

BURNOUT: EMOTIONAL STRESS RESPONSE OR STRESS-RELATED HEALTH CONSEQUENCE?

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Background: Burnout is a non-psychiatric syndrome involving mental and somatic symptoms. Burnout and depression share a number of common symptoms, such as fatigue, low levels of energy, sleep disturbances, and distress, suggesting a considerable overlap. Burnout, however, is considered a distinct construct, tied closely to the social environment at work (Schaufeli & Enzman, 1998). The association of burnout and HPA-axis functioning has already been investigated in a multitude of studies, but it remains unclear whether and how burnout is reflected in cortisol levels. The aim of the present study was to investigate the association between burnout and basal HPA-axis functioning.

Procedure: A total of 433 (128 men, 305 women) human services professionals were investigated for diurnal salivary cortisol levels on two consecutive days. Burnout was assessed with the Maslach Burnout Inventory (Maslach et al., 1986). Depressive symptoms were assessed with the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), trait anxiety with the State-Trait Anxiety Inventory (STAI-T; Spielberger, 1980), and somatic symptoms with the Giessen Subjective Complaints List (Braehler & Scheer, 1995).

Results: Although group differences in the burnout scales among occupations proved to be significant, the corresponding effect sizes were rather small. Burnout scales were unrelated to the amount of years of occupational activity and to the participants' age. While burnout scales intercorrelated only moderately, depressive symptoms, trait anxiety and somatic distress proved to explain a large amount of burnout variability. However, cortisol levels did not differentiate between high and low burnout groups even when allowing for specific comorbidity (i.e. depressive symptoms, trait anxiety, and somatic distress).

Conclusions: The effect of burnout has already been investigated in a multitude of studies, yielding mixed results and failing to provide convincing evidence for HPA-axis dysregulation in burnout: significantly blunted cortisol levels (e.g. Pruessner et al., 1999; Mommersteeg et al., 2006) as well as significantly elevated cortisol levels (e.g. Grossi et al., 2005; De Vente et al. 2003) and even comparable cortisol levels were found comparing high and low burnout groups (e.g. Grossi et al., 2003; Ekstedt et al., 2004). It remains unclear whether these inconsistent findings may be ascribed to methodological differences between studies regarding cortisol measurement protocols and burnout assessment or whether specific burnout stages with stage-specific HPA-axis dysregulations exist. Our results do not imply a healthy worker effect, since high levels of mental and somatic complaints could be observed. We suggest, that burnout symptoms do not necessarily reflect stress-related health consequences, but rather emotional stress responses, such as high levels of complaining. Burnout symptoms, in fact, may be regarded as preliminary stages of stress-related health consequences. Health consequences reflected by dysregulation of HPA-axis functioning (as in major depression, e.g. Holsboer 2001) appear at later stages. However, prospective long-term studies are needed to support these presumptions and to delineate the pathway from emotional stress responses, such as burnout, to serious health consequences.

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