

# 11

## **Burnout 2.0 – A New Look at the Conceptualisation of Burnout**

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*In the last decades, burnout has been conceptualised as a syndrome of exhaustion, cynicism, and reduced professional efficacy. This conceptualisation, however, might need an update to meet some criticisms on the content of the concept – hence ‘Burnout 2.0’. As a consequence, Wilmar Schaufeli, one of the most renowned burnout researchers who published extensively on burnout throughout his career, initiated a research project at the Research Group Work, Organisational and Personnel Psychology of the KU Leuven, in the period that he was working there as a Distinguished Research Professor. This project led to the construction of the Burnout Assessment Tool (BAT). In this chapter, we discuss the steps taken before the construction of the BAT: the study of the conceptualisation of burnout. Wilmar Schaufeli’s theoretical insights, his huge knowledge of this field, and his exceptional energy and devotion allowed us to write this chapter.*

### **Introduction**

Over the last 40 years, the interest in burnout has grown exponentially. Currently, close to 5700 publications can be found in PsycINFO, of which almost 450 were published in 2017. Given its high social and economic cost, this interest is of course not surprising. For instance, Arbomed (a leading Occupational Health Service in the Netherlands) revealed in 2018 that the total costs for employers amount to €60.000 per burned-out employee. In Belgium, RIZIV (the National

Sickness and Invalidation Insurance Institute) stated that in 2019 around 400.000 workers received benefits for long-term (more than 1 year) incapacity for work. About 7% of them, or 28.000 workers, were supposedly burned out. In 2018, the OECD (Organisation for Economic Cooperation and Development) estimated that around 4% of the GNP (Gross National Product) of EU countries is spent on consequences of mental ill-health, including productivity loss, of the workforce. Furthermore, not just in Belgium and the Netherlands but throughout the entire European Union, employers have a legal responsibility to assess and manage psychosocial risks at work, including burnout. They are obliged to take measures to prevent burnout and to facilitate the return to work of burned-out employees.

Burnout research, however, also produced a set of criticisms on the conceptualisation and measurement of burnout. At the same time, times and perhaps also the content of work have been changing (see Chapters 2 and 4). These findings and evolutions emphasise the need to reconsider the burnout concept and to assess whether the conceptualisation needs an update. In this chapter we take another look at the definition of burnout. Based on the results of a qualitative study and an inventory of existing burnout scales, we propose a new conceptualisation. This chapter thus focusses on the *concept* of burnout. Information on the ‘*Burnout Assessment Tool*’ that is based on this conceptualisation can be found elsewhere (Desart, Schaufeli & De Witte, submitted; Schaufeli, De Witte & Desart, 2019).

### **Why a New Definition of Burnout is Needed**

‘Burnout’ is often used as a term for psychological distress symptoms that are stress-related (Grossi, Perski, Osika, & Savic, 2015). The best-known definition of burnout was advanced by Maslach and Leiter (1981): “*Burnout is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind.*” (p. 99; see also Chapter 9) . They identified three key aspects of burnout: emotional exhaustion (feelings of being overextended and depleted of emotional resources when working with individuals such as patients or clients), depersonalisation (a negative, indifferent, or excessively detached response towards these individuals) and reduced personal accomplishment (feelings of incompetence and a lack of achievement in working with these individuals). In accordance with this definition, the first version of the Maslach Burnout Inventory (MBI) was created. The definition and the questionnaire are thus inherently linked. Maslach and Jackson (1981) originally limited burnout to individuals who do ‘people work’ of some kind. Later, in 1996, this restriction was removed and the MBI-General Survey (MBI-GS) was created (Schaufeli,

Leiter, Maslach, & Jackson, 1996). The original three dimensions were respectively reformulated as exhaustion (the depletion of one's mental resources at work), cynicism (a distant attitude towards the job) and reduced professional efficacy (a lack of achievement and productivity at work). The definition of burnout and its measurement remained entangled.

In the past decades, this conceptualisation of burnout has been criticised in several ways. First, a *theoretical base* is lacking. In 2005, Schaufeli and Taris concluded that exhaustion and cynicism are the core of burnout. They theorise that the combination of inability and unwillingness to spend effort at work is essential in understanding burnout. *Inability* manifests itself in lack of energy, and *unwillingness* in increased resistance, reduced commitment, lack of interest and disengagement – in short, in mental distancing. Both are the two sides of a single coin, as on the one side the employee is unable to continue working due to extreme tiredness, and on the other side s/he is unwilling to do so due to a process of mental distancing. This inability and unwillingness constitute two inseparable parts that lie at the heart of the burnout phenomenon, representing its energetic and motivational dimension, respectively. This makes the third dimension, reduced professional efficacy, unnecessary. This dimension is often considered to be a consequence of burnout, rather than a constituting symptom (Schaufeli & Taris, 2005). Additionally, the work of Schaufeli, Taris, and Van Rhenen (2008) showed that professional efficacy is part of engagement (see Chapter 12) instead of burnout.

Furthermore, lack of reciprocity plays a major role in the development of burnout (Schaufeli, 2006). In order for burnout to develop, the balance between give and take has to be disturbed. Employees experience that – over a long period of time – their investments in terms of e.g. effort, time, and skills do not match the outcomes received in return, such as recognition, career possibilities, work pleasure, success, and learning opportunities. As a result of this lack of reciprocity, their energy is drained and a process of mental distancing sets in. Mental distancing serves as a protective mechanism to prevent spending additional energy, leading to the eventual complete depletion of one's resources. Thus, exhaustion and mental distancing can be seen as the two core concepts of burnout, whilst reduced professional efficacy should not be considered part of the concept. In sum, the two theoretical frameworks of Schaufeli and Taris (2005) and Schaufeli (2006) have the potential to serve as the starting point and base to build a new conceptualisation of burnout.

Second, the conceptualisation of burnout in the MBI has also been criticised as being *incomplete*. For instance, recent research has consistently linked burnout to cognitive malfunctioning and deficits (for an overview see Deligkaris, Panagopoulou, Montgomery & Masoura, 2014). In particular, burnout appears to be associated with a decline in three main

cognitive functions: executive functions, attention and memory. This decline results from cognitive exhaustion, which is neither included in the MBI-exhaustion subscale (focusing on general and emotional exhaustion only), nor in the traditional conceptualisation of burnout. Furthermore, also particular distress symptoms, such as irritability, sleeping problems, and tension headaches, occur in employees suffering from burnout (e.g. Hoogduin, Schaufeli, Schaap, & Kladler, 2001). They can be classified as neurasthenic complaints in the International Classification of Diseases (ICD-10), which has led some authors – especially counsellors or psychotherapists with burned-out clients – to consider burnout as a work-related type of neurasthenia (van der Heiden & Hoogduin, 2010).

In the past, several alternative (albeit less popular) conceptualisations (and measurements) have been proposed. Some focus on cognitive weariness, partially adhering to the critique that the conceptualisation is incomplete. These alternatives, however, exclusively define burnout in terms of exhaustion, which does not solve the criticism that a theoretical base is lacking. Examples are the Copenhagen Burnout Inventory (CBI; Kristensen, Borritz, Villadsen, & Christensen, 2005), the Tedium Measure (TM; Malakh-Pines, Aronson, & Kafry, 1981), and the Shirom-Melamed Burnout Measure (SMBM; Shirom & Melamed, 2006). Additionally, an alternative has been proposed by the authors of the Oldenburg Burnout Inventory (OLBI; Demerouti, Bakker, Vardakou, & Kantas, 2003). They include two core dimensions of burnout (i.e. exhaustion and disengagement), however without taking the particular distress symptoms into account, thus not adhering to the critique that the conceptualisation is incomplete.

### **A New Conceptualisation of Burnout**

In this chapter, we present a new conceptualisation of burnout that tackles the two critiques mentioned earlier. This was the first step in a research project, initiated by Wilmar Schaufeli himself, aimed at the development and validation of a new measurement for burnout: the *Burnout Assessment Tool* (BAT, Schaufeli, De Witte, & Desart, 2019). This tool can be used as a screening instrument to identify employees who are at risk for burning out (e.g. in epidemiological research or company surveys) and as a diagnostic tool for assessing burned-out employees (e.g. in occupational health and psychological practice).

## **A dialectic approach to burnout**

In order to gain a thorough understanding of burnout, 49 in-depth, semi-structured interviews were conducted with practitioners, dealing with burnout patients. Three types of professionals were consulted: (1) general practitioners ( $n = 19$ ), to whom patients turn in an early stage of burnout; they are familiar with the patient and make an official diagnosis, (2) psychologists ( $n = 13$ ), who counsel or treat burned-out patients; and (3) occupational physicians ( $n = 17$ ), who view patients before their re-entry to the workplace and thus view them at the end of the burnout process. By interviewing a mixed group of experts, involved at the beginning, middle, and end of the burnout process, we aimed to achieve a comprehensive understanding of the phenomenon.

The interview focused on two aspects. *First*, we zoomed in on the symptomology of burnout. Participants were asked to describe a typical burnout case, and to focus on specific symptoms, causes and the developmental pattern, including the duration of symptoms. They were also asked to generalise these findings to other cases, and to define burnout. We asked them to order the symptoms according to their relevance for a burnout diagnosis and inquired about divergent and discriminating symptoms compared to depression and other mental illnesses. *Second*, we focused on the work, interpersonal, and personality-related dynamic of burnout and its causes. The in-depth interviews were content-analysed using the Computer Assisted Qualitative Data Analysis program Nvivo. By using an inductive content analysis, specific symptoms are clustered (Elo & Kyngäs, 2008).

The interviews resulted in two main findings. First, a longlist of burnout symptoms emerged. These symptoms were clustered into dimensions, and were interpreted using the conceptual framework of burnout of Schaufeli and Taris (2005). Second, the interviews provided insights into the causes and consequences of burnout and its work-related nature. These findings were discussed in the light of the “disturbed balance between give and take”-view on the emergence of burnout, as theorised by Schaufeli (Schaufeli, 2006).

*Burnout: seven constituting dimensions.* The traditional view on burnout, as a syndrome of exhaustion, cynicism and reduced professional efficacy (Maslach, Schaufeli, & Leiter, 2001), was only partially supported. In total, seven dimensions emerged from the analysis: (1) exhaustion; (2) mental distance; (3) impaired emotional control; (4) impaired cognitive control; (5) depressed mood; (6) psychological distress symptoms; and (7) psychosomatic complaints. These dimensions are further combined into primary versus secondary dimensions based on the

theoretical reasoning that exhaustion and cynicism constitute the core dimensions of burnout (Schaufeli & Taris, 2005).

The four primary dimensions refer to either the inability (captured by exhaustion, impaired emotional and cognitive control) or the unwillingness (captured by mental distance) to spend the necessary effort at work.

1. *Exhaustion*. Exhaustion, or extreme tiredness, is the most obvious symptom that was identified by all experts. It refers to chronic fatigue and severe loss of energy, both physical and mental. Exhaustion is considered a necessary but not sufficient condition for burnout. Examples are lack of energy to start the new working day, feeling completely drained and worn-out after a whole day of working, and feeling tired quickly even after spending minimal effort at work.
2. *Emotional impairment*. This aspect refers to reduced functional capacity to adequately regulate emotional processes, such as anger or sadness. Examples are overreacting, feeling upset or sad without knowing why, and feeling unable to control one's emotions at work.
3. *Cognitive impairment*. This refers to reduced functional capacity to regulate cognitive processes adequately, such as memory or attention. Examples are being forgetful and absent-minded, poor memory, attention and concentration deficits, and trouble staying focused at work.
4. *Mental distance*. This final constituting element refers to mental withdrawal and psychological detachment from the job. Examples are cynicism, functioning on autopilot, reduced interest and enthusiasm, and a strong aversion towards the job.

These four core dimensions are accompanied by three secondary dimensions. They are considered to be secondary to the burnout syndrome because they are not unique for burnout, but also appear in other physical and mental disorders, such as hyperthyroidism or depression. Furthermore, given the conceptual reasoning of Schaufeli and Taris (2005), these dimensions do not refer to the inability or unwillingness to spend efforts at work. However, the secondary symptoms remain important because they are often the reason why individuals seek aid or assistance.

5. *Depressed mood*. This is a common, temporary reaction to disappointment or loss that should be distinguished from mood disorder or a major depression, which is a

psychiatric syndrome. Examples are feelings of meaningfulness, usefulness and guilt, inability to experience pleasure, and feeling trapped.

6. *Psychological distress symptoms*: unpleasant feelings that are associated with high arousal have a negative impact on the level of functioning and interfere with daily activities. Examples are sleep problems, worrying, and feeling tense or anxious.
7. *Psychosomatic complaints*. These are physical complaints that are caused, or exacerbated, by psychological factors. Examples are palpitations and chest pain, stomach and intestinal problems, headaches, muscle pains or often getting sick.

*Causes of burnout*. Traditionally, causes of burnout are either seen as structural, for instance in the work domain in terms of high job demands and low job resources (Alarcon, 2011), or as individual, for instance by aspects of personality, such as neuroticism and perfectionism (Swider & Zimmerman, 2010). Our conclusions corroborate with both views and highlight the sometimes complex interplay between work, personal vulnerabilities and problems outside the work domain. Our principal findings, however, emphasise the main importance of the work context in the development of burnout.

All experts unanimously agreed that burnout is a work-related syndrome. Regarding the work domain, overextending the individual seemed crucial. High work pressure, low social support from colleagues or supervisor, and/or changes in the work environment, increased the risk of burnout. This was especially true when the opportunities for adequate recovery were limited. This concurs with the theoretical assumptions made by Schaufeli (2006) that lack of reciprocity plays a major role in the development of burnout. In order for burnout to develop, the balance between give and take has to be disturbed. Additionally, the practitioners also indicated that work should be conceived in broad terms it does not only refer to paid labour. In psychological terms, “work” entails all structured, goal-oriented activities of obligatory nature (Schaufeli, 2018). Viewed from this perspective, athletes, students, or volunteers can also burn out because of their activities.

Despite the importance of work as a primary cause for burnout, all experts also stressed that work is the main, but not necessarily the unique cause of burnout. Other factors can buffer or intensify the risk of burning out. Two such factors are personal vulnerabilities and problems outside the work domain. With regards to personal vulnerabilities, two personality types are identified as intensifiers: ‘*perfectionists*’, both in a positive (e.g. loyal and conscientiously) and negative (e.g. setting high standard and a high need for control) manner, and individuals who

‘cannot say no’ – thus cannot set or maintain clear boundaries. These two qualities are energy drainers, increasing the risk of burnout. With regards to problems outside the work domain, the interviewees refer to negative and life changing events such as a lingering disease, divorce, passing of a loved one, parents in need of assistance, or parenting problems as potential intensifiers.

[INSERT FIGURE 1]

To conclude, the complex interplay between structural – work-related – and non-work-related causes can be understood as follows (see Figure 1). A work environment characterised by high work demands (e.g. high work pressure) and low job resources (e.g. low autonomy) is characterised by stress and constitutes the core risk factor for burnout. Eventually, stress builds up, leading to overstrain, which can in turn result in burnout. Problems outside the work domain (e.g. a parent in need of assistance) and personal vulnerabilities (e.g. a tendency for perfectionism) can intensify this path and can determine how ‘fast’ an individual crosses the boundaries between stress, overstrain and burnout.

### **Definition and intrapersonal dynamic to conclude**

Based on the considerations above, we formulated the following definition of burnout (Schaufeli et al., 2019, p. 30):

*“Burnout is a work-related state of exhaustion that occurs among employees, which is characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing. These four core dimensions of burnout are accompanied by depressed mood as well as by non-specific psychological and psychosomatic distress symptoms. It is caused by an imbalance between high job demands and insufficient job resources. In addition, problems outside the work domain and/or personal vulnerability may facilitate the development of burnout”.*

[INSERT FIGURE 2]

The intrapersonal dynamic of burnout is illustrated in Figure 2 (see also Schaufeli et al., 2019, p. 30). Because of extreme tiredness, the energy necessary for adequately regulating emotional and cognitive processes is lacking. In other words, the functional capacity for regulating



emotional and cognitive processes is impaired – which is experienced as a loss of (emotional and cognitive) control. By way of self-protection and in order to prevent further energy depletion and loss of control, mental distancing occurs. The individual develops a detached, indifferent and cynical attitude towards one’s work, as work is the main cause of the experienced exhaustion and impaired control. However, this self-protective response is bound to fail because mental distancing evokes negative reactions from others and jeopardises work motivation and job performance, thereby increasing instead of reducing stress. So, instead of reducing exhaustion and increasing the functional capacity to control one’s emotions and cognitions, mental distancing becomes an inherent part of the burnout syndrome itself.

Because of the extreme tiredness, effective (emotional and cognitive) self-control as well as effective control over the work situation (reducing job demands and increasing job resources) is undermined. This is further reinforced by mental distancing, which appears as an inadequate coping strategy. Instead of reducing exhaustion and increasing control, mental distancing aggravates both. In turn, the experience of control loss triggers feelings of depression and is accompanied with psychological distress and psychosomatic complaints, which are considered secondary burnout symptoms.

### **What’s New? Comparison with Other Conceptualisations of Burnout**

The new conceptualisation of burnout is partly similar and partly different to older conceptualisations of the concept (for an overview: Table 1). In general, all definitions emphasise the importance of exhaustion, whereas none of them distinguish core from secondary symptoms.

[ INSERT TABLE 1 ]

We compare six conceptualisations of burnout with ours. First, Freudenberger – a pioneer in the study of burnout – defined burnout as: *“to deplete oneself; to exhaust one’s physical and mental resources; to wear oneself out by excessively striving to reach some unrealistic expectation imposed by oneself or by values of society”* (Freudenberger, 1974, p. 16). Whereas we agree with the importance of exhaustion, Freudenberger seems to limit the concept to this aspect. Furthermore, the work-related character of burnout is not explicitly acknowledged. The importance of *“excessively striving to reach some unrealistic expectation”* relates to perfectionism – a personality trait mentioned by the interviewed experts in our study.

Maslach and Jackson distinguished three components of burnout (exhaustion, cynicism and reduced professional efficacy). In our definition, only exhaustion and cynicism (broadened to mental distance) are considered essential, whereas professional efficacy does not appear to be a core dimension – it is viewed as a possible consequence of burnout instead. Additionally, we also view burnout as work-related, although we broaden its scope and do not limit it to ‘people work’. Note that Maslach and Jackson did not clearly define ‘work’, which is given a more encompassing meaning in our conceptualisation.

Pines and Aronson define burnout as: “*a state of physical and emotional exhaustion caused by long-term involvement in situations that are emotionally demanding*” (Pines & Aronson, 1988, p. 9). Together with Shirom, who defines burnout as: “*a combination of physical fatigue, emotional exhaustion and cognitive weariness*” (Shirom, 1989, p. 33), they emphasise the different dimensions of exhaustion: physical, emotional and cognitive. However, they define burnout exclusively in terms of exhaustion, whereas our conceptualisation considers exhaustion to be one out of four core dimensions. Defining burnout exclusively in terms of exhaustion narrows down the concept considerably and ignores the idea that both exhaustion and distancing are two sides of the same phenomenon (Schaufeli & Taris, 2005).

The same applies to Kristensen et al. (2005) who define three forms of burnout: personal, work-related and client-related. Whereas their conceptualisation also limits burnout to fatigue and exhaustion, they add a distinction based on the situation that caused fatigue. While our conceptualisation starts from a broader definition of ‘work’ than just paid labour, their conceptualisation of personal burnout opens up the spectrum to individuals regardless their occupational status.

Finally, a fairly recent conceptualisation of burnout was proposed by Demerouti and Bakker (2008). They again restrict burnout to just two dimensions: exhaustion and disengagement. This last dimension is, just as our conceptualisation of mental distance, broader than pure cynicism.

## **Discussion**

This chapter raised two main concerns about the nature of burnout: a theoretical base is lacking, and the current conceptualisations of burnout are not optimal nor complete. We presented a conceptualisation based on the theoretical insights provided by Schaufeli and Taris (2005) and Schaufeli (2006), and on the results of a qualitative study.

Our renewed conceptualisation does not make previous conceptualisations obsolete, and the differences with previous definitions are not radical. Our new conceptualisation still considers exhaustion and mental distance as core burnout dimensions, even though we complement them with two new dimensions: cognitive and emotional impairment. The anticipated importance of cognitive malfunctioning and deficits was confirmed. This is in line with Oosterholt (2016), who showed that after 1.5 years, burnout patients still show minor cognitive impairments, while another study by Van Dam, Keijsers, Eling, and Becker (2012) showed that although burnout patients' cognitive functioning improves after two years, their cognitive performance is still inferior compared to that of healthy individuals. In addition to cognitive impairment, the emotional impairment that emerged from our expert interviews is a novel dimension of burnout. Emotional regulation and burnout have already been associated in the past, especially in emotionally demanding jobs such as teachers or nurses (Zapf, Seifert, Schmutte, Mertini, & Holz, 2007). Additionally, we build on earlier doubts that reduced professional efficacy is a constituent element of the burnout syndrome. The results of our expert interviews indeed suggested reduced professional efficacy to be a consequence, rather than as an integral part of burnout. This is also in line with a longitudinal study by Taris, Le Blanc, Schaufeli, and Schreurs (2005) who showed that, using the MBI, exhaustion leads to cynicism and cynicism, in its turn, leads to professional efficacy.

With regards to the secondary dimensions, the presence of specific distress symptoms was already suggested by van der Heiden and Hoogduin (2002). Our analysis confirms their point of view. We add psychological and psychosomatic distress symptoms as two separate secondary dimensions to the burnout concept. The third dimension, depressed mood, is novel as a dimension of the concept. It is categorised as secondary because it does not fit the conceptual framework of Schaufeli and Taris (2005). Practitioners considered it as a less essential part of the burnout syndrome. A study by Kakiashvili, Leszek, and Rutkowski (2013) confirms this point of view. Their study on the differences between burnout and an atypical depressive disorder, reveals that depressed mood only occasionally occurs among burned out individuals, whereas it is a characteristic symptom of a depression.

A final contribution of our conceptualisation is the distinction between core dimensions – exhaustion, mental distance, cognitive and emotional impairment – and secondary dimensions – psychological distress symptoms, psychosomatic complaints and depressed mood.

## Acknowledgements

As authors we were confronted with a dilemma when writing this chapter. Wilmar Schaufeli is the initiator of this study and needs to be acknowledged as a co-author. Given the logic of a Festschrift, we could not do so. We thus invite all readers of this chapter to read the listing of authors as Desart, Schaufeli and De Witte. We also like to thank Kaat Vanbrabant and Ellen Caers, two masterstudents who helped us collecting some of the interview data of this study.

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Table 1. Difference and accordance between the conceptualisations of burnout

	Difference	Similarity
<i>In general</i>	<ul style="list-style-type: none"> <li>No distinction between core and secondary symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Emphasise on exhaustion</li> </ul>
Author	Difference	Similarity
<i>Freudenberger (1974)</i>	<ul style="list-style-type: none"> <li>Exhaustion is the only key symptom</li> <li>Relationship with work is not made explicit</li> </ul>	<ul style="list-style-type: none"> <li>Influence of perfectionism</li> </ul>
<i>Maslach &amp; Jackson (1981)</i>	<ul style="list-style-type: none"> <li>Three components, of which two remain</li> <li>'mental distance' is broader than 'cynicism'</li> <li>Originally not work-related, but client-related</li> </ul>	<ul style="list-style-type: none"> <li>Two components similar: exhaustion &amp; cynicism /mental distance</li> </ul>
<i>Pines &amp; Aronson (1988), Shirom (1989)</i>	<ul style="list-style-type: none"> <li>Limited to exhaustion</li> </ul>	<ul style="list-style-type: none"> <li>Multiple dimensions: physical, cognitive and emotional</li> </ul>
<i>Kristensen, Borritz, Villadsen &amp; Christensen (2005)</i>	<ul style="list-style-type: none"> <li>Personal burnout – not limited to an occupational status</li> </ul>	<ul style="list-style-type: none"> <li>Work in general is included</li> </ul>
<i>Demerouti &amp; Bakker (2008)</i>	<ul style="list-style-type: none"> <li>Limited to two dimensions</li> </ul>	<ul style="list-style-type: none"> <li>Two dimensions correspond: exhaustion &amp; disengagement/mental distance</li> </ul>

Figure 1. Complex interplay between structural and individual causes of burnout

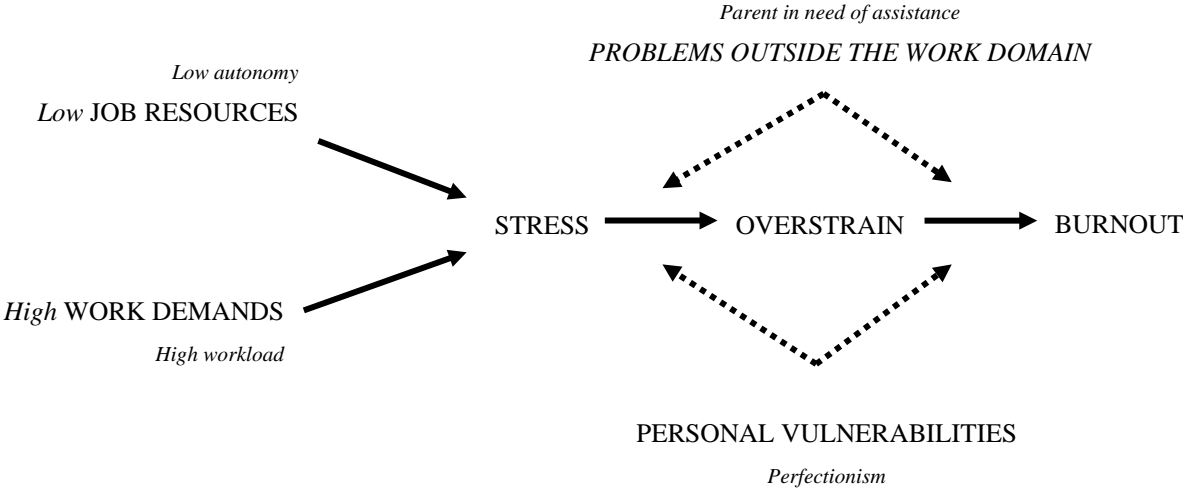




Figure 2. Intrapersonal dynamic of burnout

