FINDING SOLUTIONS TO THE PROBLEM OF BURNOUT

Christina Maslach
University of California, Berkeley

Whenever the topic of job burnout gets raised, the key question is often "What can we do about it?" Although many different ideas have been proposed about how to deal with burnout, few of them have ever been implemented or evaluated systematically. Furthermore, there is a bias toward fixing people, rather than fixing the job situation. However, current research has argued that newer models of job–person fit will lead to better definitions of healthy workplaces and to better strategies of social-change processes.

Keywords: burnout, areas of work life model, person–job fit, job engagement, healthy workplace

Although phenomena like burnout have been mentioned in earlier times (see, e.g., Graham Greene's, 1960, novel *A Burnt-Out Case*), the research focus on burnout clearly began in the 1970s in the United States (see Freudenberger, 1974, 1975; Maslach, 1976). It was identified as a potential hazard for people working in human-services and caregiving occupations, but at first it had no name, and it was seldom acknowledged or discussed openly. In some sense it was a taboo topic within these occupations, because it was considered tantamount to admitting that something could happen to professionals that would lead them to act in ways that would be considered "unprofessional." The reaction of many people was to deny that such a phenomenon existed or to believe that, if it did exist, it was relatively rare. However, these perceptions began to change as more and more clinicians and researchers wrote about burnout, based on personal experience and such qualitative research techniques as interviews, case studies, and field observations (e.g., Cherniss, 1980; Freudenberger & Richelson, 1980; Maslach, 1982).

This early work was not framed within any existing theory; rather, the conception and definition of *burnout* emerged empirically from the exploratory research. Because the earliest researchers came from social and clinical psychology, they gravitated toward relevant ideas from these fields, such as interpersonal relations, attribution processes, concepts of motivation and emotion, and psychological disorders such as "professional depression" (e.g., Firth, McKeown, McIntee, & Britton, 1987). Subsequent researchers in the area of industrial–organizational psychology, which emphasizes work attitudes and behaviors, conceptualized burnout as a form of job stress (see Cherniss, 1980; Cox, Kuk, & Leiter, 1993).

What emerged from this early work were the three dimensions of the burnout experience: exhaustion, cynicism, and a decline in professional efficacy. The exhaustion dimension was described as having worn out; lost energy; and become depleted, debilitated, and fatigued. The cynicism dimension was originally called *depersonalization* (given the nature of human-services occupations) but was also described as having negative or inappropriate attitudes toward clients,

Correspondence concerning this article should be addressed to Christina Maslach, Department of Psychology, University of California, Berkeley, Tolman Hall, #3210, Berkeley, CA 94720–1650. E-mail: maslach@berkeley.edu

having become irritable, lost idealism, and withdrawn. The inefficacy dimension was originally called *reduced personal accomplishment* and was also described as having reduced productivity or capability, low morale, and an inability to cope. Basically, workers who are experiencing burnout are overwhelmed, unable to cope, and unmotivated, and they display negative attitudes and poor performance.

The first burnout measure that was based on a comprehensive program of psychometric research to assess these three dimensions was the Maslach Burnout Inventory (Maslach & Jackson, 1981; Maslach, Jackson, & Leiter, 2017). Other measures have been developed since then, and some approaches have reduced burnout to the single dimension of exhaustion. However, that simplification of burnout converts it to merely a new label for the already known phenomenon of exhaustion, and it further distorts the burnout construct by ignoring some of its critical aspects (e.g., the negative aspects of cynicism). Recent research has suggested that, as a counterpoint to this reductionist redefinition, cynicism may be a more critical component of burnout than is exhaustion alone, and it has shown how the utilization of all three dimensions can identify a wider range of burnout patterns (Leiter & Maslach, 2016).

Although the burnout experience continues to be a problem for jobs in health care, human services, and education, more recently there have been reports of burnout within financial institutions, law firms, and various occupations involving technology and customer service. Apparently, burnout is not just a relic of the 1970s—if anything, it seems to have become a more common problem, in many more workplaces, and in many more countries around the world. And the calls to "do something" about burnout, and to fix this problem, are becoming more common as well.

So what are the solutions to burnout? To answer this question, one must consider some critical issues more seriously.

Critical Issue 1: The Psychology-centric Focus of Burnout

A key consequence of those beginning efforts in the 1970s is that the vast majority of the work on burnout, both in research and practice, has been carried out by psychologists. That means that psychological theories and constructs have been the basis for defining burnout, developing hypotheses about its causes and effects, and proposing responses to it. Although one could easily argue for the value of other perspectives, such as sociological or economic analyses, these have really not been forthcoming.

Positive Effects of a Psychological Approach

What has been the impact of the psychological-research framework for the understanding and amelioration of burnout? In fact, there have been a number of key contributions. First, the research has pointed out that burnout comes with some serious costs—personal, social, organizational, and economic. These include impaired physical health, poor job performance and errors, absenteeism, turnover, low morale and incivility, and a greater risk of mental illness (for a recent review, see Maslach & Leiter, 2016). These costs argue against the idea that burnout is just "someone complaining or whining about work" and is therefore not a serious problem that needs to be addressed.

Second, the research on burnout helped to develop the concept of work engagement. Part of the impetus to focus on the positive antithesis of burnout was the rise of positive psychology (Seligman & Csikszentmihalyi, 2000). Another factor was that, at least in the United States, there was a reluctance for many organizations to talk publicly about the problem of burnout and possible solutions for it—there was a widespread concern that any sort of recognition of burnout would lead to lawsuits about "unsafe work environments." This fear of litigation meant that not only would discussion about burnout be relatively rare but that also the willingness to try some pilot intervention projects, and gather evidence about their effectiveness, would be even rarer still. Thus, *engagement* was first defined as the positive opposite of burnout, which would be assessed by the opposite pattern of scores on the Maslach Burnout Inventory (Maslach & Leiter, 1999). In other words,

engagement was proposed to be an experience of high energy, strong involvement, and a sense of professional efficacy. Another separate approach applied the same term *engagement* to a different definition: a persistent, positive affective–motivational state of fulfillment that is characterized by the three components of vigor, dedication, and absorption (Schaufeli & Bakker, 2004). In this view, work engagement is an independent and distinct concept, which is not the opposite of burnout (although it is negatively related to it), and is assessed with a different measure (Schaufeli, Bakker, & Salanova, 2006). Both approaches have led to an extensive body of engagement research in the last decade (see Bakker & Leiter, 2010).

Third, the overall findings from several decades of burnout research have found that situational and environmental factors seem to be as important for understanding burnout as are personal variables (Leiter & Maslach, 2004). This is not to say that individual differences or personality are not important, because they certainly are, but rather that the context of the workplace is especially significant and should not be ignored in any attempts to find solutions for the problem of burnout. However, it is noteworthy that all the research evidence for the impact of social and organizational factors has not been reflected in the majority of proposed interventions for burnout.

Fourth, burnout research has underscored the importance of social relationships in the job context. These interpersonal relationships, which emerged early on as a major factor in the burnout experience, include relationships between provider and recipient (in many health and human-services occupations), relationships between coworkers, relationships between employees and supervisors or managers, and relationships between workers and their friends and family members (e.g., Maslach, 1993). More recent studies have identified socially toxic workplaces that are characterized by incivility, unresolved conflict, lack of mutual trust and support, and even more destructive social relationships such as bullying (Leiter, 2012). And recent research has established that some interventions can actually improve the social climate of such workplaces, so that there is less burnout and absenteeism and more engagement and civil working relationships (Leiter, Day, Oore, & Spence Laschinger, 2012; Leiter, Laschinger, Day, & Oore, 2011).

Fifth, an important conceptual framework that has emerged from burnout research is the areas-of-work-life model (AW), which brings together both person and job context factors in a more integrated way. In other words, instead of framing the basic question about the source of burnout as "Is it the person *or* the job?" the AW model frames the question as "How does burnout result from the interaction of the person *and* the job?" This model is described in the section on the third critical issue, including its potential implications for new approaches to intervention.

Negative Effects of a Psychological Approach

Clearly, psychology has made major contributions to understanding the problem of burnout and to proposing potential solutions. But at the same time, is there a downside to the psychological perspective that is brought to solving problems in the workplace? Recent observations and experience would suggest that there is.

Because burnout has been defined primarily in terms of a person's individual experience (exhaustion, cynicism, inefficacy), it has tended to frame the search for solutions in terms of "What can we do to help the person?" Thus, it is often presumed that the source of burnout lies more within the individual employee than in the work setting. But imagine if burnout had originally been defined in terms of a workplace hazard—then perhaps the search for solutions would be framed in terms of "What can we do to improve job safety?"

The person-centered, psychological definition has several important implications. First, such a person-centered approach fits with the philosophy of North America's individualistic society, which not only sees people as responsible for their own outcomes but also celebrates the triumph of the individual over any obstacle. Stressors are examples of such obstacles, and so "stress interviews" or "stress tests" are assumed to provide good assessments of a person's ability and character and can be used to separate out the stronger employees from the weaker ones. Regardless of the source of burnout, it is often presumed that it is the responsibility of the person, not the organization, to do something about the problem. Hence, there is a decided preference to support only individual interventions.

Second, in many work environments, burnout is stigmatized as a sign of weakness or incompetence or even mental illness. "If you can't take the heat, then stay out of the kitchen" is a saying that exemplifies this belief. Employees who complain about the workplace stressors are often viewed as weak and whiny and as people who are behaving in inappropriate ways and abdicating responsibility for taking care of themselves. Consequently, many employees are reluctant to disclose that they are struggling with workplace demands or coworker hostility or other factors that contribute to burnout. To the extent that many people hide their true feelings and try to project an outward appearance of "I'm doing just fine," the result can be one of pluralistic ignorance, in which they believe that they are the only ones grappling with these problems whereas everyone else is not. This response has been a common experience when organizational participants are presented with an overall summary of their aggregated confidential responses. There is often stunned silence when people hear that the majority of their colleagues actually have the same thoughts and feelings that they do and that their personal experience is actually widely shared.

In recent years a culture of fear appears to be developing in different organizations, where employees are not just reluctant to share their work experiences but are actually afraid that such actions will lead to their losing their jobs. The increasing presence of temporary or short-term contracts, combined with annual culling of the workforce and encouragement of "snitching" on colleagues, has contributed to a workplace culture where employees are afraid to say "no" to any request (e.g., for overtime work at no extra pay) or to not show up for work (even if they are sick or have a family emergency) or to raise any complaints. Even more devastating is that it is extremely difficult within such workplace cultures for people to reach out to colleagues and ask for any help. In both interviews and blog posts, many people report struggling with a fear of failure or suicidal ideation and then being rebuffed by colleagues who do not want to be bothered and who subsequently thought even less of the person who asked for some kind of support.

A third, and related, implication of the person-centric framework is that it is creating a tendency to conceive of burnout as a mental illness—a clinical deficit, a psychological disease. Again, this is locating the problem of burnout within the individual but in an even stronger, more "permanent" way. This shift to medicalizing burnout and making it more of an individual problem (rather than a shared experience of responding to stressors) has been abetted by efforts to include burnout in the *Diagnostic and Statistical Manual of Mental Disorders* and provide a diagnostic number that will allow practitioners to be reimbursed for treating patients for burnout. Although the goal of being able to provide treatment is a noble one, the reconceptualization of burnout to fit the existing diagnostic system is troubling.

A fourth implication is that the message that is often implicitly (if not explicitly) conveyed by individual interventions for burnout is one of blaming the victim. When people are advised to take better care of themselves or to do their work differently, what they often hear is, "If you are experiencing burnout, it is your own fault, and you are the only one who can do something about it." The received message is that burnout exists within the individual and that each individual is responsible for its occurrence and also for its amelioration. Even those interventions that have the best of intentions (such as promoting worker health) can be viewed in negative terms as being patronizing and demeaning because of this message of blame. This may be one reason why there is sometimes a lack of full employee participation in various company-sponsored programs to promote health and well-being. Often, these people report that the advice they are being given in these programs is not really addressing the problems they are experiencing with burnout, and so they react negatively to the repeated proscriptions to drink more water during the day, spend more time exercising in the gym (but not on company time), and so forth.

Fifth, most individual interventions have the goal of helping the person cope more effectively with a stressful job situation. This is an admirable goal in itself, but the research evidence would suggest that it is not sufficient—because it does not try to improve the situation and make it less stressful. If more and more people are finding that the workplace is becoming more and more difficult to deal with, then it begs the question of why less attention is being paid to fixing the job (over and above fixing the person). This is not to say that individual interventions are not useful—they certainly can be. But they are not the only way to think about the burnout experience,

given that the person is behaving within, and responding to, a larger environmental context. In other words, the individual experience should not limit one's thinking to simply the individual form of interventions.

Critical Issue 2: Fixing the Person Versus Fixing the Job

Ever since burnout was identified in the 1970s as both a personal and organizational problem there have been repeated calls for answers concerning how to deal with it. There has never been a shortage of ideas for what to do about burnout, which has led to a large array of workshops, self-help books and pamphlets, and therapeutic and coaching programs. Most of these options have not been developed on the basis of empirical findings from burnout research. Rather, they have been adapted from other work done on stress, coping, and health.

As mentioned earlier, the either/or framework of "Is it the person, or is it the job?" has led to more proposals for fixing the person, rather than fixing the job. In some sense, the underlying model seems to be one of a clinical deficit (or personal inadequacies) that needs to be addressed. However, a better approach might be the public-health framework for dealing with occupational hazards in the workplace (Quick, 1992). There are three different types of prevention strategies, each with a different goal. Primary prevention tries to eliminate or modify worksite stressors, with the goal of reducing the incidence of new cases (of burnout). This strategy is clearly one of fixing the job. In contrast, both secondary and tertiary prevention focus on fixing people. Secondary prevention tries to help people manage or cope with worksite stressors, with the goal of reducing the prevalence of job stress (or burnout), and tertiary prevention treats people who are already suffering from exposure to worksite stressors, with the goal of reducing the residual deficits following stress or burnout.

Fixing the Person

There are several categories of the most popular person-centered proposals to ameliorate burnout; these are summarized in the next sections.

Health and fitness. Probably the most common recommendation is that healthy people will be more resilient and better able to handle any kind of stress experience, including burnout. More specifically, the recommendations include eating more nutritious food, losing excess weight, engaging in regular exercise, and quitting smoking. Good health is such a given, that a recent trend has been for organizations to implement health-promotion programs within the workplace.

Relaxation strategies. A major approach to coping with stress has been to promote relaxation. There are many techniques by which people can reduce high arousal and achieve a state of calm. These include meditation, biofeedback, naps and a longer night's sleep, hot baths, and massages.

Self-understanding. The basic argument for self-understanding is that if people have better knowledge of their personal strengths and weaknesses, in terms of personality, needs, and motives, then they will have a more realistic assessment about why they are experiencing burnout. Such self-knowledge can then be used to change their behavior for more positive outcomes. There are many techniques that can be used to generate more self-insight, including mindfulness, counseling, and therapy.

Coping skills. Preventive coping strategies are designed to change the person's response to work stressors, so that they have less impact (as opposed to changing the stressors themselves). There are many techniques that fall within this category, such as time management and conflict resolution, but almost all are characterized by some kind of cognitive restructuring (such as changing one's job expectations, reinterpreting other people's behavior, and imagining new goals and next steps).

Changes in work patterns. Given the link between work overload and burnout, a popular recommendation is to work less. This can take several forms—for instance, instituting more breaks in one's work routine, avoiding overtime work, and taking more time off or more vacations. Other strategies focus on achieving a better balance between positive activities that one enjoys and the work demands that are more burdensome—for example, job crafting to change one's job, under-

going job redesign, or achieving a better balance between work responsibilities and the rest of one's life.

Social support. Increasingly, there is a recommendation to turn to other people for help in dealing with burnout. Social support can be found within both the workplace (colleagues, mentors, supervisors) and home (family, friends, neighbors). And support can take many forms, including assistance, feedback, emotional comfort, encouragement, recognition, and humor.

Clearly, there is a lot of intrinsic merit to these positive strategies—so much that their link to burnout prevention is often taken for granted and is not really articulated. As a result there have been relatively few assessments of the effectiveness of any of these strategies for reducing burnout. Within these few examples there has been no clear articulation of what kind of burnout "problem" is being fixed, no clear criteria for what successful outcomes would be, and no solid evaluation-research methods (see Maslach & Goldberg, 1998, for a more extensive review). In recent years there has been an increase in evaluation research for these person-centered strategies, but the results have been mixed. In some cases there are methodological challenges that make the findings ambiguous (e.g., the lack of an appropriate control group). Some studies have reported reductions in burnout after the implementation of an intervention, but others have found no changes at all (Leiter & Maslach, 2014).

Fixing the Job

Because of the general tendency to frame potential burnout solutions in terms of fixing the person, there has been a relative neglect of potential strategies to fix the job. This is not to say that people are not interested in fixing the job—indeed, there are frequent requests to "just tell us what to do on the job, just tell us what the best practices are." But given the relative dearth of actual job-focused strategies, there are even fewer studies that have been done to evaluate these more situationally focused efforts. However, the results thus far tend to be promising. For example, workplace programs that specifically target relevant burnout issues (as opposed to general health issues) seem to have a positive impact. Also, interventions that are designed for the entire organization, and especially when the interventions take place for an extended period of time, are more likely to report successful outcomes (Leiter & Maslach, 2014).

The relevance of burnout research to actual workplace interventions would be greatly enhanced if studies were conceptualized and conducted with the goal of drawing conclusions that apply to the management of work *units*. Organizations are designed and managed around work units, and managers are held accountable for large groups of employees, not individuals. Measures of manager performance are typically aggregated indicators, such as productivity, turnover rates, and work-unit engagement. In organizations where burnout is a potential issue, interventions to prevent or ameliorate it are often designed for, and implemented across, entire departments or business units (Maslach, Leiter, & Jackson, 2012).

Critical Issue 3: New Ideas About Solutions

What are the implications of what should one "do" about the burnout problem? Several years ago some guiding principles were proposed for any future work on interventions, and these still seem to be relevant (Maslach, 2011).

First, preventing burnout is a better strategy than waiting to treat it after it becomes a problem. The personal, social, and organizational costs of burnout can be considerable in terms of physical health, psychological well-being, and work performance, so it does not make sense to incur those before taking any kind of ameliorative action. A primary prevention strategy, in which steps are taken to minimize the risk of burnout before it happens, is a more rational and prudent approach. This does not, of course, argue against the supplementary use of secondary or tertiary prevention for people who are actually experiencing burnout. Rather, it argues that the primary strategy should be to reduce the likelihood that burnout will occur.

Second, building engagement is the best approach to preventing burnout. People who are engaged with their work are better able to cope with the challenges they encounter and thus are more likely to recover from stress. Building an engaged workforce, before there are major problems, is a great primary-prevention strategy. Framing issues around the positive end of the continuum, that is, the goal of "where we would like to be," is a more effective way to start the conversation about solutions to the burnout problem. How can this be made a great place to work, and a workplace of choice? What would make people want to work here and be fully engaged with their job? When people are focused on how to make things better, rather than just wallowing in what's wrong, they are more likely to commit to some constructive changes in the workplace.

Third, organizational intervention can be more productive than individual intervention. If improvements can be made in job conditions that affect a lot of employees, then those interventions can have a much larger impact. For example, policies about work hours can have a wide-ranging effect (e.g., Perlow & Porter, 2009). And to the extent that such interventions make changes in the way the organization works, they can begin to change the organizational culture or climate. It is important to recognize that people rarely work in total isolation from others—instead, they are embedded within one or more social networks. Each person is affected by this social environment, and each person is also part of the environment that affects everyone else. There is a lot of ongoing social interaction, and reciprocal exchange, which can contribute to either a supportive and engaging environment or to the production of an uncivil and mean-spirited work community that can lead to burnout (Leiter, 2012).

Job–Person Fit

A consistent theme throughout the burnout research literature is the problematic relationship between the individual and the job environment, which is often described in terms of imbalance or misalignment or misfit. For example, the demands of the job may be too great for the person to handle them effectively. Or the person's efforts may not be reciprocated with equitable rewards. Several models of the burnout process are based on this kind of misfit between the job and the person (see the review by Maslach & Leiter, 2017), and this suggests that these models might provide some new ways to think about burnout interventions.

Specifically, the AW model, which was mentioned earlier, frames job stressors in terms of person–job imbalances, or mismatches (Leiter & Maslach, 2004). These stressors affect a person's level of experienced burnout, and this level of burnout, in turn, determines various individual outcomes, such as work behaviors (e.g., performance, absenteeism), social behaviors (e.g., quality of home life), and personal health. The AW model proposes that the greater the perceived incongruity, or mismatch, between the person and the job, the greater the likelihood of burnout; conversely, the greater the perceived congruity, the greater the likelihood of engagement with work. What is unique about the AW model is that it identifies six key areas in which these imbalances take place: workload, control, reward, community, fairness, and values (see Figure 1).

Workload. Both qualitative and quantitative work overload contribute to burnout by depleting the capacity of people to meet the demands of the job. When this kind of overload is a chronic job condition, there is little opportunity to rest, recover, and restore balance. A sustainable and
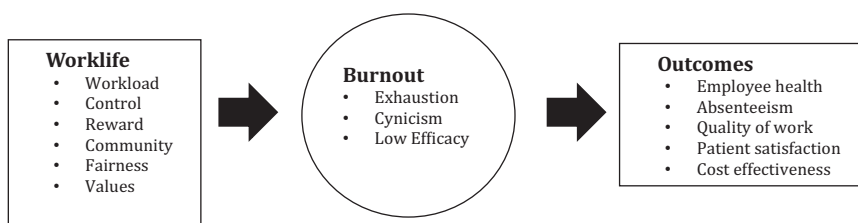

Figure 1. The AW model of burnout.

manageable workload, in contrast, provides opportunities to use and refine existing skills as well as to become effective in new areas of activity.

Control. Research has identified a clear link between a lack of control and high levels of stress and burnout. However, when employees have the perceived capacity to influence decisions that affect their work, to exercise professional autonomy, and to gain access to the resources necessary to do an effective job, they are more likely to experience job engagement.

Reward. Insufficient recognition and reward (whether financial, institutional, or social) increases people's vulnerability to burnout, because they devalue both the work and the workers and are closely associated with feelings of inefficacy. In contrast, consistency in the reward dimension between the person and the job means that there are both material benefits and opportunities for intrinsic satisfaction.

Community. Community, that is, the ongoing relationships that employees have with other people on the job, is important. When these relationships are characterized by a lack of support and trust, and by unresolved conflict, then there is a greater risk of burnout. However, when these job-related relationships are working well, there is a great deal of social support, employees have effective means of working out disagreements, and they are more likely to experience job engagement.

Fairness. Fairness is the extent to which decisions at work are perceived as being fair and equitable. People use the quality of the procedures, and their own treatment during the decision-making process, as an index of their place in the community. Cynicism, anger, and hostility are likely to arise when people feel they are not being treated with the respect that comes from being treated fairly.

Values. Values are the ideals and motivations that originally attracted people to their jobs, and thus they are the motivating connection between the worker and the workplace, which goes beyond the utilitarian exchange of time for money or advancement. When there is a values conflict on the job, and thus a gap between individual and organizational values, employees will find themselves making a trade-off between work they want to do and work they have to do, and this can lead to greater burnout.

Recent studies have revealed not only the negative impact of such job–person mismatches but also the positive steps that can be taken to ameliorate them. For example, a longitudinal study (Maslach & Leiter, 2008) found that organizational employees who were experiencing a mismatch in the area of fairness were more likely to score higher on burnout the following year. The organization in question decided to institute several changes having to do with fairness issues, and a year later the employees expressed more positive reactions. The civility intervention for hospital nurses, which was implemented by Leiter and his colleagues, demonstrated that a focus on the incivility mismatch in the area of community could be successful in reducing burnout and absenteeism, increasing engagement, and improving the working relationships between the nurses. Both of these examples are described more fully in Maslach et al. (2012).

All of this suggests that the six areas of work life can be used as a kind of diagnostic tool to identify important job–person mismatches, thus providing a clearer picture of what the goals of an effective intervention might be. By "customizing" an intervention to take into consideration more probable causes, rather than relying on more standard, one-size-fits-all approaches, practitioners would have a better chance of preventing burnout and building engagement throughout the workplace.

Healthy Workplaces

The AW model provides a framework for defining a healthy workplace in which employees can thrive and succeed. The six positive "fits" that promote engagement and well-being can be defined as (a) a sustainable workload; (b) choice and control; (c) recognition and reward; (d) a supportive work community; (e) fairness, respect, and social justice; and (f) clear values and meaningful work.

More recently, another approach has argued that the "fit" between the person and the job is best understood in terms of the satisfaction of core psychological needs (see the review by Maslach & Banks, 2017). These needs are autonomy, belongingness, competence, psychosocial safety, positive

emotions, fairness, and meaning. All of these needs have been empirically linked to intrinsic work motivation and well-being. Thus, the challenge will be to figure out how to design and modify workplaces in ways that will support the satisfaction of these needs through the performance of the job. For example, does the job stimulate feelings of competence and mastery? What promotes a sense of belonging to the organization? Are there opportunities for experiencing positive feelings and meaningful pride in one's work?

Conclusion

A thoughtful consideration of these three critical issues—the psychology-centric focus of burnout, fixing the person versus fixing the job, and new ideas about solutions—should provide some new insights into the problem of burnout and the challenge of finding effective solutions for it. There seem to be several clear pathways to understanding people within their work context and to developing innovative ways to enhance that person–job fit. If progress can be made toward that goal, and healthier workplaces promoted for everyone, then burnout will become less of an occupational hazard.

References

Bakker, A. B., & Leiter, M. P. (Eds.). (2010). *Work engagement: A handbook of essential theory and research*. New York, NY: Psychology Press.

Cherniss, C. (1980). *Staff burnout: Job stress in the human services*. Beverly Hills, CA: Sage.

Cox, T., Kuk, G., & Leiter, M. P. (1993). Burnout, health, work stress, and organizational healthiness. In W. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 177–193). Washington, DC: Taylor & Francis.

Firth, H., McKeown, P., McIntee, J., & Britton, P. (1987). Professional depression, "burnout" and personality in longstay nursing. *International Journal of Nursing Studies, 24,* 227–237. http://dx.doi.org/10.1016/0020-7489(87)90005-8

Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues, 30,* 159–165. http://dx.doi.org/10.1111/j.1540-4560.1974.tb00706.x

Freudenberger, H. J. (1975). The staff burnout syndrome in alternative institutions. *Psychotherapy: Theory, Research, & Practice, 12,* 73–82. http://dx.doi.org/10.1037/h0086411

Freudenberger, H. J., & Richelson, G. (1980). *Burnout: The high cost of high achievement*. Garden City, NY: Anchor Press.

Greene, G. (1960). *A burnt-out case*. London, United Kingdom: Heinemann.

Leiter, M. P. (2012). *Analyzing and theorizing the dynamics of the workplace incivility crisis*. New York, NY: Springer.

Leiter, M. P., Day, A., Oore, D. G., & Spence Laschinger, H. K. (2012). Getting better and staying better: Assessing civility, incivility, distress, and job attitudes one year after a civility intervention. *Journal of Occupational Health Psychology, 17,* 425–434. http://dx.doi.org/10.1037/a0029540

Leiter, M. P., Laschinger, H. K., Day, A., & Oore, D. G. (2011). The impact of civility interventions on employee social behavior, distress, and attitudes. *Journal of Applied Psychology, 96,* 1258–1274. http://dx.doi.org/10.1037/a0024442

Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. In P. L. Perrewe & D. C. Ganster (Eds.), *Research in occupational stress and well-being* (Vol. 3, pp. 91–134). Oxford, United Kingdom: Elsevier.

Leiter, M. P., & Maslach, C. (2014). Interventions to prevent and alleviate burnout. In M. P. Leiter, A. B. Bakker, & C. Maslach (Eds.), *Burnout at work: A psychological perspective* (pp. 145–167). London, United Kingdom: Psychology Press.

Leiter, M. P., & Maslach, C. (2016). Latent burnout profiles: A new approach to understanding the burnout experience. *Burnout Research, 3,* 89–100. http://dx.doi.org/10.1016/j.burn.2016.09.001

Maslach, C. (1976). Burned-out. *Human Behavior, 5,* 16–22.

Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice Hall.

Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek

(Eds.), *Professional burnout: Recent developments in theory and research* (pp. 19–32). Washington, DC: Taylor & Francis.

Maslach, C. (2011). Burnout and engagement in the workplace: New perspectives. *European Health Psychologist, 13,* 44–47.

Maslach, C., & Banks, C. G. (2017). Psychological connections with work. In C. Cooper & M. P. Leiter (Eds.), *Routledge companion to wellbeing and work* (pp. 37–54). New York, NY: Routledge.

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied & Preventive Psychology, 7,* 63–74. http://dx.doi.org/10.1016/S0962-1849(98)80022-X

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2,* 99–113. http://dx.doi.org/10.1002/job.4030020205

Maslach, C., Jackson, S. E., & Leiter, M. P. (2017). *The Maslach Burnout Inventory* (4th ed.). Palo Alto, CA: Mind Garden.

Maslach, C., & Leiter, M. P. (1999). Burnout and engagement in the workplace: A contextual analysis. In T. Urdan (Ed.), *Advances in motivation and achievement* (Vol. 11, pp. 275–302). Stamford, CT: JAI Press.

Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology, 93,* 498–512. http://dx.doi.org/10.1037/0021-9010.93.3.498

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15,* 103–111. http://dx.doi.org/10.1002/wps.20311

Maslach, C., & Leiter, M. P. (2017). Understanding burnout: New models. In C. L. Cooper & J. C. Quick (Eds.), *The handbook of stress and health: A guide to research and practice* (pp. 36–56). http://dx.doi.org/10.1002/9781118993811.ch3

Maslach, C., Leiter, M. P., & Jackson, S. E. (2012). Making a significant difference with burnout interventions: Researcher and practitioner collaboration. *Journal of Organizational Behavior, 33,* 296–300. http://dx.doi.org/10.1002/job.784

Perlow, L. A., & Porter, J. L. (2009). Making time off predictable—and required. *Harvard Business Review, 87,* 102–109, 142.

Quick, J. C. (1992). Health promotion, education and treatment. In G. P. Keita & S. L. Sauter (Eds.), *Work and well-being: An agenda for the 1990s* (pp. 47–61). http://dx.doi.org/10.1037/10108-003

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior, 25,* 293–315. http://dx.doi.org/10.1002/job.248

Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a brief questionnaire: A cross-national study. *Educational and Psychological Measurement, 66,* 701–716. http://dx.doi.org/10.1177/0013164405282471

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55,* 5–14. http://dx.doi.org/10.1037/0003-066X.55.1.5