Job Burnout: A General Literature Review

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ABSTRACT

Job Burnout is a different work-related stress syndrome portrayed by dimensions; emotional exhaustion, professional inefficacy, and cynicism. Earlier burnout research was centered on the human service professions such as nursing and teaching, where they are assumed to be the most exposed to experience burnout. However, burnout is not confined only to social service professions but spreads to other working professions such as banking employees and managers. This paper traces the evolution of job burnout. It addresses the factors and the outgrowths of job burnout and the intervention strategies to decrease or overcome it. It also presents the primary measurement of job burnout, the Maslach burnout inventory (MBI), the burnout Measure (BM), and the Oldenburg burnout inventory (OLBI). Lastly, the paper closes with a brief conclusion.

Keywords: Stress, Job Burnout, Emotional Exhaustion, Cynicism, Maslach Burnout Inventory
JEL Classifications: D23, J24, M10, M54

1. INTRODUCTION

The term "job burnout" described a social problem that had existed for a long time and had several expressions which vary according to the period, researchers, across countries, and languages (Schaufeli et al., 2009). Job burnout is a condition precipitated by prolonged susceptibility to stress at work. It has many costs for the organization and the employees themselves. The value of job burnout is outlined by its association with various types of unfavorable organizational outcomes (e.g., absenteeism,), varieties of health problems (e.g., cardiovascular issues) and mental problems (e.g., insomnia) (Cordes and Dougherty, 1993; Maslach and Leiter, 2016b; Schaufeli and Buunk, 2003; Shirom and Melamed, 2005). The negative consequences of burnout have prompted the calls for intervention programs not only to improve employee's quality of life but also to prevent the organizational losses (Awa et al., 2010).

The current literature of job burnout presents three components as exhaustion, professional efficacy, and cynicism, which factor the subscales of the Maslach burnout inventory (Maslach et al., 2001; Maslach and Leiter, 2008). Exhaustion is the most investigated dimension of job burnout and represents the stress aspects (Maslach et al., 2001). It involves intense physical and emotional exhaustion that weakens the employee's ability to operate efficiently. Cynicism (or depersonalization), refers to a skeptical and cold attitude towards customers, and the loss of the personal element in dealing with individuals (Maslach, 2006; Maslach et al., 2001). Professional inefficacy (or reduced personal accomplishment), refers to the employee's tendency to evaluate themselves negatively, as well as a profound sense of ineffectiveness in work and interaction with others (Cordes and Dougherty, 1993; Maslach et al., 1996). However, several researchers have shown that the core dimensions of burnout are exhaustion and cynicism or disengagement (Bakker et al., 2004; Demerouti et al., 2001, 2010; Peterson et al., 2008).

This article intentions to provide a synopsis of the phenomenon of job burnout, its causes, and consequences for individuals and institutions. The paper highlights individual and organizational intervention strategies that prevent or reduce the severity of burnout. Besides, the article provides an overview of the essential measurements of burnout. The paper is constructed as follows. Inside the first section, an overview concerning the rise of the

phenomena and its development. Following this a thorough examination of the roots of Job Burnout's organizational and personal factors. Furthermore, the organizational, physical, and psychological consequences of Job Burnout are explored, along with individual and organizational strategies for intervention. Finally, the Conclusion.

2. BURNOUT: A BRIEF OVERVIEW

The American psychologist Herbert Freudenberger laid the first seeds when he introduced the term "Burnout" into the academic use in 1974. While studying the stress responses shown by volunteers of the St Mark's Free Clinic in New York's in his article "Staff burn-out." Freudenberger used the term to describe the gradual physical and emotional depletion and reduced productivity, and commitment among the volunteer (Ahola and Hakanen, 2007; Bilge, 2006; Freudenberger, 1974). According to Freudenberger the first sign of burnout is when the employee works harder and longer, but his or her accomplishment looks less and less (Freudenberger, 1977).

Independently and simultaneously, the works of Christine Maslach and her colleges have pioneered the study and the development of the concept. Maslach has contributed to much research into the interpretation and understanding of this phenomenon in various professions (Valcour, 2016). Maslach and her colleagues encountered the term during their interviews with a group of human services workers in California (Schaufeli, 2017). Maslach was interested in studying cognitive strategies such as "dehumanization" used by these service workers to deal with emotional stimulation on the work (Maslach and Schaufeli, 1993). Maslach learned from the interviews that the workers felt exhausted and start to develop a gloomy attitude toward the service reception (Schaufeli et al., 2009). Accordingly, Maslach and Jackson define burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, that can occur among individuals who work with people in some capacity" (Maslach and Jackson, 1984. p. 134).

Consequently, Maslach and her colleagues developed what can be regarded as one of the most known and used self-reporting instrument to evaluate burnout in a wide range of human services workers — known as "the Maslach burnout inventory (MBI)" (Maslach and Jackson, 1981; Schaufeli, 2017).

This development has motivated and inspired researchers to investigate the extent of this phenomenon in the workers (Cordes and Dougherty, 1993). Numerous studies have been conducted on the human services personnel, where they are believed to be the most vulnerable to psychological abuse, as their jobs are demanding a considerable amount of interaction with people (Maslach and Jackson, 1984). The results of these studies revealed that the psychological tension resulting from the practices of human services professions had many adverse effects. Similar studies were conducted on lawyers, police officers, and nurses (Cordes and Dougherty, 1993). According to Maslach and Jackson (1984) and Maslach (2006), Burnout is not limited only to human service professions. As burnout appears to be connected

to the work domain, and it became clear that the phenomenon of Burnout is not limited to health services, but extends to other working areas (e.g., telecom, IT, business, corporate, and sports world), (Maslach, 2006; Maslach and Jackson, 1984; Maslach and Schaufeli, 1993). Particularly, with the development of the most modern version of MBI the MBI-general survey (MBI-GS) to be used in all occupations (Maslach et al., 2012; Schaufeli, 2003), and the development of alternative burnout measurements, for example, The oldenburg burnout inventory (OLBI) (Demerouti et al., 2003), The burnout measure (BM) (Pines and Aronson, 1988), and The Shirom-Melamed burnout measure (Shirom and Melamed, 2006).

3. THE CAUSES OF JOB BURNOUT

In general, the omnipresent view that burnout is associated intrinsically to work factors and secondly to personality factors (Bianchi, 2018; Maslach, 2003, 2006; Shanafelt et al., 2017).

The impact of the job variable received more evidence and attention than the personal ones (Bianchi, 2018; Maslach et al., 2001). However, more modern theories have argued that job and personal characteristics should be studied simultaneously within the organizational environment (Bianchi, 2018; Maslach and Leiter, 2016a). These Job factors (organizational risk factors) are compiled within six critical areas of the workplace context (Maslach et al., 2001. p. 414):

1. Workload: The workload is one of the most discussed sources of burnout and the most obviously connected with the exhaustion part of burnout (Maslach and Leiter, 2008). The imbalance in the simplest case can happen through the numerous demands and responsibilities, e.g., (deadline and targets), conducted with a shortage of resources
2. Control: Indicates how much autonomy the personnel has over their work. The mismatches in control reflect that the employee does not have sufficient control over the critical dimension, and resources needed for the job
3. Reward: Reflects positive feedback and recognition, whether financial, social, or both. The mismatch here represents the lack of positive feedback for the work people do
4. Community: Reflects the quality of social synergy (personal relationship and teamwork interaction) in working with colleagues, managers, and clients
5. Fairness: Reflects trust, openness, and respect in the workplace. The mismatch occurs when the worker recognizes an absence of justice in the workplace
6. Values: Reflects the individual's aspirations, motivation, and ideals in their job (Maslach and Leiter, 2008). The imbalance occurs when there is a conflict between the individual and organizational values (Maslach et al., 2001).

According to Maslach and Leiter (2008, 2016) and Maslach et al. (2001), any mismatch or imbalance between the person and the six areas of the job may intensify the likelihood of burnout. On the contrary, the higher the fit between the person and the domains, the higher the possibility of engagement (Maslach et al., 2001; Maslach and Leiter, 2008, 2016b).

While the mismatch between the person and the job factors may lead to a higher risk of experiencing burnout, some personal traits of individuals may also contribute to the possibility of burnout. Personality traits can play a significant role as a coping mechanism (Ghorpade et al., 2007) or as an intensifier of burnout dimension (Maslach and Leiter, 2016a). For example, hardiness- is a collection of personality traits used by individuals as a coping mechanism to a stressful situation (Kobasa, 1979) - people high on hardiness are more resistant in buffering the effects of stressful events and burnout (Kobasa et al., 1982; Moradi et al., 2013). On the other hand, people who show less hardy personality also display a higher score in burnout, especially the exhaustion dimension (Maslach et al., 2001; Maslach and Leiter, 2016a). Burnout scores are more prominent among people who have a more external locus of control - the individual perception of event and achievement as a result of chance, destiny, or under the control of the power of others (Rotter, 1966). while people who have more internal locus of control - the individual perceives the event as contingent upon his/her behavior, ability, and efforts (Rotter, 1966) - are less prone to burnout (Maslach et al., 2001). Also, neuroticism is strongly associated with a higher level of burnout (Bianchi, 2018; Swider and Zimmerman, 2010). Neurotic individuals depicted as being emotionally unstable, anxious, hostile, and prone to emotional distress (Semmer, 2006), which aligns with the job burnout dimension.

4. THE CONSEQUENCES OF JOB BURNOUT

Job burnout has been associated with different forms of adverse effects in the workplace. For example, burnout was often regarded as predict for "absenteeism" (Bakker et al., 2003; Borritz et al., 2006) "turnover" (Maslach, 2006; Maslach and Leiter, 2016b; Wright and Cropanzano, 1998) "job attitudes"(Moore, 2000), and job performance (Halbesleben and Buckley, 2004; Keijsers et al., 1995; Wright and Bonett, 1997).

A study conducted by Jackson et al. (1986) found that teachers intention to leave their jobs were strongly correlated with the three burnout dimension, especially emotional exhaustion (Jackson et al., 1986). In another study, Wright and Cropanzano (1998) investigated emotional exhaustion as a predictor of turnover and job performance. They found that fatigued employees display reduced job performance and ultimately left their job (Wright and Cropanzano, 1998). Zhou et al. (2014) investigated the mediating role of job burnout on role conflict and job performance among 189 hotel employees. The study found that role conflict is positively correlated to burnout, and role conflict and burnout affect employee's performance negatively (Zhou et al., 2014). Sovitriana et al. (2019) examined the theoretical model of social support, job satisfaction, and interpersonal communication's influences on burnout, with self-esteem as the mediator in junior high school teachers in South Tangerang. The study reported a negative association between the "theoretical model" and burnout with self-esteem as a mediator. Yirik et al. (2015) investigated the relationship between organizational stress and organizational burnout levels among 318 mid-level managers of four and five-star hotels operating in Alanya, Turkey. According to the analysis of data, it has been observed that the ages of mid-level managers influence their organizational stress and burnout levels. The gender of mid-level managers is prominent on their organizational stress levels while they do not affect their burnout levels. Education levels of managers influence their organizational stress levels while they do not influence their burnout levels. The departments of managers are influential both on organizational stress and burnout. Positions of managers influence their burnout levels while they do not influence their organizational stress levels.

Burnout individuals can affect the relationship at work by causing personal strife and disrupting the workflow (Maslach, 2006). According to Maslach and Leiter (2016), "burnout can be contagious and perpetuates itself through social interactions on the job"(Maslach and Leiter, 2016b. p. 106). Bakker et al. (2005) investigated whether burnout is contagious among 1849 intensive care nurses. The study found that the three burnout dimensions, emotional exhaustion, depersonalization, and reduced personal accomplishment, have a contagion effect. More specifically, the results of the study showed that the perceived burnout complaints among co-workers had a definite influence on the three burnout dimensions (Bakker et al., 2005). Similar outcomes found in (Bakker et al., 2001; González-morales et al., 2012).

Job burnout has been linked with several forms of adverse influences on the physical and mental health of the employee (Burke and Deszca, 1986; Cordes and Dougherty, 1993; Halbesleben and Buckley, 2004; Maslach, 2000; Maslach and Leiter, 2016b; Ozturk and Ay, 2018). According to Maslach and Leiter (2016), the exhaustion element of burnout is the most predictive of stress-related health and mental consequences than the other two factors, as the exhaustion component is more related to the traditional stress variable (Maslach and Leiter, 2016b). Physical health problems include, for instance, headaches, exhaustion, type 2 diabetes, and cardiovascular problems (Leiter et al., 2013; Maslach and Leiter, 2016b). Also, job burnout can lead even to death, which is considered the ultimate outcomes of job burnout.

In an 8-year study, regarding the relationship between job burnout and injuries, in a sample of Finnish forest industry workers. The study found that burnout combatants (exhaustion and cynicism) were related to severe injuries. However, there was no relation between the third component of burnout and the worker injuries during the 8-year follow-up study (Ahola et al., 2013). Also, Grossi et al. (2009) investigated the relation between burnout and changes in pain experiences among 2300 women living in Sweden. The study found that a higher level of burnout predicts general pain in various bodily locations, e.g.: (Back and shoulder pain) and more significant to pain-related disability (Grossi et al., 2009). It has also shown to predict prolonged fatigue (Leiter et al., 2013; Leone et al., 2009), type 2 diabetes (Melamed et al., 2006), coronary heart disease (Appels and Schouten, 1991; Toker et al., 2012), and mortality (Ahola et al., 2010).

Regarding psychological consequences, burnout has also been found to precede some mental implications, such as insomnia, depression, and anxiety (Leiter et al., 2013; Maslach and Leiter, 2016a; Shirom, 2009; Shirom et al., 2005; Shirom and Melamed, 2005). For example, Armon et al. (2008) study whether burnout and insomnia can predict each other at 2 time points period (18 months apart). Their findings show that burnout and insomnia are moderately associated at the first point time. Though at the 18 follow up, they found that burnout and insomnia can predict each other's evolution and intensification among the employee's overtime (Armon et al., 2008).Similar results found in (Armon, 2009). Soares et al. (2007) investigated the correlation of burnout with social, economic, demographic, lifestyle, and health factors in the sample consisted of 6.000 Swedish female workers. The study found that 41% of women encountered a high level of burnout and reported high levels of depression. However, only 5.8% of the sample displayed low burnout levels and reported signs of depression (Soares et al., 2007).

Moreover, Peterson et al. (2007) examine the association between burnout and some health and mental implications among Swedish healthcare workers. In a sample of 3719, the study found that people who exhibited a high level of burnout were more prone to face a case of depression and anxiety. Moreover, the authors imply that depression is more pertinent to the exhaustion part of burnout (Peterson et al., 2008).

5. JOB BURNOUT INTERVENTION

The negative consequences of job burnout have promoted the call for intervention programs not only to improve employee's quality of life, but also for preventing the organizational losses as an outcome of job turnover, desertion, and low performance (Awa et al., 2010).

There are two primary types of burnout interventions which centered on the individual and the organization — individual-level interventions strategies to magnify the individual ability to cope with the workplace stressor. Organizational-level intervention strategies focus on overcoming or reducing organizational mismatch and stressor (Le Blanc and Schaufeli, 2008; Maricut et al., 2014; Maslach et al., 2001; Maslach and Goldberg, 1998).

In general, Individual-level strategy is usually designed to reduce the signs of job burnout that are already starting to appear within the employee. Maslach and Goldberg (1998), reported different individual recommendations for preventing job burnout that included: Changing job patterns (e.g., working less, taking more regular breaks); developing coping skills (e.g., time management), and, securing social resources (from colleagues, supervisors, and family), which targets the employee's relationship with work. Other recommendations focus on making the individual more resilient to work stressors, involved: Using leisure strategies, fostering good health, and self-analysis (sounder self-understanding) (Maslach and Goldberg, 1998. p. 67). Le Blanc and Schaufeli (2008), also cites the frequently used individual strategies to reduce the negative impact of burnout involved: Relaxation techniques, cognitive-behavioral techniques (CBT),

and promoting healthy lifestyles. According to the authors, most of the studies conducted on individual strategies are well established (Le Blanc and Schaufeli, 2008). For example, Van Rhenen et al. (2005) examined the effectiveness of two intervention programs in the short-term and long-term among a sample of 396 Dutch telecommunications employees. One program was a physical intervention program intending to combine exercise and relaxation in the daily work activity, and the other was a cognition-focused programme aiming at restructuring irrational beliefs. The study found a decrease in the burnout levels in both types of intervention programs in the short term and at the 6 months follow up study (Rhenen et al., 2005). In another study by Schaufeli and Salanova (2010), investigated wither self-efficacy-based intervention can decrease burnout among three groups (intervened, stressed, and healthy) of university students. The results showed a decrease in burnout levels in occurred and stressed groups, whereas no notable decrease was observed in the healthy group through the 6-month follow-up study (Schaufeli and Salanova, 2010).

According to Maslach and Goldberg (1998) and Le Blanc and Schaufeli (2008), Integrating the individual and the organizational intervention strategies is likely to be the most effective to reduce or overcome job burnout (Le Blanc and Schaufeli, 2008; Maslach and Goldberg, 1998). However, the majority of the job burnout studies have focused primarily on individual approaches. According to Maslach et al. (2001), this is discrepant with most studies that have found that institutional variables perform a more significant notable role in burnout than individual ones (Maslach et al., 2001). The basis for this is based on the assumption that changing organizations is more difficult and costly than changing individuals (Maslach et al., 2001; Maslach and Goldberg, 1998). Never the less, there is a growing recognition that reducing or overcoming burnout in the workplace is important because of the adverse effects associated with it (Schaufeli and Buunk, 2003). As we discussed before in "the causes of job burnout" section, the basic idea that job burnout intensifies as a results from the mismatch or imbalance between the employees and the six organizational factors; overload, control, reward, community, fairness, and values. Accordingly, reducing the gap between the employees and six areas of the job can help in overcoming or reducing burnout. According to Maslach and Goldberg (1998), this approach focuses on the relationship between the employees and the job domains instead of one or the other in isolation. It also extends the range of options for organizational intervention (Maslach and Goldberg, 1998). For example, Dunn et al. (2007) assessed the effectiveness of the corporate intervention program's purpose at promoting the well-being of physicians working in the Legacy Clinic in Portland, Oregon, over 5 years period. The intervention program was centered on improving physician control over the workplace, advancing the work process in the clinic, and deepening the purpose physicians find in their work. The Assessments resulted in an enhancement in emotional exhaustion and inefficacy of burnout dimension (Dunn et al., 2007). Also, Gregory et al. (2018), examined the changes in burnout levels among primary care providers, before and after implementing an organizational-level intervention program centered on the workload. The study found that the workload intervention program ended in a reduction in the emotional exhaustion and depersonalization dimension

of burnout (Gregory et al., 2018). Furthermore, Le Blanc et al. (2007), assessed the impact of intervention programs (team-based), focused on improving job control, communication, social support, and coping skill among 29 oncology staff. The analyses showed that the oncology staff experienced lower levels of emotional exhaustion and depersonalisation (Le Blanc et al., 2007).

Leiter et al. (2011) compared the influence of an intervention centered on enhancing the civility in the workplace among health care employees, before and after a 6-month intervention. The study showed a decrease in cynicism and exhaustion among the intervention group as a result of the intervention program (Leiter et al., 2011). In a year follow up study, the authors examined whether the effect of the intervention maintained over 1 year. The study affirmed that the changes produced by the civility intervention were sustained (Leiter et al., 2012). According to Maslach et al. (2011), this analysis provided support that improving working relationships (Community) plays a vital role in lightening job burnout (Maslach et al., 2012). According to the preliminary studies, we can perceive that the number of studies centered on organizational intervention strategies is limited, as these interventions are more expensive and require more time.

6. THE MEASUREMENT OF BURNOUT

6.1. The Maslach Burnout Inventory MBI
The most frequently employed tool for job burnout assessment is the Maslach burnout inventory (MBI; Maslach and Jackson, 1981) which first developed in the early 1980s, as an attempt to measure the three dimensions: Emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) (Maslach and Jackson, 1981).

The MBI considered as one of the first scientifically validated burnout measurement and the most extensively utilized tool to evaluate burnout (Bria et al., 2014; Halbesleben and Buckley, 2004; Maslach et al., 2001; Schaufeli et al., 2016; Shirom et al., 2005; Shirom and Melamed, 2005).

There are currently three versions of Maslach burnout inventory; The MBI-human services survey (MBI-HSS), the MBI-educators survey, or MBI-ES and the MBI-general survey, or MBI-GS (Bria et al., 2014; Maslach et al., 2001).

The first version of the MBI is the MBI-human services survey (MBI-HSS) has initially been developed to assess burnout among human service professionals including; nurses, social workers, therapists, police, clergy (Maslach et al., 2008; Maslach and Jackson, 1981). On the validity of the MBI-HSS, Maslach and Jackson (1981) reported reliability coefficients of 0.90 for emotional exhaustion, 0.79 for depersonalization, and 0.71 for personal accomplishment based on a sample of human service professionals (Maslach and Jackson, 1981). Beckstead (2002) reported reliability coefficients of 0.88, 0.80, and 0.75 for emotional exhaustion, depersonalization, and personal accomplishment in a sample of 151 registered nurses (Beckstead, 2002).

The second version of the inventory, the MBI–educators survey (MBI-ES), was developed to measure burnout among people working in any educational setting (Maslach and Jackson, 1981). According to Maslach et al. (1996), the reason for this version of MBI is that the vast number of studies focused on the teaching profession and for the increased interest in teacher burnout. The MBI-ES is the same as the MBI-HSS; the only difference between the two inventories is that in some items the word "recipient" has been changed to the "student" (Maslach et al., 1997). The MBI-HSS and the MBI-ES consist of 22 statements of job-related feelings that asses the three-dimension, EE (9 items), DP (5 items), and PA (8 items) (Maslach and Jackson, 1981).

On the validity and the reliability of the MBI-ES, Iwanicki and Schwab (1981), support the three-factor structure and reported reliability estimates of 0.90 for emotional exhaustion, 0.76 for depersonalization and personal accomplishment of the MBI-ES in a sample of teachers (Iwanicki and Schwab, 1981).

The third version of the inventory, the MBI–general survey (MBI-GS) (Schaufeli et al., 1996), was developed to be used with workers outside human services and education such as customer service, manufacturing, management, and most other professions (Maslach et al., 1997). In contrast, to the other versions, the MBI-GS focuses on job and personal relationships (Maslach et al., 2008). The MBI-GS has become the most common model for measuring burnout, compared to its previous versions, as the MBI-GS is shorter and can be used outside the framework of education and social service (Bria et al., 2014). The MBI-GS consists of 16 items scored on a 6-point frequency scale (ranging from never to daily) (Maslach and Leiter, 2008. p. 504). The inventory covers three subscales, which parallel those of the MBI-HSS and MBI-ES: (1) The emotional exhaustion (5 items): Includes physical and emotional fatigue, without direct reference to the recipients of the service. (2) Cynicism (5 items): The most modified element which reflects the indifference or cold attitude towards the work. (3) Professional Efficacy (6 items): Were altered to focus more directly on the person exceptions of achievement in action. (Maslach et al., 1997, 2008; Upadyaya et al., 2016). High scores in the emotional exhaustion and cynicism and low scores on professional efficacy indicate the presence of burnout. In contrast, low ratings on the first two dimensions and high scores on the third dimension reflect greater engagement (Maslach and Leiter, 2008). Consequently, a person is not categorized as "burning" or "not burning," but instead is placed on a continuum from "more burnt" to "less burned" (Iwanicki and Schwab, 1981).

On the validity of MBI-GS, Leiter and Schaufeli (1996), confirmed the three-factor structure for the MBI-GS over different professional groups within health care settings (Leiter and Schaufeli, 1996). Likewise, Bakker et al. (2002) examined the factorial validity of the MBI-GS in a sample of 2919 employees working in eight different occupations (e.g., managers and sales officers). The study validated the three-factor structure for the MBI-GS in the eight different professions (Bakker et al., 2002). In a survey conducted by Bria et al. (2014), in a sample of 1190 Romanian healthcare specialists, also established the invariance of the MBI-GS's three-factor structure (Bria et al., 2014). The same found by (Langballe et al., 2006) over a sample of 5024 workings in eight different occupational sitings, by (Kitaoka-higashiguchi

et al., 2004) in an example of 696 manufacturing managers using the Japanese language version of the MBI-GS, and by (Qiao and Schaufeli, 2010), also by (Schutte and Schaufeli, 2000; Shirom and Melamed, 2006).

6.2. The Burnout Measure BM

The burnout measure (BM; Pines and Aronson, 1988), acknowledged as the second most generally used self-report measure of burnout after the MBI (Enzmann et al., 1998; Langballe et al., 2006; Pines, 2003, 2005; Schaufeli et al., 2016).

The (BM), was developed by pines and Aronson in 1988 (Pines, 2005), to assess the core element of burnout "exhaustion" and to be used with all occupations (Qiao and Schaufeli, 2010). The instrument consists of 21 items divided into three types of exhaustion (physical, emotional, and mental exhaustion), 17 of the items are negatively worded questions and the rest positively worded, to measures the levels of physical, emotional, and mental fatigue (Pines, 2005; Pines and Aronson, 1988; Schaufeli et al., 2016). The BM assessed on seven-point frequency scales from 0 "never" to 6 "every day." An average of four shows burnout (Pines, 2003). In 2005 pines developed a shorter and solon comprehendible variation of the BM, the (BMS); to answer the needs of researchers and practitioners of an easy-to-use tool, less questionnaire space and less time for handling and scoring. The BMS exist of a 10-item elected from BM and was arranged under the contextual principle of 21-item BM, which assesses an individual's physical, temperamental and psychic exhaustion levels. The BMS assessed on seven-point frequency scales from 1 "never" to 7 "always" (Pines, 2005).

On the validity of the BM (Enzmann et al., 1998; Qiao and Schaufeli, 2010; Schaufeli et al., 2016; Schaufeli and Dierendonck, 1993) confirmed the validity of the three-factor structure of the MB.

6.3. The Oldenburg Burnout Inventory OLBI

Demerouti et al. (2003) contracted and provided original construct reliability of the oldenburg burnout inventory (OLBI[1]), to approach the psychometric lapse of the MBI and the MBI-GS (Demerouti et al., 2003). According to Demerouti et al. (2001), all items in the three subscales of the MBI are worded in one substance; all questions in the exhaustion and cynicism scale are formulated negatively, and the professional efficacy components are expressed positively (Demerouti et al., 2001). In contrast, the OLBI features questions that have symmetrical confirming and dissentient formulation (Demerouti et al., 2010; Halbesleben and Demerouti, 2005).

The Oldenburg burnout inventory consists of two dimensions: Exhaustion and disengagement from work (Demerouti et al., 2003). The exhaustion dimension comprises not merely the affective aspects of fatigue as the MBI and MBI-GS but incorporating physical and intellectual features of the exhaustion

(Demerouti et al., 2003; Halbesleben and Demerouti, 2005). Each subscale of the OLBI consists of eight items, and each subscale consists of quaternary questions worded positively and quaternary questions worded negatively, and every component has quadruplet response alternatives, varying from 1 (totally disagree) to 4 (totally agree) (Halbesleben and Demerouti, 2005; Peterson et al., 2008).

On the validity of the OLBI, Demerouti et al. (2003) investigated the factorial and merging rigor of the OLBI and the MBI-GS among 232 employees from various professional groups. The study endorsed the three-factor structure of the MBI-GS and the two-factor structure of the OLBI (Demerouti et al., 2003). Halbesleben and Demerouti (2005) also examined the validity and reliability of the OLBI as an alternative of the MBI in two samples of 2599 employees. The authors used the English version of the OLBI. The research reported a satisfactory internal consistency of the OLBI with Cronbach's alpha scores ranging from 0.74 to 0.84, as well as the study verified factorial, discriminant, and convergent validity of the OLBI in the two samples (Halbesleben and Demerouti, 2005). Similarly, Reis et al. (2015) investigated the factor structure of the OLBI in three different samples, 560 German students, 303 Greek students, and 385 German nurses. The study confirmed the internal consistencies of the German and Greek student versions of the OLBI and supported the two-factor structure of the OLBI for each sample (Reis et al., 2015).

7. SUMMARY AND CONCLUSION

Job burnout can be described as a subliminal disorder induced by build-up stress from work and can carry with it various negative consequences for the employees and the organization. Three dimensions characterize job burnout, according to Maslach et al. (2001), exhaustion, cynicism, and professional inefficacy. Each aspect of job burnout is connected with the other two, and one often leads to another; however, exhaustion is the first dimension to appear followed by cynicism as a reaction to the fatigue. Various organizational and personal risk factors are subject to the incipience of job burnout, such as over workload and neuroticism.

Job burnout carries numerous adverse outcomes for the organization and its employees. At the organizational level, employee burnout is found to be linked with absenteeism, turnover, and inadequate job performance. On the physical and mental health, numerous studies have shown that burnout is associated with headaches, type 2 diabetes, cardiovascular problems, insomnia, depression, and anxiety. In the literature, two types of intervention strategies had been characterized; individual level-directed at changing the individual- and organizational level - at improving the work structure.

In the last section, we traversed the most used and influential measurements of burnout (e.g., MBI-GS, BMS, OLBI). Maslach burnout inventory (MBI) and (MBI-GS) considered as one of the most measures used in assessing job burnout. However, some researchers have argued that MBI has some limitations; for example, all items in the MBI are phrased in one direction (Demerouti et al., 2010). The Oldenburg burnout inventory (OLBI) developed as an alternative measure to approach the MBI weakness.

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1 The original OLBI (Demerouti et al., 2001, 2003) included fifteen items: seven exhaustion items. The OLBI was slightly familiarized by adding one positively framed exhaustion fact and rephrasing one negatively framed disengagement part.

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