



# Narratives of burnout and recovery from an agency perspective: A two-year longitudinal study



Stela Salminen<sup>a,\*</sup>, Elena Andreou<sup>a</sup>, Juha Holma<sup>a</sup>, Mika Pekkonen<sup>b</sup>, Anne Mäkikangas<sup>a,c</sup>

<sup>a</sup> Department of Psychology, University of Jyväskylä, Jyväskylä, Finland

<sup>b</sup> Peurunka Rehabilitation Centre, Laukaa, Finland

<sup>c</sup> Faculty of Social Sciences (Psychology), University of Tampere, Finland

## ARTICLE INFO

### Keywords:

Interview  
Narrative analysis  
Spheres of meaning  
Rehabilitation  
Occupational health

## ABSTRACT

**Purpose:** To provide knowledge about the recovery process during rehabilitation and two years later by exploring the manifestation of agency and spheres of meaning in the narratives of participants in a national rehabilitation course.

**Material and methods:** The subjects of the study were four participants in a national rehabilitation course, whose burnout levels had decreased between the initial and follow-up periods of the course. Semi-structured interviews on two occasions and an electronic questionnaire 1.5 years post rehabilitation comprised the main material. In addition, the BBI -15 (Bergen Burnout Indicator) and DEPS-screen were used.

**Results:** Thematic narrative analysis revealed highly individual and heterogeneous paths of recovery. The first parts of the narratives demonstrated a high degree of proxy and collective agency. As recovery progressed personal agency was strengthened. The spheres of meaning participants attached to their stories also varied, with the rehabilitation course and the professionals involved being viewed as morally good. Three major common themes were identified: 1) the benefits of the rehabilitation course; 2) supervisor support; and 3) personal factors.

**Conclusions:** Burnout and recovery are not the consequence of work-related or individual-related factors alone, but rather the outcome of a combination of these. Regardless of common factors, the process and the degree of recovery may vary. The most beneficial path was observed when personal agency was high and was reinforced by a supportive job environment and favourable personal factors.

## 1. Introduction

Burnout is a work-related stress disorder, which affects a large number of people of working age in industrial countries. In Finland, in the latest national representative survey conducted in 2011, 2% of men and 3% of women in the workforce suffered from severe burnout, while the percentage of those with mild burnout was significantly higher: 23% and 24% for men and women respectively (Duodecim, 2015). In occupational health psychology, burnout is typically described as a reaction to long-lasting untreated occupational stress, which is characterized by three symptoms: exhaustion, cynicism and reduced professional efficacy (Maslach, Jackson, & Leiter, 1996). It is not classified as a medical disease, but instead an additional code (ICD-10: Z73.0) (Duodecim, 2015), which indicates the presence of a problem related to life control, is added to the diagnosis. The relatively high prevalence of burnout underlines the need for a better understanding of its antecedents, development processes and, above all, the paths to recovery. In

response to this need, this study sought to capture subjective experiences from the onset of burnout to recovery.

Since burnout investigation began, a large body of research – mainly quantitative – has focused on the causes, symptoms and consequences of burnout (Schaufeli & Enzmann, 1998; Schaufeli, 2000). Although no single psychological theory offers a full explanation of burnout, it is commonly agreed that the causes of burnout can be divided into three categories (Schaufeli & Enzmann, 1998; Schaufeli, Maslach, & Marek, 1993): *individual* (burnout is regarded as the outcome of intrapersonal factors); *interpersonal* (burnout is seen as the result of difficult relations with others at work); and *organizational* (burnout is viewed as a mismatch between the person and the job). Consequently, burnout interventions have focused on these same categories of causes (Schaufeli & Enzmann, 1998). While rehabilitation interventions have been found to exert a positive effect on burnout reduction (Norlund et al., 2011; Stenlund, Ahlgren et al., 2009; Stenlund, Birgander, Lindahl, Nilsson, & Ahlgren, 2009; Stenlund, Nordin, & Järholm,

\* Corresponding author.

E-mail address: [stela.r.salminen@student.jyu.fi](mailto:stela.r.salminen@student.jyu.fi) (S. Salminen).

2012), particularly in the components of exhaustion (Hätinen et al., 2009; Hätinen, Kinnunen, Pekkonen, & Kalimo, 2007; Hätinen, Mäkikangas, Kinnunen, & Pekkonen, 2013) and cynicism (Hätinen et al., 2007), the focus tended to be on investigating correlations between variables rather than individual developmental trajectories of burnout and recovery (Mäkikangas & Kinnunen, 2016).

The few qualitative studies on rehabilitation have highlighted an important concept – that of agency – and argued that the strengthening of agency is one of the primary goals in rehabilitation interventions (Järvikoski, Martin, Autti-Rämö, & Härkäpää, 2013). Theoretically, three different modes of agency are distinguished: personal, proxy, and collective (Bandura, 2000). Personal agency implies taking control or exercising influence with the aim of achieving or producing given effects. In many cases, however, individuals are unable to directly impact their social environment. Instead they employ a mediated form of agency, proxy agency, in which they turn to others in possession of the appropriate resources, knowledge or means to act on their behalf to produce the outcomes they desire. The third mode, collective agency, emphasizes the fact that many outcomes are achievable only through joint effort. At the core of it is people's shared belief in their power to achieve desired outcomes.

Although other studies on burnout rehabilitation do not refer specifically to the concept of agency, they identify similar themes and categories. In a study of an established rehabilitation intervention in Finland, utilizing the same baseline interview data as in the present study (Salminen, Mäkikangas, Hätinen, Kinnunen, & Pekkonen, 2015), the importance of the accumulation of support, awareness and approval led clients to the revelation that they are primarily responsible for their own well-being. The overarching theme of *My well-being in my own hands*, which emerged in the analysis, strongly resembles the concept of agency (Bandura, 2000). Another study, conducted in Sweden, of patients' experiences of rehabilitation consisting of two different intervention groups – one with cognitively-oriented behavioural rehabilitation and QiGong (a programme combining tension-relieving movements, relaxation and meditation), and the other with QiGong alone – produced similar results (Fjellman-Wiklund, Stenlund, Steinholtz, & Ahlgren, 2010). During the recovery process, patients emphasized the beneficial effects of affirmation and support from rehabilitation professionals and group members, in enabling them to restore control over their lives. Despite their contribution to the understanding of the mechanisms of change, a common feature of these studies is the use of a cross-sectional design, which does not yield sufficient information about participants' post-intervention experiences.

To our knowledge, there are no published qualitative studies which have tracked the development of the recovery process over time. To fill this gap, the present study is a pilot research comprising four narratives, which sets out to investigate the entire process from the onset of burnout to recovery at different time points during and after rehabilitation. The main focus was on the content of the narrative, i.e., on what participants told about the various stages of the process. As the reinforcement of agency is an important goal in rehabilitation and its significance has been demonstrated in previous studies (Järvikoski et al., 2013; Salminen et al., 2015), a further aim was to explore the role of the three modes of agency (personal, proxy and collective) in more depth along with their impact on recovery within this sample. Narrative inquiry was chosen as the primary method of investigation, as recovery paths are typically individual and heterogeneous (Hätinen et al., 2013).

### 1.1. Narrative analysis

Narratives enable the exploration of human experience in a holistic manner by preserving its rich and complex nature (Bell, 2002) and recognizing lived experience as a source of knowledge and understanding (Clandinin, 2013). Within the framework of narrative

research, a plethora of different definitions, approaches, and specific methods exists (Pinnegar & Daynes, 2007). For the purposes of this study, thematic narrative analysis, as described by Catherine Riessman (2008), was applied. It is one of the most commonly used types of narrative analysis, and one in which exclusive emphasis is placed on the content of the story told. While preserving the features of the individual narratives, this type of analysis enables identification of common thematic elements across the participants' accounts (Riessman, 2004). This type of analysis, with its exclusive focus on narrative content, was considered particularly suited to capturing both participants' experiences over time and the meanings they attribute to the process of recovery.

At the core of narrative inquiry lie questions about what the story reveals about the person and his/her world and what light interpretation of the story can shed on the cultural and social milieu in which the narrative is produced (Patton, 2015). In constructing their stories, individuals both incorporate their understanding of the surrounding world into the fabric of their narratives and engage in a sense-making process. Several spheres of meaning – emotional, explanatory, moral and ethical – can be discerned in narratives (Hänninen & Koski-Jännes, 1999) and these are explored in this study. Emotional spheres of meaning refer to the emotional underpinning of a narrative – whether the goals of the main character are achieved or thwarted, whether the story has a positive (happy) or negative (tragic) ending, what its high and low points are (Gergen, 1988). The explanatory perspective is related to the manner in which events are linked with each other as causes and consequences. The moral sphere of meanings deals with the allocation of responsibility for events and whether there are elements of accusation or excuse in the narrative (Baumeister & Newman, 1994). The ethical aspect articulates the deeper resonating elements of good and bad as well as right and wrong in life. Thus, in addition to the manifestation of agency and the exploration of the entire process of recovery, these four spheres of meaning are all discernible in the participants' narratives. Their identification provides a yet deeper level at which subjective experiences can be captured, while simultaneously revealing important perceptions about the broader social and cultural milieu in which the narratives are produced.

## 2. Material and methods

### 2.1. Study design, participants and data collection

This study comprises the narratives, collected on three occasions, of four participants in a Finnish national rehabilitation course. These courses were state financed, i.e., the Finnish Social Insurance Institution funds rehabilitation services and provides income during participation in the course. Participants either apply or are referred by their occupational health care service for a burnout intervention. Applicants and referrals are screened by the local branch of the Social Insurance Institution and the final selection is made by a physician from the rehabilitation centre. These rehabilitation courses start with a 10-day period and end with a follow-up period, which takes place within at most 7 months after the first period. Rehabilitation includes an evaluation of an employee's physical and psychological status by various professionals, including a physician, psychologist, physiotherapist, and social worker. The rehabilitation activities in burnout interventions focus primarily on enhancing individual resources and supporting coping strategies. This is achieved through various individual- and group-level activities. Individual-level activities, which account for 11 h of the 70-h rehabilitation programme, include guidance and counselling with various rehabilitation professionals, tests and examinations, and specific tasks to be completed between the rehabilitation periods. Group-level activities, amounting to 59 h, comprise physical exercise, education on nutrition, ergonomics and health, and participatory group discussions.

Participants for this longitudinal study were selected from various

Download English Version:

<https://daneshyari.com/en/article/6788463>

Download Persian Version:

<https://daneshyari.com/article/6788463>

[Daneshyari.com](https://daneshyari.com)