

Burnout, sleep, behavior to fall asleep, and quality of life: A men's and women's domain

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INTRODUCTION

The term burnout denotes the inability to function effectively in one's job as a consequence of prolonged and extensive job-related stress; emotional exhaustion represents feelings of fatigue that develop as one's energies become drained, depersonalization the development of negative and uncaring attitudes toward others, and reduced personal accomplishment a deterioration of self-confidence, and dissatisfaction in one's achievements.

The burnout syndrome was described meanwhile in around 60 professions and person groups. The burnout symptomatic can be listed in seven categories: Warning symptoms of the beginning phase (excessive metabolism rate, exhaustion), reduced engagement (for clients, patients, for others in general, for work, advanced pretensions), emotional reactions and blame allocation (depression, aggression), decomposition (of cognitive ability, motivation, creativity, rigid black-and-white thinking), blunting of the emotional, social and mental life, psychosomatic reactions and desperation.

In most cases burnout has a creeping and longsome incipient process.



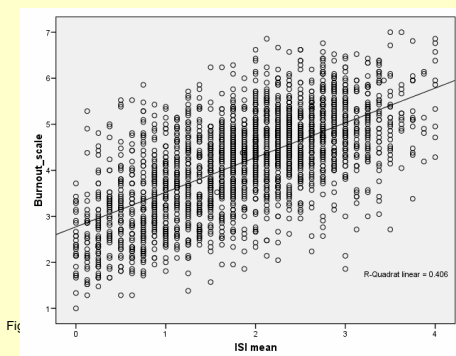
SUBJECTS AND METHODS

Commonly, burnout is studied by occupational groups and gender. However, it remains unclear to which extent burnout is predicted by gender and occupation. Moreover, the association between increased burnout and decreased sleep seems plausible, though it was not assessed so far with validated questionnaires.

Between March 2007 and March 2008, a total of 2231 participants took part in an internet-based study. Mean age was 40.77 (SD = 10.30; 1183 females and 1048 males). They completed the Burnout Scale after Pines, Aronson, and Kafry (1983), the Insomnia Severity Index (Bastien et al., 2001), and answered also to a questionnaire concerning demographics, quality of life, and occupation.

RESULTS

Applying validated questionnaires, it turned out that, irrespective of gender, burnout was highly associated with poor sleep ($r = .64$). Irrespective of gender, increased scores of burnout were correlated with dysfunctional coping styles to get asleep such as watching TV, and intake of medicaments and drugs. And again irrespective of gender, low burnout scores were reported in those participants living still at home or with a family. No association was found between burnout and occupational situation.



Korrelationen		Burnout, scale
ISI mean	Korrelation nach Pearson Signifikanz (2-seitig) N	.637* .000 2230
Hearing music	Korrelation nach Pearson Signifikanz (2-seitig) N	.047 .021 2231
Watching TV	Korrelation nach Pearson Signifikanz (2-seitig) N	.248* .000 2231
PC/ chatting	Korrelation nach Pearson Signifikanz (2-seitig) N	.238* .000 2231
Reading	Korrelation nach Pearson Signifikanz (2-seitig) N	-.021 .319 2231
Having sex	Korrelation nach Pearson Signifikanz (2-seitig) N	-.085* .000 2231
Calling	Korrelation nach Pearson Signifikanz (2-seitig) N	.063* .003 2231
Intake of medicaments	Korrelation nach Pearson Signifikanz (2-seitig) N	.273* .000 2231
Meditation	Korrelation nach Pearson Signifikanz (2-seitig) N	.005 .825 2231
Thinking about the last day	Korrelation nach Pearson Signifikanz (2-seitig) N	.121* .000 2231
Intake of drugs	Korrelation nach Pearson Signifikanz (2-seitig) N	.215* .000 2231

*. = p < .01

*. = p < .05



CONCLUSION

Using validated questionnaires, it turned out that burnout and poor sleep were highly correlated. Moreover, one may claim that trustful social relationships might be a protective factor against burnout. Most importantly, these patterns were completely unrelated to the occupational situation and to gender, suggesting that burnout is both a "men's and women's domain".