

A comparison of the course of burnout and prolonged fatigue: A 4-year prospective cohort study

Stephanie S. Leone^{a,*}, Marcus J.H. Huibers^b, J. André Knottnerus^c, IJmert Kant^a

^aDepartment of Epidemiology, Maastricht University, Maastricht, The Netherlands

^bDepartment of Clinical Psychological Science, Maastricht University, Maastricht, The Netherlands

^cDepartment of General Practice, Maastricht University, Maastricht, The Netherlands

Received 14 November 2007; received in revised form 3 March 2008; accepted 18 March 2008

Abstract

Objective: Outcomes in burnout and prolonged fatigue have hardly been compared in longitudinal research, despite several similarities such as the importance of fatigue symptoms in both conditions. This study aims to assess and compare the course of burnout and prolonged fatigue in the working population. **Methods:** Prospective data from the Maastricht Cohort Study on Fatigue at Work were used. The course was determined in terms of complaints and absenteeism. Participants who completed questionnaires at baseline and at the 12-, 24-, and 48-month follow-ups were divided into three subgroups: “pure fatigue” ($n=485$), “pure burnout” ($n=296$), and “burnout & fatigue” ($n=426$). **Results:** The

Keywords: Course; Fatigue; Burnout; Comparison

“burnout & fatigue” group had the highest proportion (29%) of the chronic course type compared to the “pure burnout” (2%) and “pure fatigue” (9%) groups, in addition to more absenteeism over time compared to the “pure fatigue” group. Recovery from all conditions was highest in the “pure burnout” group (40%). The course of burnout and prolonged fatigue is characterized by its dynamic nature. **Discussion:** Differences emerged in the course of burnout and prolonged fatigue. The differential diagnosis of employees presenting with fatigue complaints could be important in estimating the outcome of complaints and need for therapy.

© 2008 Elsevier Inc. All rights reserved.

Introduction

Although burnout and prolonged fatigue differ in background, context, and conceptualization, a major similarity between burnout and prolonged fatigue is that the symptom of fatigue plays a central role in both conditions [1]. From a medical point of view, fatigue is termed unexplained when a medical condition cannot account for its presence [2], which prolonged fatigue refers to in this study. Despite an ongoing discussion in the burnout literature about whether burnout is actually more than just (work-related) fatigue [3], prolonged fatigue and burnout have hardly been compared empirically. In contrast to burnout, a considerable amount of studies have

examined the clinical course of fatigue, especially with respect to chronic fatigue and chronic fatigue syndrome [4,5]. Both burnout and prolonged fatigue are assumed to be persistent, yet this has been substantiated more widely for prolonged fatigue than for burnout [4–9]. Employees presenting with fatigue complaints could be misdiagnosed due to the similarities between burnout and prolonged fatigue, which may result in less efficient treatment. However, to date, it is unknown whether the differential diagnosis of burnout and prolonged fatigue is truly relevant, as the differential clinical course of burnout and prolonged fatigue in the working population is not known.

In a previous study, we found differences between burnout and prolonged fatigue on work and health factors. Moreover, we found that having both burnout and prolonged fatigue simultaneously was associated with the most severe symptoms and the most unfavorable work and health outcomes [10]. It is likely that this group is characterized by a poorer

* Corresponding author. Department of Epidemiology, Research Institute Caphri, Maastricht University, PO Box 616, 6200 MD Maastricht, The Netherlands. Tel.: +31 43 3882377; fax: +31 43 3884128.

E-mail address: stephanie.leone@epid.unimaas.nl (S.S. Leone).

course compared to having either burnout or prolonged fatigue separately. This study aims to assess and compare the clinical course of burnout and prolonged fatigue in a 4-year prospective cohort study in the working population.

Methods

Design

This study uses prospective data from the Maastricht Cohort Study on Fatigue at Work (MCS) gathered between 1998 and 2001 by means of self-administered questionnaires. Employees from 45 different companies and organizations participated in this study. Over the course of three years, participants received an extensive questionnaire containing questions on health factors (e.g., fatigue, burnout), work factors, nonwork factors, and demographic factors once a year in addition to a brief questionnaire on outcome measures (e.g., fatigue, sickness absence) twice a year. An additional (extensive) follow-up was carried out at 48 months after baseline. The response rate at baseline was 45%, and a total of 12,140 employees were included. A nonresponse analysis among a sample of nonrespondents to the baseline questionnaire showed that nonrespondents reported less fatigue complaints, less sickness absence, and less difficulty in work execution [11]. Detailed information on the design of the MCS is provided elsewhere [12]. For this study, the baseline measurement and the 12-, 24-, and 48-month follow-up measurements were used (i.e., extensive measurements) as burnout was only assessed at these four measurements.

Study population

Participants who had data on burnout and prolonged fatigue at all four measurements were included in this study. This was necessary to determine the course type. To ensure that fatigue complaints were medically unexplained, participants who were known to have one of the following chronic conditions that might explain burnout or fatigue complaints were excluded: cerebrovascular accident, liver dysfunction, diabetes mellitus, hyperthyroidism, or cancer. This left us with a study population of $N=1207$ (Fig. 1).

Measures

Prolonged fatigue

Prolonged fatigue was measured with the Checklist Individual Strength (CIS), which includes items (scored on a 7-point Likert scale) on subjective fatigue (eight items), motivation (four items), activity (three items), and concentration (five items) [13,14]. Higher scores indicate higher levels of subjective fatigue, motivation, or concentration, or a reduced level of activity. A composite total score can be attained by adding the scores of the subscales (range, 20–140). Participants were classified as a prolonged fatigue case if they had a total score of >76 [15].

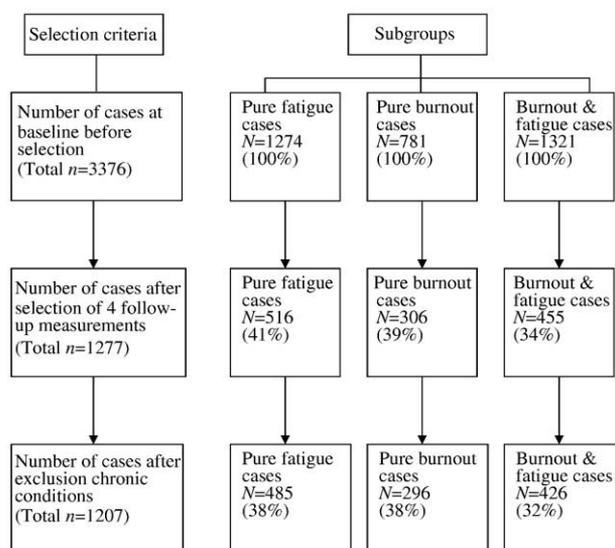


Fig. 1. Flowchart of case selection.

Burnout

Burnout was assessed with the three subscales of the Dutch version of the Maslach Burnout Inventory—General Survey (MBI-GS): exhaustion (five items), cynicism (four items), and professional efficacy (six items) [16,17]. Higher scores (range, 0–6) indicate higher levels on these scales. Burnout cases were defined according to the definition in the manual of the Dutch version of the MBI-GS as having a score higher than the 75th percentile on exhaustion *and* a score higher than the 75th percentile on cynicism, *or* a score lower than the 25th percentile on professional efficacy. In our study population, this resulted in the following cutoff points: exhaustion >2.4 , cynicism >2.25 , and professional efficacy <3.5 .

Absenteeism

Participants indicated at each measurement whether they had reported themselves sick at any time during the 4 months prior to the measurement. Absenteeism was defined in broad terms as being completely absent or partially absent (working limited hours or able to do limited activities due to sickness).

Demographic factors

Self-reported age, gender, and educational level (low, medium, and high) were assessed at baseline.

Definition of subgroups

Subgroups at baseline were formed based on prolonged fatigue and burnout status: pure fatigue cases, pure burnout cases, and burnout & fatigue cases. We applied the idea of course types, which is common in research on psychiatric conditions such as depression in this study [18–20]. Four course types were defined in each subgroup: chronic,

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات