

2019

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### Recommended Citation

Schimp, Jeremiah (2019) "Exploring Burnout at a Deeper Level," *Forensic Scholars Today*. Vol. 5: Iss. 2, Article 2.

Available at: [https://digitalcommons.csp.edu/forensic\\_scholars\\_today/vol5/iss2/2](https://digitalcommons.csp.edu/forensic_scholars_today/vol5/iss2/2)

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# Exploring Burnout at a Deeper Level

By Jeremiah Schimp, Ph.D., CPRP

“Burnout” is a commonly used term in the workplace, especially in the mental health field. When we are overworked, stressed, fatigued, or worn out by our work, we often say that we are “burned out.” Burnout allows us to define what we are feeling in a palpable way. Although this may be helpful, there is more to burnout than this. Unfortunately, the theoretical and clinical underpinnings of burnout may go unnoticed.

Burnout is an actual condition that mental health providers can acquire over an extended period of stress on the job. The original conceptualization of burnout in mental health providers by Maslach and Jackson (1981) was that of an employment related psychological syndrome. This has continued to endure as the most influential theory in the study of burnout. Prior to the work of Maslach and colleagues the concept of burnout was diffuse and difficult to define. In a psychological sense burnout is a phenomenon that can be measured and quantified on a psychological scale, the Maslach Burnout Inventory (Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001), a fact that is often forgotten when using this term informally around the office. The purpose of this brief article is to give mental health providers a deeper review of burnout and identification of symptoms based on an established theory. The three dimensions or symptom structures of burnout (emotional exhaustion, depersonalization, decreased personal accomplishment) and identification skills will be reviewed, as developed by Maslach and Jackson (1981).

First, it is important to look at the many costs of burnout in the mental health field. It is established that burnout degrades a mental health provider’s emotional health in the form of fatigue, depression, and exhaustion. Physical health also suffers and is manifested in headaches and sleep problem (Leiter & Maslach 2005). It is obvious that the provider is negatively impacted by burnout, but what about clients? Research is now beginning to explore how detrimental burnout can be to those we serve. Salyers et al. (2015) found that mental health providers experiencing burnout and a lower sense of accomplishment on the job also had poorer self-reported quality of care and person-centered care attributes. Working overtime in the mental health field has also been found to contribute to higher levels of burnout, lower client care, and less satisfaction with one’s work (Luther et al., 2017). Another often forgotten repercussion of burnout is the toll it can take on mental health organizations. Organizations feel this impact in low morale, poor work performance, and absenteeism (Eriksson, Starrin, & Janson, 2008). The impact of burnout on staff, clients, and the places we work should push us to examine this issue closer.

The comprehensive and inclusive theory of burnout introduced above has guided numerous studies and shaped our notion of what it is to experience burnout (Maslach et al., 2001). As providers of mental health services, we are no strangers to the emotional exhaustion component of this theory. While conceptualizing emotional fatigue may be much more

straightforward, depersonalization and decreased personal accomplishment require further examination. A review of each of the three dimensions that together account for burnout is provided.

## EMOTIONAL EXHAUSTION

Emotional exhaustion may be the most commonly identified and experienced symptom of burnout. Emotional exhaustion is characterized by depletion of your psychological resources. Most often equated with stress symptoms, emotional exhaustion encompasses the range of ways stress impacts us (e.g., depressed mood, anxiety, fatigue, sleep problems). Along with this emotional depletion, your body and cognitive abilities begin to falter (Leiter & Maslach, 2005). Exhaustion pushes us to disengage from our work and seek respite (Maslach et al., 2001). For a mental health provider this dimension of burnout can lead to personal distress, compromised relationships, and ineffective work performance. As Maslach et al. (2001) explained “Within the human services, the emotional demands of the work can exhaust a service provider’s capacity to be involved with, and responsive to, the needs of service recipients” (p. 403).

## DEPERSONALIZATION

Depersonalization may be the least recognized dimension of burnout. The ethic of person-centered care and respect for the individual places the focus on the client’s humanity. Depersonalization is the erosion of viewing clients as the people they are. The burned-out and emotionally exhausted provider begins to reduce the humanity of those we serve to further remove ourselves from what is burning us out (Lee & Ashforth, 1990; Maslach et al., 2001). We may see depersonalization manifest itself in less person-centered language, denigration of clients, and inappropriate or unprofessional remarks about those we serve. When looking at the impact of burnout on clients, this dimension requires our thoughtful attention.

## DECREASED PERSONAL ACCOMPLISHMENT

Though it is not uncommon at times to struggle with feeling ineffective in our work with clients, this dimension of burnout is particularly detrimental. The accumulation of our emotional exhaustion and cynical approach to clients contributes to an impaired view of our important work (Taris, Le Blanc, Schaufeli, & Schreurs, 2005). In this dimension, the provider’s sense of goal directed behavior and therapeutic effectiveness erodes. Feeling poorly about our work quality and vocational accomplishments can lead to lower levels of confidence in one’s ability to effectively help others (Taris et al., 2005). Reduced personal accomplishment can manifest itself as losing hope, limited effort, and belief in change. We are reminded, “It is difficult to gain a sense of accomplishment when feeling exhausted or when helping people toward whom one is indifferent” (Maslach et al., 2001, p. 403).

## THREE WAYS TO IDENTIFY BURNOUT IN YOURSELF OR OTHERS

It is important to remember that burnout takes time to develop and trends toward a chronic pattern of behavior and psychological state. This work-related syndrome manifests itself in three key ways, all of which compromise a mental health provider's effectiveness. First, your job has become overwhelming to you, you are exhausted and tired. Your efforts to rest and relax do not make a difference. Second, your striving to be positive and an inspiration to others is soured by cynicism. Clients become more of a problem than a challenge. This negativity has taken away your enthusiasm for helping others and being a beacon of hope. Third, you are experiencing the feeling that your work no longer matters and that you are no longer an effective mental health provider. The confidence you once held in your therapeutic skills fades, and you begin to question your purpose (Leiter & Maslach, 2005).

## WHAT NEXT?

Acker (2012) calls for organizations and academic institutions to pay increased attention to burnout and prepare new mental health providers for the realities of this line of work. If emotional exhaustion leads to depersonalization of our clients and reduced confidence in our skills, where should we put our focus? It is not uncommon for trainings on burnout to contain directives to the audience to practice self-care. Self-care is often comprises proper nutrition, exercise, and work-life balance. These practices are not to be underestimated, but do they go far enough to combat emotional exhaustion, depersonalization, and decreased personal accomplishment? The next article in this series will look at the role of resilience in preventing burnout.

## Author Biography

Jeremiah Schimp, Ph.D., CPRP, has been working in the mental health field for the past 14 years, holding leadership positions in community and residential programs. He currently holds the position of intake supervisor at an intensive residential treatment program with Regions Hospital in St. Paul, Minnesota. He oversees admissions, supports programming, training, and staff development. In addition, he is an adjunct psychology instructor at Concordia University, St. Paul and University of the People. He teaches counseling, research, personality, cognitive psychology, and health psychology. Schimp's research and training interests are in the area of burnout and resiliency in mental health workers. He has provided trainings on burnout to groups of mental health providers at conferences and workshops. He earned his Ph.D. in psychology from Walden University with a specialization in health psychology. He obtained his master's in counseling psychology and post-secondary teaching certificate from Bethel University and bachelor's in psychology from Cornerstone University. Jeremiah is a certified psychiatric rehabilitation practitioner.

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