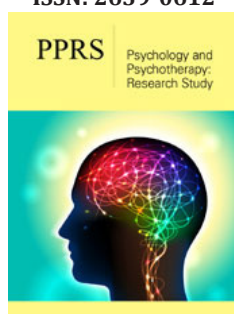


# Burnout by Harassment at Work: A Case Study

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## Abstract

The syndrome of burnout is defined as a situation of extreme stress when all the individual's coping strategies have failed. This case study explains the damage evaluation on a manager, who was been diagnosed with depression, but there was the suspicion that an experience of harassment may have generated this dramatic situation.

## Introduction

Job burnout has inspired practitioners to figure out ways to cope with it, prevent it, or combat it [1]. It is as a situation of chronic stress when all the individual's coping strategies have failed [2]. This concept describes a disconnection between employees and the workplace, and an experience of exhaustion. But the syndrome is more complex. As well as exhaustion, the "cynicism" dimension expands the focus from individuals' concern with physical or emotional wellbeing to considering their capacity to connect to the external world. The third dimension, inefficacy, describes employees' self-evaluations. The experience of chronic exhaustion and cynicism erodes employees' belief in their capacity to exert influence on their work environment. A critical aspect throughout the literature is the problematic relationship between employees and their environment, which is often described in terms of imbalance: the demands of the job exceed their capacity to cope effectively, or a person's efforts are not reciprocated with equitable rewards [3]. Leiter and Maslach [4] extend the job-person paradigm to a broader and more complex conceptualization of people in their job context, Their model specifies six areas (workload, control, rewards, community, fairness and values) in which this mismatch can take place, and the result is increased exhaustion, cynicism, and inefficacy.

## A Case Study Description

N is the Director of Human Resources in a large organization. He is 48 years old, married with three children. He came to our research group because he was worried, having been on sick leave from his company as a result of anxiety and depression. Though many of his symptoms had been alleviated by pharmacological intervention, he continued to experience exhaustion and had a negative self-image to the extent that he could not picture himself returning to work. Doctors could not understand the perpetuation of his symptoms. We recommended that he be given a complete analysis to provide a basis for possible therapy or legal action. From 1997 to 2011 he worked as CEO with a number of companies but had not experienced problems in his work until 2005. At the beginning of 2007, he started the Transitory Work Incapacity Process due to depression. He remained in this situation for 12 months, which was extended for another 6 months. He received psychological interventions at the Public Health Care Centre, which he visited every three months. In 2004, N was hired as the Director of HR in a public transit company. He was aware of the high level of conflict within the company through the media, but he felt motivated and confident in his ability, seeing it as a professional challenge. He was present at meetings to negotiate agreements with the company and to avert the threat of strikes until an agreement between the union and the management was signed. He attended negotiations with law consultants and the equity director as a representative of the company and tried to assume the role of spokesperson. However,

he was sidelined in this function in spite of his previous experience in this role. He had neither the authority nor the capacity to make decisions. Decisions were taken exclusively by Management. More than 40 claims and demands were presented by team workers to the Labour Court. In addition, there was a campaign of public meetings calling for news route timetables. This breakdown in relationships was presented in the public media. The management released many communications accusing the workers of intransigence and lack of commitment. They imposed sanctions and threatened almost two hundred dismissals. It was forbidden that documents be delivered to offices so that himself had to take them.

In addition, several incidents occurred which had a negative psychological effect on him (for example, his manager instructed him to dismiss a pregnant woman). Decisions regarding dismissals, penalties, and responses to the union were all made by the Director without his input. In internal communications N was blamed for the bad environment and workers sent him letters threatening legal action against him. N had to receive the workers in his office to deliver bad news. However, when good news was announced, the Director gave it. Director told N that he was not entitled to a salary increment, because he had not fulfilled the duties of his position adequately. He was given three months in which to demonstrate his ability to perform his job before he would be replaced by a new personnel director. But, when he tried to carry out his assignments such as the task of averting strike action, he was not given the decision-making capacity to do so effectively.

As his stress increased so did his insomnia. He had strong feelings of anguish, and a nervous stomach, and experienced sweating. N experienced distress and irritability throughout the day. He was unable to leave his work behind when he returned home at the end of his workday. He frequently talked to himself as he drove. He went to the Risk Prevention Service. They suggested that family problems might have caused his stress and prescribed anxiolytics and herbal remedies to help him relax. Whenever he had to interact with the Workers' Commission he was overcome with anxiety as he was faced with conflicting claims and various versions of events. He signed all the documents that were presented to him, even though he didn't agree with how the documents presented his situation. He was uncertain what course of action to take and didn't wish to do anything that appeared to him to be unethical and contradicted his values. Conflicts within the company were highlighted in the public media. He became totally exhausted with the situation. N took medication for a year, but would not quit his job, as he thought this would signal a defeat. Due to the unhealthy nature of his work environment, N took a leave of absence and obtained work with another company. However, his anxiety and depression followed him into his new position, and he was dismissed from his job.

### Results of Psychological Exploration

N participated in a number of psychological interviews. He was tested using personality scales (MMPI-2) and measures of depression (BDI) anxiety (STAI) and burnout and harassment in an attempt to establish the cause of his disorder. According to his scores on the sincerity factor, N answered questions with full sincerity. The

tests showed that he was an honest and independent person, with a strong sense of self-worth and a heightened capacity to cope adequately with day to day problems. He was in a deeply depressive state displaying symptoms of exhaustion, and hopelessness. He was not able to perform effectively and felt vulnerable and unable to plan future actions. He was pessimistic and filled with self-hatred and self-blame. He felt unhappy, lacked self-esteem, and showed little motivation to cope with his life. He had difficulties with concentration and showed an attention deficit. He experienced episodes in which he broke down crying, and there was evidence of a sleep disorder. In the interview he reported multiple health problems usually associated with stress such as back, stomach and headaches.

N proved to be energetic and hard-working with the capacity to cope with a wide range of challenges. In his aversion to violence he could be seen as being too submissive. His present problems notwithstanding, his personality profile showed that N had a high degree of self-confidence and problem-solving skills and that he was able to take on positions of leadership and responsibility. His present condition could not be attributed to family or social problems. N was diagnosed as having depression and anxiety. In the BDI, he scored high on the depression index. Although he argued that his depression was behind him, his behavior, which included crying, raised suspicions that the symptoms for depression were still present. He felt that his future was going nowhere. He scored within the normal range for anxiety trait and a moderate rate for the anxiety state. This could have been caused by the re-experience of his conflicts at work, the continuous strains and stress under which he was operating and the loss of control he was experiencing in his work.

His symptoms of depression, exhaustion, insomnia, lack of motivation and the ability to concentrate, as well as his work life report caused us to suspect that he suffered from a burnout disorder. In order to confirm this, he was asked to complete the MBI [2] and Areas of Worklife [4] questionnaires. He scored extremely high on the profiles for emotional exhaustion, depersonalization, and inefficacy. When his answers were discussed with him, a diagnosis of acute burnout disorder was confirmed. His scores confirmed previous results of lower scores in energy, involvement, and efficacy. The areas of work life that were affected were: workload (although this had been manageable so far), lack of control (the capacity to influence decisions that affected his work and his professional autonomy in making decisions), lack of rewards (social and intrinsic), feelings of fairness, a diminished sense of community, and an exceptionally high rate of conflict between his values and those held by the organization. We asked for details on the situations that were considered "harassment." In order to explore these issues further we used the Leymann Inventory of Psychological Terrorization (LIPT) as a basis for a series of interview. The final diagnosis was burnout. This syndrome produced by chronic occupational stress is not only due to work overload, but rather that other sources contribute independently, such as control, fairness, satisfaction, sense of community, which may favour a good match between the professional and his/her work, or on the other hand, a prolonged conflict of values such as the case in question.

## Discussion

Studies in different countries have allowed us to understand a little more about how excellent professionals lose their involvement with their work and their initial satisfaction, showing symptoms similar to depression and even becoming incapable of carrying out any task [5,6]. The evaluation of the damage in N is a graphic illustration of the findings of studies performed with thousands of employees from different professions. These studies have shown that the lack of recognition from customers, colleagues, and managers devalues both the work and the employees, and is closely associated with feelings of inefficacy [2]. Intrinsic reward, such as satisfaction in doing something of importance and doing well, can be just as critical as extrinsic rewards, if not more so. What keeps work involving for most people is the pleasure and pride they experience with the day-to-day flow of work that is going well.

The quality of social interaction at work, including issues of conflict, support, and teamwork. Social support reaffirms a person's membership in a group with a sense of values, and is consistently associated with energy, efficacy, and health [7]. The chronic conflicts with others at work are a destructive variable for the community area [8]. Finally, values are at the heart of people's relationship with their work [9]. They include the motivations and ideals that originally attracted them to the job. When a person's work contributes to the organizational mission, people may be rewarded with additional opportunities for meaningful work. However, when there is a value conflict on the job, it can erode people's engagement with work. On many occasions, people may feel constrained by the job to do things that are unethical or not in accord with their own values. The distress associated with value conflicts may play a central role in all three dimensions of the burnout and engagement process.

Taking into account that burnout and harassment should not be confused, certain types of behavior which may be categorized

as mobbing may have had a negative influence on the symptomatology, contributing to a conflict of values and a lack of respect and fairness. Without rejecting other variables, the factor which seems most determining in the development of the syndrome in this case is the conflict between his values and the values of the company. The development of his burnout syndrome may have been exacerbated by behavior, which he reports and documents, constitutive of mobbing.

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