

The SABPP™ **FACTSHEET**

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Burnout in the evolving world of work

INTRODUCTION

Burnout has become a significant people and organisational risk as the world of work continues to evolve. Changes in work demands, technology, and the boundaries between work, personal, and social lives are reshaping how stress is experienced and may, in turn, be altering the nature and experience of burnout. For example, a recent South African index indicates that stress is increasingly experienced as 'complex, persistent, and interconnected'. For HR practitioners, the challenge is twofold. They must identify and manage burnout effectively within their organisations and as the world of work continues to evolve, while also recognising and managing their own risk of burnout. Meeting this challenge requires moving beyond a narrow individual resilience lens towards a more systemic and organisational approach.

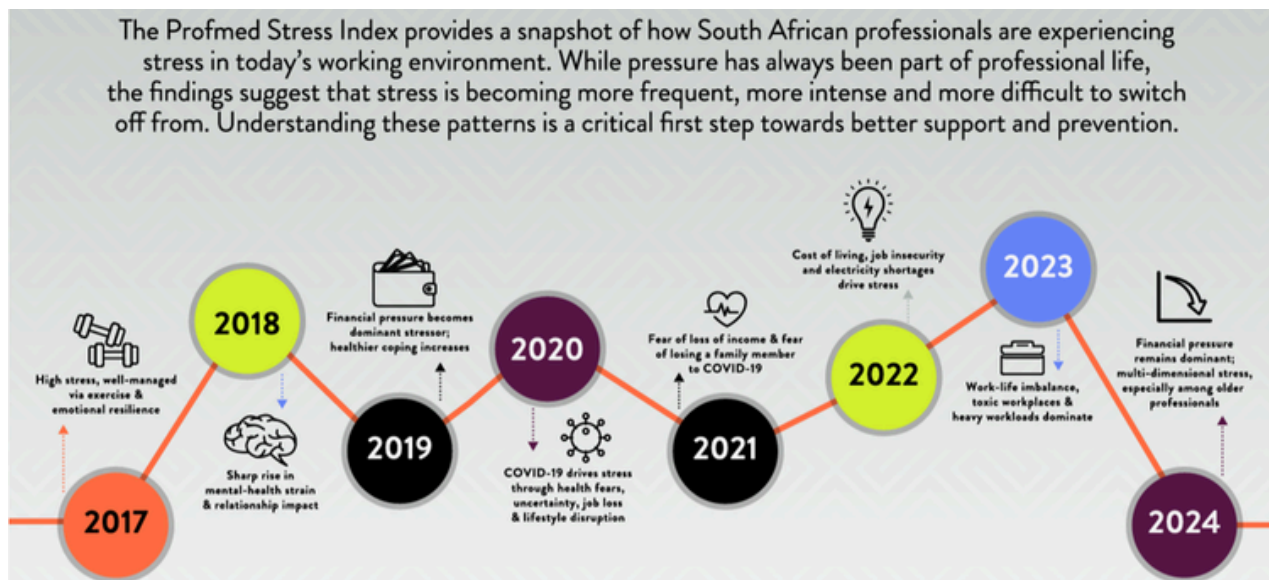
This Fact Sheet first examines the multidimensional nature of stress and its causes, which are termed stressors. It explores how the experience of stress is changing, including the effects of blurred boundaries and technology. It then considers how these inform the understanding of burnout and its core dimensions. Thereafter, it outlines reactive and proactive measures that HR practitioners can integrate into a more comprehensive organisational wellbeing approach.

A word of caution. Although there is reference to the multidimensional nature of stress and stressors, together the language and framing of stress, stressors and burnout may (unintentionally) narrow the focus to individual resilience and select 'environmental factors'. In this way it may not emphasise enough the systemic and organisational issues, nor explore how systemic and organisational issues are embodied and 'carried' by individuals and teams. This can be seen in the images related to burnout, such as the one on the cover page of this Fact Sheet.

The evolving experience of stress¹

The way we experience stress seems to be evolving. For example, Profmed (2026), a medical aid for professionals, observes in their recent article that a decade ago the principal sources of stress among South African professionals were relatively clear. These stressors included work demands and organisational culture, systemic pressures, family responsibilities, lifestyle demands, health concerns and financial pressures. Although these underlying stressors and pressures have not changed substantially over the decade, the most recent Profmed Stress Index presents a markedly different picture of their combined experience. It is now described as more **complex, persistent** and **interconnected**. This differs significantly from the more compartmentalised experience reported by professionals in 2017, when stress was associated with the workplace, family space or social space, or the pressures arising in these areas were experienced as separate or distinct from one another. The graphic below provides a snapshot of how professionals have experienced stress from 2017 onwards.

¹ <https://profmed.co.za/profmed-stress-index-2025-maps-ten-years-of-rising-pressure-and-changing-stress-patterns-among-professionals/>



Source: Profmed (2026)²

The Profmed article, therefore, suggests that stress should now be understood as a **multidimensional experience** rather than as a single, isolated challenge. As the demands of daily life intensify, levels of pressure that may once have been regarded as normal are increasingly compounded by multiple, interconnected factors. Stress is consequently no longer confined to periods of heightened workload or temporary pressure. For many professionals, it has become a sustained feature of daily life that is carried quietly, normalised over time and managed without adequate support. One notable finding from the recent Profmed Stress Index is that many professionals recognise the effect of stress on their health but feel unable to take meaningful action. The Index identifies cost, limited time and unsupportive working environments as factors that delay or prevent access to support. As a result, many professionals continue to cope privately, adapt to escalating pressure and treat their circumstances as temporary, even when the available evidence suggests otherwise.

Within the academic literature, the multidimensional nature of stress is not new and is rather well established. The literature has evolved to an understanding of stress as a multidimensional phenomenon, where stress is differentiated into multidimensional stressors (causes) and multidimensional stress responses (effects). For example, we find the differentiation of (1) the presence of environmental stressors, (2) the psychological and biological reactions to these stressors, and (3) the duration or length of time over which the stressor or stress response occurs³. What the Profmed article suggests is that the way we **experience** stress has changed, where it is experienced as being complex, persistent and interconnected. This follows from the blurring of boundaries between the work, personal, family, and social spaces.

² <https://profmed.co.za/profmed-stress-index-2025-maps-ten-years-of-rising-pressure-and-changing-stress-patterns-among-professionals/>

³ Dorsey, A., Scherer, E., Eckhoff, R., and Furberg, R. (2022). Measurement of human stress: A multidimensional approach. RTI Press Publication.

Nikolova, S. P., Small, E., Velikova, M. S., Ivanova, M. A., Childress, S., & Laleva, K. S. (2026). Examining the multidimensional structure of stress among international medical students: A construct-based approach. BMC Medical Education, 26(1), 342.

This blurring of boundaries is acknowledged in the debates on the experience and implications of remote and hybrid working arrangements, where the divisions between work, personal, family and social spaces and times may become less distinct or collapse altogether. Relatedly, we find the concept of '**technostress**' or 'techno distress', which is negative stress that is experienced from the use of technologies or from feeling overloaded or overwhelmed by the technology environment and the many systems and tools therein, including the complexities thereof⁴. Recall that during the latter part of the COVID pandemic and lockdown the concern with technology was frequently discussed as '**digital fatigue**'; with some referring specifically to 'Teams/Zoom fatigue' as a reference to the exhaustion from spending prolonged periods on virtual meeting platforms such as Microsoft Teams and Zoom⁵. Some studies argue that technostress can lead to techno-strain, which may manifest in high levels of job **burnout**. These developments provide important considerations on burnout in the evolving world of work. In the next section we first explore what is burnout.

Before considering burnout in the evolving world of work, it is necessary to clarify four points that may shape the interpretation of the discussion that follows. These concern the blurring or collapse of boundaries, the paradoxical role of technology, and the distinction between multidimensional stress and the compounded nature of the experience of stress. First, references to blurred boundaries or lines do not necessarily imply that these boundaries have collapsed. It remains conceptually relevant and important to distinguish among our work, personal, family and social spaces, lives and times. However, the extent to which boundaries are blurred, or have collapsed, may differ across individuals, organisations, countries and regions. A further distinction is therefore required between an individual's subjective experience of blurred boundaries and the objective blurring or collapse of those boundaries.

The second point concerns the paradox of digital fatigue, which can be illustrated through the example of artificial intelligence (AI). On the one hand, AI may contribute to workers' and managers' experience of technostress. On the other hand, both workers and managers may use AI pervasively, whether surreptitiously or unacknowledged, to assist them in completing work and organisational tasks and in supporting decision-making. Technology can therefore be understood as a double-edged sword with both favourable and unfavourable consequences in the short and long term. As with the blurring or collapse of boundaries, these consequences may differ across individuals, organisations, countries and regions. Sweeping generalisations are therefore unlikely to support an adequate understanding of the technological dynamics and environment within specific organisations or assist HR practitioners in navigating their organisations' particular realities.

⁴Pflügner, K., Maier, C., Thatcher, J. B., Mattke, J., & Weitzel, T. (2024). Deconstructing technostress: A configurational approach to explaining job burnout and job performance. *MIS Quarterly*, 48(2), 679-698.

Kumar, P. S. (2024). Technostress: A comprehensive literature review on dimensions, impacts, and management strategies. *Computers in Human Behavior Reports*, 16, 100475.

Singh, P., Bala, H., Dey, B. L., & Filieri, R. (2022). Enforced remote working: The impact of digital platform-induced stress and remote working experience on technology exhaustion and subjective wellbeing. *Journal of business research*, 151, 269-286.

⁵Zhang, X., & Deng, G. (2025). Protecting work engagement from digital fatigue: The contingent roles of leadership style and network ties. *Frontiers in Psychology*, 16, 1645057.

The third point concerns the distinction between the multidimensional nature of stress and the compounded experience of stress. The Profmed article describes the experience of stress as multidimensional, whereas the academic literature uses multidimensionality to describe both stressors (causes) and stress responses (effects). The Profmed description may therefore be more precisely framed as a compounded and composite experience of stress. This formulation more accurately captures how individuals may experience the accumulation and compounding of stressors across different spaces and areas of life, together with the composite effects that arise from them.

The fourth point concerns the multidimensional nature of stress and stressors. We need to be careful that when used together the language and framing of stress, stressors and burnout does not (unintentionally) narrow the multidimensional perspective to the focus on individual resilience and select 'environmental factors'. This may under emphasise the systemic and organisational issues, and we may not pay attention to how systemic and organisational issues are embodied by individuals and teams and how they may 'carry the burden' of these issues.

What is burnout?

The World Health Organization (WHO) defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed”⁶. It is a work-related syndrome that develops in response to chronic and poorly managed workplace stress. It is classified as an occupational phenomenon rather than as a medical condition or mental disorder. WHO identifies three dimensions of burnout:

- Energy depletion or exhaustion
- Increased mental distance from one's job, including negativism or cynicism
- Reduced professional efficacy

An important implication for HR is that burnout is specifically occupational in nature. It should not be regarded solely as a problem of individual resilience or simply equated with depression or anxiety. Maluleka et al. (2026) note that burnout and depression share several symptoms and may have comparable effects on an individual's functioning. This overlap has prompted debate about whether burnout should be located within the spectrum of depressive disorders⁷. However, burnout is specifically associated with chronic workplace stress, whereas depression may develop independently of occupational circumstances and may arise from a broader range of contributing factors. The continuing clinical debate is therefore whether burnout constitutes a distinct phenomenon that should be differentiated diagnostically from depressive disorders⁸.

Irrespective of whether burnout is ultimately distinguished from depressive disorders for diagnostic purposes, it can be conceptualised as a **multidimensional response to chronic stressors** at work that include **work and job demands**. This conceptualisation requires the examination of the relationship between employees, their organisational environment, and the various demands placed on them therein.

⁶ https://www.who.int/standards/classifications/frequently-asked-questions/burn-out-an-occupational-phenomenon?utm_source=chatgpt.com

⁷ Maluleka, M. M., Bulo, F. N., Nair, A., & Von Pressentin, K. B. (2026). Burnout in healthcare professionals. *South African Family Practice*, 68(1), 1-5.

Mańkowska, B. (2025). Burnout phenomenon still unresolved. The current state in theory and implications for public interest. *Frontiers in*

⁸ *Organizational Psychology*, 3, 1549253

A working definition of burnout:

A work-related syndrome arising from sustained exposure to poorly managed workplace and job demands and/or dysfunctional working conditions, characterised by persistent exhaustion, psychological distancing or cynicism towards work, and reduced feelings of professional effectiveness. It develops over time, is persistent in nature, and is influenced by the interaction between the individual and their work environment.

It is also important to recognise that psychological distancing, cynicism and reduced feelings of professional effectiveness may serve a protective function for an individual experiencing burnout. These responses may constitute a final line of defence, or coping mechanism, against sustained and poorly managed workplace and job demands and/or dysfunctional working conditions. Although such responses may offer temporary psychological protection, they remain indicators of an underlying and unresolved work-related risk and the impairment of the individual.

The above working definition frames burnout as a work-related syndrome and references the relationship between employees and the organisational environment. However, the previous discussion on the blurring of the lines (between work, personal, family and social spaces and times), together with the multidimensional nature of stress, raises important questions about how burnout should be contextualised. Can and should work-related burnout be differentiated from burnout associated with personal, family and social demands given the blurring of boundaries? If we do retain the differentiation, then how should the interaction and cumulative effect of these demands be understood when individuals experience burnout? Should organisations attend to and manage these interaction and cumulative effects? Should organisations identify and manage the wellbeing implications of, and distress linked to, remote and hybrid working arrangements? How do organisations define the work and organisational environment for remote and hybrid working arrangements? The way in which these questions are approached and answered has important implications for how burnout is conceptualised and managed within organisations. For example, wellbeing or employee assistance programmes may need to offer a range of support measures and interventions that respond to the multidimensional nature of stressors and stress responses, including burnout.

What are the dimensions of burnout?

The three dimensions of burnout identified by WHO mirror those contained in one of the prevalent models and assessment instruments, the Maslach Burnout Inventory⁹. The model differentiates the following dimensions: exhaustion; mental distance, cynicism and psychological withdrawal; and reduced professional efficacy. Each dimension is discussed below.

⁹ Williamson, K., Lank, P. M., Cheema, N., Hartman, N., & Lovell, E. O. (2018). Comparing the Maslach burnout inventory to other well-being instruments in emergency medicine residents. *Journal of graduate medical education*, 10(5), 532-536.

1) Exhaustion

This is the progressive sense that one's physical and psychological resources are being depleted. An individual may experience:

- Difficulty recovering between working days
- Reduced physical and/or emotional energy
- Difficulty concentrating

Exhaustion is associated with chronic and excessive demands that are not balanced by sufficient opportunities for recovery or adequate resources. The Job Demands–Resources (JD-R) model similarly proposes that sustained high demands progressively deplete employees' physical and psychological resources and may initiate a health-impairment process that leads to burnout. Work and organisational demands may include the need to adapt continuously to digital technologies and to technology-driven changes in the organisation of work, which can lead to technostress. Digital fatigue can therefore be considered within the exhaustion dimension when it reflects the sustained depletion of employees' physical or psychological resources.

2) Mental distance, cynicism and psychological withdrawal

As burnout progresses, an individual's relationship with work itself changes. They may psychologically distance themselves from their work as a way of protecting themselves and their depleted resources. This can appear as:

- Detachment from others
- Psychological distancing through cynicism or withdrawal from others for example
- Loss of enthusiasm to engage others
- Reduced empathy towards others
- Negativity about the organisation or its customers

3) Reduced professional efficacy

There is a change in an individual's relationship with their own professional efficacy. An individual may progressively perceive that they are no longer effective or successful at work. This may involve:

- Doubts about one's competence or feeling like an imposter
- Reduced confidence
- Feeling unable to achieve what used to be achievable
- Difficulty making decisions
- Reduced sense of accomplishment or impact
- Reduced productivity or quality.



⁹ Williamson, K., Lank, P. M., Cheema, N., Hartman, N., & Lovell, E. O. (2018). Comparing the Maslach burnout inventory to other well-being instruments in emergency medicine residents. *Journal of graduate medical education*, 10(5), 532-536.

The three dimensions outlined above assist in identifying and conceptually distinguishing how burnout may be experienced. It is important to note that these are interrelated rather than isolated indicators. Exhaustion may contribute to psychological distancing, while sustained distancing and depleted resources may, in turn, undermine an individual's perception of their professional efficacy. This interrelationship is important when monitoring burnout and designing coordinated interventions.

How can burnout be managed?

The three dimensions outlined above provide a basis for identifying key aspects of burnout and for monitoring relevant indicators. Once identified, these indicators can be addressed through a coordinated set of wellbeing interventions. In the immediate and longer term, such interventions may support an individual's recovery, provide psychological assistance to consolidate and sustain that recovery, assist with workload management, and facilitate access to appropriate professional help. These measures constitute the **reactive** or **curative** component of an organisational wellbeing approach to burnout. The complementary component is **proactive prevention**, which anticipates and addresses workplace stressors and demands before they contribute to the onset or escalation of burnout.

Burnout should be addressed through an integrated combination of reactive and proactive measures. This approach recognises burnout as an organisational and work-design risk rather than solely as an individual resilience or coping issue. The measures outlined below therefore address both the immediate support required by individuals experiencing burnout and the organisational conditions that may contribute to its development.

1) Reactive measures

- Identify burnout indicators and initiate check ins between managers and team members as well as confidential discussions where necessary.
- Reprioritise work, adjust targets and reduce immediate demands.
- Provide access to appropriate professional support and recovery leave.
- Implement a phased return-to-work plan with clear review points.
- Address underlying workload, staffing, role and management issues

2) Proactive measures

- Identify early warning signals of burnout in the organisation at the individual, team and organisational levels.
 - Monitor these signals, which may include aggregate overtime, absence, turnover, errors and engagement trends.
 - Maintain sustainable workloads, staffing levels and deadlines with periodic reviews of work design.
 - Manage poor performance of team members directly and effectively rather than simply transferring their work to other team members and burdening them, with the assumption that the other team members can 'manage and cope'.
 - Establish clear expectations for hours, availability, leave and communication.
 - Strengthen role clarity, employee autonomy and manager capability.
 - Promote psychological safety, fairness, recognition and confidential reporting.
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Although reactive and proactive measures are important, HR practitioners should avoid approaching or managing burnout in isolation. Instead, burnout should be addressed through an integrated and comprehensive approach to wellbeing. This approach to wellbeing is clearly articulated as a good practice in the People Practices and Governance Standard (PPGS). The clinical literature on burnout identifies, for example, primary, secondary and tertiary interventions that aim respectively to prevent the onset of burnout, detect and intervene early, and treat and rehabilitate those affected (Maluleka et al., 2026)¹⁰. Although the differentiation of primary, secondary and tertiary provides a useful continuum of interventions, the focus remains specifically on burnout. The Mayo Clinic's Wellbeing Index offers an example of a broader framework for measuring and managing **distress** and **wellbeing**. It identifies six related dimensions, which are presented below together with descriptions reproduced verbatim from the Mayo Clinic web article¹¹. Although the Index is designed specifically for the healthcare sector, it can still serve as an illustrative example.

Dimension	Description
Meaning in Work	"Employees who are not feeling fulfilled by their job duties are at a high risk of psychological distress."
Meaning in Work	"Work-life integration can be defined as an approach that creates synergy between all areas that make up one's life, including their career or profession, home and family, and community. Work-life integration has largely replaced the concept of work-life balance, as these areas of one's life can rarely be separated. Rather than placing each aspect on a scale and attempting to determine if they are balanced, the work-life integration approach views life and work holistically. The measurement of this dimension aims to discover how successfully an individual is creating the optimal engagement, fulfillment, and well-being from their entire being. A healthy mix and integration between all aspects of one's life has a profound impact on their state of psychological well-being."
Quality of Life	"Mental quality of life is an important dimension of both distress and well-being. Factors in a participant's personal and professional life play a role in measuring their quality of life. [...] Increased exposure to high-stress environments and situations will threaten the quality of life in individuals. The American Psychological Association states that workplace stressors have a significant impact on workers' overall health. Stress experienced, as well as stress perceived, have been shown to negatively affect an individual's psychological well-being."
Severe Fatigue	"Severe fatigue is more than simply feeling sleepy; it is a dimension of psychological distress that is characterized by severe exhaustion and is commonly related to depression. Common causes include lack of sleep, lack of physical activity, and unhealthy eating habits. Severe fatigue can also be the symptom of prolonged mental work or extended periods of stress and anxiety, and can be intensified by boring or repetitive tasks."

¹⁰ Maluleka, M. M., Bulo, F. N., Nair, A., & Von Pressentin, K. B. (2026). Burnout in healthcare professionals. *South African Family Practice*, 68(1), 1-5.

¹¹ <https://www.mywellbeingindex.org/6-dimensions-of-distress-and-well-being/>

Likelihood of Burnout	“Poor job fit, long working hours, and poor management are just a few of the factors that can lead to overwhelmed employees. It’s important to know the warning signs and actively measure the likelihood of burnout in your organization.”
Suicidal Ideation	“Suicide is a serious public health issue and suicidal ideation is one of the most important dimensions of psychological distress to measure consistently. The measurement of this dimension of mental distress is not an evaluation or diagnosis, but instead an assessment of the potential risk of suicidal thoughts if no changes are made to the individual’s well-being.”

As the table indicates, the dimension of work-life integration acknowledges the blurring of boundaries between work and personal, family and social life, while also emphasising the need to understand the individual holistically. The People Practices and Governance Standard (PPGS) advances a similar principle by requiring holistic consideration of individuals in relation to learning, development, performance and wellbeing, among other areas. This returns the discussion to the earlier questions about how burnout may be evolving alongside the changing world of work. In particular, consideration should be given to the extent to which burnout may arise from the interaction and cumulative effect of work-related, personal, family and social demands. How these considerations are addressed has significant implications for the understanding, assessment and management of burnout within organisations. Wellbeing or employee assistance programmes may therefore need to provide a comprehensive range of support measures and targeted interventions that respond to the multidimensional nature of stressors, the compounded experience of stress, the varied ways in which individuals respond to stress, and the potential development or escalation of burnout.

Conclusion

Burnout is not simply a matter of individual coping; it is a persistent work-related syndrome that can develop when chronic workplace stress and demands are not successfully managed. It may manifest through exhaustion, psychological distance or cynicism, and reduced professional efficacy, while its causes and effects may be intensified by increasingly blurred boundaries between work and other areas of life and technology. HR therefore has a central role in combining timely support for affected employees with proactive measures addressing work design, workload, staffing, and role clarity as well as management capability, psychological safety, and organisational wellbeing. By monitoring early warning indicators and embedding burnout prevention within an integrated, holistic wellbeing framework, organisations can respond more effectively to distress while creating healthier and more sustainable working conditions.

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