Professional Burnout Syndrome

Semsudin Papovic
Public Health Institute of Canton Sarajevo, Sarajevo, Bosnia and Herzegovina

SUMMARY
Work and professional stress represent discrepancies between the demands of the workplace and the environment in relation to our capabilities, desires and expectations to meet these requirements. Not all occupations are equally subject to professional stress. Among the most stressful occupations are those that are focused on working with people. However, there are some differences too. What are the helping professions? These are professions that are focused on helping other people solve their life problems. What they all have in common is that they involve personal contact with helpers in distress. Who are the helpers? These are people who have chosen professional or volunteer activities in situations in which common forms of mutual assistance among vulnerable people in crisis or distress are insufficient, and they need extra help. These are primarily health care workers, educators, psychologists, social workers, lawyers, police officers, firefighters and others. Our goal is to show the basic instrument for determining the Burnout scale, taken from the American authors, for wider application in the prevention of mental and (somatic) disorders among helping professions. There will be a typical case study for the quality observation and identification of the problem.

Keywords: burnout, scale, helping professions, helpers, prevention of mental disorders

1. INTRODUCTION

Work or professional stress means anticoincidence between the demands of the workplace and the environment compared to our capabilities, desires and expectations to meet these requirements. Not all occupations are equally subject to professional stress. Among more stressful occupations are those that are focused on working with people. But also here exist some differences.

What is the “helping profession”? These are professions that are focused on helping other people to solve their life problems. Common to them is the direct contact between persons in distress and “helpers”.

Who are the “helpers”? These are people who have chosen to work on professional or volunteer basis in situations where common ways of mutual help among vulnerable people in distress or crisis, is insufficient, so they need extra help. These are primarily health professionals, psychologists, educators, social workers, lawyers and police officers, firefighters, rescue services, divers and all people of good will who are willing to help in various crisis situations.

Range of specific needs to help people in need is great and in the modern world is constantly expanding—from working with delinquent children and youth, drug and alcohol addiction, abused or neglected children, those suffering from AIDS, victims of rape and violence, war victims and refugees. Great need for someone else to help traumatized American soldiers from the Vietnam War led in the 70’s and 80’s to the sharp increase in interest in the conditions in which the helpers themselves become victims of their work.

Helping professions are stressful due to direct communication with people who need the help of others, and because such a communication includes direct relationship among other things, empathy to emotional state and the suffering of others or the gap between expectations and real possibilities of helping. In fact, during the work helpers listen to many sad and tragic life stories, descriptions of traumatic events, hear about the tragic loss of life of others. So they are often emotionally “flooded” with this knowledge.

Helpers are also often faced with very limited resources and opportunities to help people who have experienced trauma. Daily encounters with people who have significant life and emotional problems or have experienced trauma, represent a great burden on the mental life of supporters. According to usual definition, traumatic events are considered events to which someone is exposed, and which cross the border of usual human experience, such as exposure to violence and abuse, the presence of violence, sudden or violent death of others, destruction of home, etc. The daily meetings with someone else’s misfortune and question their own sense of control over life of supporters themselves, because coping with the devastating experiences of others. Therefore, helpers may themselves become traumatized and pass through the crisis. It is thought that the awareness is the threat to mental health due to exposure to others trauma as one of the most important knowledge in the treatment of trauma and crisis situations in the past ten years.

Burnout syndrome refers to the phenomenon that some helpers after a certain time, become depressed, unmotivated for their jobs, emotionally empty and discouraged. Show different kinds of physical symptoms of stress, reduce the defense capabilities of the organism, increasing the number of self injuries, and previous understanding for people in distress can replace cynicism or indifference. Generally, the burnout syndrome at work is one of the
most unfavorable consequences of dealing with people in need, one of the most unfavorable outcomes of the stress of professional helpers.

The occurrence of these problems can be partly explained by some characteristics of personality of the helper. Usually these are the need for perfectionism, idealization in helping to people in need, needs for self-proving, inability to say “no”, the refusal to yield to another part of the job, too much expectations from the activities undertaken.

On the other hand, burnout has a source also in a series of circumstances that are not related to the characteristics of the helpers. These are poor organization of work, lack of professional skills and insufficient preparation for concrete work, support absence, professional isolation, etc.

Difficulties in mental functioning of the supporters in situations of the previous war (1992-1995), are further accentuated. Many direct and indirect victims of the war in Bosnia and Herzegovina have led to the fact that the helpers are literally “inserted” in a completely new area of work. Virtually all attention is guided only by the adverse psychological consequences of violence, war, abuse, living in exile. Almost that attention was not directed to the mental challenges that helpers faced. In practice this is reflected that the psychological needs of helpers are always very low on the priority list of different services and organizations that work with traumatized people. However, undoubtedly proved that the difficulties of professional helpers become a reality that increasingly affects their work, reducing their liability and threatens their mental health.

What is more characteristic for the helpers? They usually are not aware that this type of work affects them and avoid seek help for themselves. It is not surprising if we know that this happens in a situation in which the “victims” and “helpers” are part of the existing structures of power.

Victims are those who are weak, helpless, with no sources, and helpers are those who are strong, powerful and full of different sources of help. In this context, their need for professional consultation may be perceived as a personal weakness, and they proudly points out that they can withstand all to keep their perceptions of self-control and invulnerability. Helpers often refuse to admit they have psychological problems for fear of losing status, respect and trust of associates.

However, just because they refuse to seek help, most likely will reduce their ability to perform the job well and to be of use to people that need help. Precisely because of this, and the other reasons, it is necessary that an integral part of any psychosocial support program includes aspects of care for mental health helpers.

2. BURNOUT PHASES

Burnout syndrome at work does not happen “overnight”. This is a cumulative process. First appear small signs of warning that, if they are not taken seriously, without taking appropriate self-protection measures can be developed into chronic exhaustion and discontent. Helper who is on the way to develop the burnout syndrome will regularly have a few symptoms before they reach the higher phase of combustion.

There are several stages through which pass the helper approaching a state of “burnout”. It is known that susceptible to burnout are helpers who approaches the job with excessive expectations. Therefore, in the first phase we talk about LABOR IDEALISM which means unrealistic expectations and too much investment in the job. Helper, faced with a large number of people in trouble with their very complex problems, often at this stage is much working much longer, do not use daily or weekly vacation. The gap between professional effort invested and its effects often leads to personal disappointment and the first signs of helplessness.

Phase of STAGNATION occurs when helper becomes aware that goals of work are not as they were envisioned. This leads to a situation of frustration, followed by a feeling of disappointment, of doubt in their competence, negativism. Interference with communication, both with colleagues and with clients, is more common. Helper is shy, feel isolated from the working environment. It is emotionally vulnerable.

In the next phase people often become EMOTIONALLY WITHDRAWN AND ISOLATED because in that manner they defend themselves from adverse and conflicting situation at work. Of course, this is short term and useless solution. Emotional distancing from clients or patients, and isolation from colleagues, further contributing to the work experience as a pointless and not worthy, and combustion process at work is continuing. It is accelerated by the physical difficulties that may also occur at this stage, such as headaches, chronic fatigue, insomnia, allergies, etc.

The last phase we call the phase of APATHY. It occurs as a defense against chronic frustration at work. Initial empathy and enthusiasm are at this stage replaced with cynicism and indifference towards the problems of patients. Signs of depression in helpers become clearly visible. Motivation to work and other personal resources supporters are completely exhausted.

This can manifest in reduced immune, defense capabilities of the organism, so that otherwise harmless infections have serious flow and long duration. The frequency of minor accidents (e.g., sprains, cuts, falls) at this stage usually increases.

All until the helper does not come in the fourth and last stage of burnout, it is possible to stop further burnout, by changes in work goals, attitudes and behaviors to reverse the process. Very few people can do this if they reach the final stage of burnout.

3. GOALS

Global goal: With theoretical part, enlighten the burnout problem in professional work, which more and more present in all “helping professions” and “helpers” i.e. those persons working with people in distress

Partial goals: describe the basic characteristics of the scale for measuring the level of burnout in people
exposed to occupational stress; present two case studies with distinctive symptoms of burnout at the workplace. Instrument for measuring the level of professional burnout This scale, and other psychological instruments, must have four basic characteristics: objectivity, discrimination or sensitivity, the reliability and validity.

Using the scale is simple, fast and easy to evaluate. The main purpose is to determine the degree of burnout induced by professional stress (and other stressors), and detection of mental and physical exhaustion. It can be used in preventive purposes.

4. CASE STUDIES

Description of first case
Nurse, thirty-five years of age, married, and mother of two children. Working in the department of intensive care.

From history: She feels tense, anxious, distrustful, over important. Use a large number of defense mechanisms. There are problems in communication, spoke very little, and what she says have a dose of anger and aggression. The basic mood is somewhat lowered.

After the statement that she in high level of burnout, the reaction was stormy, “What can these tests do, I know the best how I feel,” “I’m not crazy,” “Do not tell anyone”. She is warned that needs to rest and refresh for a while.

Consequences: Fifteen days after the test about her condition, she suffered transitory ischemia of the brain, she is on a sick leave, because of this disorder lasted for several months.

Description of second case: Teacher in elementary school, married for 19 years, has one child at 30 years of age. Living in two room apartment with her husband’s parents.

From history: Very ambitious, perfectionist, eager to prove her values both at work and at home, working in an environment that is rigid, intolerant, with a predominance of director.

Symptoms: headaches, strong hand tremor and sweating, fainting, dizziness, insomnia, a strong sense of fear, loss of will and motivation, social introversion.

Confirmed is the high level of "burnout", but this state evolved in mental and physical disorders of neurosis of depressed type and the strong neurological disorders.

Professional stress factors, in this case, contributed the environment and other factors (family), and certainly the psychological structure of her personality, which is predisposed to such a sequence of events.

5. CONCLUSION

Harmful consequences of “burnout”, continuous exposure to high levels of professional stress, due to the nature of work and working conditions are visible among majority of supporters. Helping people in need is a profession highly exposed to the burnout syndrome. In addition, daily work with traumatized people (in our environment we are all traumatized more or less) regularly leads to indirect trauma of supporters. In our conditions of life, this should be added to the high exposure of war stress (PTSD) and very severe economic and political situation, which is constantly going on. But although all this is known, “helpers” often neglect the care of their own mental health, usually leaving it for a “better time”.

The general attitude is that supporters beside they have the responsibility to help other people, have a professional responsibility to them.

REFERENCES

Corresponding author: Semsudin Papovic, PhD. Public health institute of Sarajevo Canton, Mustafe Pintola 1. Tel: 00 387 33 624 470.