

focusing treatment on enhancing efficacy, persistence, and goal setting⁹.

The framework of agency pushes psychiatric thinking beyond the limitations of reducing the symptoms of illness toward a science and practice dedicated to optimizing well-being. By focusing on *prospection*, the capacity to simulate and choose among possible futures, clinicians can address the full spectrum of human experience, shifting from treating patients as passive recipients of past history or biological forces, to empowering them as conscious agents shaping their own destinies⁶.

As psychological science has abandoned the historical blind spots that neglected conscious thought, happiness and free will, agency now stands as a central concept enabling a more complete and hopeful approach to human well-being.

Martin E.P. Seligman

Department of Psychology, University of Pennsylvania, Philadelphia, PA, USA

The burnout paradox

In today's volatile work environment, health care professionals face a paradox. They are driven by compassion and purpose, yet they increasingly feel depleted by the very work that once gave meaning to their lives. Hospitals and clinics are becoming pressure cookers of digital alerts, administrative overload, and emotional strain. Artificial intelligence promises efficiency but also accelerates the pace of decision-making. Patients, armed with online information, arrive with heightened expectations. Meanwhile, smartphones nudge doctors to work around the clock, eroding the boundaries between professional and personal life. The result is a culture of perpetual availability – a cognitive and emotional “always-on” state that keeps the mind engaged long after the work-day ends.

Working hard is not inherently harmful. Fatigue after a demanding day is natural and, when followed by sufficient recovery, harmless. Short-term fatigue is the body's way of signaling that energy reserves need replenishment. Engaging in restorative activities – spending time with loved ones, exercising, reading, or simply taking a walk – promotes psychological detachment and relaxation, two essential recovery experiences¹. These experiences replenish lost energetic resources and restore motivation and focus for the next day. However, when recovery is consistently postponed, short-term fatigue accumulates into chronic exhaustion. Over weeks or months, this unrelieved strain can evolve into burnout – a state of physical, emotional and cognitive depletion that no amount of weekend rest can repair². The body remains in a state of heightened arousal, stress hormones stay elevated, and the capacity for empathy and complex decision-making erodes.

Burnout is not simply fatigue. In the ICD-11, the World Health Organization (WHO) defines burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed, characterized by three interrelated dimensions: chronic exhaustion, a cynical or detached attitude toward work and clients, and

1. Hyman SE. *Sci Transl Med* 2012;4:155cm11.
2. Seligman M. *Flourish*. New York: Free Press, 2011.
3. Seligman M. *Agency: the psychological history of progress*. New York: Simon & Schuster, 2026.
4. Seligman M. *Helplessness: on depression, development, and death*. San Francisco: Freeman, 1975.
5. Baratta M, Seligman M, Maier S. *Front Psychiatry* 2023;14:1170417.
6. Seligman M, Railton P, Baumeister R et al. *Homo prospectus*. New York: Oxford University Press, 2016.
7. Jeste D, Palmer B (eds). *Positive psychiatry: a clinical handbook*. Washington: American Psychiatric Publishing, 2015.
8. Rashid T, Seligman M. *Positive psychotherapy: clinician manual*. New York: Oxford University Press, 2018.
9. Blyler A, Seligman M. *J Posit Psychol* 2023;19:579-91.

DOI:10.1002/wps.70041

reduced professional efficacy – often manifesting in difficulties concentrating, remembering details, and processing information efficiently.

Although the WHO does not classify burnout as a medical disorder, several European countries recognize it as an occupational disease under specific legal or compensation frameworks. Regardless of classification, the consequences are serious. Burnout increases the risk of anxiety, depression, musculoskeletal pain, type 2 diabetes mellitus, and cardiovascular disease³. For health care professionals, the toll is particularly heavy: burnout erodes empathy, precision, and cognitive control – the very capacities that ensure safe and compassionate care. Here lies the paradox: those who care the most often recover the least and, in doing so, undermine both their well-being and the quality of care they deliver.

Consider a psychiatrist who cannot seem to switch off. Even at home, her patients remain in her thoughts. At first, her exhaustion feels like a badge of dedication. But, over time, she becomes impatient, forgetful and self-critical. Instead of slowing down, she pushes herself harder, chasing an impossible balance. Her experience reflects that of countless clinicians worldwide: the more depleted they become, the less able they are to engage in the recovery and proactive behaviors that could protect them.

The Job Demands-Resources theory⁴ offers a framework for understanding why burnout emerges, and how it can be prevented. Job demands such as high workload, emotionally intense interactions, and cognitive overload consume energy and effort. Job resources – social support, autonomy, feedback, opportunities for learning – help employees meet these demands and stimulate engagement. When demands exceed available resources, strain accumulates. But when resources are sufficient, they can transform pressure into motivation and growth. Organizations that design jobs with this balance in mind can promote sustainable performance. In health care, this means structuring teams so that clini-

cians have autonomy, time for reflection, collegial support, and clear priorities. Resources not only buffer against stress but also fuel work engagement – defined as vigor, dedication, and absorption in work⁵.

While leaders and human resource policies play a vital role, employees themselves are not passive recipients of job design. They can actively shape their work through job crafting – the proactive process of optimizing one's job demands and resources⁶. Employees who craft their jobs seek new challenges, build social connections, and adjust tasks to align better with their strengths and values. Over time, this improves person-job fit, meaning and engagement⁷. A related concept, playful work design, involves approaching routine or difficult tasks with curiosity and enjoyment – introducing small elements of fun or challenge that transform monotonous work into a source of energy⁴. Both strategies enable employees to stay motivated even in demanding environments such as hospitals, where stress is unavoidable.

Yet, the very state of burnout undermines these protective behaviors. When stress accumulates and energy resources are depleted, employees become less capable of engaging in recovery and less likely to craft their jobs⁸. They enter a loss cycle: high demands lead to fatigue, which impairs self-regulation and leads to more errors, conflicts and misunderstandings – each of which generates new demands. Exhaustion, cynicism, and cognitive depletion make it difficult to seek help or learn from mistakes. Moreover, burned-out individuals are often perceived as draining rather than inspiring, and colleagues may unconsciously distance themselves, further reducing social support. The workplace becomes emotionally impoverished.

A special case of this paradox is workaholism – the compulsive drive to work excessively hard and the inability to disengage⁹. Workaholics rarely rest; they see recovery as wasted time. When they do craft their jobs, they tend to increase their challenges rather than seek social support or reduce demands. This self-defeating strategy accelerates burnout. Moreover, the workaholic pattern extends beyond work into the home. Overinvolvement at work creates home demands – neglected relationships, conflict, and emotional distance – and erodes home resources such as intimacy and support. Stress then spills back into work, creating a vicious cycle across life domains. What begins as dedication ends in depletion.

How can we resolve the burnout paradox? Prevention must begin with systemic awareness. Organizations need to monitor workloads, allow sufficient recovery time, and ensure access to resources such as mentorship, social support, and professional development. Leaders play a crucial role in modeling healthy boundaries – leaving on time, disconnecting after work, and showing that recovery

is not a luxury but a responsibility. But organizational action alone is insufficient. Professionals must also learn to self-monitor and regulate their energy. Simple strategies – brief detachment during breaks, mindfulness, or even micro-moments of playfulness – can interrupt the stress cycle. Training programs that teach job crafting and self-reflection can help clinicians identify and shape their own job demands and resources before exhaustion sets in. The combination of top-down and bottom-up approaches – organizational redesign and individual self-regulation – is the most effective safeguard against chronic strain^{4,6}.

Among health care professionals, psychiatrists face particular vulnerability. Despite their expertise in emotional regulation and resilience, many struggle to apply these principles to themselves. This paradox is profound: those trained to alleviate emotional suffering often internalize it instead – directing empathy outward but seldom inward. To sustain the capacity to care for others, clinicians must also care for their own psychological resources – protecting rest, nurturing connection, and practicing the same compassion they prescribe.

Ultimately, the burnout paradox reminds us that exhaustion is not a badge of honor but a warning signal. Recovery is not indulgence – it is maintenance. By redesigning work and empowering professionals to manage their own demands and resources, burnout can shift from an endpoint to a turning point – a catalyst for renewal. When organizations and individuals align around sustainable performance, health care can return to its essence: a place where compassion, competence and vitality coexist – for both patients and those who heal them.

Arnold B. Bakker

Center of Excellence for Positive Organizational Psychology, Erasmus University Rotterdam, Rotterdam, The Netherlands; School of Management, Human Resource Management, University of Vaasa, Vaasa, Finland; School of Economics and Business, University of Ljubljana, Ljubljana, Slovenia

1. Sonnentag S, Cheng BH, Parker SL. *Annu Rev Organ Psychol Organ Behav* 2022;9:33-60.
2. Demerouti E, Bakker AB. *Work Stress* 2025;39:153-61.
3. Salvagioni DAJ, Melanda FN, Mesas AE et al. *PLoS One* 2017;12:e0185781.
4. Bakker AB, Demerouti E, Sanz-Vergel A. *Annu Rev Organ Psychol Organ Behav* 2023;10:25-53.
5. Schaufeli WB, Bakker AB. In: Ruch W, Bakker AB, Tay L et al (eds). *Handbook of positive psychology assessment*. Göttingen: Hogrefe, 2023:273-98.
6. Demerouti E. *Annu Rev Organ Psychol Organ Behav* 2026;13:195-220.
7. Oprea BT, Barzin L, Virgã D et al. *Eur J Work Organ Psychol* 2019;28:723-41.
8. Bakker AB, De Vries JD. *Anxiety Stress Coping* 2021;34:1-21.
9. Schaufeli WB, Taris TW, Bakker AB. In: Burke RJ, Cooper CL (eds). *The long work hours culture: causes, consequences and choices*. Bingley: Emerald, 2008:203-26.

DOI:10.1002/wps.70045