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Araştırma Makalesi

Prevention of Occupational Burnout

Mesleki Tükenmişliğin Önlenmesi

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A B S T R A C T

The prevention of burnout can only be achieved on both individual and organizational levels. Employees who experience less burnout were found to have higher self esteem, feel more sufficient, and to be less affected by their environment. Alongside these, individuals resistant to burnout were stated to be individuals with hobbies, strong social relations, and the ability to draw social support from the people in their environment. In the light of these findings, prevention efforts on an individual level can be realized through ensuring self-esteem, regulating relations to others, providing hobbies, teaching to say no, and the provision of skills such as stress management. This can be achieved through groups working at the same or different occupational field receiving psychological support (for example, relaxation techniques, stress management, psychodrama). Occupational burnout is an important problem that needs to be understood and prevented where the fields of organizational and clinical psychology need to work in cooperation.

ÖZ

Mesleki tükenmişliğin önlenmesi hem bireysel hem de örgütsel düzeyde gerçekleştirilebilir. Bireysel düzeyde alınabilecek önlemleri belirleyebilmek için tükenmişliğe dayanıklı bireylerin özelliklerine bakmak yararlı olacaktır. Daha az tükenmişlik yaşayan çalışanların benlik saygısının yüksek olduğu, kendilerini daha yeterli hissettikleri ve çevreden daha az etkilendikleri saptamıştır. Bunların yanında tükenmeye karşı dayanıklı bireylerin hobileri olan, sosyal ilişkileri güçlü, çevrelerindeki insanlardan sosyal destek alabildikleri ifade edilmektedir. Bu bulguların ışında bireysel düzeyde yapılacak önleme çalışmaları bireylerin kendilerine güvenmelerini sağlama, diğerleri ile ilişkileri düzenleme, hobiler edinme, hayır diyebilme, stres yönetimi gibi becerilerin kazanılmasıyla gerçekleşebilir. Bunun yolu ise farklı ya da aynı meslek alanının da çalışanların grup olarak psikolojik destek alması ile gerçekleştirilebilir. Örneğin, gevşeme tekniklerinin kullanılması, stres yönetimi, psikodrama terapisi, tükenmişlikle baş etmek için kullanılacak yöntemlerdendir. Mesleki tükenmişlik anlaşılması ve önlenmesi gereken, örgüt psikolojisi ile klinik psikolojinin iş birliği içinde çalışacağı önemli bir sorundur.

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1. INTRODUCTION

The first of the technological revolutions that have changed the production and consumption relationships in the world changed farmers working the fields into workers in factories, causing those living in rural areas to migrate and form the metropolises of today. The second technological revolution was constituted by the changes occurring in those workers. Through this revolution, factory workers have started to change into information workers to meet the increasing demand in the world economies for information. Nationalism based uprisings can be seen to increase in most countries after the mid-19th century. The Industrial Revolution, which is defined as mechanized industries being born through the effect of new inventions on production and steam powered machines and these developments increasing the capital accumulation in Europe, emerged in the late 18th and early 19th centuries (Deane, 2000). The development of industry and technology caused disconnections in human relations and people drifted apart. Humans thus lost their neutrality or spontaneity (Blatner, 2002). All those emerging changes brought about many new concept and problems, including occupations, job safety, expertise, syndicates, fair pay distribution, social security, mobbing, and occupational burnout. The concept of burnout, which was first used as a result of the changes in professional life after the industrial revolution to term the occupational depression experienced by people working at customer services in the USA, showed that employees experienced problems in fields such as job stress, role uncertainty, not participating in important decisions, relations to people served, relations and communication in the workplace, and role conflict (Danna & Grffin, 1999). Additionally, the work environment is known to possibly create pressure on employees, and this pressure can cause negative effects in their psychological health, making them not enjoy their job, have decreases in workplace efficiency, and have disruptions in their physical health (Ahola, 2007).

Freudenberg, who is the psychiatrist who defined the concept of burnout in 1975 through the experiences of those who worked in the fields of humanitarian services and health, used the term "the experience of emotions being spent out causing a loss of motivation and commitment". Maslach, who was a social psychologist examining the emotions of employees in the workplace, noticed the important effect of the coping strategies of an individual and the emotional stress of the job on working behavior (Maslach, Schaufeli & Leiter,

2001). In summary, Maslach concluded that burnout was related to the experiences of people in close relationships with others because of their job and was also affected by "the requirements of the job" and "the capacity of the person to meet those requirements". In this context, occupational burnout can be conceptualized as a psychological syndrome emerging as a reaction to the interpersonal chronic stressors in the workplace. Two points are emphasized in the efforts to conceptualize occupational burnout, namely the clinical and social consequences. The clinical consequences are the mental health problems encountered by the employees. The social consequences are constituted by how the workplace and service fields are affected by this situation (Maslach et al., 2001).

Occupational burnout emerges in the dimensions of emotional burnout, desensitization, and low personal achievement/feelings of insufficiency (Maslach & Jackson, 1981). In the emotional burnout dimension, the following symptoms can be seen in an individual:

- Fatigue
- Lack of energy
- Feeling emotionally distressed

Desensitization emerges as the individual showing unemotional attitudes and behavior to the individuals to whom he/she provides services without taking into account that they are also individuals. A feeling of burnout in the dimension of personal achievement, on the other hand terms the following experiences:

- An inclination to negatively evaluate oneself
- Feelings of insufficiency
- Thinking that one is not a proficient individual
- Decreases in motivation

Burnout is a process that terms emotional, mental, and physical fatigue and evolves through time. Burnout, which can be thought as a continuous variable, cannot be classified as "all or none", and is termed as a gradual decrease in emotional energy. Phasing burnout may be appropriate to better understand it (Schaufeli & Buunk, 2003; Balcıoğlu, Memetali & Rozant, 2008).

Phase I: Enthusiasm: At this phase, the expectations of the person from the job are very high. Most of those are unrealistic. The person accepts to the difficult conditions and makes an effort to adapt. Hopes and expectations are high as well as energy.

Phase II: Stagnation: At this phase, the person thinks about the difficulties he/she encounters. The person starts to question his/her actions and feel discomfort. Hopes and energy gradually decrease.

Phase III: Frustration: The person working for helping and serving others understands that it is hard to change the system or the difficult working conditions. A strong feeling of frustration is prevalent. As a result, withdrawal or avoidance behavior is observed.

Phase IV: Apathy: At this phase, the person performs his/her job not because he/she loves it but because of obligation. Hopelessness, loss of belief, behaviors of distancing oneself from the job, and boredom emerge. For the person, his/her duty is a source of anxiety and discomfort.

There are various factors that cause burnout. These can be summarized under two categories as individual and organizational factors (Danna & Grffin, 1999; Barutçu & Serkan, 2008).

Individual Factors - Demographic Factors:

- Gender
- Age
- Duration of employment
- Marital status
- Presence of offspring
- Education level

Individual Factors – Personality Characteristics:

- Hastiness
- Perfectionism
- Ambition
- Inability to say no
- Emotional repression

Organizational Factors:

- Workload
- Control over the job
- Rewards
- Organizational belonging
- Characteristics regarding the job and the organization such as justice (Maslach et al., 2001; Finney, Stergiopoulos, Hensel, Bonato & Dewa, 2013).

Alongside these, the quality of the job is an important factor that determines whether stress is encountered. People in various occupational groups encounter high levels of stress because of organizational structures and working conditions. "Occupational burnout" is a common situation in professions in which employees are required to

work with people who need help. For example, in occupations where face to face interaction with people is common such as the police, nurses, and teachers, burnout symptoms were found to be experienced prevalently (Çam, 1994; Çam & Baysal, 1997; Jones & Fletcher, 2003).

2. THE RESULTS of OCCUPATIONAL BURNOUT

The results of burnout can be classified under five main groups, namely organizational, social, behavioral, physical, and psychological symptoms (Çam, 1998; Maslach et al., 2001; Schaufeli & Buunk, 2003).

Organizational Symptoms:

- The person not meeting the expectations of the workplace
- The individual continuously comparing his/her job performance and success with other employees
- Resulting uprising against authority or excessive workloads

Social symptoms:

- Disconnections in human relations
- Isolating oneself from colleagues
- Depersonalization.

Behavioral symptoms:

- Uneasiness
- Needing constant breaks
- Evading work
- Not enjoying work
- Loss of interest
- Absence

Physical symptoms:

Negative physical conditions or workplace conditions can cause physical symptoms. Working in shifts, the necessity to sit or talk for extended durations, lack of lighting, excessive heat or cold, and the workplace not getting enough sunlight all disrupt the physical health of employees. These can cause health problems such as asthma, visual impairment, respiratory disorders, headaches, and blood pressure problems. As the physical health of employees decrease, their quality of life is disrupted and workplace efficiency decreases.

Psychological symptoms:

Psychological symptoms show themselves through the emotions of employees.

- Deep anger, disappointment, uneasiness, hopelessness, unhappiness, anxiety, and worries are among the feelings experienced by employees with burnout
- When these emotions emerge, the individual loses his/her confidence in his/her success and loses the ability to enjoy life. Burnout causes even greater increase in those emotions
- Especially excessive unhappiness and anxiety, along with the presence of other emotions and symptoms, can turn into depression or anxiety disorders.

According to a report by the World Health Organization (WHO, 2017), depression is the most prevalent mental disorder with 300 million people from every age group entering depression (7.5% of all mental disorders in 2015) and 800000 people committing suicide because of depression each year. There are various factors regarding depression, which is such a frequent disorder that disrupts an individual's functionality. One of those is occupational burnout. Many studies have pointed to a relationship between occupational burnout and depression (Dyrbye, Thomas & Shanafelt, 2006; Gökkaya & Özdel, 2016; Hakanen & Schaufeli, 2012; Maslach et al., 2001). It is thus very easy to understand why intervening in occupational burnout, which is one of the social factors triggering depression (which in turn decreases quality of life both because of having the highest frequency in society and its results such as hopelessness, unhappiness, and thoughts and actions of suicide). Anxiety, although similar to fear with regard to physical symptoms, is experienced in conditions with unknown physical reasons (Perusini & Fanselow, 2015). It is very important to understand where anxiety manifests adaptively and maladiptively. An optimal amount of anxiety motivates a person and protects from danger by providing alertness. Conditions of anxiety that continue for long durations, decrease a person's efficiency, causes disruptions in interpersonal relations, has physical symptoms such as palpitation, shaking hands and feet, excessive sweating, dryness of mouth, difficulties in respiration, fast breathing, and muscle tension, and is accompanied by psychological characteristics such as uneasiness, excitement, and feelings that suddenly something bad will happen should be evaluated as pathological (Rosen & Schulkin, 1998). Anxiety disorders are classified as "separation anxiety", "mutism", "social phobia", "panic disorder", "agoraphobia", anxiety disorder

caused by substance/drug", "anxiety disorder tied to another health condition", "other unspecified anxiety disorder", and "unspecified anxiety disorder" (DSM-5, 2014). In a review performed in the USA by scanning data from the Collaborative Psychiatric Epidemiology Studies-CPES (20023 people total) anxiety disorders were found to be seen in 1.79% of adult females and 1.17% of adult males (McLean, Asnaani, Litz & Hofmann, 2011). According to the National Mental Health Action Plan, when the table giving the first 20 reasons behind life years lost to disability in Turkey was examined (page 5), panic disorders were (30116 people) seen to have a frequency of 1.2% among females (URSEP, 2011). According to a report by the WHO (World Health Organization), anxiety disorders come sixth among mental disorders (3.4%) (WHO, 2017).

It is not possible to state that every employee who encounter problems in the workplace and has depression and/or anxiety disorders will experience occupational burnout (URSEP, 2011). However, it has been supported through the results of especially longitudinal studies that occupational burnout drives an individual to depression and/or anxiety disorders when not prevented (Ahola & Hakanen, 2017; Schaufeli, Bakker, Hoogduin, Shaap & Kladler, 2001). When the results of the examined studies were generally evaluated, a positive significant relationship between burnout and depression and anxiety was found. This means that depression and anxiety increase alongside burnout (Gökkaya, 2013; Toker, Shirom, Shapira, Berliner & Melamed, 2005; Tümkaya, 1996). Similarly, burnout is seen as an indicator of depression specifically (Hakanen & Schaufeli, 2012).

3. THE PREVENTION OF OCCUPATIONAL BURNOUT

Prevention is defined as "keep (something) from happening, "Stop (someone) from doing something" (EOLD, 2018). While the subject of prevention was previously a point of interest for the field of public health, it has become a field of study for other branches of medicine and psychiatry as well in recent years (Durlak & Wells, 1997). Prevention efforts that are made before problems present and target individuals not yet affected by problems are called basic preventive services. Preventive efforts made when the problem first presents to decrease the number and frequency of problems or to remove the problem are called secondary prevention services (Durlak & Wells, 1997). Taking basic prevention precautions before occupational burnout presents would also be

beneficial (Maslach & Leiter, 1997). Thus, it would be much easier and cheaper to remove problems before they grow. The disruptions in the physical and mental health of individuals experiencing occupational burnout cause both material and mental harm. Individuals lose both time and money while looking for the reasons behind their health problems and being treated. These losses of the individuals are also reflected on the organization. The burnouts of individuals, who slow down work, do not show up, or cause disruptions in the workplace cause organizations to lose workforce, profit, and efficiency. First, it is important for the organization to ensure the prosperity and organizational commitment of employees. However, individuals choosing occupations appropriate to their characteristics during job selection is even more important. In summary, what individuals do before they are employed, what individuals do when working, and what the organization does for the prevention of occupational burnout can be evaluated as basic prevention efforts. The individual factors that people should consider while entering work life and during work life are as follows (Çam & Engin, 2017; Glogow, 1986; Greenberg, 2011; Joshi, 2005; Lee, Scheunemann, Hall & Payne, 2012; Maslach & Goldberg, 1998; Maslach & Zımbardo, 1982; McTigue, 2010; Riggar, 1985; Schiffman, 2005).

Individuals should pay attention to the following in job selection:

- Being aware of their own personal characteristics and skills
- Having effective communication skills
- Being able to say no and draw boundaries
- Being able to fulfill the requirements of a healthy and regular life
- Having long term life and career plans
- Learning how the job is performed
- Knowing the risks and difficulties of the job
- Learning about the long-term career advancement options of the job
- Determining realistic expectations and goals regarding the job
- Being able to change jobs if necessary

Individuals should pay attention to the following in work life:

- Personalizing how the job is done
- Activities in daily life that will make them feel happy and provide a positive point of view for them (listening to music, reading etc.)
- Relaxation exercises and breathing exercises

- Healthy nutrition, healthy habits, exercising
- Seeing the positive aspects of the job
- Leaving the problems at work and at the workplace
- Not bringing work home
- Not neglecting private life by using work as an excuse, keeping social relations strong
- Using days off when necessary and within the context of legal rights
- Taking breaks during work
- Not working during lunch hours
- Getting hobbies
- Being aware of burnout and having information on burnout
- If necessary, receiving psychological counseling or therapy
- Using humor and comedy
- Efficient time management

The efforts to prevent burnout on an organizational level can be summarized as follows:

- Making clear job definitions for employees
- Applying a tolerant, flexible, and inclusive management approach
- Taking person-job compatibility into account during hiring
- Increasing in service training programs to decrease personal insufficiencies
- Making the necessary orientation efforts for those who start employment and those who change positions within the organization
- Being just in the distribution of duties and rewards
- Providing an environment appropriate for personal development
- Forming permanent mechanisms for problem solving
- Trying to solve problems as they emerge before they become chronic
- Taking measures so that excessive workloads do not occur
- Organizing meetings so that the person does not have differences in values with the organization
- Making the work environment appropriate with regard to heating, light, and sound levels
- Increasing the allocated times for personal rest and improvement
- Ensuring employee participation in organizational decisions
- Benefiting from previous personnel during the adaptation process of new personnel
- Respecting the personality characteristics of personnel

- Clear duty definitions
- Providing employees with a chance to be promoted, determining these options beforehand, and informing employees on the subject when they are hired
- Organizing trainings on the definition and prevention of burnout
- Helping employees rejuvenate through group efforts and seminars
- Regulating wages fairly and in a manner meeting expectations
- Using communication channels effectively for a positive atmosphere
- Management and managers being open to criticism and tolerant
- Minimizing needless rules and excessive control mechanisms
- Decreasing the workload of high-level managers and giving lower level employees more authority through transference of authority
- Creating a work environment that inspires trust in individuals and supports them, providing social support to employees
- Increasing vacation and social activity possibilities.

As it is seen, there are much more to do to prevent occupational burn out in organizational level. In this sense, if the organizations do their part, there will be no need to intervene with the individuals/employees who have experienced burn out. On the other hand, if the organization itself cannot provide an effective organization and operation, and if they are facing some problems, it is thought that the professional help will be beneficial.

When the reasons behind occupational burnout were examined, individual and organizational factors were seen to be important. For this reason, the prevention of burnout can only be achieved on both individual and organizational levels. In order to determine the preventions that can be taken on an individual level, it would be beneficial to examine the characteristics of individuals resistant to burnout. Employees who experience less burnout were found to have higher self-esteem, feel more sufficient, and to be less affected by their environment. Alongside these, individuals resistant to burnout were stated to be individuals with hobbies, strong social relations, and the ability to draw social support from the people in their environment (Judge & Bono, 2001; Kim, 2012).

A study aiming to show the strategies that could be used to minimize burnout and its negative effects focused on the following: (I) the strategies used by the individuals to cope with the resources that decrease with the emergence of burnout (II) changing the characteristics of the job to be less demanding and more motivating, and (III) the style of managing the interaction between work and the social environment. When the results were examined, it was seen that individuals used the strategies of coping, improvement, and compensation to change their responses to stress or stressors and decrease the effects of job stress. Alongside this, individuals were seen to change the characteristics of the job to make it less frustrating and more motivating, which is termed job crafting. As a result, individuals created boundaries between work related and non-related social environments. Thus, they experienced less family-work conflict (Demerouti, 2015).

In a study performed with 489 foodstuff production workers, an effort was made to determine preventive measures for possible burnout. The results showed that the quality of life scores of those who had high personal and occupational burnout scores were lower. As a result, a salutogenic approach, and programs aiming at the encouragement and improvement of workplace health were shown to be beneficial in preventing burnout (Arandelović, Nikolić & Stamenković, 2010).

Prevention efforts on an individual level can be realized through ensuring self-esteem, regulating relations to others, providing hobbies, teaching to say no, and the provision of skills such as stress management (Kim, 2012; Maslach et al., 2001). This can be achieved through groups working at the same or different occupational field receiving psychological support. In this section, examples from certain experimental group studies performed on an individual level to prevent burnout will be given.

The aforementioned individual based prevention efforts were made using group counseling/therapy methods. Studies on group therapy and individual therapy have shown that group therapy is at least as effective as individual therapy. The progress made by a person through group therapy is realized in a shorter time and with less difficulty compared to individual therapy. When examined from a cost/benefit relationship point of view, group therapy is much more effective than individual therapy. The therapeutic mechanisms at work in group psychotherapy have been listed as eleven elements: Hope inception, universality, informing, altruism, improving socializing techniques, imitation behavior, catharsis, corrective reformation of the basic family group, existential elements, group intermingling, interpersonal learning (Yalom, 1995). From these aspects, group therapy is both a

cheap method and provides lasting results through the in-depth point of view provided to problems with its techniques. Group therapy methods for the prevention of burnout include methods such as Cognitive Behavioral Therapy, Psychodrama Therapy, stress management, art therapy, and music therapy. Additionally, methods such as relaxation techniques and meditation are also among the group efforts used to prevent occupational burnout. Certain groups efforts performed to prevent occupational burnout and introduced shortly below were given in Table 1.

In a review performed in 1997, 24 programs conducted between 1987 and 1994 to manage work stress were examined (Van der Hek & Plomp, 1997). 4 of those programs were found to be related to burnout. All four of these studies, where techniques such as relaxation, meditation, and Cognitive Behavioral Therapy (CBT) were used,

were seen to be effective in decreasing burnout. Similarly, in another review, 25 studies on occupational burnout prevention performed between 1996 and 2005 were examined (Awa, Plaumann & Walter, 2010). 17 of these were individual prevention programs, 2 were organizational, and 6 were on both individual and organizational levels. 80% of the studies found decreases in job burnout. Individual efforts were seen to show short term effects (6 months or less) while combination efforts were seen to have long term (12 months or more) effects. Individual based studies were determined to be conducted with nurses, health workers, those who work with addicts, teachers, dentists, engineers, laborers, and doctors with the use of CBT, relaxation, and psychosynthesis methods. Organizational level studies were found to use management skills training, professional supervision, scheduling, communication and coping trainings, and social

Table 1: Group Therapy Methods Used in Individual Interventions to Reduce Burnout

References	Occupational Group	Group Therapy Approach
Anderson et al. (1999)	Teachers	Meditation
Blonk et al. (2006)	Employees	Cognitive-Behavioral Therapy (CBT)
Çıtak & Çam (2011)	Nurses	Conflict resolution skills training
De Vente et al. (2008)	Employees	CBT based stress management program
Gökkaya & Özdel (2016)	School Counselors	Psychodrama
Jergensen (2017)	Healthcare therapists	Dialectic behavioral therapy
Kravitz et al. (2010)	Nurses	Stress management training
Pişmişoğlu (2006)	Nurses	Psychodrama
Salmela-Aro et al. (2004)	Laborers	Psychoanalytical or existential group therapy
Scarnera et al. (2009)	Healthcare employees	Improving interpersonal relationships and management skills
Stenlund et al. (2009)	Employees	CBT and qigong
Van Dierendonck et al. (2005)	Engineers	Psychosynthesis and transpersonal psychology
Van Straten et al. (2008)	Employees	Problem solving skills

support to employees (Awa et al., 2010). These reviews have stated that using both individual and organizational programs together would provide the best result. In a literature review performed to examine burnout prevention and reduction studies, 26 studies where pretest-posttest measurements were performed within the context of the Maslach Burnout Model (Tunç & Gündüz, 2010). Previous studies showed that a wide range of interventions such as art therapy and device assisted relaxation were used for burnout, that the majority of these interventions were in individual format, and that in 23 of the studies (88%) the interventions were found to be effective. Among the reviewed studies, mental health professionals, nurses, psychological counselors, and physician associates provided interventions which encompassed methods such as stress management, assertiveness training, basic counseling skills training, and colleague social support (Tunç & Gündüz, 2010). (See Table 1)

In a study, a five-week meditation program aimed at preventing burnout was delivered to 91 teachers from 7 different schools who experienced job stress. It was found that then experiment group had lower levels of perceived stress, state-trait anxiety, and burnout after the program (Anderson, Levinson & Kiewra, 1999).

In another study conducted with 62 laborers who admitted to the Helsinki hospital due to burnout, the laborers received a 16-session for one year. A total of 28 laborers experiencing burnout were included in the control group. Measurements were psychoanalytical or existential group therapy taken at the middle of the intervention and 1 month following the termination of the intervention. It was found that participants in the experiment group had reduced burnout compared to the control group in both measurements (Salmela-Aro, Naatanen & Nurmi, 2004).

In another study, two burnout prevention programs based on psychosynthesis and transpersonal psychology were developed. Participants' careers were evaluated according to levels of burnout, happiness, spirituality, emotional intelligence, and relative deprivation. A total of 38 participants, who were mostly working as engineers, received a 10-day intervention for 3 months. A comparison group was formed from colleagues who worked at the same firms and same departments and who were also matched for age and job experience. Measurements were taken at three points (pretest, posttest, and follow-up). The results showed that a psychosynthesis based burnout prevention program may be effective in reducing burnout and increasing happiness, emotional intelligence, and spirituality (Van Dierendonck, Garssen & Visser, 2005).

In a study conducted with nurses suffering from occupational burnout, the effectiveness of psychodrama was investigated. A total of 12 nurses attended 3-hour sessions per week for 23 weeks. It was found that psychodrama helped reducing job stress and increasing job satisfaction (Pişmişoğlu, 2006).

In another study, the effectiveness of Cognitive-Behavioral Therapy (CBT) on burnout was investigated in 122 self-employed individuals who were on sick leave and who had psychological complaints related to work. The study included two groups, where one group received individual CBT delivered by psychoanalysts and the other received CBT delivered by workplace specialists. The outcome was evaluated according to the rate of returning to work from sick leave and psychological symptoms. The group which received CBT delivered by psychoanalysts had significantly different return rates but the rates of reduction in psychological symptoms were not significantly different between the groups (Blonk, Brenninkmeijer, Lagerveld, Irene & Houtman, 2006).

Cognitive-behavioral therapy (CBT) was administered to 82 patients who were on sick leave due to job stress and burnout. The effectiveness of a CBT based stress management program was investigated. The participants were assigned to 3 groups. The first group received individual stress management training, while the second group received stress management training in group format. The third group received standard treatment. The 12-session stress management training was delivered by psychologists. Levels of burnout were measured at the 4th, 7th, and 10th months. During the first 4 months, the rates of sick leaves and complaints decreased. At following measurements, the complaints remained the same but reductions in absenteeism continued. There were no statistically significant differences between the 3 groups in terms of burnout scores. However, in subgroups with lower depressive symptomatology, the intervention led to more positive results. The findings suggested that CBT based interventions were not effective in terms of treating clinical job stress (De Vente, Kamphuis, Emmelkamp & Blonk, 2008).

A total of 213 individuals suffering from depression, anxiety or job stress participated in an Internet-based self-help program. A control group receiving no intervention was also formed. The online intervention program was problem-focused and aimed to enhance problem solving skills. The experiment group showed reductions in depression, anxiety, job stress, and burnout but these reductions

were not significant between the experiment and control groups. It was found that individuals who participated in the program every week had significantly higher reductions (Van Straten, Cuijpers & Smits, 2008).

In a study conducted in Italy, an intervention program aimed at preventing burnout was developed. The program, which focused on improving interpersonal relationships and management skills, was applied to 25 mental health workers (11 female) who worked at public and private workplaces. Posttest and follow-up measurements indicated significant reductions in burnout (Scarnera, Bosco, Soleti & Lancioni, 2009).

In another study, the effects of two different rehabilitation programs on taking sick leaves and psychological problems were investigated. The first program included CBT and qigong (a Chinese technique of physical activity and breath control), while the second program involved only qigong. The sample consisted of 96 female and 40 male participants. It was found that there were no statistically significant differences in terms of the outcome variables between the groups. Reductions in burnout levels were observed in both groups. Individuals who received the first program (CBT and qigong) had lower stress and obsessive-compulsive symptoms compared to those who only received qigong. Effect sizes were also higher for the first program. It was concluded that both cognitive behavioral rehabilitation and qigong reduced burnout (Stenlund, Ahlgren, Lindahl & Burell, 2009).

In a study conducted with 248 newly graduated and newly employed nurses, the effects of a psychoeducation program aimed at improving stress management were examined. The content of the program included the discussion of risk factors specific to nursing, relaxation techniques, and art. It was determined that the program significantly reduced emotional burnout and depersonalization, which is one of the dimensions of burnout (Kravitz, McAllister-Black, Grant & Kirk, 2010).

A total of 64 intensive care nurses participated in a 5-session conflict resolution skills training program. The first session of the program involved defining conflict and behavior types. The second session involved communication skills training and conflict (I language, feedback, nonverbal communication, listening), while the third session included communication skills training and conflict (empathy). The fourth session involved topics of perception, prejudice, and coping with anger. Finally, the fifth session was on conflict resolution techniques. It was found that the training program

led to reduced burnout in nurses (Çıtak & Çam, 2011).

In another study, psychodrama was applied to reduce burnout in school counselors. The intervention was administered to 1 male and 13 female school counselors for 16 weeks. 4-hour sessions were delivered every week. It was found that following the intervention, burnout scores decreased and life satisfaction increased (Gökkaya & Özdel, 2016).

In a study investigating the effects of dialectic behavioral therapy (DBT) on burnout and stress, 135 healthcare therapists were recruited. The participants received individual DBT. It was found that therapists who self-administered DBT experiences less stress and burnout (Jergensen, 2017).

4. CONCLUSION

Sometimes, work environment may create a pressure on employees. This pressure may cause not enjoying their job by damaging their psychological health, decrease the performance and destroy the physical health of the employee (Soysal & Özçalıcı, 2014). One of the causes of this situation which is called occupational burnout, is negative work environment (Özkanan, 2009; Zeybek, 2010). Gender, marital status, and personality are also some factors that cause occupational burnout. While the situation affects the employees in terms of physical, spiritual, social etc., at the same time it also affects the functioning of the organization. Occupational burnout has a wide influence area that affects individuals, organizations and families; from neglecting the work to quitting it; losing physical health, damaging the integrity of family so it needs to be understood and prevented. When the occupational burn out is not prevented, it may cause depression or anxiety disorders, these results are supported by longitudinal studies (Ahola & Hakanen, 2017). When the overall results of the studies are examined, it is determined that there is a positive correlation between burn out and depression/ anxiety. In other words, when the burn out increases depression and anxiety also increases (Hakanen, Schaufeli & Ahola, 2008). Similarly, burn out is seemed as a predictor of depression (Hakanen & Schaufeli, 2012). This is an important problem in which clinical psychology and industrial psychology should work in collaboration. Therefore, with the help of this article, it is aimed to provide a better understanding of occupational burnout and to obtain a framework about preventions pathways and intervention studies.

Psychological and physiological health deterioration of the individuals suffering from occupational burn out cause moral and material damages. Individuals suffer from both economic and time loss while searching and investigating the causes of their health problems. These also reflect to the organizations. Individuals suffering from burn out slow down the work, and do not come to work so these may cause loss of workforce, profit and productivity of the organization. First of all, it is important that the organizations ensure the welfare of their employees and their commitment to the organization. On the other hand, the most important thing is individuals to choose their job according to their characteristics. Briefly, what the individual will do before entering to job, what they will do while they are working and what the organization will do may be considered as the basic preventions of the occupational burn out.

Individual and organizational factors were found to be important causes of occupational burnout. Thus, prevention of burnout may be conducted on both the individual and organizational level. However, in order to prevent burnout, organizational preventions and individual interventions should be conducted simultaneously. Organizational precautions include providing clear job descriptions; adopting a tolerant, flexible, and participating management approach; conducting orientation programs, and applying a just reward system.

Employees who experience less burnout were found to have higher self-esteem, feel more sufficient, and to be less affected by their environment. Alongside these, individuals resistant to burnout were stated to be individuals with hobbies, strong social relations, and the ability to draw social support from the people in their environment (Judge & Bono, 2001; Kim, 2012). For this reason, preventions of burn out both in organization and individual levels should include improvements of mentioned characteristics of employees.

Making clear job definitions for employees, applying a tolerant, flexible, and inclusive management approach, increasing in service training programs to decrease personal insufficiencies, making the necessary orientation efforts for those who start employment and those who change positions within the organization, providing an environment appropriate for personal development, taking measures so that excessive workloads do not occur, ensuring employee participation in organizational decisions, providing employees with a chance to be promoted, determining these options beforehand, and informing employees on the subject when they are hired, creating a work environment that inspires

trust in individuals and supports them, providing social support to employees, increasing vacation and social activity possibilities can be done in order to prevent burn out in organization level.

What individuals need to do to avoid occupational burnout can be group under two main headings. One of them is things to be done in job selection and the other things to be done in work life. Things need to be done in job selection includes being aware of their own personal characteristics and skills, having effective communication skills, having long term life and career plans, knowing the risks and difficulties of the job, being able to change jobs if necessary. On the other hand, individuals should pay attention to the following in work life, personalizing how the job is done, relaxation exercises and breathing exercises, healthy nutrition, healthy habits, exercising, not bringing work home, not working during lunch hours, getting hobbies, using humor and comedy, efficient time management.

In addition to these, there are some intervention studies including various therapy applications which have been done to prevent occupational burnout. The main purpose of this study was to evaluate the effectiveness of such studies.

Individual interventions may involve group therapy (psychodrama, cognitive-behavioral therapy) as well as skills training (problem solving, stress management, etc.). In addition, relaxation training and meditation may also be beneficial in reducing the risk for burnout. 13 studies evaluated in this article are obtained which prevent occupational burn out in individual level. These studies were conducted in the years 1999-2017. In these mostly individual or group therapy methods are used and they worked with counseling teachers, teachers, workers and engineers. There are 2 studies worked with mental health workers and 3 studies with nurses. In four studies, they worked with other profession groups. Conducted three studies contained meditation, psychoanalytic group therapy, pscho-synthesis techniques. In the other two studies psycho-drama was used. Most frequently used technique was cognitive behavioral therapy (CBT) techniques (in eight studies). Some studies directly used CBT, some other studies used some techniques of CBT like conflict resolution.

As it is seen, there plenty of group therapy method which can be used intervening occupational burnout. Although there are some preventions methods in organizational level sometimes it is not possible to cope with the intense stress caused by the nature of the work itself. Especially the professions that are helping people (like polices,

teachers, nurses) increase the risk of occupational burnout (Maslach et al., 2001). Especially group therapies with individuals who are working in risky professions that may cause burnout will be effective; it is understood that will have positive results in both the health of the employees and the functioning of the organization. As a result occupational burnout affect individuals, organizations and families, has wide effect area includes extending the job from neglecting to quitting, physical exhaustion and the deterioration of the family integrity, need to be understood and prevented. In which organizational psychology and clinical psychology will work together. These mentioned studies can be used in the organizations in order to prevent occupational burn out. Industrial psychologist working in organizations can take educations about these studies, applications and therapy programs and may apply these in the organizations they work. Companies providing consultancy services to organizations may give training programs to both executives and employees to raise awareness about occupational burnout. During this consultancy, companies can add these studies which are prepared to prevent occupational burn out, to their programs. Besides, clinicians should be careful about the psychological symptoms of the clients such as depression and anxiety, because these symptoms need to be investigated whether these mental problems are caused by occupational burn out. If the mental problems of the clients are related to occupational burnout, clinicians may take provision for that. It is hoped that the empirical studies which were examined in this writing, may shed light for future studies.

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