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Mini Review

Occupational burnout

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During the 1960s, the term “burnout” originated as an explanation of the effect on an individual who struggled with substance use disorder [1]. Burnout was first identified as a potential cause of attrition in various fields by Freudenberger in 1974 [2]. Since 1974, many scientific studies on this mental circumstance have been published. Freudenberger defined burnout as an individual who were exhausted by extreme demands on energy, capitals, or strength that would lead them to become ineffective in achieving the intents and purposes [3]. Numerous published studies on this mental condition cited Freudenberger as the first to describe burnout [4]. Burnout has been widely deliberated health problems of mental condition. People may face socioeconomic challenges, and confront the increasing pressure in their daily lives, predominantly in the workplace. Consequently, those in various professions and subdivisions suffer from work-related exhaustion, fatigue, and stress. The most noticeable marks are often denoted as burnout syndrome [4].

Burnout has been formally documented as a syndrome that could increase the potential medical use of people, and an occupational phenomenon in the International Classification of Diseases (ICD) of the World Health Organization (WHO) since May 2019. Burnout is classified as an occupational phenomenon in the ICD-11 resulting from chronic stress in the workplace that has not been controlled. Burnout is not a medical condition or illnesses, but the reasons for contact health services [5]. Three dimensions are described as follows: Feelings of exhaustion or vigor reduction; feelings of negativism or cynicism or an increase in mental distance from work; and decreased professional efficacy.

Burnout, as we know, is now an official workplace syndrome. There has been no generally accepted definition until the development of a widely accepted description. One of the most prominent characterizations is a psychological syndrome consistent with WHO’s definition which comprises an emotional exhaustion (an overwhelming feeling or emotional

response to incapability to cope with workplace demands), depersonalization (attitudes and behaviors marked by apathy, coldness, distance, indifference, cynicism and detachment from the job), and decreased personal accomplishment at work (a sense of ineffectiveness and poorer performance or feelings of not reaching achievement at work, and intense desires to change jobs) [6–8]. The most extensively used instrument to measure burnout syndrome is Maslach Burnout Inventory (MBI) that has been categorized into three types of Maslach Burnout Inventory–Educators Survey (MBI–ES), Maslach Burnout Inventory–Human Services Survey (MBI–HSS), and Maslach Burnout Inventory–General Survey (MBI–GS) [8].

A study indicated low levels of job satisfaction, support, coping strategies with stress, and high levels of emotional exhaustion were associated with high levels of burnout. Low stress tolerance and high levels of burnout seem to be associated with a suppressed hypothalamus–pituitary–adrenal axis and low levels of cortisol (i.e. the main stress hormone secreted by the adrenal glands). In particular, stress and burnout are proven to be separate variables are proven i.e. people may not feel stress but report burnout [9]. Burnout has been shown to be caused by extremely chronic stress and emotional stimulation in psychology and physiology. Work stress is continually accumulating and reaching towards chronically critical levels [10]. The development of work stress can be caused by adverse working conditions and management practices [11]. Furthermore higher levels of burnout symptoms and perceived stress at workplace are found to be correlated to maladaptive and passive coping strategies among people with type D personality [12,13]. Occupational burnout is considered a major problem that needs further and regular surveillance within the workplace.

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