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BURNOUT IN ORGANIZATIONAL SETTINGS

Within the last decade, there has been a tremendous surge of interest in the problem of burnout. Although it was virtually unheard of prior to the late 1970s, It suddenly became a very popular topic. Hundreds of articles were written about it, as were numerous books; professional conventions held special sessions on it; and the mass media gave it extensive coverage. The general theme of all these discussions was that: (1) burnout is a problem, and (2) we need to do something about it. Consequently, there has been a tremendous proliferation of workshops, training materials, and organizational interventions planned by burnout consultants. Burnout has become big business.

From our vantage point as researchers who have studied this topic extensively, these developments are cause for both applause and alarm. On one hand, we are pleased that this problem is finally getting some serious attention, after years of being Ignored or denied. On the other hand, we are concerned about the rush into solutions before there is full understanding of the problem. Research on burnout is still in its infancy, and there is much that we simply do not know about the phenomenon. For example, there is very little base rate information (e.g., what percentage of people experience burnout, and for how long), as well as a paucity of data on critical criterion outcomes, such as quality of work, turnover, and personal health (Maslach, 1983). Given the shortage of facts about burnout, it would be premature to give an authoritative answer about how to handle It.

The picture is not entirely bleak, however. Even if it is not a lot, several things have been learned about burnout, as a result of studies by various researchers. Our own contributions to this state of knowledge have been: (1) the proposal of a mufti-faceted concept of burnout (Jackson & Maslach, 1982b; Maslach & Jackson, 1981b); (2) the development of a standardized instrument, the Maslach Burnout Inventory (MBI), to assess these different aspects of burnout (Maslach & Jackson, 1981a); and (3) the completion of several studies linking burnout to both work and family variables (Jackson & Maslach, 1982a; Maslach & Jackson,

1982, in press). In this chapter, we will present some ideas about burnout, based on our research, and consider their implications for applications within organizational settings.

REVIEW OF EARLY RESEARCH

We have defined burnout as a syndrome of emotional exhaustion. depersonalization, and reduced personal accomplishment that can occur among individuals who work with people In some capacity. Emotional exhaustion refers to feelings of being emotionally overextended and drained by one's contact with other people. Depersonalization refers to an unfeeling and callous response toward these people, who are usually the recipients of one's service or care. Reduced personal accomplishment refers to a decline in one's feelings of competence and successful achievement In one's work with people. This definition of burnout, which is now being used widely in ongoing research, was not based on a theoretical model but was derived empirically. Several years of earlier exploratory research provided the groundwork for the development of both our conceptual definition and our standardized measure. To show how the later research was shaped by the earlier work, a brief review of these studies is In order.

Interestingly, the work on burnout did not begin as such. People were not talking about this Issue in the early 1970s (at least not in print), and the term itself had not yet been used in this context. Rather, burnout was a phenomenon that was gradually discovered by people who were originally studying something else. In our case, the "something else" was emotion, growing out of an Interest In how people interpret and understand their own emotional states (Maslach, 1979), More specifically, the concern was with emotional arousal and how people manage to keep such arousal from disrupting necessary, ongoing behavior. The model case would be the person who, in the midst of crisis and chaos, keeps a cool head and handles the situation efficiently. Some examples would be rescue personnel, such as police or firefighters, staff of hospital emergency rooms, and therapists doing crisis counseling.

A review of the literature found little that addressed this issue. However, there were two concepts that seemed to be relevant. One of these was "detached concern" (Lief & Fox, 1963), which referred to the medical profession's ideal of blending compassion with emotional distance. The practitioner is concerned about the patient's well-being but recognizes the need to avoid overinvolvement and to maintain a more detached objectivity. The second relevant concept was "dehumanization

in self-defense" (Zimbardo, 1970), which referred to the process of protecting oneself from overwhelming emotional feelings by responding to other people more as objects than as persons. For example, providing care to a patient whose condition is upsetting to see may be easier if one thinks of the patient as a particular "case" rather than as a human being who is suffering. Although both concepts seemed useful, the question became, how are those concepts implemented? How do people develop detached concern or dehumanization in self-defense? What techniques do they use to reduce their emotional arousal? How do they interact with their patients or clients?

EARLY INTERVIEWS

To begin to gain a perspective on this question, a series of Interviews was conducted with people who seemed to be likely candidates for experiencing these phenomena. Given the medical origin of detached concern, the initial interviews were often with health care professionals, such as physicians and nurses. This medical focus gradually broadened to include mental health personnel, such a psychiatrists, counselors for dying patients and their families, and psychiatric nurses.

Several themes emerged from these Interviews. One was the realization that the process of health care can be emotionally stressful for the provider-and sometimes excessively so. The providers often felt that their formal training had not prepared them to recognize the reality of this emotional stress and its subsequent impact on their personal functioning. Often, the experience of emotional turmoil was Interpreted as a failure to "be professional" (i.e., nonemotional, cool, objective) and led people to question their ability to work in a health career. Given the lack of formal recognition of the emotional rigor of providing health care. it is not surprising that the interviewees felt that they had not been taught how to deal effectively with It. The coping strategies that they reported using, such as "decompression" activities, "time-outs" (or "downshifts"), social support mechanisms, and so forth (see Maslach, 1982a; Maslach & Jackson, 1982) had been developed on their own, through trial and error, as ways of handling stress.

The next development was a serendipitous one. One of us happened to describe these interviews to an attorney, who noted that poverty lawyers working in legal services experienced a similar phenomenon, which they called "burnout." Several points came out of this discussion. One, of course, was the term of burnout itself, which seemed to be a more useful label for the phenomenon that people were reporting. Second, the emotional strain was not a unique function of health care but could appear In other service occupations as well. This suggested that there was something about dealing with people per se that was emotionally stressful and that could, if not handled effectively, result in burnout.

The next phase in this exploratory research had two goals: (1) to investigate further the relevance of burnout for other types of "people-work" occupations, and (2) to conduct a more systematic questionnaire survey on this topic. The first goal was pursued by interviewing such people as ministers, prison guards, teachers, and probation officers. The second involved a pilot study of social workers in a major urban welfare agency. The results of this study gave a more complete picture of the sources of emotional exhaustion and depersonalized response to clients. Some of these sources were job-related factors (such as caseload, scarcity of resources, administrative red tape), while others stemmed from the nature of the staff-client relationship (such as the type of client problems and the prevalence of negative feedback).

EARLY SURVEYS

At this point, then were suflicient bits of evidence from the various exploratory Investigat ors to warrant the development of a wbtking set of hypotheses about burnout. These ideas were first presented at an APA convention (Maslach, 1913), and the Initial reaction to this paper was mixed. Staff members of health aid social service agencies were rather enthusiastic about the dhcusson of this topic, while agency administrators were much more cool in the r response, dismissing the phenomenon as being largely nonexistent or athtbutable to a "wierdo" minority. Research psychologists seemed curious about the topic, but felt that there were too few empirical studies on which to base any conclusions.

Accordingly, the next step was to do just such systematic research. Questionnaire surveys were conducted with two different subject populations: staff of day-care centers and staff of several types of mental health institutions. In both studies, the aim was: (1) to assess the staff members' emotional states and their reactions to their clients (either children or patients), since these dimensions constituted the working definition of bumout; and (2) then to relate these responses to certain job factors. In the day-care survey, these job factors included caseload, program structure, and staff participation In decision making (Maslach & Pines, 1977). In a follow-up case study of one of the day-care centers, changes were made with respect to one of these factors (program structure) with apparently beneficial results (Pines & Maslach, 1980). In the mental health survey,

the job factors of interest included characteristics of the patient population and degree of focus on patient problems (Pines & Maslach, 1978).

The mid- 1970s, which is when these studies were being carried out, represent a significant period in the development of the burnout concept, for this is when it was first discussed in various publications (Freudenberger, 1974, 1975; Maslach, 1976). The first symposium on burnout was presented at the 1977 APA convention, where Freudenberger, Pines, Maslach, and others described their ideas and research findings. During the next few years, there were many more scholarly symposia and meetings about this topic, as well as a growing number of articles in journals and magazines. (However, most of these articles were not based on any empirical research; see Maslach, 1982a, for an annotated review.)

It was also during the late 1970s that we began our own collaboration on a series of burnout studies. At that point, given the new and still exploratory state of the burnout literature, the key research issues for us were: (1) to develop a more precise definition of burnout, and (2) to develop a standardized measure of it. For the next few years, we systematically collected data from hundreds of people in a wide range of health, social service, and teaching occupations. Although the research process was sometimes slow and laborious, it had vety sold results in terms of the conceptual definition and assessment tool that we eventually published (Maslach & Jackson, 1981a, 1981b). Our findings confirmed the dimensions of emotional exhaustion and depersonalization. which had constituted the eerier working dehniiion of burnout (and which themselves had evolved from the triple) exploatory Interviews). However, we also discovered a third dimension of burnout, a drop in one's sense of personal accomplishment, that was Independent of the other two dimensions. These three dimensions appear In most other conceptualizations of burnout, although the descriptive terminology may differ (see Maslach, 1982b). There are three corresponding subscales in our burnout measure, the Maslach Burnout Inventory (MBI), which were empirically derived from factor analyses and which have been replicated by a number of independent investigators (Golemblewski & Munzenrlder, 1981; Iwanicki & Schwab, 1981).

Some of the research samples that were used for the development of the MBI were also part of separate studies on the burnout syndrome. A sample of police officers and their spouses was used to investigate the relationship between job stress and quality of home life (Maslach & Jackson, 1979; Jackson & Maslach, 1982a). Several groups of nurses and physicians were studied to determine which job factors were most critical for burnout and which coping strategies were most effective In

dealing with it (Maslach & Jackson, 1982). A large nationwide sample of public contact employees in a federal agency was also used to study critical job factors and to assess the relationship of sex and family variables to burnout (Maslach & Jackson, 1984, in press).

ANALYSIS OF RESEARCH HISTORY

Much like true love, the course of research rarely runs straight, but is shaped and influenced by many sources. And in turn, this path influences the direction taken by others who go down it. In reviewing our own research history, we can identify a number of important issues that have had a significant Impact on later work done on burnout.

TERMINOLOGY

One of the key Issues has to do with the term of "burnout" itself. What was the rationale for using this word as a descriptive label rather than some other, perhaps more scholarly, terminology? One answer is that burnout was "the language of the people." This was the term that many individuals used when describing the syndrome and the struggles they were having with it. Although poverty lawyers were the original source of the term for us, it was also being used by such disparate groups as drug counselors and teachers. Since the research began with a problem-oriented focus, rather than a theoretical one, it seemed natural to call the problem by its own name, so to speak.

Closely related to this point is the fact that the term "burnout" seemed to promote open discussion about this topic, rather than inhibiting It. It was a term that people could easily relate to and that allowed them to talk about their experiences without feeling embarrassed or ashamed. In contrast, "dehumanization" or even "detached concern" seemed to have far more negative implications for respondents and thus had a detrimental effect on some of the initial, exploratory research.

Although there are advantages to using the lay term of burnout, there have also been some distinct disadvantages. One of these has to do with the ambiguity of its meaning. It can be easily interpreted in many different ways, each of which is consistent with the Imagery inherent in the word. The fact that everyone "knows" what burnout is and can relate so easily to the term may be a sign of a meaningless "wastebasket" category rather than a shared concept. This is reflected in the vast proliferation of "new" definitions of burnout and the frequent illusion that

everyone is talking about the same phenomenon because they are all using the same label for it.

Another drawback has to do with the "pop" quality of the term. Because it has a catchy ring to it, burnout is sometimes immediately dismissed as a fad, or as pseudoscientific jargon that is all surface flash and no substance. This negative reaction to the term itself has led some scholars to reject the concept outright and to Ignore the research entirely. Consequently, publication of research studies on burnout can be made more difficult. Our own experience with our scale measure Illustrates this point. Our manuscript on the development of the scale, with all of the psychometric data, was sometimes returned Immediately to us by journal editors, with a brief note that it had not even been read because "we do not publish 'pop' psychology." In other cases, we have found that research findings are viewed as more acceptable if they are phrased in terms of "job stress" rather than "burnout" (although, ironically, one can argue that stress is just as slippery a concept as burnout).

This same "antiflash" bias has led some administrators to view burnout as a fake, as a pseudoissue rather than a real problem. Burnout is a cop-out, according to this perspective –ft is just a fancy word that provides a convenient excuse for failure and allows people to get off the hook and not face up to their responsibilities. The unfortunate upshot of this negative reaction to the term is that a serious problem may not be taken seriously, and that effective Interventions may not get implemented.

SUBJECT POPULATIONS

Clearly, burnout has its roots in people-oriented, helping professions. That is where the term originated and that is where the vast bulk of the research, both past and current, has been done. Virtually all jobs involve some sort of interpersonal contact (e.g., with coworkers or administrators, if not with clients or patients of some kind), and thus all of them involve some level of interpersonal tension. However, probably none have as high a potential for emotional strain as do those jobs in which the worker deals continuously with other people and their problems. In that sense, many helping professions represent the prototypical case, the example par excellence, of an interpersonally stressful job. It was for this reason that our initial Interviews were done with the helping professions, since this seemed to be the best place (but not necessarily the only one) to study how people managed to handle strong arousal. As the research continued, It seemed evident that the problem of burnout was of more central Importance to many of these people-work professions (especially

teaching, nursing, and social services) than it was to other types of occupations.

Although there was a clear rationale for choosing the helping professions as a starting place for studying burnout, that choice has had some Important Implications. First, it has tended to limit the concept to the helping professions, as though these were the only jobs in which burnout ever occurred. This seems an unwarranted assumption, since there are many other occupations in which interpersonal stress occurs (e.g., personnel managers, secretaries), and to which the application of the burnout concept might prove useful. Second, the focus on people as a source of emotional strain may be too narrow, implying a distinction that is not a real one. It may be irrelevant whether one is working with people or products-the emotional feelings and the negative reaction to that work may be the same. On the other hand, there may indeed be something unique about the stresses of people-work, and it would be very important, both for training purposes and for job design, to understand just what this is. One approach has been to reserve the term "burnout" for the helping professions and call the same thing "tedium" for all other occupations (Pines & Aronson, 1981), but this seems to be a surface distinction that provides no Insight into the underlying phenomena. It is clear that there is a major conceptual issue here that deserves serious research attention, and we think it would be premature to push for either the broader or the narrower perspective in the absence of any empirical evidence.

PROBLEM ORIENTATION

The Interest In burnout stems largely from a concern about this phenomenon as a social problem, rather than as a theoretical issue. This more applied, problem-oriented focus has had some important ramifications. To begin with, k led to a stronger push to come up with solutions to the problem, rather than to simply figure out what the problem is. Furthermore, there have been no theories or models of burnout to guide research or interventions. Consequently, there has been no comprehensive framework for Integrating and interpreting the various outcomes and research findings, and so the field seems somewhat scattered and chaotic. Most studies and evaluations have relied solely on self-report measures, and since these were usually questionnaires that had been newly prepared by the particular investigator, the results of various assessments cannot be easily compared or combined. With the development of standardized scale measures such as the MBI, however, this situation should begin to Improve.

Although the lack of a clear conceptual framework poses many problems, it is also true that it allows room for a wide variety of ideas to be applied to the topic. Burnout has not been identified as the province of a particular approach or way of thinking, and consequently many different researchers and practitioners have felt free to tackle it. The result is a very rich base of ideas and methodologies that can be used in future work on burnout. For example, investigators with a clinical perspective have considered burnout from the framework of learned helplessness or depression, have applied the concept of countertransference to the emotional interaction between provider and recipient, have postulated relationships between personality type and burnout, have contributed such methodological techniques as case studies and projective tests, and so forth. Meanwhile, investigators from an organizational background have considered burnout from the framework of job stress, job satisfaction or turnover, have contributed more sophisticated assessment tools and statistical analyses, have proposed such organizational Interventions as participative decision making and job enrichment, and so forth. The presence of such a rich and varied range of ideas about burnout is, perhaps, one of the most promising results of the eclectic, problemoriented approach that has typified the field.

EVALUATION OF CURRENT KNOWLEDGE

From the perspective of improving current research on burnout, as wen as from a concern about future applications of the knowledge this research generates, the issue of defining and operationaizing burnout is critical. Both researchers and practitioners should acknowledge the value of distinguishing among the many psychological states that can be subsumed under the burnout umbrella, and the value of developing psychometrically sound measures that can discriminate among these various states.

The importance of recognizing that burnout is a multifaceted concept is very clear to us when we examine the results of our own findings to date. Table 7.1 summarizes the results of several studies employing the MBI, which yields scores for emotional exhaustion, depersonalization, and lack of personal accompishment. The variables included in the table are grouped into two broad categories: organizational or job conditions, and behavioral correlates of burnout. The occupational populations represented in the table include nurses, physicians, police officers, teachers, and federal pubic-contact employees.

TABLE 7.1

Reladio Conditions of Three Aspects of Burnout to Jo and Bsh I Reactions

Coneletes Job Conditions Nurses (n - 30) ⁰ Work group cohookwon Work pressure Job clarity Participation in decisions	exhaustion ns .3732 no .44	Deperson- alizatbn 42 no ns35	personal aawrnplishment ns .26 no ns
Job Conditions Nurses (n - 30) ^o Work group cohookwon Work pressure Job clarity	ns .37 32 no	42 no ns 35	ns .26 no ns
Nurses (n - 30) ⁰ Work group cohookwon Work pressure Job clarity	.37 32 no	no ns 35	.26 no ns
Work group cohookwon Work pressure Job clarity	.37 32 no	no ns 35	.26 no ns
Work pressure Job clarity	.37 32 no	no ns 35	.26 no ns
Job clarity	32 no .44	no ns 35	.26 no ns
-	no .44	ns 35	no ns
Participation in decisions	.44	35	ns
	.44		
Teachers (n - 370)b		.30	
Role conflict	.22		.10
Role amblo*		.18	.24
Nurses (n - 95)c			
Opportunity for creativity	31	no	no
Variety	35	25	ha
Recognition from superior	38	no	he
Recognition from			
Coworkers	36	19	to
Positive feedb ck from			.0
ciisnb	no	27	-As
Physicians (n - 43)c			120
Amount of tithe spent			
with patents	.31		fit
Amount of time spent			
teaching	28	ns	ns
Amount of time doing			
administrative tasks	21	no	his
Public contact employees			
(n - 810) ⁰			
Positive organizational			
climate	. 42	.33	.30
Received adequate			
training	.23	. 11	.20
Behaviors			
	_		
Physicians (n - 43)c			
Try to spend lima away	40		
from people	.42	ns	no
Avoid thinking about job after work	20		
Avoid contacting hospital	.39	.29	no
off-hours	ΕO	20	
Seek advice of other staff	.50	.28	no
about how to handle a			
case	20		
Case	39		no

TABLE 7.1 Continued

Correlates	Emotional	Bwnout subscal	es Lack of personal
	exhaustion	afVzaeon	accomplta/rnent
Discuss relationship with			
patients	no	no	40
Read how similar cases			
have been handled by			
others	no	no	36
Police officers (n - 142)d			
Go home upset and angry	.34	no	ns
Go home tense and			
anxious	.25	ns	no
Complain to spouse about			
job	.20	to	no
Nurses (n - 95)c	0.4		
Have lower expectations	.21	no	no
Public contact employees			
(n - M) ^s	.31	.3A	.21
Intend to quit soon Wand to spend less time In	، ١٥،	, 3A	.21
contact with deft	.03	.40	.43

NOTE: to oOnberve space, only conditions with the frequency dimdnsbn of each subbcile are presented. All oorrelatons shown are significs t at the .05 level.

- a. Data are from an unpt Ishsd studs by Jackson.
- b. Data ate from Schwab and Iwa ilcld (1982).
- c. Data are from Maslach and Jackson (1982).
- d. Data are from Jackson and Maslach (1982.).
- e. Data are from Maslach and Jackson (1984).

JOB COMMONS RELATED TO BURNOUT

The data in Table 7.1 illustrate two general points. First, in general, the variables studied to date are more strongly correlated with emotional exhaustion than with depersonalization or feelings of |0W personal accomplishment. We interpret this trend as evidence that our early notions about burnout (which guided decisions about what variables to include in our research) were most adequate for explaining the emotional exhaustion response. We have been less successful in pinpointing the causes and consequences of depersonalization and lack of personal accomplishment. Second, Table 7.1 illustrates that conditions and reactions associated with one aspect of burnout are not necessarily associated with

other aspects. For example, nurses who were given little opportunity to participate In their organizational decision processes reported depersonalizing their patients more than did nurses with higher participation levels. However, participation was unrelated to emotional exhaustion or personal accomplishment.

Work pressure is an example of another variable that is differentially related to the three aspects of burnout assessed by the MBI. For this group of nurses, work pressure was associated with both emotional exhaustion and feelings of low personal accomplishment. This finding is particularly interesting because it reveals the potential dangers of relying only on intuition. In almost any service organization, the major duties of the members are related to "handling the caseload," so suggestions for organizational changes often focus on this issue of caseload. Intuitively, burnout seems inevitable when a professional is forced to provide care for too many people, so it is often concluded that if work load can be decreased, more humane and less depersonalized interactions will follow. Believing that lack of human resources is a primary cause of burnout while at the same time knowing that it is extremely difficult, (f not Impossible, to lower caseloads in the tight economic situation that characterizes the 1980s could cause distress for any administrator. But it would be equally distressing to move mountains in order to have caseloads reduced and then discover that this change had no impact on the depersonalization that clients experienced.

A third example of the differential effects of job conditions on the three aspects of burnout measured by the MBI is the correlation for the second group of nurses between feedback from clients and burnout: Lack of positive feedback was most strongly related to depersonalization, it had a weaker relationship to feelings of low personal accomplishment, and it was unrelated to emotional exhaustion. As we will discuss in more detail, feedback about one's job performance appears to be a critical aspect of the job environment for understanding burnout. Fortunately, it is also a job condition that can be easily changed through organizational interventions.

CONSEQUENCES OF BURNOUT

The second section of Table 7.1 shows that just as job conditions are differentially related to the three aspects of burnout, these three aspects also appear to lead to different behavioral reactions. As with the job conditions listed, the behavioral reactions we have assessed are more strongly related to emotional exhaustion than to depersonalization or feelings of personal accomplishment. For example, our study of poke officers and their families (Jackson & Maslach, 1982a) revealed that emotional exhaustion was most likely to be related to behavior at home. Emotionally exhausted poke officers were described by their wives as coming home upset and angry, tense and anxious. In another study, physicians who were emotionally exhausted reported making conscious attempts to escape from people in general, and from their jobs in particular (Maslach & Jackson, 1982).

One conclusion that might be drawn from the pattern of results M Table 7.1 is that feelings of depersonalization and lack of accomplishment do not get translated as fully into observable behavior and are therefore less consequential and less deserving of the attention of researchers. Such a conclusion would be premature, however, since to date we have studied only a limited set of behaviors. It seems likely, for example, that the behavioral effects of depersonalization will not be discovered until studies are conducted that include either systematic descriptions from clients about the way they are treated or systematic observations of actual employee-client interactions.

To summarize, Table 7.1 Illustrates that emotional exhaustion, depersonalization, and feelings of low personal accomplishment are each related to somewhat different sets of job conditions and behavioral reactions. A major implication of this pattern of results is that both researchers and practitioners should avoid conceptualizing burnout as a unitary concept. Instead, they should respect the variety of psychological reactions to a job that employees can experience. Interventions in specific organizations can then be targeted at reducing the particular aspect of burnout that Is most problematic. Or, if individualized interventions are being designed, an assessment of a person's burnout level on each dimension can provide a richer and more complete picture. As Golembiewski and Munzenrider (1981) show, burnout profiles are related to profiles of work conditions. Burnout is a complex phenomenon. Our future success in gaining a better understanding of the causes of the phenomenon depends on our willingness to grapple with this complexity and resist pressures to look for simple answers.

DIRECTIONS FOR FUTURE RESEARCH

Table 7.1 shows some of what we know about burnout to date, and it also suggests what is needed in the future. From our perspective, there are two Improvements that would be particularly desirable in future research efforts: (1) establishing the objective consequences of burnout for individuals and organizations, and (2) developing comprehensive, multivariate models of the burnout phenomenon. Each of these trends is worthy of some discussion.

on police stress that one of us attended. At the conference, police officers were asked to form small groups and then generate a list of the
most distressing aspects of their work. Instead of listing such expected
responses as being in life-threatening situations or witnessing traumatic
crises, these officers listed job conditions such as unfair promotion decisions, administrative red tape, lack of supervisory support, and lack of
respect from the general public and from court officials. The complaints
of these police officers are currently being echoed by elementary and
secondary school teachers in an ongoing study in New Hampshire.
Although this latter study is not yet completed, an interesting hypothesis
suggested by preliminary results is that the leadership and support provided by a school's administration is a key determinant of whether school
teachers maintain their initial enthusiasm for the profession or become
cynical and callous.

Based on their review of the literature on organizational behavior, Jackson and Schuler (1983) hypothesized four organizational conditions that are particularly likely to Increase the risk of employee burnout: lack of rewards, especially absence of positive feedback; lack of control; lack of clarity; and lack of support.

THE ROLE OF FEEDBACK

In many organizations, the job is structured such that the employee seldom hears when things go right for a client, but always hears If things go wrong. This Is especially true In jobs where the main service the employee provides is advising people about how to solve their problems. For people in jobs like these, having clients never show up again may be the only form of positive feedback available. Adding to this negative situation can be supervisors or managers who follow the dictum, "No news is good news" or "I'll tell you when you've done something wrong." One teacher expressed her frustration this way:

It is disappointing to receive ittle or no praise or feedback from principals and parents. I work very hard and would certainly appreciate a pat on the back for my efforts. In a profession where we give constant positive reinforcement to children, it seems strange and hypocritical that administrators don't treat teachers with some of this encouragement.

If future research supports our hypothesis that feedback plays an important role in preventing burnout, there are clear implications that follow concerning how organizations should respond. For example, one method of obtaining feedback would be to ask clients to indicate how satisfied they were with *the service* they received, using a client feedback survey.

If client feedback surveys were conducted on a regular basis, they could provide information about how well the service providers are currently performing, as well as information about whether their performance has improved or declined.

Coworkers are another potential source of feedback about how well employees are doing on their jobs. Just as an organization might ask clients to complete a client survey, coworkers can be asked to make evaluations of each other, assuming they are able to observe each other's performance on the job. An advantage of coworker evaluations is that they are made by another person who is fully aware of the constraints placed on employees by the organization. Whereas clients may tend to evaluate the service they received against an ideal standard, the evaluations of coworkers should be based more on an understanding of customary professional standards, ethics, and practices.

Finally, procedures for developing valid performance appraisal and reward systems have been well documented by industrial psychologists. Interventions aimed at putting such systems in place can be justified simply as good business practice, and so it may be relatively easy to convince management to accept them.

THE IMPORTANCE OF CONTROL AND ROLE CLARITY

Having opportunities to be sell-determining, combined with the freedom and the ability to influence events in one's surroundings, can be intrinsically motivating and highly rewarding (Decd, 1980). When opportunities for control are absent and people feel trapped in an environment that is neither controllable nor predictable, both psychological and physical health are likely to suffer. In most organizations, and especially in bureaucracies, employees are controlled by organizational rules, policies, and procedures. Often these rules and procedures are creations from an earlier era of the organization and are no longer as effective as they once were. Nevertheless, their enforcement continues until new rules are developed. Most often, the new rules are created by people at the highest levels of the organization and then imposed upon people at the lower levels. Sometimes the new rules are an improvement over the old rules; other times they are not.

Recent studies suggest that increasing employees' participation In the decision-making process, and thus Increasing the amount of control they have, may be an effective way to prevent burnout from occurring (Maslach & Jackson, 1982). The decision-making processes In organizations have important Implications for the amount of role conflict and ambiguity experienced by employees (Jackson, 1983), which are, in turn, related to burnout. In particular, role ambiguity leads to emotional exhaus-

tion and feelings of low accomplishment. Role conflict causes emotional exhaustion also, as well as the development of cynical attitudes towards clients (Schwab & Iwanickl, 1982).

Besides giving workers a feeling of control, participating In decision making gives them some of the power they need to remove obstacles to effective performance. Through the repeated interchanges required by participative decision making, members of the organization can also gain a better understanding of the demands and constraints faced by others. When the conflicts that people face become clear, perhaps for the first time, negotiation is likely to begin over which expectations should be changed h order to reduce inherent conflicts. Another important consequence of the increased communication that occurs when an organization uses participative decision making is that people become less isolated from their coworkers and supervisors. Through their discussions, employees learn about the formal and informal expectations held by others, as well as the formal and informal policies and procedures of the organization. This information can help reduce feelings of role ambiguity and make it easier to perform one's job effectively, thus heightening feelings of personal accomplishment.

THE IMPORTANCE OF SUPPORT

Another job condition likely to encourage burnout is lack of support. A supportive climate is characterized by coworkers who provide emotional comfort and serve as sympathetic listeners, a feeling that similar values are shared both among and between employees and management, and a sense of respect for each other. Adequately defining and operationaizing the components of "support" is a task that has defied success, to date. Yet the establishment of such a climate may be the most effective way for organizations to insulate their employees from the negative consequences of burnout.

We should emphasize, however, that coworkers are not the only important source of support; family and friends can also play a valuable role. In fact, one of the surprising results of some recent analyses was that people who were married and people with children living at home experienced less emotional exhaustion and depersonalization and had stronger feelings of personal accomplishment, compared to their unmarried and childless peers (Maslach & Jackson, in press). These findings clearly contradict a popular argument that the extra burdens of family life contribute to burnout. Instead, the family may serve as an important support system that cushions service providers from extreme emotional reactions to their work.

THE IMPORTANCE OF PERSONAL EXPECTATIONS

In addition to these organizational conditions, there is one personal characteristic that, in combination with these factors, may prove to be critical to our understanding of burnout: idealistic (versus realistic) expectations about the occupation one has chosen to enter. Employees who have idealized beliefs about how their organization should be operating or what they will be able to accomplish in their jobs are likely to experience "reality shock" ((ramer, 1974) and perhaps eventual bumout. For example, the new employee might expect rewards for good work, the chance to influence decisions affecting the job, friendly and understanding coworkers and supervisors, clear information about what is expected, and adequate resources (including time and money) to get the job done. Instead, the new employee may be confronted with only negative feedback about performance, bureaucratic rules and policies, miles of red tape and supervisors who are unwilling to cut through it, decision making based on political aspirations rather than concern about the needs of clients or patients, confusion about what role behavior is expected, and nothing to indicate that things will ever improve.

It is clearly inappropriate to recommend that idealism be squelched in the name of preventing burnout, but it is not evident what an appropriate solution would be. Kramer's recommendations, which require changing the early socialization process of newly recruited professionals, may be the best solution in the long run. However, even if immediately implemented on a broad scale, this approach would only help future entrants into the work force. Also needed are innovative ideas about how to protect the current work force from the blow of reality shock, or at least how to help them recover from the blow.

CONCLUSIONS

While there have been, and continue to be, many problems facing us as we seek to understand burnout, progress has been made. The fact that burnout is now recognized as a legitimate issue is a major step forward. It was not so long ago that it was rather a taboo topic, with its existence rarely being acknowledged. Since little was being said about burnout, people were often led to make erroneous personal attributions-"I must be the only person who feels like this; something must be wrong with me." Now that attention is being given to this problem and there is open discussion about it, people are realizing that "it's not only me" and that there must be more factors causing burnout than their own personal flaws.

We hope that this increased recognition of the problem of burnout will stimulate the development of innovative strategies for dealing with *it*, and the implementation of solid research programs to evaluate their effectiveness. As our understanding of burnout progresses, we should be able to propose new and creative approaches to the problem. Standard measures of burnout need to be developed into diagnostic tools that permit the early identification (and possible treatment) of people who are headed for problems. Such developments could lead to new interventions that might be more effective than the traditional ones. For example, if there are distinct patterns of phases of burnout, as Golembiewski has suggested, then the most effective Intervention might Involve tailoring the remediation to the particular phase (e.g., lateral job transfer if the person was in one phase, personal counseling if in another).

In addition to generating better ideas for intervention, elaboration of the burnout concept may stimulate commitment to implementation and long-term evaluation of Interventions. Currently, follow-up assessments of intervention programs are almost nonexistent. Perhaps the great current Interest and concern about burnout are sufficiently motivating that, at last, these crucial evaluations wig get done. As many practitioners are aware, the results of these evaluations will determine the fate of our hope that something can be done about burnout and that it is not an inevitable condition.

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