Papeles del Psicólogo, 2008. Vol. 29(1), pp. 59-67
http://www.cop.es/papeles

CURRENT STATE OF RESEARCH ON *BURNOUT* AND FUTURE CHALLENGES

Marisa Salanova and Susana Llorens
WONT research team. Universitat Jaume I, Castellón (Spain)

The main objective of this paper is to provide a review of current applied research on burnout. We begin by considering the burnout concept, its evolution since the initial studies in the service sector and the present state of research which reflects its relevance in other types of occupation, and the importance of extending the key burnout dimensions. Secondly, we examine how to assess burnout according to the initial conceptual approach and to the target group examined. Thirdly, we describe the main strategies of psychosocial intervention classified according to the goals (primary, secondary and/or tertiary intervention) and the focus (person-centred and/or organization-centred). Finally, we provide information on some challenges for future research on burnout, basically in relation to the study of engagement from a theoretical approach based on the recent Positive Psychology movement.
Key words: *burnout, stress, positive psychology, self-efficacy*

El objetivo principal de este artículo es ofrecer una revisión de la actual investigación aplicada del síndrome de quemarse por el trabajo o burnout. Comenzamos con el concepto de burnout, su evolución desde los primeros estudios en ocupaciones de servicios, hasta la actualidad en donde la investigación ha demostrado la importancia de considerar otras ocupaciones, y ampliar las dimensiones clave del burnout. En segundo lugar, examinaremos cómo evaluar el burnout, en función de la posición conceptual de partida, así como del grupo objetivo que evaluamos. En tercer lugar, describiremos las principales estrategias de intervención psicosocial clasificadas según sus objetivos (intervención primaria, secundaria y/o terciaria) y el foco (centrado en las personas, y/o en la organización). Finalmente, aportaremos información sobre algunos retos en la investigación futura del burnout, básicamente en el estudio del engagement desde un planteamiento teórico basado en el nuevo movimiento de la Psicología Positiva.
Palabras clave: *burnout, estrés, psicología positiva, autoeficacia.*

ON THE BURNOUT CONCEPT: CURRENT STATE

Burnout constitutes one of the most important harmful effects of a psychosocial nature deriving from the work context in today's society. The fast pace of life, the transformation of markets and economic structures (characterized by an increase in the emotional and mental work) and the demands for better quality of work, combined with the breaking of the psychological contract and the costs burnout represents for people and organizations – all of these factors have helped to arouse interest in understanding the burnout phenomenon and in measures for preventing it.

Burnout syndrome can be understood as a prolonged response to chronic stressors at a personal and relational level at work, determined on the basis of the dimensions known as exhaustion, depersonalization/cynicism and professional inefficacy (Maslach, Schaufeli & Leiter, 2001). It serves as a metaphor, referring to a state of exhaustion similar to that of a fire going out, a loss of energy, a flame going out, a battery running out of power, and so on.

Correspondence: Marisa Salanova. *WONT Prevención Psicosocial. Área de Psicología Social. Universitat Jaume I. Avda. de Vicente Sos Baynat s/n. 12071Castellón. España.*
E-mail: Marisa.Salanova@uji.es

A classic definition of burnout is that offered by Maslach (1993, p. 20-21): "a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among normal individuals who work with people in some capacity**.** Emotional exhaustion refers to feelings of being unable to give any more at an emotional level and to a reduction in one's own emotional resources. Depersonalization refers to a response of negative distance and cynical feelings and behaviours toward other people, normally service users or care recipients. Reduced personal accomplishment refers to a reduction in one's own feelings of competence and achievement in the work context."

This situation has a series of consequences at the individual level (exhaustion, chronic fatigue, tiredness, mental distance, anxiety, depression, psychosomatic complaints, increased use of toxic substances, generalization or 'overflow' to private life, doubts about own capacity to do one's job), at the work level (job dissatisfaction, lack of commitment to the organization and intention to leave it) and at the organizational level (increased absenteeism and staff loss, decreased job performance and lack of service quality) (Schaufeli & Buunk, 2002).

The scientific study of burnout has helped to develop the concept to its current state. Originally, Freudenberger (1974)

and Maslach (1976) considered burnout as a syndrome that emerged in those who worked with people or services professionals. It was made up of three basic dimensions akin to those described above: 1) emotional exhaustion, 2) depersonalization and 3) reduced personal accomplishment.

Recently, the study of burnout has been extended to take into account all types of professions and occupational groups, such as those who work with data (e.g., teleworkers) or those who work with things (e.g., production workers in industry) (Salanova, Schaufeli, Llorens, Peiró & Grau, 2000). Moreover, burnout can also be identified before the employment stage ("pre-occupational burnout"): in university students, in whom the so-called "studying burnout" syndrome can involve depression, psychosocial distress and even dropping out (Salanova, Martínez, Bresó, Llorens & Grau, 2005).

The study of burnout is by no means a passing fad; nor does it affect only a minority of workers. Rather, it is a social necessity whose aim is to improve people's health and quality of life, as reflected in Spanish legislation for the Prevention of Risks in the Workplace (*Ley de Prevención de Riesgos Laborales, Ley 31/1995 de 8 de noviembre*). A review on burnout carried out by Schaufeli in 2003 presents data on the prevalence of the phenomenon in samples from Holland (the only case with clinically validated cut-off points): between 4% and 7% of workers could be considered as at risk (and as many as 10% in some specific occupations), whilst 7.2% were victims of clinical burnout, giving a total figure for those affected of between 250,000 and 440,000. In the case of Spain the situation is likely to be just as serious, if not more so, in view of the increase in stress revealed in recent surveys on working conditions (48%) (V Encuesta Nacional sobre Condiciones de Trabajo, 2004).

Based on premises of generalization and extension of the syndrome, Schaufeli and Enzmann (1998, p.36) offer a synthetic definition of burnout: "a persistent, negative, work-related state of mind in 'normal' individuals that is primarily characterized by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviours at work." The three dimensions of the syndrome are maintained, but in reference to the work one does in general, and are: 1) exhaustion (fatigue resulting from excessive psychological effort at work, without considering whether the cause is the relations with people or the relations with the job in general), 2) cynicism (indifference and distant attitudes with respect to the goals or usefulness of the job), and 3) lack of professional self-efficacy (tendency to assess one's work negatively; it would include reduced beliefs in one's effectiveness and ability to do the job).

Although in general high levels of exhaustion and cynicism and low levels of professional self-efficacy have been considered as indicators of burnout, there is empirical evidence to suggest that exhaustion and cynicism constitute the core or key dimensions of burnout (Green, Walkey & Taylor, 1991, p. 463). As for lack of professional self-efficacy, it has been shown to play an independent role, and can be considered as a dimension more akin to a personality variable (more stable), as a form of coping, or as an antecedent of burnout (see Salanova, 2006).

However, more recent studies carried out in both occupational and pre-occupational samples reveal that burnout constitutes a syndrome characterized by: 1) exhaustion (related to crisis in relations between the person and the job in general), 2) mental distance (which includes both cynicism – distant attitudes toward the job in general – and depersonalization – distant attitudes toward the people for whom and with whom one works), and 3) professional inefficacy (sense of not doing one's job properly, or incompetence at work) (see Salanova, 2006). As regards the professional efficacy measure, recent studies have stressed the need to measure 'inefficacy' rather than 'efficacy', using inverted items (Bresó, Salanova & Schaufeli, 2007, Schaufeli & Salanova, 2007).

As far as the process of development of burnout is concerned, the results in samples of Dutch workers in longitudinal studies revealed that there is a causal order among the key dimensions of burnout, with high levels of emotional exhaustion leading to high levels of depersonalization (Taris, Le Blanc, Schaufeli & Schreus, 2005).

Moreover, in their Technical Note on the Prevention of Burnout, Bresó et al. identify the main psychosocial factors responsible for the development of the syndrome. Prominent among the individual variables would be gender (it being women that generally score higher in exhaustion and professional inefficacy) and personality variables (those with Type A behaviour pattern, low emotional stability and external locus of control are the most susceptible to burnout). To these individual variables, lack of professional efficacy should be added as a proximal antecedent of burnout. At a social level, an important factor would be perceived lack of social support from the individual's social networks, while among the most significant variables at the organizational level would be aspects related to job content ('toxic' jobs), lack of positive work climate and lack of reciprocity (Bresó, Salanova, Schaufeli & Nogareda, 2007).

By way of summary, two processes can be said to explain the development or etiology of burnout. The first of these is specifically relevant to burnout that occurs in those working in the caring professions. In this case, burnout may be triggered by interpersonal demands involved in working with patients/clients/users, which may even lead to emotional exhaustion. In order to avoid contact with the source of the distress, depersonalization is adopted as a coping strategy, which leads ultimately to reduced personal accomplishment. From the theory of effort-reward imbalance, this situation can be explained as a consequence of a lack of reciprocity or

perception of injustice between the investments made in a social interaction and the results obtained (Bakker, Killmer, Siegrist & Schaufeli, 2000; Smets, Visser, Oort, Schaufeli & de Haes, 2004).

The second process in the development of burnout is of a more general nature, applicable to any occupation. It is assumed that, regardless of job or profession, a lack of confidence in one's own competence is a critical factor in the onset of burnout (Cherniss, 1993). Recent research has shown that, for all types of occupation, burnout develops as a consequence of successive crises of efficacy (e.g., Llorens, García & Salanova, 2005). High demands and lack of resources can generate such crises of efficacy which over time would generate burnout, with its characteristic features of exhaustion, mental distance (cynicism and depersonalization) and professional inefficacy.

MEASUREMENT AND ASSESSMENT OF *BURNOUT*

The development of the burnout concept we referred to above has been possible thanks to, among other aspects, the development of valid and reliable diagnostic instruments. Research on burnout has revealed a common language (in terms of measurement) deriving from the Maslach Burnout Inventory (MBI), which has been (and remains) the dominant burnout measure. In reality it is after the publication, in 1981, of the Maslach Burnout Inventory (MBI) by Maslach and Jackson that a set of criteria are established for the measurement and assessment of burnout, with widespread use of a standardized measurement instrument. Nevertheless, from this initial era up to the present the study of burnout has passed through different stages, as we saw in the previous section.

The MBI was originally constructed to measure burnout exclusively in those working in education and in the services sector (nursing staff, social workers, etc.), in the form of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). As we pointed out in the first section of this article in relation to the concept of burnout, this instrument assessed burnout via three dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment. Given that the questionnaire could be applied rapidly and simply it has been widely used, which in turn has led to the definition of burnout implicit in the MBI becoming the most generally accepted.

There are, however, alternative measures of burnout, such as the *Oldenburg Burnout Inventory* (OLBI; Demerouti, Bakker, Janssen & Schaufeli, 2001), the *Burnout Measure* (BM; Pines & Aronson, 1988) or the *Copenhagen Burnout Inventory* (CBI; Kristensen, Borritz, Villadsen & Christensen, 2005). The design of the OLBI starts out from the argument that the MBI is subject to psychometric limitations due to the fact that the items which composed the three scales of burnout go in the same direction (positive or negative), and the instrument aims to mitigate these possible biases of the MBI. Despite being based on a conceptualization similar to that of the MBI it has just two scales: exhaustion and disengagement. Pines and Aronson's *Burnout Measure* (BM) revolves around a simple measure of burnout: exhaustion. The items are written in general terms, and can therefore be applied to any occupational group. Nevertheless, research on this measure has identified a number of problems resulting from its factor structure and its underlying theoretical bases (Schaufeli & van Dierendonck, 1993). Finally, the CBI allows the assessment of burnout free of context. Other researchers have developed an alternative exhaustion scale called *cognitive weariness*, which includes items such as "I have trouble concentrating" and "I'm absent-minded", and which should serve as a complement to the MBI in the analysis of cases of clinical burnout (Van Horn, Taris, Schaufeli & Schreus, 2004).

Despite the existence of these alternative measures of burnout, however, MBI is clearly still the burnout measurement and assessment instrument par excellence. Moreover, a generic measurement instrument has been constructed that is useful for measuring burnout in all types of job, regardless of the tasks involved (Schaufeli & Taris, 2005): the so-called MBI-GS (Maslach Burnout Inventory-General Survey), published in 1996 by Schaufeli, Leiter, Maslach and Jackson, which is based on the original MBI and applicable to all types of job and occupation. The version of this instrument adapted for the Spanish context has already been published in the Spanish journal *Revista de Psicología del Trabajo y de las Organizaciones* (see Salanova, Schaufeli et al., 2000), and we have written a Technical Note on Prevention (*Nota Técnica de Prevención*, NTP) for Spain's National Institute of Safety and Hygiene at Work (INSHT) on normative burnout scores used in the MBI-GS (see Bresó et al., 2007).

Furthermore, and as mentioned in section 1, the detection and measurement of burnout beyond service sector professionals and those working with data and with things is not the end of the matter, since the phenomenon has also been identified in university students, specific measures being designed for its assessment in that context. The publication of the MBI-SS (Maslach Burnout Inventory-Student Survey) by Schaufeli, Salanova, González-Romá and Bakker (2002) has made it possible to measure burnout outside the "occupational" area (i.e., in the pre-occupational context) on defining its dimensions with reference to study.

Finally, and on the basis of recent studies on mental distance and inefficacy as burnout dimensions, discussed in the previous section, it emerges that for the comprehensive assessment of burnout regardless of the occupational or pre-occupational group it is necessary to evaluate the following dimensions: 1) exhaustion, 2) mental distance (through depersonalization of the people for whom and with whom one works and cynicism or sceptical attitude in relation to the sense of one's job, measured through the MBI-HSS and the MBI-GS, respectively), and 3)

professional inefficacy. However, it should be stressed that research in this direction is still in its early stages (Salanova, Llorens, García, Burriel, Bresó & Schaufeli, 2005).

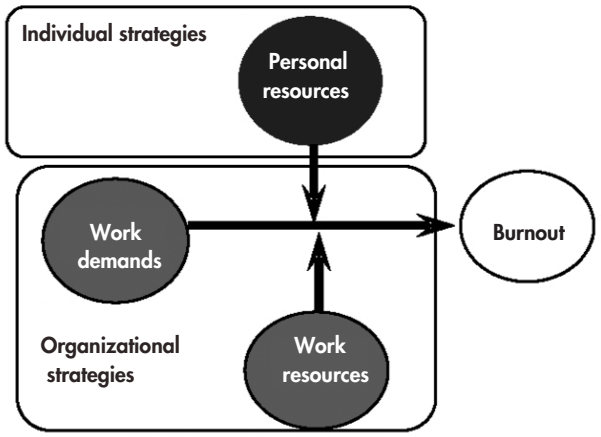
Taking into account these innovations and their validation in relation to the measurement of burnout, the WONT team at the Universitat Jaume I in Castellón (Spain) has adapted the MBI-GS instrument for general use with any type of worker, in different occupational and pre-occupation groups, all in online format (www.wont.uji.es). After completion of the questionnaire the program sends immediate feedback with the individual results (in less than 1.2 seconds) for each burnout dimension compared to those estimated for a heterogeneous normative sample.

Although the reader can find further information on the response format and scoring of these burnout questionnaires in the Technical Note on Prevention (Bresó et al., 2007), it should be pointed out that the response format is based on a Likert-type frequency scale ranging from zero '0' (never) to '6' (always). Finally, we should mention that the scores on each burnout dimension are obtained through arithmetical means of each of the items making up the burnout dimensions. The Technical Note referred to above sets out normative data on burnout dimensions in a sample of over 2000 Spanish workers from diverse fields.

STRATEGIES OF PSYCHOSOCIAL INTERVENTION: AN APPROACH

From the perspective of compact methodologies of psychosocial risk assessment it is proposed that, far from the assessment and rating of psychosocial dangers and harm being sufficient, it is in fact only the beginning. The same applies to the assessment of burnout: the results of its assessment should facilitate subsequent intervention. When burnout assessment and intervention are included in a more global framework of psychosocial risk evaluation, in the view of our research team (www.wont.uji.es)

FIGURE 1
FOCUS OF PSYCHOSOCIAL INTERVENTION STRATEGIES



possible interventions (always in accordance with the results of the initial assessment) would be oriented to changing the work environment (e.g., reduction of work demands and increase in work resources) or changes in the person (e.g., increase in personal resources through training) and in the person-work interaction (e.g., reduction in work demands and/or increase in work resources, and increase in personal resources) (more information in Lorente, Salanova & Martinez, 2007; Salanova et al., 2007).

Thus, intervention strategies can be applied from a more individual/personal level to an organizational level or a combination of the two, and can be programmed in the short, medium or long term. Intervention can take into account both the focus or level of application and the goals set.

According to the *focus of intervention*, strategies can be individual or organizational (see Figure 1). When the results of the assessment reveal a lack of personal resources, the intervention will employ strategies centred on the individual, with the aim of increasing and improving his or her personal resources. Such strategies assume the active involvement of the worker, since their aim is to endow him or her with knowledge, generate competencies, develop skills, and so on.

When the problem involves high work demands and/or low work resources, the focus is not so much on the individual as on the organization itself, so that strategies are oriented to improving the work situation, through, for example, increasing the variety of tasks, resolving role conflicts or improving leadership style. Another option is the combination of both individual and organizational strategies. Selection of the most appropriate strategies will always depend on the results of the assessment of psychosocial risks carried out.

Taking into account the demands and resources assessed, action can be taken precisely on the basis of the levels obtained. In this way, the intervention will apply more accurately to the case (for practical cases of intervention combining the two types of measure, see Salanova et al., 2007).

As regards the *goals* of the intervention, a distinction is generally made between primary, secondary and tertiary intervention (see Figure 2). Moreover, the actual assessment process (diagnosis) can be considered as intervention, since the detection of possible risks and their subsequent analysis reveal a possible intervention scenario. Hence the importance of providing feedback on the results for the workers participating in the assessment process, and also of using a control group not involved in the intervention. It is for this reason that the first goal shown in Figure 2 is that of diagnosis.

Although described separately, intervention strategies tend to be implemented in combination so as to make them more effective; in many cases intervention can take place at different levels in parallel and with different goals. The combination of these two axes (type of prevention – focus of action) gives rise to

different types of prevention and intervention (see Figure 2). While it is true that in Spain the implementation of this important part of psychosocial risk prevention is not particularly common, there is currently a tendency toward greater use of preventive action, as organizations are becoming more and more sensitive to the concept of prevention and more and more concerned about the people working in them[1].

In the consultancy work on burnout and stress in general carried out to date in the framework of the WONT team it has become clear that there are critical criteria or factors which guarantee the success of intervention programmes, and which can be identified in the results of scientific research on psychosocial intervention. These criteria are:

- *Realistic time planning*, bearing in mind the possibility of bad patches, unexpected changes, delays, etc., and the need to avoid the whole process of assessment-intervention-assessment going on too long. Such planning adapted to the particular circumstances of each case, and considering the relevant resources available, makes expectations more realistic and helps to avoid situations of frustration and discouragement.

- *Guaranteed confidentiality and anonymity* for participants throughout the process of psychosocial intervention.

- *Active participation* of management and workers. Not only does the law oblige participation in this process, but also, if such participation does not occur or is inadequate it can hinder progress or reduce the validity of the results obtained in the assessment, as well as possibly demotivating workers and reducing their involvement in the whole process of change deriving from the psychosocial intervention. The role of supervisors and middle-managers is key, since they can participate both in the process of sensitization of employees, offering information about the procedure and encouraging them to take part, and in the implementation of preventive or corrective measures.

- *Commitment* of the organization's management, of middle-managers and of those applying the intervention programme. All those involved in one way or another in this process will help to determine how the interventions are carried out.

- *Quasi-experimental interventions* based on the research-action model, and which set out to assess the effectiveness of burnout intervention in the short, medium and long term. Those involved fall into one of two groups: intervention group (who receive the treatment) and control group (who receive the treatment at the end of the intervention, for ethical reasons).

What appears evident is that at a practical level the implementation of psychosocial intervention strategies takes place from the organizations' human resources management. There is therefore a bridge between psychosocial health and the management of human resources. In today's world of work, and in order to be able to survive and prosper in a context of continual change, organizations need motivated and psychologically healthy employees; with a view to achieving this, occupational health and human resources policies must be in step. The final section of this article deals precisely with this aspect, turning the perspective on burnout 360º by considering it from the opposite concept, that of engagement.

A 360º TURN: ENGAGEMENT AS THE OPPOSITE OF BURNOUT

After more than 25 years of research on burnout it seems logical to ask whether there exists a situation opposite to it. Can employees work energetically, be highly dedicated to their jobs and enjoy work time to the maximum? Can engagement be developed among employees with the aim of generating positive consequences for employees and of promoting the optimum functioning of organizations?

It is important to distinguish the concept of engagement from others that are similar or to some extent overlap with it, such as *work involvement, organizational commitment, work dedication, work attachment* or *workaholism*. Engagement is related to all of these concepts but emerges and develops from other perspectives that we shall analyze in more depth presently.

Being psychologically engaged with work is more than simply **not** being 'burned out' by work. Certain behaviours that could be called 'extra-role' (e.g., organizational altruism, cooperation in group) require employees to be somewhat more than 'not burned out': they need to be excited by their job, to positively look forward to going to work. Engagement is the construct theoretically opposite to burnout. In contrast to those who are

FIGURE 2
PRINCIPAL STRATEGIES OF PSYCHOSOCIAL INTERVENTION

GOAL/FOCUS	INDIVIDUAL STRATEGIES	ORGANIZATIONAL STRATEGIES
DIAGNOSIS	- Self-assessment	- Psychosocial health audit
PRIMARY PREVENTION	- Time management - Social skills training - Work-life balance	- Job content improvement - Working hours - Managerial development
SECONDARY PREVENTION	- Improvement groups - Coaching and consultation	- Anticipatory socialization - Organizational development
TERTIARY PREVENTION/ TREATMENT	- Counselling - Psychotherapy	- Institutionalization of Occupational Health and Safety services

[1] A description of each strategy can be found in Lorente, Salanova & Martínez, 2007.

burned out, engaged workers see themselves as capable of coping with the new demands that emerge in the everyday work context and, moreover, demonstrate an energetic and effective connection with their job.

In such a context, engagement is defined as: 'a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption. Rather than a momentary and specific state, engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on a particular object, event, individual or behavior' (Schaufeli, Salanova et al., 2002, p. 72). *Vigor* is characterized by high levels of energy and mental resilience while one is working, the willingness to invest effort in the work one is doing even when difficulties crop up. *Dedication* denotes high job involvement, together with a sense of significance, enthusiasm, inspiration, pride and challenge in relation to one's work. Finally, *absorption* occurs when one is fully concentrating and deeply engrossed in one's work, when 'time flies', and one finds it difficult to disconnect from what one is doing because of the high levels of enjoyment and concentration involved.

In accordance with this definition, vigor and dedication are considered as opposites of the burnout dimensions exhaustion and cynicism, respectively (Maslach et al., 2001). The continuum ranging from vigor to exhaustion has been called *energy* or *activation*, whilst that stretching from dedication to cynicism is referred to as *identification* (Schaufeli & Bakker, 2004). In contrast to burnout, engagement is characterized by high levels of energy and strong identification with work.

However, little has been said about the direct opposite of the third aspect of burnout – professional *in*efficacy, whose opposite would be professional efficacy. Recent studies have shown that professional efficacy could be considered a dimension of engagement, and inefficacy included in the burnout construct as its famous third dimension (Schaufeli & Salanova, 2007, 2007b). Moreover, absorption is an aspect of engagement that is not considered as the opposite of professional inefficacy. It implies a state similar to that of so-called *flow*, a psychological state of optimum experience and total enjoyment, characterized by focused attention, mental clarity, mind-body union, concentration of effort, total control over the situation, loss of awareness, distortion of time and intrinsic enjoyment of the activity (Csikszentmihalyi, 1990, Salanova, Bakker & Llorens, 2006). Nevertheless, the state of flow is actually a more complex concept referring to a particular, concrete and time-specific experience, or what is called a *peak experience*.

Based on the above definition of engagement, a questionnaire was constructed for its measurement: the UWES (Utrecht Work Engagement Scale), which includes the three dimensions of the construct: vigor, dedication and absorption. The final questionnaire consists of 17 items (see the questionnaire in Salanova and Schaufeli, 2004).

Results with an international sample of 25,000 employees from 13 countries (Australia, Belgium, Canada, Finland, France, Germany, Greece, Holland, Norway, Portugal, Spain, South Africa and Sweden) suggest that older workers feel more engaged in their work than younger ones (Schaufeli & Bakker, 2004). This result may be due, however, to a selection bias or *healthy worker effect*: only those employees that are psychologically healthy remain in their jobs, being happy; those who are not give up their jobs. Furthermore, managers, executives and the self-employed score high in psychological engagement, whilst blue-collar workers, police and service sector workers score lower.

At present, the UWES is available in 12 languages. Moreover, a short version has been designed consisting of 9 items – three from each of the three scales – that also meets psychometric quality criteria (Schaufeli, Bakker & Salanova, 2006). There is also a version of the engagement scale for university students in Spain, Portugal and Holland (Salanova, Martínez et al., 2005).

As possible causes of psychological engagement, scientific research has proposed: job resources (e.g., autonomy, social support, feedback), personal resources (such as self-efficacy or belief in one's own ability to do one's job well), recovery due to effort, and emotional contagion outside of work, which would act as invigorating factors in relation to work. Studies show that the more work resources available, the higher the probability of having more engaged employees (e.g., Salanova et al., 2000).

Furthermore, it is important to stress that self-efficacy is both cause and consequence of psychological engagement, and this supports the idea of positive or upward spirals, whereby beliefs in one's own competencies for doing the job well would have a positive influence on engagement (high levels of vigor, dedication and absorption in one's work), which in turn would help to further consolidate these beliefs in one's own efficacy (e.g., Llorens, Schaufeli, Bakker & Salanova, 2007; Salanova, Grau, Martínez, Cifre, Llorens & García, 2004).

In another empirical research line it is also confirmed that employees who generalize positive emotions from work to home or vice versa (that is, who show positive reconciliation between work and home/family) present higher levels of engagement (Montgomery, Peeters, Schaufeli & Den Ouden, 2003). This so-called *spillover* of engagement suggests that there may exist a process of emotional contagion, or tendency to imitate automatically the emotional expression of others (communicated through facial expression, vocalizations, postures and movements) and to converge with them in an emotional sense.

In the first part of this work we spoke of the consequences of burnout. Considering now the consequences of engagement, these would refer basically to attitudes toward work and the organization (e.g., job satisfaction, organizational commitment and low intention to leave the organization), task performance, health and a reduction in psychosomatic complaints (Demerouti,

Bakker, Nachreiner & Schaufeli, 2001; Salanova et al., 2000). Moreover, employees presenting engagement show more proactive and personal-initiative behaviours, higher levels of motivation to learn new things and accept new challenges at work, and better service quality, which translates into greater client loyalty (Salanova, Agut & Peiró, 2005; Salanova & Schaufeli, 2008). Engagement has also been found to predict better academic performance in students (Salanova, Martínez et al., 2005).

Without doubt, the future of research on burnout looks promising, precisely through the study of its theoretical opposite, engagement. This coincides with the approach of the Positive Psychology movement initiated by Seligman and Csikszentmihalyi (2000), with the premises of Positive Organizational Psychology (Salanova, in press; Salanova, Martínez & Llorens, 2005), and of course with the integrated health concept proposed by the WHO, whereby health is understood not as the mere absence of illness (e.g., not burned out), but rather as a state of all-round physical, mental and social well-being (in this case, being engaged with work). Such a concept resembles that identified by traditional oriental medicine more than 4500 years ago, in which health is the proper state of energetic equilibrium, equilibrium with ourselves and equilibrium with our environment.

This more integrated concept of health is that which we propose here, involving a 360º turnaround in relation to the conception and measurement of work and organizational health and the intervention carried out. The hope is that this approach will help many to achieve a dream currently accessible to just a few: well-being and happiness at work.

ACKNOWLEDGEMENTS

This work was made possible by a research grant from the *Plan Nacional* (#BIA2005-08940-C02-02).

REFERENCES

Bakker, A. B., Killmer, C. H., Siegrist, J., & Schaufeli, W. B. (2000). Effort-reward imbalance and burnout among nurses. *Journal of Advanced Nursing, 31*, 884-891.

Bresó, E., Salanova, M. & Schaufeli, W.B. (2007). In search of the 'third dimension' of burnout. *Applied Psychology: An International Review, 56*, 460-478.

Bresó, E., Salanova, M., Schaufeli, W. B., & Nogareda, C. (2007). Síndrome de estar quemado por el trabajo "Burnout" (III): Instrumento de medición. *Nota Técnica de Prevención, 732*, 21ª Serie. Instituto Nacional de Seguridad e Higiene en el trabajo.

Cherniss, C. (1993). The role of professional self-efficacy in the etiology and amelioration of burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent development in theory and research* (pp. 135-149). Washington, DC: Taylor & Francis.

Csikszentmihalyi, M. (1990). *Flow, The Psychology of Optimal Experience*. Harper Collins.

Demerouti, E., Bakker, A. B., Janssen, P. P. M., & Schaufeli, W. B. (2001). Burnout and engagement at work as a function of demands and control. *Scandinavian Journal of Work, Environment & Health, 27*, 279-286.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands - Resources model of burnout. *Journal of Applied Psychology, 86*, 499-512.

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues, 30*, 159-165.

Green, D. E., Walkey, F. H., & Taylor, A. J. W. (1991). The three-factor structure of the Maslach Burnout Inventory. *Journal of Science Behavior and Personality 6*, 453-472.

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress, 19*, 192-207.

Llorens, S., García, M., & Salanova, M. (2005). Burnout como consecuencia de una crisis de eficacia: un estudio longitudinal en profesores de secundaria. *Revista de Psicología del Trabajo y de las Organizaciones, 21*, 55-70.

Llorens, S., Schaufeli, W. B., Bakker, A., & Salanova, M. (2007). Does a positive gain spiral of resources, efficacy beliefs and engagement exist? *Computers in Human Behavior, 23*, 825–841.

Lorente, L., Salanova, M., & Martínez, I. M. (2007). Estrategias de prevención de burnout desde los recursos humanos. *Gestión Práctica de Riegos Laborales, 41*, 12-20.

Maslach, C. (1976). Burned-out. *Human Behaviour, 5*, 16-22.

Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), Professional burnout (pp. 19-32). Washington, DC: Taylor and Francis.

Maslach, C., Schaufeli, W. B. & Leiter, M. P. (2001). Burnout. *Annual Review of Psychology 52*, 397-422.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2*, 99 113.

Montgomery, A., Peeters, M. C. W., Schaufeli, W. B., & Den Ouden, M. (2003). Work-home interference among newspaper managers: Its relationship with Burnout and Engagement. *Anxiety, Stress & Coping, 16*, 195-211.

Pines, A. & Aronson, E. (1988). *Career burnout: Causes and cures*. New York: Free Press.

Salanova, M. (2006). Medida y evaluación del burnout: nuevas perspectivas. In Gil-Monte, P., Salanova, M., Aragón, J. L., & Schaufeli. W. (Eds.), *El síndrome de quemarse por el trabajo en Servicios Sociales* (pp. 27-43). Valencia: Diputación de Valencia.

Salanova, M. (in press). Organizaciones saludables: una perspectiva desde la psicología positiva. In C. Vázquez & G.

Hervás (Eds.). *Psicología Positiva: Bases científicas del bienestar y la resilencia*. Madrid: Alianza Editorial.

Salanova, M. & Schaufeli, W. B. (2004). El engagement de los empleados: un reto emergente para la dirección de los recursos humanos. *Estudios Financieros, 261*, 109-138.

Salanova, M. & Schaufeli, W.S. (2008). A cross-national study of work engagement as a mediator between job resources and proactive behaviour. *International Journal of Human Resources Management, 19*, 116-131.

Salanova, M., Agut, S., & Peiró, J. M. (2005). Linking Organizational Resources and Work Engagement to Employee Performance and Customer Loyalty: The Mediation of Service Climate. *Journal of Applied Psychology, 90*, 1217-1227.

Salanova, M., Bakker, A. & Llorens, S. (2006). Flow at Work: Evidence for a Gain Spiral of Personal and Organizational Resources. *Journal of Happiness Studies, 7*, 1-22.

Salanova, M., Cifre, E., Martínez, I. M. & Llorens, S. (2007). *Caso a caso en la prevención de riesgos psicosociales. Metodología WONT para una organización saludable*. Bilbao: Lettera Publicaciones.

Salanova, M., Grau, R., Martinez, I.M., Cifre, E., Llorens, S. & García-Renedo, M. (Eds.) (2004). *Nuevos Horizontes en la investigación sobre Autoeficacia*. Castellón: Colección Psique (nº 8). ISBN 84-8021-470-8. (pp. 294).

Salanova, M., Llorens, S., García, M., Burriel, R., Bresó, E. & Schaufeli, W.B. (2005). Towards a Four Dimensional Model of Burnout: A Multigroup Factor-Analytic Study including Depersonalization and Cynicism. *Educational and Psychological Measurement, 65*, 901-913.

Salanova, M., Martínez, I., Bresó, E., Llorens, S. & Grau, R. (2005). Bienestar psicológico en estudiantes universitarios: facilitadores y obstaculizadores del desempeño académico. *Anales de Psicología, 21*, 170-180.

Salanova, M., Schaufeli, W. B., Llorens, S., Peiró, J. M., & Grau, R. (2000). Desde el "burnout" al "engagement": ¿Una nueva perspectiva? *Revista de Psicología del Trabajo y de las Organizaciones, 16*, 117-134.

Salanova, M., Martínez, I.M. & Llorens, S. (2005). Psicología Organizacional Positiva. In F. Palací (Coord.), *Psicología de la Organización*. Madrid: Pearson Prentice Hall, pp. 349-376.

Schaufeli, W.B. (2003). Past performance and future perspectives of burnout research. *Journal of Industrial Psychology, 29*, 1-15.

Schaufeli, W.B. & Bakker, A.B. (2004). Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior, 25*, 293-315.

Schaufeli, W.B. & Buunk, B.P. (2002). Burnout: An overview of 25 years of research and theorizing. In M. J. Schabracq, J. A. M. Winnubst & C. L. Cooper (Eds.), *The Handbook of Work and Health Psychology* (2nd Edition, pp. 383-425). Chichester: John Wiley & Sons.

Schaufeli, W.B. & Enzmann, D. (1998). *The burnout companion to study and practice: a critical analysis*. London: Taylor & Francis.

Schaufeli, W.B. & Salanova, M. (2007). Efficacy or inefficacy, that's the question: Burnout and engagement, and their relationships with efficacy beliefs. *Anxiety, Coping & Stress, 20*, 177-196.

Schaufeli, W.B. & Salanova, M. (2007b). Work Engagement: an emerging psychological concept and its implications for organizations. In S. W. Gilliland, D.D. Steiner & D. P. Skarlicki (Eds.), *Managing Social and Ethical Issues in Organizations*. Volume 5: Research in Social Issues in Management.

Schaufeli, W.B. & Taris, T.W. (2005). The conceptualization and measurement of burnout: common ground and worlds apart. *Work & Stress, 19*, 256-262.

Schaufeli, W.B. & Van Dierendonck, D. (1993). The construct validity of two burnout measures. *Journal of Organizational Behavior, 14*, 631-647.

Schaufeli, W.B., Bakker, A.B. & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement, 66*, 701-716.

Schaufeli, W.B., Leiter, M.P., Maslach, C., & Jackson, S.E. (1996). Maslach Burnout Inventory - General Survey. In C. Maslach, S.E. Jackson, & M. P. Leiter: *The Maslach Burnout Inventory-Test Manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

Schaufeli, W.B., Salanova, M., González-Romá, V., & Bakker, A. (2002). The measurement of burnout and engagement: A confirmatory factor analytic approach. *Journal of Happiness Studies, 3*, 71-92.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive Psychology: An Introduction. *American Psychologist, 55*, 3-6.

Smets, E. M. A., Visser, M. R. M., Oort, F. J., Schaufeli, W. B. & de Haes, H. J. (2004). Perceived inequity: Does it explain burnout among medical specialists? *Journal of Applied Social Psychology, 34*, 1900-1918.

Taris, T. W., Le Blanc, P. M., Schaufeli, W. B., & Schreurs, P. J. G. (2005). Are there causal relationships between the dimensions of the Maslach Burnout Inventory? A review and two longitudinal tests. *Work & Stress, 19*, 238-255.

Van Horn, J. E., Taris, T. W., Schaufeli, W. B., & Schreurs, P. J. G. (2004). The structure of occupational wellbeing: A study among Dutch teachers. *Journal of Occupational and Organizational Psychology, 77*, 365-377.