner-guard relationship. Our mock prison was populated with “good guards” and “good prisoners”; we knew that was so because we rigged it that way. Only

normal, healthy, law-abiding volunteers were selected to role play being jailers or inmates. A flip of the coin randomly segregated the lot into opposing sides, so that there was no basis in reality for any person to be a prisoner or a guard. But like a Pirandello play, the illusion we created soon merged with reality. Our mock prison became all too real. Guards who were generally passive and pacifist became sadistic and brutal. Prisoners chosen for their “normalcy” on a variety of personality tests were behaving pathologically in a variety of ways. The mere fact of a prisoner’s existence in the prison justified degradation by the guards. Prisoners deserved what they got because they were “troublemakers” and “dangerous.” The worst abuses to the inmates occurred when the prison officials were asleep or otherwise occupied, when a guard was alone with a prisoner – whenever the “experiment” was suspended and personal motives took over. Mind you, everyone knew this had started out as an experiment, but that memory grew less vivid as each day passed.

The inmates were awakened several times a night, allegedly to be counted, but really so the nightshift guards could have something to do to keep from being bored. By the time parents and friends visited, most inmates looked awful and felt terrible. A priest visited and watched as a prisoner broke down, sobbing hysterically. A public defender interviewed prisoners who complained about the conditions of their incarceration. Secretaries, psychologists, people from TV and news media, janitors, and assorted others looked in from time to time to see this evil place gradually overwhelm those good people acting out their assigned roles.

I thought of myself as a “liberal administrator”; indeed, some guards complained that I was too soft with the prisoners. By the fifth night, all of us were caught up in the escalation of power to the powerful, the suffering of the powerless, and the need to control people (rather than scientific variables). In this hothouse atmosphere, I had not realized the transformation that was taking place in me – me, the dispassionate researcher, the always eager-to-please teacher, the liberal prison superintendent. I had changed, I was now the zookeeper, the menagerie manager, and these were my trained, tamed animals.

Christina brought that realization crashing down on me with a tear. It was Thursday night and she came to the prison to assist us with interviewing the prisoners. While she was preparing the tape recorder and interview materials, I called her attention to the line of blindfolded prisoners, shuffling along to the toilet under the guard’s orders. She averted her eyes, and when I asked had she seen the prisoners (our “circus”), she tearfully replied, “It’s awful what you are doing to those boys.” Hers was the first voice in nearly a week to break through the reality of “our prison” to remind us that they were boys, not prisoners, that they had not done anything to justify what we were doing to them, and that the experiment was out of control. Not a single person of the more than thirty observers who came to peep in (through the observation window) at our study, not any of the dozen parents and friends of the prisoners who came on two visiting nights, had questioned the basic assumptions of our prison. Christina’s tears cut through the “groupthink” consensus that had isolated us from external normative standards and

from our own moral and human values. Hers was the gentle voice that reminded me of my humanity, of the distance I had traveled blindly to become what this place and that role dictated. Her courage to challenge the entire irrational system was sufficient to force me to end it the next day, a week before the projected termination day. We had traveled too far; the momentum of the place had prevailed over our sense and sensibility.

Christina Maslach's courage was all the greater considering that she also had to break through the constraints of her role as a mere graduate student to challenge not only the formidable prison superintendent, but a man who was her professor and thesis supervisor as well.

There was only one obvious course of action open for me in responding to this affront to my authority – I married her. And now there is only one obvious course of action open to you, dear reader, to get acquainted with this remarkable woman through her perceptive analysis of the phenomenon of burnout. Curtain!

FOREWORD

It has been twenty years since the publication of my first book on burnout, *Burnout: The Cost of Caring*. That book brought together what I had learned, during several years of research, about the emotional complexities of caregiving occupations. Since that time, I have continued my quest to understand burnout: what are its causes, what are its consequences, and what can we do about it? I have been joined in this journey by many colleagues, and the result is a large body of work that addresses these key questions.

So what have we learned about burnout in the past twenty years?

Burnout is not limited to professional caregivers. In fact, it can be experienced by anyone in the position of providing extensive care for another person. This is most likely to occur when the person is suffering from a chronic and debilitating health condition, and is being taken care of at home. The caregiver may be the spouse of a stroke patient, the child of an aging parent with

Alzheimer's, the partner of an AIDS victim, or the parent of a child with a developmental disability. Even though their caregiving is voluntary, and their relationship to the patient is more intense and complex, they are just as much at risk for burnout as a paid professional who is providing care.

- Although burnout was first identified within people-oriented, human service professions, it is not unique to this type of work. Rather, it is a risk for people working in just about any other kind of occupation. The apparent universality of the three core dimensions of the burnout experience is now captured by slightly different terms than those in the book:

- *Exhaustion* (the individual stress response)
- *Cynicism* (the negative reaction to others and the job)
- *Inefficacy* (the negative evaluation of one's own accomplishments)

- Today the focus is not simply on burnout, but on its positive opposite of job engagement. Engagement is a state of *energy* (rather than exhaustion), *involvement* (rather than cynicism), and *efficacy* (rather than inefficacy). It is the ideal work experience, and intervention strategies are being designed to help people achieve it

- At the time I wrote the book, burnout was largely an American phenomenon. But as it turns out, burnout is far more international. Research on burnout has been done in many other countries, particularly in Europe, Israel and Canada, and the basic aspects of burnout have been found to be similar in these different national settings.

- As I argue in the book, burnout is not a problem of people so much as it is of the social environment in which they work. What I have since discovered is that when the workplace does not recognize the human side of work, and there are major mismatches between the nature of the job and the nature of people, then there will be a greater risk of burnout. These mismatches occur in six different areas: work overload, lack of control, insufficient rewards, breakdown of workplace community, absence of fairness, and value conflict. I describe these mismatches between people and their jobs in a more recent book, *The Truth About Burnout*, which I wrote with Michael Leiter in 1997 (Jossey-Bass).

- Can this new mismatch model of burnout be used to help people and organizations deal with this problem in the workplace? The answer is *yes*. Michael Leiter and I have developed a program for an organizational “checkup” that allows an organization to assess its areas of strength and weakness, and thus to take both proactive and preventive actions. The entire package for this program is: Leiter, M. P., & Maslach, C. (2000). *Preventing Burnout and Building Engagement: A Complete Program for Organizational Renewal*, San Francisco: Jossey-Bass.

- While I have been developing organizational interventions to deal with burnout, a counseling psychologist named Beverly Potter has been focusing on personal ones. She has written two self-help books that focus on individual strategies for dealing with burnout, both of which contain lots of exercises, drawings, stories, cartoons, and quotes.

- Potter, B. (1993). *Beating Job Burnout: How to Transform Work Pressure into Productivity*. Berkeley, CA: Ronin Publishing
- Potter, B. (1995). *Finding a Path with a Heart: How to Go from Burnout to Bliss*. Berkeley, CA: Ronin Publishing.

Clearly, much has happened in the past twenty years, and we now know that burnout has greater breadth, complexity, and relevance. But what we knew at that time, which I described in my original book, still holds true today, and many people have asked that this book be brought back again. I am delighted that it still speaks to the complex pains and joys of working with people, and hope it will bring fresh insights to a new generation of readers.

Christina Maslach
San Francisco, 2003

1

THE BURNOUT SYNDROME

When I try to describe my experience to someone else, I use the analogy of a teapot. Just like a teapot, I was on the fire, with water boiling – working hard to handle problems and do good. But after several years, the water had boiled away, and yet I was still on the fire – a burned-out teapot in danger of cracking.

Carol B., social worker

A teacher can be compared to a battery. At the beginning of the school year, all the students are plugged in and drawing learning current. At the end of the school year, the battery is worn down and must be recharged. And each time the battery is recharged it is more difficult to get it to hold its charge, and eventually it must be replaced. That is when complete burnout has taken place.

Jim Y., teacher

When you have to care for so many people, you begin to suffer from an emotional overload – it’s just too much. I’m like a wire that has too much electricity flowing through it – I’ve burned out and emotionally disconnected from others.

Jane J., nurse

Burnout. The word evokes images of a final flickering flame, of a charred and empty shell, of dying embers and cold, gray ashes. And, indeed, these images aptly express what these three people, Carol, Jim, and Jane, are now experiencing. All of them were once fired up about their involvement with other people – excited, full of energy, dedicated, willing to give tremendously of themselves for others. And they *did* give... and give, and give until finally there was nothing left to give anymore. The teapot was empty, the battery was drained, the circuit was overloaded – they had burned out.

Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do “people-work” of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems. Thus, it can be considered one type of job stress. Although it has some of the same deleterious effects as other stress responses, what is unique about burnout is that the stress arises from the *social* interaction between helper and recipient.

A pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome. A person gets overly involved emotionally, overextends him- or herself, and feels overwhelmed by the emotional demands imposed by other people. The response to this situation (and, thus, one aspect of burnout) is *emotional exhaustion*. People feel drained and used up. They lack enough energy to face another day. Their emotional resources are depleted, and there is no source of replenishment. As Betty G. put it, “Everyday I was knocking myself out at school – for the kids primarily, but also to prove to others (and myself) that I was a good teacher. I would really be emotionally drained, but all I had to come home to was the cat.” Her motto might have been, “I gave at the office – who will give me something back?”

Once emotional exhaustion sets in, people feel they are no longer able to give of themselves to others. “It’s not that I don’t want to help, but that I can’t – I seem to have a ‘compassion fatigue.’ I just can’t motivate myself to climb one more mountain.” One way people try to get out from under their emotional burden is by cutting back on their involvement with others. They want to reduce their contact with people to the bare minimum required to get the job done. Consequently, they transform themselves into petty bureaucrats whose dealings with people go strictly by the book. They “pigeonhole” people into various categories and then respond to the category rather than to the individual. By applying a formula, rather than a unique response, they avoid having to get to know the other person and becoming emotionally involved.

This petty bureaucrat routine is one of the many ways people detach themselves psychologically from any meaningful involvement with others. This detachment puts some emotional distance between oneself and the people whose needs and demands are overwhelming. When this emotional buffer is combined with a genuine caring for others, it evolves into an effective way of handling the emotional strain of such people-work. The professional ideal of “detached concern” among medical practitioners represents this blend of closeness and distance.¹ Many physicians believe it is a prerequisite for effective patient care. But, much like oil and water, detachment and concern do not mix easily. Rather than striking and sustaining a balance between them, many people feel pulled toward one or the other of these apparently antithetical poles. All too often, the professional’s commitment to helping is so overwhelming that the retreat into a detached stance toward others is actually an attempt at emotional self-protection – patients get care or treatment without any personal caring.

The armor of detachment may indeed shield the individual from the strain of close involvement with others, but it can also be so thick that no feeling gets through. With increasing detachment comes an attitude of cold indifference to others’ needs and a callous disregard for their feelings. As one New York cop told me:

“You change when you become a cop – you become tough and hard and cynical. You have to condition yourself to be that way in order to survive this job. And sometimes, without realizing it, you act that way all the time, even with your wife and kids. But it’s something you

have to do, because if you start getting emotionally involved with what happens at work, you'll wind up in Bellevue [psychiatric hospital].”

The development of this detached, callous, and even dehumanized response signals a second aspect of the burnout syndrome – *depersonalization*. It is as though the individual is viewing other people through rust-colored glasses – developing a poor opinion of them, expecting the worst from them, and even actively disliking them. According to one social worker, “I began to despise everyone and could not conceal my contempt,” while another reports, “I find myself caring less and possessing an extremely negative attitude. I just don’t give a damn anymore.” This increasingly negative reaction to people manifests itself in various ways. The provider may derogate other people and put them down, refuse to be civil and courteous to them, ignore their pleas and demands, or fail to provide the appropriate help, care, or service. Listen to Michelle B.’s experience:

“I’m a United States consul and am not alone among consular officers in experiencing burnout. We interview nonimmigrant visa applicants to determine whether they are eligible for visas and whether they are really nonimmigrants or intend to remain illegally in the United States. The poor will try any form of fraud or misrepresentation to get a visitor or student visa if they cannot qualify under the law. Weeding out the intending immigrants wouldn’t be such a bad job, if it were not for the fact that we have about three minutes per interview, with hundreds more applicants clamoring for their turn. It’s easy to dehumanize the applicants. We speak of cattle

chutes to control the crowds. We lose our temper and yell at the refused applicants who won't give up and go away. We refuse visas because the applicants have greasy hair or wide lapels. We refuse so many that we don't bother to tell applicants who could qualify for a waiver of ineligibility that there is such a thing. We begin to despise the poor, if not all nationals of the country we work in."

When the individual becomes soured by the press of humanity, he or she wishes, at times, that other people would "get out of my life and just leave me alone." In some cases, this wish is acted on, and the other people are literally shut out. As an example, it is not uncommon in residential colleges for faculty initially to encourage their students to come to their apartment in the dorm at any hour. However, when one student's problems are replayed over and over by many others, students themselves become the problem for the faculty member. Long before the school year ends, faculty begin to resent the students from whom there seems to be no escape. You can see why a student would then become thoroughly confused by a display of disdain from a teacher who had once been so friendly and helpful. Ironically, these hostile and negative feelings are often directed at the people one cares about most of all. As one harried young mother of three children put it: "There are days when I've had it up to here with talking to little people who are always whining and wanting something. And I'll be angry all the time, wishing they would just disappear."

Feeling negatively about others can progress until it encompasses being down on oneself. Caregivers feel distress or guilt about the way they have thought about or

mistreated others. They sense they are turning into the very type of person – cold and uncaring – that nobody, especially them, likes very much. At this point, a third aspect of burnout appears – a feeling of *reduced personal accomplishment*. Providers have a gnawing sense of inadequacy about their ability to relate to recipients, and this may result in a self-imposed verdict of “failure.” “It’s painful to say it, but maybe I’m just not cut out for this kind of work,” said one attorney in legal services. “I thought of myself as a sensitive and caring person, but often I’m *not* sensitive and caring when I’m with clients – so maybe I’m really deluding myself about the real me.” With the crumbling of self-esteem, depression may set in, and some will seek counseling or therapy for what they believe are their personal problems. Others will change their jobs, often to abandon any kind of work that brings them into stressful contact with people.

A vivid example of a full-blown bout with burnout is Stan’s experience:

“I am a psychologist, going on my third year of employment as a therapist in a community mental-health center. I have seen myself change from an avid, eager, open-minded, caring person to an extremely cynical, not-giving-a-damn individual in just two and a half years. I’m only twenty-six, and I’ve already developed an ulcer from doing continuous work in crisis intervention. I’ve gone through drinking to relax enough to go to sleep, tranquilizers, stretching my sick leave to its ultimate limit, and so on. At this point, to get through the year, I’ve chosen to flip into the attitude of going to the mental-health center as if I were working at GM, Delco, or Frigidaire factories – that’s what it has become here, a mental-health *factory*!

I am slowly, painfully beginning to realize that I need time away from constantly dealing with other people's sorrows, and that in order to head off the deadness that is beginning to happen inside of me, I must get away, apply for a month or so leave of absence, maybe more – when I start shaking just upon entering the office, then I know *that's it*. It hurts to feel like a failure as a therapist in terms of not being able to handle the pressure, but it's better that I do something about it now, rather than commit suicide later after letting it build up much longer.”

“AT RISK” FOR BURNOUT

In listening to Stan, our first reaction is to ask, “Why did it happen?” Here is an intelligent and sensitive young man who was initially dedicated to a career of helping people, who had received some special training for such work, and who had started his job with a great deal of enthusiasm. He was, perhaps, the ideal person for this line of work – just the sort of caring and committed therapist that you and I would want to turn to in times of trouble. So, why did he burn out?

Although he was not aware of it at the time, Stan's work situation made him clearly “at risk” for burnout. It required him to deal with many other people over an extended period of time. Hour after hour, day after day, he was supposed to help people with their “sorrows” and problems. And in doing so he was expected always to be concerned, warm, and caring. The emotional strain of such extensive caring was something he had underestimated or

perhaps had not even recognized. He began to get too involved in his clients' woes and to feel overwhelmed by them. Added to this was a lack of rapport and support among his co-workers and administrators, an excess of paperwork and the frustrations of red tape. Thus, Stan was in a situation of escalating emotional overload – too much was being asked of him and too little was being returned to him. The inner flame of concern and caring that he had originally brought to his job was slowly being snuffed out.

Many other life situations, both at work and at home, share the same elements that Stan faced – and we will see that burnout is the typical consequence. Consider a teacher who must educate a class of thirty students; deal with all of their personal and social needs on a daily basis; discipline, influence, shape, manage, and direct their behavior over long hours – and, then, face possible friction and hostility from parents, the uncertainty of layoffs from administrators, and the ever-present threat of budget cutbacks from the community. Such a teacher is at risk for burnout. A mother who must care for several young children at home, without help or support from others, with no opportunity for a work break, is at risk for burnout. A minister who must be a source of refuge and support for anyone seeking help at any time, and who has no one to turn to when personal problems arise, is at risk for burnout. A police officer who deals continuously with the seamy side of life, with lawbreakers and victims of crime, with violence and potential danger lurking in every encounter with a stranger, is at risk for burnout. A doctor who wades in an unending stream of patients who are sick, upset, angry, and frightened by their illness or its

implications, is also at risk for burnout. These are but a few of the many whose life's work makes them vulnerable to the emotional exhaustion, depersonalization, and reduced personal accomplishment that together form the burnout syndrome.

A PERSONAL ANALYSIS

This book represents my own ideas and insights about burnout. It's a personal analysis based on ten years of research and reflection. In collaboration with my colleagues at the University of California at Berkeley, I have collected information from thousands of people across the United States, by questionnaires, interviews, personal letters, or on-site observations. These individuals have come from a wide range of people-work occupations; they include social workers, teachers, police officers, nurses, physicians, psychotherapists, counselors, psychiatrists, ministers, childcare workers, mental-health workers, prison personnel, legal-service attorneys, psychiatric nurses, probation officers, and agency administrators. Although they perform different jobs, they all have in common extensive contact with other people in situations that are often emotionally charged.

At the time I began to study burnout, in the early 1970s, almost nothing was known about it. Few words had been written about the topic, and research on it was nonexistent. With so little to go on, I had no preconceived notions about burnout, nor did I have a particular theory that I wanted to prove. Instead, I had to start from scratch

and take a very exploratory approach, in which I asked lots of questions and watched what people were doing. As I thought about all these bits and pieces of information, I saw a meaningful pattern emerging. I tried out my initial ideas at a national convention in 1973.² I then developed a working concept of the burnout process, which I described in *Human Behavior* magazine in 1976.³ The public response to this article was overwhelming. Thousands of letters and telephone calls poured in from all parts of the United States and Canada. People wanted more information about burnout, some asked for help with their specific difficulties, and some expressed relief that at last this taboo topic had been made public. The article was reprinted or abstracted in many newspapers, magazines, and books; circulated widely in dozens of professional newsletters; assigned as required reading for various training and in-service programs; and distributed as a special handout at workshops and conventions. Clearly, burnout was a major concern for many people; it was as if a raw nerve had been touched.

As I continued to study burnout, my research began to involve more systematic tests of these initial ideas. The first two studies were done in collaboration with Ayala Pines, and investigated burnout among daycare workers⁴ and mental-health staff.⁵ Subsequent studies were done in collaboration with Susan E. Jackson, and focused on legal services attorneys,⁶ police officers,⁷ physicians and nurses,⁸ and public contact employees in the Social Security Administration.⁹ To assess people's experience of burnout, Susan E. Jackson and I developed a standardized scale measure, the Maslach Burnout Inventory (MBI).¹⁰ The MBI measures the three

aspects of the burnout syndrome – emotional exhaustion, depersonalization, and reduced personal accomplishment – and is now the most widely used index of burnout in both research studies and organizational programs. The following outline gives sample items for each of these three components and indicates how frequently these feelings occur when burnout is high and when it is low.

THE MASLACH BURNOUT INVENTORY (MBI)¹¹

Emotional Exhaustion subscale

Sample items:

I feel emotionally drained from my work.

Working with people all day is really a strain for me.

Frequency patterns:

High burnout – several times a month or more

Low burnout – several times a year or less

Depersonalization subscale

Sample items:

I've become more callous toward people since I took this job.

I worry that this job is hardening me emotionally.

Frequency patterns:

High burnout – once a month or more

Low burnout – once or twice or year or less

Personal Accomplishment subscale (reverse scoring)

Sample items:

In my work, I deal with emotional problems very calmly.

I feel I'm positively influencing other people's lives through my work.

Frequency patterns:

High burnout – less than once a week

Low burnout – several times a week or daily

Each of my research projects has tried to fill in a piece of the burnout puzzle. As new information has come in, my ideas about burnout have developed and changed,¹² until they have culminated in the thesis in this book. What I will be presenting here is a personal perspective based on a synthesis of all my research. I will not be giving a detailed discussion of specific research results; readers interested in reviewing the original data are referred to the chapter notes and the works listed in the bibliography. Instead, I will be painting a more global picture of burnout as I have come to understand it, laying out major themes and issues. Central to my analysis is the distinction between *who* and *what* – that is, between individual people and the surrounding situation.

THE WHO VERSUS WHAT OF BURNOUT

When burnout begins to occur, whether in ourselves or in others, we tend to see *people* causing it. We blame either the provider or the recipient of care (or perhaps both) for spoiling the idealistic relationship between concerned giver and appreciative beneficiary of that gift. Something about *them* as people, some personal flaw, must be the source of their soured altruism – or so we think. “He’s a cold fish.” “She hasn’t got a brain in her head.” “I guess I’m just a real SOB.” “You have to be crazy to be a psychiatrist.” “What can you expect from cops? They’re all sadists to begin with.” These are the sorts of conclusions we come up with when trying to figure out who is causing the problem. But note that I’ve phrased the question in terms of *who*. Who is

to blame for burnout? Who is responsible? Who caused this to happen? Whenever we ask a “who” question, what we get back will be a “who” answer. In other words, we will always conclude that it is a person or group of people who are the problem. Who? Me! Who? Them!

But suppose I pose the question differently: *What* is causing burnout? Phrased in these terms, the question points us in other directions that encourage us to substitute an analytical microscope for our people-watching binoculars. Rather than looking just at “defective” people, we focus our attention on the *situation* in which they find themselves. What sorts of tasks are they expected to do and why; in what settings do these activities take place; what limitations or constraints exist for them because of protocol, rules, standard operating procedures, and so forth. Such a focus allows for the possibility that the nature of the job may precipitate burnout and not just the nature of the person performing that job.

Indeed, this is the position that my research findings strongly support. Although personality does play some part in burnout, the bulk of the evidence I have examined is consistent with the view that burnout is best understood (and modified) in terms of situational sources of job-related, interpersonal stress. The phenomenon is so widespread, the people affected by it are so numerous, and their personalities and backgrounds are so varied, that it does not make sense to identify “bad people” as the cause for what is clearly an undesirable outcome. Rather, we should be trying to identify and analyze the critical components of “bad” situations in which many good people function. Imagine investigating the per-

sonality of cucumbers to discover why they had turned into sour pickles without analyzing the vinegar barrels in which they had been submerged!

EXPLAINING SITUATIONAL STRESS IN PERSONAL TERMS

If burnout is more a product of bad situations than of bad people, then surely the individual in such a setting should recognize the situational forces out there and deflect the blame from inner to outer environment. Not so.

The “Mea Culpa” Reaction

More often than not, people interpret their experience of burnout as reflecting some basic personality malfunction. The feeling that “something is wrong with me,” “I am too weak or incompetent to handle this job,” or “I have become a bad person” is pervasive enough to propel many people into some form of self-condemnation. Some seek therapy to understand their inadequacy, but probably more battle the problem with booze or rush it away with drugs. Even when they are able to acknowledge the situational stresses from a job demanding too much contact with too many others – “My workload is impossible” – they are still too ready to blame some flaw within themselves (“I should have been able to handle it,” “I should have tried harder and put out more effort,” and so on).

Why do we tend to have this strong bias toward blaming burnout on ourselves, rather than on features of

the work situation? To begin with, much psychological research informs us that many people have a general tendency to overestimate the importance of personal factors, while simultaneously underestimating situational ones (a tendency that psychologists call “the fundamental attribution error”).¹³ For example, when someone states an opinion, we usually assume it expresses that person’s true beliefs and rarely consider how much it is influenced by the other people who are present (as when an opinion is intended to please and flatter people or to shock and provoke them). We not only pay more attention to people than to the environment, we think in terms of individual differences between persons and have an extensive vocabulary of personality traits with which to characterize people. There is no comparable richness in our descriptors of the personalities of different situations.

For these and other reasons I will discuss later, we tend to overlook the contributions of the environment to people problems. We see someone behaving in a particular way because “he’s that kind of person,” and not because he is in a setting that elicits that behavior. Even when our own behavior is actually being determined by the situation we are in, we do not always recognize that fact, because we take the context for granted if we have been in it over a period of time. It *is* just the background, while the individual is the actor and main figure. For example, a teacher’s attitude toward a pupil may have been affected by what other teachers had reported previously, but she may still believe that she arrived at her position (of agreeing with them) entirely on her own. In addition to this general tendency to underestimate the impact of

situations on behavior, several unique elements in the caring relationship lead people to blame themselves for burnout.

First of all, the burnout syndrome appears to be a response to chronic, everyday stress (rather than to occasional crises). The emotional pressure of working closely with people is a constant part of the daily job routine. What changes over time is one's tolerance for this continual stress, a tolerance that gradually wears away under the never-ending onslaught of emotional tensions. As a result, when a caregiver begins to have problems in dealing with people, he or she has difficulty in identifying their situational cause. There is no immediate change in the work environment that corresponds with the noticeable change in his or her behavior. "This job has always been stressful, but I'm just starting to have troubles now – so the job can't be the reason for them." In fact, the stress of the job *is* the cause. However, since the job is a constant factor, while the person's problems vary over time, the person is unable to see a situational cause that coincides with the effect. Therefore, the obvious choice is between two possible causes, both person-centered: "The problems are caused either by me or by them."

We are more likely to attribute burnout to ourselves if we believe that our reaction is unique, and, thus, not shared by others. Such a belief results from the phenomenon of "pluralistic ignorance" – "Nobody knows the troubles I've seen because they all seem so happy, so I'll pretend to be happy, too, so nobody will suspect that I've seen troubles." People hide their true feelings and act as if everything were peachy keen and A-OK. When everybody puts on this mask of "I'm doing just fine" and fails to share his or her true

reactions, then other suffering souls in the same boat are going to assume erroneously that they are alone in their distress. “It looks like *they* all know what they are doing – but *I* don’t.” This misinterpretation is strengthened when the individual who feels like a “sore thumb,” a “weak link,” or a “sob sister” in not being able to hack it works hard at not revealing this “deviant” response to others. Instead of self-disclosure what we see is displaced effort to display publicly the “I’m all right, Jack” facade. This process is poignantly illustrated by the experience of a former nurse in the Midwest:

“While we were in training, we were always being told to ‘be professional.’ No one ever said exactly what ‘professional’ meant, or how to be that way, but I guess we all figured out that it meant being cool, calm, objective – and not being easily rattled by things. But I *did* get rattled and upset at times – like the first time a patient died. And I would be feeling panicky and angry and sad, but I would be fighting any expression of those feelings because I knew they were *not* professional. Everyone else seemed to be handling things OK, which made me feel even worse – like a real failure and a weakling who wasn’t cut out for this kind of work. And I didn’t dare say anything to them, for fear they would find out how weak I was and would think badly of me. It wasn’t until much later that I discovered that they were just as scared and lonely as I was, and afraid that I would think badly of them!”

When people are working with others in the context of an institution, “administrative response” is another unrecognized factor that leads them to misperceive the cause of

burnout as coming from within themselves. If difficulties arise in the delivery of care or service, administrators and supervisors are programmed to see the problem in terms of subordinates who are not performing their job adequately, rather than of shortcomings in the operational features of the institution itself. Because they assume that many of the hassles result from errors, faulty judgments, or laziness on the part of the employees, a major aspect of the job of administrators is directed toward getting employees to improve their job performance or getting better employees – the old “shape up or ship out” motivational advice. Thus, when employees complain to administrators about the emotional stress of their work, the typical person-oriented response is, “What’s the matter, can’t *you* take it?” Or, “What seems to be *your* problem?” In one stroke the administrator takes the institution off the hook and hangs the complainer on it instead. By having the blame laid squarely in the person’s lap – “It must be something about *you* that is wrong, nobody else is dissatisfied or making problems” – a sense of alienation, failure, and self-hatred are fueled. “You’re right, there must be something wrong with me.” In *sotto voce*: “I wonder what that something could be?”

Putting the Blame on the Other Guy

The bias toward blaming people for burnout does not always mean that the person to be blamed is oneself. The fault may be attributed to the other person in the relationship. The burned-out teacher blames the students, the medical staff hold the patients responsible, the prison

guards blame the inmates, parents say it's the kids' fault, social workers blame the clients, and on and on. "I'm burning out because of *them* (they're always complaining, they never learn, they're obnoxious, they're losers, and so on)." After we have pointed a damning finger at the other guys, our hostility and resentment toward them are less restrained. Once such prejudiced attitudes are translated into negative actions, it becomes easier to justify treating "those people" in less than humane ways ("Why should I be polite to someone like that?"). Over time, the callousness and cynicism of burnout come to full bloom – or rather, full withering.

Any difficulties that the other people may be experiencing in life are attributed to their inherent "defects" rather than to their current situation ("It's their own damn fault that they don't have enough money"). This response is known as *blaming the victim* and is related to the belief that people get what they deserve in this world (so if they don't have much, it's because they must not have deserved it).¹⁴ Blaming the victim is even more likely to occur when the true causes of the victim's problems are not clearly identifiable. For example, the true cause of a family's poverty may be the social-economic-political structure of society, which discriminates against them in various ways. Such a pervasive, abstract, and complex cause cannot be easily pinpointed; it has no specific boundaries in time and space. There's nothing to hold on to, nothing that any person can do something about and observe some change taking place. When the situational cause is not clear or is embedded in a broad complex of factors, we are likely to hear conclusions

like: “It can’t be the situation – the problem is the people themselves.”

Within various health and social service professions, additional factors promote people-oriented explanations. Many professional staff see their clients or patients on an individual basis about their difficulties, rather than meeting with groups of people who share the same problem. This contact with separate individuals leads professionals to analyze the problem in terms unique to the person, locating its causes somewhere within him or her. When dealing with a series of single individuals, the helping professional tends to focus on what it is about each person that is causing his or her problem. This is true even when the series of individuals all have the same difficulties but are seen one at a time. What might happen if all of them were to appear en masse at the therapeutic doorstep, asking for help? There is little doubt that the professional would approach this apparent epidemic by investigating what is wrong with the situation they are all in.

I once talked to a psychologist at a University Student Health Center about the problems of shyness and loneliness among the students. He said that this was indeed a source of difficulty for many students – that he saw several hundred of them with this problem over the course of the school year. When I asked how he treated this problem, he talked in terms of the individual student: his or her personality characteristics, family history, motivation to succeed, failure to risk taking the initiative, and so on. “These students come to your office on an individual basis, correct?” “Yes.” “But what would have happened if a hundred of them appeared at once, saying they

were shy and lonely?” “Then, of course, I would have to assume that something was happening on campus to make so many people feel that way. I’d call the dean or the dormitory adviser to find out what was up.”

In many institutional settings the very structure of the records kept on each client or patient contributes further to this people-oriented bias. The forms to be filed typically ask for a trait characterization of the person – his or her problem, critical incidents, “beefs” or staff complaints, and other personal evaluations. Usually, there is no place in the report form for listing *circumstances* that elicited the reactions noted. For instance, a client’s belligerence might be viewed differently in the context of her having had to wait several hours to see a staff person or having been given a run-around. There is not a space on the form for the client or patient to respond with his or her version of what appears to be “unprovoked” or “unjustified” action. Situational circumstances, if not ignored entirely or minimized, are honored at best with the status of excuses. And, of course, we do not accept an excuse as an explanation. Within the institution these records take on a historical “truth.” They become the standard against which the actual person is measured when he or she reappears in the provider’s office. These matters of record may bias the judgments that the provider will make in the face-to-face encounter. For example, if the file says the prisoner is a troublemaker, the guard may see him as making more trouble than he really is and, thus, as requiring more surveillance. Rebelling against this unnecessary surveillance helps fulfill the behavioral prophecy – he is a troublemaker. In this way, the written record both creates and maintains

a focus on the individual person with problems, which enhances our tendency to find such a person at fault in situations where burnout occurs most often.

Whether the brunt of the blame is carried by the giver or the recipient of care, blaming either allows the contribution of the situation to burnout to be minimized or ignored. If the appropriate situational causes are not recognized or appreciated, we can be sure that attempted solutions for burnout will be misguided or incomplete. Therefore, a situational analysis is a major theme of this book.

In the next two chapters I will explore the major situational bases of burnout. First, I will present the psychological dynamics of the involving interaction with people, and then I will investigate the nature of the work settings in which such interaction takes place. Next, I will consider what the individual brings to these situations, in terms of personal motives and personality traits that may increase vulnerability to burnout. Having analyzed the various sources of burnout, I will focus on its consequences and assess the deleterious effects it can have for the individual, for other people in the relationship, and for the relevant organization. The last three chapters will attempt to answer the question, "OK, so now we know what burnout is; what do we *do* about it?" Techniques for coping effectively with the syndrome as well as strategies for preventing it from happening in the first place will be presented in the hope that, if implemented, they can help reduce the increasing number of burnout casualties. By discovering how to lessen the psychological stresses of our jobs, as well as how

to handle better those that remain, we are helping to reaffirm the human connection between all those who give help and those who need help.