

Human Resources' Burnout

Subjects: Social Issues

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The reality of the occurrence of burnout in human resources has been increasingly recognised as a result of today's transforming and competitive society, which exerts a very high level of stress and anxiety on workers, generating a notorious problem in the field of human resource management. Problems related to symptoms of exhaustion, mental weakness, personal devaluation, inability to solve professional problems, restlessness, and eating disorders. These problems manifest themselves in terms of personality, triggering feelings of threat, panic, nervousness, or suicide. Such disorders pose a threat not only to the person but also to the quality of their professional activities. In this way, burnout syndrome can cause a mental and physical breakdown requiring complex medical assistance. In view of the above, it is imperative that organisations take preventative and corrective measures to tackle this phenomenon. This entry covers topics such as the history of the concept of burnout, the concept, its causes and consequences, and predictive methods. By approaching the aforementioned topics using the existing literature on burnout syndrome, this entry aims to demystify the subject of burnout in human resources.

Keywords: burnout ; human resources ; causes ; consequences ; predictive method

In recent decades, the technological revolution has brought about a significant change in the labour market, speeding up the pace of work and increasing the overload of information. The characteristics of the contemporary labour market, i.e., temporary contracts, psychological contracts between workers and employers, and new perceptions of employability, call into question job security, thus representing an inexhaustible source of professional stress, which is defined by the worker's inability to deal with the sources of stress, and in chronic cases, burnout, which can lead to mental and physical exhaustion requiring complex medical assistance ^{[1][2][3]}.

The importance of working conditions and workers' health has been a growing concern for organisations in recent years, which have been raising awareness of issues related to quality of life at work at all levels ^[4]. The topics that have attracted the most attention are related to work-related stress, which is defined as a set of emotional, cognitive, physiological, and behavioural reactions to certain harmful aspects in the workplace. This is characterised as a state of high levels of excitement and anguish, followed by the frequent feeling of not being able to resolve a given situation ^[4]. When work-related stress intensifies and becomes chronic, known as occupational stress, it results in burnout syndrome.

The first definition of the concept of burnout came from the psychiatrist Freudenberger ^[5], who was considered the discoverer of this syndrome. The author refers to burnout as an energy drain experienced by professionals when they feel overwhelmed by work issues. Although Freudenberger ^[5] was the pioneer in formulating the concept of burnout, other authors had already addressed similar terms ^[4]. One of them is characterised as "detached concern" ^[6], referring to the behaviour of health-related professions, in which workers are expected to be involved in the care provided, without becoming emotionally involved. On the other hand, Zimbardo ^[7] refers to the concept of "defensive dehumanisation", which referred to the need to protect oneself from continuous and unbalanced emotional states by interacting with people as if they were exclusively objects or problems to be solved.

In this sense, the interest in research into burnout syndrome arose with healthcare professionals, since the nature of their work meant that they needed to maintain direct and constant contact with other people. It is often necessary to adapt to dehumanised and depersonalised health systems ^[8].

Interest in this field of research arose from three factors, which according to Perlman and Hartman ^[9] are related to the following: (1) the need to improve quality of life, as well as the changes implemented by the World Health Organisation; (2) given the increase in demand, people's requirements in relation to health, educational, and social services, and (3) the need for researchers, clinical services, and public bodies to study the issue in greater depth, with the aim of preventing its symptoms, given its complexity and harmfulness.

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