Interview with Christina Maslach

Christina Maslach is Professor Emerita of Psychology at the University of California at Berkeley. Although she has conducted research in several areas, she is best known for her pioneering work on burnout and work-related stress. In 2013, Professor Maslach was given the Lifetime Career Achievement Award by the Work, Stress, and Health international conference in recognition of her exceptional contribution to understanding the causes, effects, and prevention of stress at work.

The popularity of the burnout concept among researchers internationally is highlighted by a quick search of the term achieving over 570,000 hits on Google Scholar. Burnout also has great popular appeal as it captures a common experience among employees, especially those working within the helping professions. Gail Kinman and Kevin Teoh interviewed Professor Maslach at the European Academy of Occupational Health Psychology conference in Athens where she was a keynote speaker.

Burnout has been hugely influential. How did you develop the concept?

It didn't come from me, but from the people I interviewed. I didn't start off with a theory – it was very much bottom up. I was trained at Stanford as an experimental social psychologist researching emotion and individuation – basically, I was looking at why people need to be different and distinctive rather than conform with others. I got a job at an assistant professor at Berkeley and eventually there was only one member of staff on the social psychology programme – me. They didn't have a laboratory so I couldn't do the kind of research I had planned. They offered to build one, but that would be way in the future. In the meantime, I was expected to get started on some new research.

Drawing on ideas from my earlier research on emotions, I thought it would be interesting to look at how individuals come to understand their feelings. I was particularly keen to explore how people cope in emotionally demanding situations where they needed to remain calm and detached. People who were dealing with things that would normally make them upset, angry or frightened, but couldn't show it. I started doing interviews with people doing jobs where I thought this might be an issue.

I talked to people working in emergency situations in hospital and psychiatric care facilities, as well as in the police and the fire and rescue services. I asked them questions about the type of feelings they experienced and the kind of situations where these emotions may not be particularly helpful, or where they had to keep their feelings hidden from other people. What strategies did they use to accomplish this? How effective were they? After a while a pattern started emerging regardless of who I was interviewing or the type of job they were doing. People were overwhelmed by the enormity of the demands made upon them to help, to protect, to

cure and to save people. At the end of the day they had nothing left to give and were emotionally and physically exhausted, with not one iota of compassion left.

The people I interviewed were aware that they were not treating their clients or patients well and often wanted them to just disappear – they were deeply concerned that these feelings were highly unprofessional, so kept these to themselves. It wasn't the kind of thing they could discuss with colleagues at the water cooler. Interviewees described the strategies they used to manage these feelings and emphasised the negative effects of their work on their wellbeing and personal life. Police officers, for example, told me that they didn't just putt on their uniform, but they donned 'psychological armour' to keep them going through their shift. They could take off their uniform when they got home, but couldn't remove the armour. Officers would try to unwind with their family, but found it very difficult to switch off from the job psychologically. Some of the people I interviewed thought they had made a big mistake going into that type of work and many believed they were no good at it. Feelings of shame and guilt in putting in what they saw as an 'inadequate' service and fear for the future were very commonly expressed. At this stage, people were often thinking about leaving and many talked about former colleagues who had gone into very different types of work as they couldn't cope any longer.

How did the term 'burnout' come about?

After these interviews, I went through the literature searching for concepts that might connect with what I was hearing. I came across the concept of dehumanisation in self-defence, where healthcare staff treat patients as objects, for example: the infarction in bed 2, rather than who the person actually is. This suggested that the people I interviewed were treating others as 'objects' to protect themselves from harm. I also found a similar concept called detached concern in the medical sociology literature, where some detachment is crucial in order to avoid becoming overly involved with patients. When I mentioned these concepts during later interviews, however, they didn't seem to resonate with people – they were particularly doubtful about how detachment and concern could go together.

Then serendipity struck; at a dinner for new faculty I was talking about my work with somebody who had previously worked in poverty law. She said these experiences were common in such work and they called it 'burnout' - she herself had burned out and left the profession entirely. When I interviewed her afterwards, she described something that happened in her former job. A woman had come into the law centre where she worked just before Christmas, saying that she didn't have enough money to buy presents for her young children and needed some help. The lawyer said she started screaming at the woman, telling her to go to the store and steal presents for her children - if she got caught and needed a lawyer, then this was something she *could* help her with. Afterwards, the woman was deeply shocked about what she had done and, at that point, realised that she had burned out. She realised that, although it was important work and she wanted to give something back to society, she couldn't continue doing the job any longer and left. I then started using the term 'burnout' with the people I interviewed, and they immediately related to it. There was

something about the word that captured people's experiences that the other concepts I had discussed had not. At that point, I knew I was onto something.

I understand that you had problems initially trying to get your work published – what happened?

At first, I had trouble trying to get anybody to take it seriously. Burnout was part of what you might call the 'language of the people' – for example we often talk about 'burning the candle at both ends' or a 'burnout shop' – but it wasn't formally recognised in psychology. When I first tried to publish my research, the paper wasn't even sent out for review. Journal editors responded saying that they didn't publish 'pop' psychology. They also felt that the experiences I was writing about were limited, as they were based on qualitative data and the concept was only relevant to a handful of people who were unable to cope with the emotional demands of their work. Then, serendipity occurred again – I found out about a magazine called Human Behaviour that published articles in lay terms about topics across the social and behavioural sciences. I submitted an article providing an overview of my research – they not only published it, but they made it the cover story. This article probably generated a greater response than anything else I have ever written. Using today's language, it went viral – I was getting sack loads of mail from people who told me I was writing about their life and they had no idea that other people felt this way. With one article, I had opened the floodgates to people who desperately wanted to share their experiences. This led to new research opportunities and I started working with a wider range of people such as medical staff, crisis counsellors, social workers, police officers, teachers and ministers of religion.

How did you start raising awareness of burnout in organisations?

Initially, getting grant money was very challenging as funders considered my research was too applied. This meant that a lot of my earlier research was unfunded, so I made a deal with organisations where we traded information. Their employees completed my questionnaires and agreed to be interviewed and observed, and then I went back to communicate the results. People's reactions when I shared the findings with them were fascinating – you could hear a pin drop in the room, or there would be a yell of recognition from the audience. There was a growing realisation among the audience that everybody felt that way and, although people may give the impression that they are coping well, it wasn't actually the case. I learned that this research could make a real difference, as the findings could be fed back in such a way that organisations could consider how they could make changes. For example, burnout was phenomenally high in organisations that required people to work very long hours. Sharing my findings opened up discussions about whether people really needed to work that late, or if organisations could manage working hours in a different way.

Some countries now view burnout as a disability, what are your feelings about this?

In some countries, burnout is an official diagnosis. People are given paid sick leave and undergo an extensive treatment programme to rehabilitate them back into their job. I am not entirely in favour of this view, as you are essentially pathologizing people who are unable to cope with the excessive demands of their work. Treating burnout as a clinical disorder doesn't solve the problem, as it is not about major crises but the everyday demands of the job. You tell people it is their own fault; you patch them up and you send them back into the environment that made them sick in the first place. We have no evidence that burnout is a disease and there are no therapies that will keep people well and engaged in jobs that are toxic. It is not like giving somebody an aspirin for a headache. I am also not convinced by the argument that burnout is 'just' depression and that psychotherapy will cure it. Of course, if people who are burned out become depressed we must treat it, but it is a symptom not the cause and more likely to occur at a later stage in the burnout process.

What about interventions based on burnout theory?

Managers are usually well intentioned and realise that interventions are needed to improve wellbeing and protect staff against burnout. Nonetheless, most interventions are top-down without any active involvement from those who actually do the job. This is a particular problem for people who are becoming burned out, as their growing cynicism and hostility will make them highly resistant to interventions imposed from above. Sometimes interventions can be very misguided. I was working with a school where the manager brought in a motivational speaker who was a former athletics coach. I looked around the room and saw the incredulous expressions on the teachers' faces. They had *lots* of motivation; they just didn't have the money for basic teaching resources and their manager had just spent money on this guy who was trying to motivate them. This type of thing happens frequently and can do a great deal of harm.

There are many ways that burnout theory can be used to form interventions that can work. Interventions are urgently needed at the organisational level, as helping people cope more effectively with a stressful job doesn't make the job less stressful. When planning interventions, it is crucial to ask people what they think would make the greatest difference. Having them on board means a lot to them and can generate ideas for novel initiatives that are less likely to be resisted. Identifying burnout at an early stage is important; supervisors and co-workers are often able to identify the signs in somebody else and this skill could be developed through training. This assumes, of course, that supervisors are not burned out themselves.

Social relationships in organisations can be the most positive feature, while also being the greatest source of stress. When researchers go into organisations, they often think that workload will be the main problem. In fact, people often say they can do the job and handle the workload, but they cannot cope with the competitiveness, politicking, put-downs, back-stabbing, gossip, unfairness and lack of recognition. We

need to harness the positive power of friendship, help, humour, teaching and mentoring and consider how we can reduce the downside of social relationships at work.

I have found that the people who are better able to cope with burnout are those who recognise what is happening to them and choose to do something to offset the damage. I have interviewed paediatric oncologists who would volunteer, or do low paid work at a children's camp, so they could be with healthy kids rather than those who were sick or dying. I also interviewed a police officer who worked in an extremely dangerous area of New York – known as Fort Apache in the Bronx. In his spare time, he was a photographer who captured 'happy' moments in people's lives such as weddings and Bar Mitzvahs. This is a healthy way of coping with burnout, rather than self-medicating with alcohol or drugs, which can be so common in people who have burned out. It is important, however, for people to find out what replenishes them before they reach the crisis point, as then they may be too physically and mentally paralysed to do anything. When people are exhausted, the last thing they can do is craft and enrich their job.

How might new organisational practices and new ways of working impact on people?

People who work in health and social care work have traditionally been considered at high risk of burnout. More recently, researchers have started to look at burnout in other types of professions such as city traders and within hi-tech industries and customer services work. In these environments, working long hours is often seen as a 'badge of honour' but showing one's vulnerability is heavily stigmatised. A short-term 'start-up' approach to working, involving considerable self-sacrifice, is now being used as a long-term model. The social dynamics of work have also changed – there are more divisive tactics that reward 'talent' and encourage destructive competition between co-workers. Organisations do not consider the human cost of these working practices such as health problems, exhaustion, sleep deprivation, work-life conflict, loss of self-worth and, of course, burnout. There is also little consideration of the longer-term implications for wellbeing, performance and profitability - the underlying assumption is that people who burn out are expendable and disposable.

Organisations need to appreciate the importance of maintaining a healthy and sustainable workforce to support the long-term common good - to help people thrive and work productively without incurring the high human costs. Occupational health psychologists have some tools and skills to help them do this, but we have the ingredients, not the recipe. Individually-focused interventions for burnout are largely drawn from the stress, coping and health fields and focus on things like enhancing social support and teaching employees relaxation and mindfulness skills. These are rarely implemented in a group form and their effectiveness is not usually evaluated. We need other methods and need to ask new questions. At the Healthy Workplaces Centre at Berkeley, we have developed a new holistic model to guide organisations; one where the workload should be sustainable, employees are given choice and control, the systems for recognition and reward are fair and equitable, the work

community offers support within a culture of fairness, respect and social justice, and people have clear values and are enabled to do work that is meaningful to them.