

CHAPTER ONE

Burnout as social process:  
a research study

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**W**e will discuss the phenomenon of burnout in social services. The subtitle of this essay could be the following: how the explanations of experts may contribute to create and/or maintain the problem which the experts (i.e., theorists and researchers) are trying to explain. Burnout is described as a detachment from one's own work and/or from clients and it is considered a psychological answer to the stress experienced by professionals in their job (Cherniss, 1980a; 1980b; Maslach, 1976). Thus, a first distinction that is useful to underline is that stress is different from burnout. Experts usually are interested in stress and point out the causes of stress in order to prevent it from evolving into burnout.

The hypothesis we will develop concerning burnout is the following: the explanations of job stress that are usually given by experts as preventative actually contribute to a process whereby stress evolves into burnout. We would like to specify that the metaphor we are referring to

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in developing this hypothesis is not "the solution becomes the problem" (Watzlawick et al., 1974) but rather "the problem determines the system" (Anderson et al., 1986).

The emphasis in the two metaphors is different. In the first one, emphasis is placed on solutions. This, in turn, implies an objectivity of the problem to which good (useful) or bad (useless) solutions can be found. In the second metaphor, the emphasis is placed on the premises and on the social processes that create the problem.

The theoretical reference here is social constructionism. In social constructionism, beliefs that we have about the world are seen as constructing realities and realities are maintained through social interaction that, in turn, confirms the beliefs that are then considered socially originated. It is important to keep in mind that languaging is a social process.

From this point of view, the dissolution of the "problem" of burnout moves from the perspective of the search for solutions (as if the problem were objective), to the discussion of the premises through which the problem is drawn. When we talk about premises we are not thinking of ideas in the minds of people (in this case of professionals and experts). Rather, we are thinking of beliefs that are socially created; that is, beliefs that are generated through a communication process that occurs among the professionals, the experts (i.e., theorists and researchers), and all the others involved. Thus, we see burnout as a phenomenon emerging from social processes that are created and maintained by the beliefs that professionals and experts have come to share through the social processes they enact.

### *Review of Literature*

Let us first take a look at the explanations of stress that we find in the literature. We can classify the theories of job stress in individualistic and relational theories. The individualistic theorists hold that "whenever the expectation level is dramatically opposed to reality and the person persists in trying to reach that expectation, trouble is on the way" (Freudenberger, 1980, p. 13). This explanation of stress is organized around the opposition of idealism and realism. It is a theory that does not account for the interpersonal or social conditions in which burnout develops and because of this it leaves many questions unanswered. For example, "What is there that leads an idealistic individual

to turn out as a revolutionary or as a burned out person?" We say "revolutionary" because most often those pursuing idealistic goals in a persistent fashion are described as revolutionary, particularly in literature concerning social influence (Moscovici, 1979).

But the very distinction between idealism and realism is a ticklish issue. It is a distinction that implies that reality is out there and it is objective, and ideas are the representation of "the reality." Thus, if we take it from this point of view, the whole issue of stress is about the rightness of the ideas that the professionals hold. In other words, it is about how much their ideas are accurate representations of reality. Pragmatically speaking, however, the degree to which ideas accurately represent reality is socially determined. Therefore, most often realism ends up by being the majority's point of view of the majority and idealism the point of view of the minority. In this sense, individualistic theories set forth a solution in terms of social adaptation and they appear as normative, standardizing, control oriented theories.

Contrasted to this individualistic perspective the relational explanations of stress underline the social or interpersonal conditions in which burnout develops. Some of them focus on the client-professional relationship. Others focus on the organizational relationships.

According to relational theories focusing on the client-professional relationship, the people who work in the helping professions experience a protracted exposure to suffering, death, pain, misery, distress that causes stress (Maslach, 1976; Maslach and Jackson, 1978). From this point of view, burnout is seen as the inevitable destiny for anyone entering in the helping professions.

A further elaboration of this theory calls into the picture the self image of the social service provider (Argyris, 1957; Cherniss, 1980a; Cherniss, Egnatios, 1978; Lortie, 1975; Sarata, 1974). The choice of a helping profession has at its base the desire to reduce the pain and distress, to cure people, to have an impact on others' lives, to make people well again improving their conditions, and to turn wasted lives into productive ones. Thus, the self image of being competent in the profession is linked to the possibility of seeing these effects, but unfortunately obstacles emerge. For example, you do not always get the chance to see the results or the effects of your intervention. Some claim that you should not see the effects of the intervention and if you do it means that it was not a good one. But this sounds a defensive attitude that confirms the idea that your interventions can have an effect. Even if

you see the effects of your interventions, you can not be sure that they can be attributed to you. A final obstacle is often that the clients sometimes do not collaborate and therefore neutralize your intervention.

Due to these events, the professionals feel inefficient and do not find an answer to their psychological need for a sense of competence (White, 1959). This, consequently, is seen as causing stress.

We then have the theories that focus on organizational relationships. These theories hold that causes of stress are to be found in a disequilibrium between the demands that have to be met and the resources available to meet those demands (Cherniss, 1980b). This disequilibrium can take a variety of forms such as:

- the administration or the supervisor ask the professionals to work beyond the resources and possibilities;
- the different parts of the organization ask the professionals to do different things that are in contrast with one another resulting in a conflict of roles;
- professionals are asked to do mutually exclusive tasks which create ambiguity in the definition of their role;
- professionals are not invited to participate in organizational decision making due to its hierarchical structure.

In sum, the individualistic theories do not tell us the conditions in which burnout develops but, rather, describe burnout as a problem inside the person (burnout is like a punishment; the person who is wrong will get it). In contrast, the relational theories, which underline the social and interpersonal conditions in which burnout develops, describe the social service provider as exposed to external situations and thus as completely determined by the outside. Whenever such a professional happens to be involved in this kind of situation all she/he can do is to hope that the outside changes or to engage in everlasting fights where she/he ask the others to change.

All these theories seem different from one another, but at a closer look they are joined by the blameful logic that they share which is a consequence of the type of questions that they try to answer: "What is the *cause* of stress or burnout?"

As long as the explanations are guided by this particular question, we will always find some sort of dualism: inside-outside,

individual-organization, and we will always find someone or something to blame.

It is important to ask at this point what happens to the professionals that take these explanations seriously? If they accept the individualistic explanations, they are wrong (they are too idealistic). They have to become alienated from themselves (i.e., become realistic) in order to get "right." But a sense of alienation comes also from the idea of being completely determined by others. And alienation (detachment) is exactly the dimension used by the experts to define burnout. By accepting these explanations, the alienation, which is the symptom of burnout, appears. If we want to find different answers, we need to raise different kinds of questions. We need to move from the "what is the cause" kind of question to: "Which are the social and interpersonal processes that maintain the phenomenon that we name burnout?" Embedded in this general question are specific issues such as, "How do the subjects involved contribute to construction of these processes through their beliefs and their goals of keeping their professional identity?" and "How are these beliefs socially generated through the processes that maintain the phenomenon that we name burnout?"

This is a different cluster of questions since it deals with the reflexivity between actions and meanings in social contexts instead of searching for causes and effects. We also want to underline that if we want to take a constructionist point of view and escape from the dualisms that are implied in the cause-effect lineal questions, we need not fragment the question. In fact, if we only look at the processes that maintain the phenomenon we do not escape from a lineal determinism. If we consider only the beliefs held by people, we fall back into individualistic explanations and if we do not consider that belief systems create social realities as much as social processes create belief systems, we get into the trap of reducing social phenomena to mentalistic events.

Starting from the perspective indicated by these questions, we conducted research on burnout. The subjects of the research are professionals working in teams within the social and health services. Sixteen teams participated in the research (eight in Italy and eight in the USA). We conducted a systemic interview with each of these teams. In addition, each participant was asked to complete an individual questionnaire. We were curious about the way participants describe themselves as professionals as well as working teams. We were also interested in how they define the relationships they are involved with, the way they

cope with problematic issues, and the history of developing their teams. In order to define who was or was not "burned out," we relied on self definition. We did not use external criteria or any tool measuring the syndrome. We accepted the criteria that the team self-produced to define their degree of satisfaction. As it turned out, three Italian teams and two American teams reported a feeling of being stuck; they felt they were at a dead end, they felt as if the team was going to split any moment, that something dramatic was going to happen to clients, that they were not accomplishing very much. In short, they felt that many things had to change but felt powerless to produce change. We analyzed the transcriptions of the interviews and the questionnaires with the aim of pointing out how their idea of being stuck correlated with our description of their interactional pattern. We studied the interplay of actions (interactions) and belief systems (social beliefs) that connected with their ideas of being stuck and with their descriptions of dissatisfaction.

From our analysis we will describe three scenarios.

#### *Case one*

The first scenario is of a team working with elderly people. The team's job consists of helping old people live at home as long as possible by providing all the social, economical, and medical supports they need. The team members felt they were not accomplishing their task well, or at least not as they felt they should. They also had an explanation for this. They indicated that they were too few for the large number of elderly they were charged with assisting. They felt they were working a lot but the quality of their work was not satisfying. They did not mind so much work but they felt distressed by the fact that they were not working well. Once in a while they had to place some clients in public homes. They felt this as a failure that could have been avoided if they had more time to dedicate to each client. However, they did not have this time because they were too few.

This was the situation as they described and explained it. They realized that by keeping up with their work and by trying to meet all their clients' requests, they allowed the administration to ignore their own requests. As they described it, "If we withdraw what would happen to all the people we are supporting?" This is a case that can

very easily be found in books on burnout taking either of the more traditional explanations discussed above. Organizational/relational theories would see this as a demonstration of the "rightness" of the explanation of job stress arising from a situation of disequilibrium; specifically, the disequilibrium of demands and resources. This case could also be used as proof of the importance for the social service providers to confirm a self image of efficient helper. But since we are interested in other questions, as we said, we will try to analyze this case by examining the reflexivity between actions and beliefs.

The team members cannot negotiate the resources with the administration because of their helping relationship with the clients, but they cannot keep the helping relationship with the clients because of their relationship with the administration. It is a loop in which the identity of the professional is central. Working with the conditions offered by the administration, team members feel they do not help their clients. That is, they do not maintain the identity of "competent professional," if they do not accept the administrative conditions. Recursively, if they withdraw, they do not help the clients and they simultaneously do not maintain their identity as competent professionals. It is a loop that shows how the professionals contribute to maintain the conditions that they indicate as the cause of their stress. Yet, it is a loop that is created in the process of maintaining the identity of the professional as a person who takes charge and is responsible for the client.

However, if we stop our analysis here, we are also caught in a loop. The description which shows how the professional is not simply determined by the outside falls straight back into the individualistic explanations which hold that the idealism of the professional is the cause of the stress. The only possible way out is, in this perspective, to give up the identity of the social service provider. Yet, if we raise the question, "What are the beliefs that create this process and that are created in this process?", we would find that the identity of the professional, defined in terms of responsibility and taking charge, can have different meanings. These meanings change in connection with the belief system through which the client is represented.

Now the client, in the belief system of the professionals, is conceived of as passive, in the position of receiving, like an empty entity who takes life from the intervention of the social service providers. A dualism organizes the social processes connected with the helping professions. It is the belief that assigns competence to the social service provider and

incompetence to the client. By dealing with the clients' needs, the professional is recognized as active and the client as passive. This is a social belief that is shared also by the experts (theorists and researchers). So we can say that if this belief organizes the processes that maintain the phenomenon (i.e., stress), the explanations given by the experts of the phenomenon confirm this belief thereby amplifying the processes that maintain the phenomenon.

The questions that emerges is, "What different scenario would we see if we change the point of view through which we define the client?" We do not have an answer. We only have more questions. What does it mean for a professional to be responsible for a responsible person? What does it mean to take charge of someone who is recognized as competent of constructing her/his own life? Which actions would then be recognized as the actions of a competent professional in this perspective? How would the methods and the techniques of the intervention be different if we think of working with people that we recognize can be self-determined? How would the helping relationship be with a person who we see as active in constructing the help that she/he is going to receive? And finally, how would this different relationship with the client change the relationship that the professional has with the administration?

To paraphrase Bateson (1979), we can say that it is not so much *the organization that determines the professional which determines the client that generates stress as the myth of the organization which determines the professional which, in turn, determines the client*. However, the possibility for the professionals to see their active role in determining the organization without feeling guilty for their own dissatisfaction is linked to the possibility of recognizing the active role of the client in determining the intervention. That is, it is linked to a change in premises

### Case two

We will illustrate the second scenario through the example of a team of psychiatric nurses working in a psychiatric unit of a county hospital. The psychiatric service is composed of two teams: one in the hospital and the other in the community. There is a supervisor/director and a doctors' team working both with the nurses in the unit and with the nurses of the community center.

They describe themselves as deeply dissatisfied with their job. They feel as if they are a total failure (a patient committed suicide lately). They think everything is falling apart because of the poor decisions made by the supervisor/director. According to the team, work with the patients is wrong and the staff management is wrong. There is nothing they can do because no one recognizes them as a well working, competent team. However, they used to be the most respected team in the district. This is the team that developed innovative techniques and set an example for all other mental health teams. However, they are not what they used to be and they believe that the decline started when the organization of the service changed from "democratic" to "hierarchical".

Here we have another case that could easily be used to demonstrate how hierarchical organization generates stress or burnout. However, we need to explore how we can examine this case from another perspective.

All these nurses have been working in this mental health service since it began. In the early days, everything was decided in meetings in which everybody took part, could speak up and had an active role in the decision making. The old supervisor would not make any decision without consulting the nurses. Even the administration would consult with the supervisor and nurses. They were all part of a social project. Their belief now is that, in those beginning days, hierarchy and professional roles were irrelevant. The position of each person was defined by the commitment of everyone to the social project (i.e., creating a community mental health center). Competence was derived from this and in this they were all equal. Equality was the principle according to which the service was organized.

Now everything is different. The new supervisor has introduced hierarchy and differentiated roles. The doctors see the patients for interviews or sessions. The nurses are in charge of patients in the everyday life at the unit. The nurses and the doctors meet every week for case discussions and in these meetings the nurses report their observations of patients in the unit. This is the way it is supposed to go. However, the nurses boycott the meetings because they feel they are manipulated on those occasions by the doctors. As they say, "The doctors have excluded us from the interviews with patients. Why should we tell them what we know from our observations?" The supervisor makes the attendance to the meeting obligatory. Yet, the nurses see this as a way

of exercising hierarchical power and they refuse it claiming that attendance at staff meetings should be on a voluntary basis. They add that if the meetings were good meetings the staff would attend.

We can easily recognize this as a symmetrical pattern. It shows how the nurses contribute to maintain the process that generates stress. However, as we said before, if we stop at the analysis of pattern we can not avoid blameful explanations such as these. The nurses have hubris which generates a symmetrical relationship. In other words, they are seen as mean or wrong. And yet, if we go further in the analysis, we can see that this pattern is maintained through the process of keeping one's own identity.

In this case, distinguished from the first case, the identity of the professional is constructed through the organizational relationships: "You are a competent professional if you are equal to the others." The nurses generate and are caught simultaneously in the following loop, "If I attend the staff meetings and tell the doctors what I know, I confirm their higher position. Thus, I am not equal. If I am not equal, I am not a competent professional. If I do *not* attend meetings, I give the supervisor the opportunity to exercise his power over me. This, consequently, confirms my idea that I am not equal and therefore I am not a competent professional."

Again, the individualist explanation emerges. Is it an appropriate response to say that they should change their identity? If we add to the picture the social beliefs that *create the process* and that *are created through the process*, we would find that the identity of the professional, defined in terms of equality, can have different meanings. Meanings vary in connection with the belief system through which the hierarchy is represented. Hierarchy, in the belief system of these professionals, is conceived only in terms of a lineal exercise of power by those in higher levels on those in lower ones.

How would the scenario change if we change the point of view through which we define hierarchy? For example, how would a professional who identifies him/herself as competent only if equal to others, relate to the supervisor if that professional thought that hierarchy is made of equal positions. Also, it is important that the same idea of hierarchy shared by most professionals is also implied in popular, theoretical explanations that claim hierarchical organizations generate stress.

We ended the description of the first scenario by paraphrasing Bateson. Now, we cite him, "It is not so much power that corrupts as

the myth of power" (1979, p. 242). We would like to emphasize that this means that power is a social process not an abstraction that can be defined through unilateral action.

### Case three

The third scenario is exemplified by a child care team composed of a child psychiatrist (team leader), three physical therapists, two speech therapists and two psychologists.

It is different from the other scenario because this group defines their professional identity through their roles. This is different because they explain their dissatisfaction and tension by referring to the ambiguity of role functions which result in role conflicts.

The child care team describe themselves as a non-team. They see themselves as an aggregate of sub-groups that experience conflicts, often to the point of paralysis, whenever there is a decision to make. Each member thinks that the other professionals on the team are very competent. However, team relationships are difficult for many reasons. For example, the child psychiatrist says he lives with role conflict. As a child psychiatrist he feels he is a peer to his colleagues who have different roles. And yet, he is also the team leader. As such, he has to enforce the administration's regulations about staff management and thereby relinquish his peer position with his colleagues. Because this is a team of highly competent professionals, hierarchy is incompatible.

The physical and speech therapists agree with this explanation of team tensions. It is no problem for them to work with the child psychiatrist, but troubles arise when the child psychiatrist acts as the team leader. When he acts in this position, he does not take the point of view of the professionals. Instead, he takes the point of view of the administration who cannot understand what this profession is all about. These therapists have been a team on their own for years. They have had to struggle all alone to make their way through the professional field. This experience has allowed them to acquire a great deal of competence that is specifically defined through their autonomy. In fact, they believe that no one really understands their function. For example, they still fight against clients, other agencies and administration who ask them for the wrong services. These professionals (the physical and speech therapists) feel they are the only ones who know how they can help the client.

In addition, the psychologists, who were the last ones to join the team, think that the tension in the team is due to the ambiguity that often characterizes the role of the psychologist. Psychologists are sometimes treated as generalists (good for all situations) and sometimes as specialists (psychotherapy, learning disabilities, etc.). The psychologists in this team believe that their role can be specified within the team only if the "historical group" (i.e., the original team members) agree to redefine their roles by taking the newcomers into consideration.

All team members share the idea that a good team should be based on peer relationships. However, they have to admit that peer relationships in their team seem impossible because of the role conflicts and the ambiguity in role definition.

As you can see, this case could confirm the explanation of stress in terms of ambiguity and role conflicts. But let's follow the path of reflections indicated by the question that we raised at the beginning of this essay. That is, what social and interpersonal processes maintain the phenomenon we call burnout? Especially, first, how are beliefs (about burnout) socially constructed through the processes that maintain what we call burnout? And second, how do people involved contribute to this construction of particular social processes through their beliefs and their goal of maintaining professional identity.

The following is the interactional pattern. The physical and speech therapists act according to their identity of "competent professional" which is self defined (i.e., "I am not going to treat this case any more because the relationship with the family of the client is tense to the point that I realize I cannot be effective with the child"). The psychologists recognize this behavior as the therapists continuing to define themselves without considering the other colleagues on the team, "They still act as if they were alone." Thus, the psychologists see this as a way of negating the possibility to define themselves and thereby to specify their role in the team. Consequently, they ask to discuss the case in a team meeting because it is only through a democratic team discussion that roles can be equally, even if differently, defined. The team leader, who thinks that the team should not be split in groups and should have democratic relationships, calls the meeting. The therapists interpret the team discussion concerning what they should or should not do as a hierarchical definition of the relationship in which they cannot maintain their identity of competent professionals and so they refuse the meeting. The team leader sees this as a team split and he imposes his

decision. He then feels he cannot be the leader of a team of equals and he loses his identity as leader of a non-hierarchical team. The psychologists attack the team leader because they think he is not able to specify the different roles and competencies in a democratic team discussion. In this way they confirm the idea of the therapists about the hierarchical attitude of the team leader.

In order to avoid the blameful question, "Who is wrong here?" we can look for the shared belief that organizes this interaction. We see it in the opposition shared by everyone between autonomy and connection. While some team members define their competence through autonomy, others define it through connection. In this way, members might be different. Yet, they all share the idea that autonomy is opposed to connection.

Again, the question we would raise is, "How different would the interactional process among these professionals be if they entertained the belief that autonomy can arise from connection and connection can arise from autonomy?"

### *Conclusion*

What is the pattern which connects these three scenarios? The connection to us is not how the professionals define themselves, their identity, or their interactional pattern. These are all redundant, yet they are also different. Each team's story is different as are their beliefs. However, they are connected by the fact that the interactional patterns are generated by the process of maintaining their professional identities. It is important for us to recognize that it is the enacted social beliefs that connect the processes of maintaining identity and specific interactional patterns. In other words, social beliefs determine the specific way in which identity and interactional patterns are connected within a given group.

There are many implications of this analysis. From this perspective, the processes that are related to stress or burnout appear complex. Clearly, more study and reflection on this topic are needed. However, we think that this preliminary study indicates that stress is not just a mechanical answer to some objective cause. We would say that stress is, instead, an answer to an impossible change. A change that is impossible not because the people involved resist, are not able to change, do

not want to change, or are afraid to change, but because they do not see the change being made. They are blinded by the reification of their own premises. However, we must remember that the reification of premises is, itself, a social process.

This point we draw from Bateson who says, "If a man achieves or suffers through change in premises which are deeply embedded in his mind, he will surely find that the results of that change will ramify throughout his whole universe" (1972, p. 336).

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### Editors' comments

What is interesting and challenging to us about this paper is the author's hypothesis that burnout and the need to maintain professional identity are connected.

As usual, the introduction of possible alternative relational explanations to those already existing in the field, creates new and different feedback for us. In this case it is the system of ideas and beliefs amongst mental health professionals, who seem at times unable to move on or appear to be organised into a state of inertia by the system around them.

The distinction the authors make between burnout and stress will be of use as the reader is hopefully challenged to consider the nature of his or her professional identity and whence this is derived. If being or becoming stressed and having to protect oneself against burnout is a belief held by mental health professionals, then indeed much energy goes into behaviour that creates the problem determined system characterized by inertia and doubt about the possibilities available to professionals for working effectively in their systems.

At a time (1991) when there are many new opportunities for redefinition of role and task for mental health professionals, in England particularly, this paper hopefully will inspire some readers to make new connections with colleagues about shared competencies and the distinct contributions some team members can make to a service delivery.

Finally, if the reader is challenged to assert that other interactional processes create professional identity or to try with colleagues to create now a new sense of professional identity, then this paper will have provided an important perturbation to the system.

NEW SYSTEMIC IDEAS  
FROM THE  
ITALIAN MENTAL HEALTH  
MOVEMENT

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