

TITLE:

Obsessive passion as an explanation for burnout: An alternative theoretical perspective applied to humanitarian work

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ABSTRACT:

Burnout is an occupationally-based syndrome that develops as a result of prolonged and cumulative stress. The experience of burnout has been documented in detail in a variety of human service professions. The purpose of this article is two-fold: to provide an alternative theoretical perspective on the development of burnout, which suggests it is not stressors per se that are responsible for burnout development; and, to use this alternative perspective as an explanation for burnout in the context of another human service profession – humanitarian work. Using the Passion for Activities notion conceptualised by Vallerand and colleagues (2003), it is explained how a lack of self-determination and autonomy leads to the development of an *obsessive passion* for an activity. Obsessive passion is linked to a variety of adverse cognitive and affective outcomes. This is then applied to the domain of humanitarian work, and it is suggested individuals with an obsessive passion are more likely to suffer adverse outcomes and consequently develop burnout when working in humanitarian crises. Some suggestions for future theoretical and empirical investigations regarding the relationship between obsessive passion and burnout are provided.

KEY WORDS:

burnout, humanitarian workers, humanitarian crises, obsessive passion, passion for activities, self-determination

MAIN TEXT:

Humanitarian workers are defined as “all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency” (Inter-Agency Standing Committee, 2002, p. 3). The activities of humanitarian agencies, often defined by the term *humanitarian action*, include “the protection of civilians and those no longer taking part in hostilities, and the provision of food, water and sanitation, shelter, health services and other items of assistance, undertaken for the benefit of affected people and to facilitate the return to normal lives and livelihoods” (Humanitarian Policy Group, 2003, p. 3). In this sense, the well-being of entire populations is often dependent on humanitarian workers. In any humanitarian setting, whether it is related to on-going development, relief, rehabilitation or a complex emergency, they provide essential life-saving, life-giving and life-maintaining services.

Despite the diversity of tasks undertaken by individuals deployed to humanitarian settings, a common characteristic of such work is it reflects a continuum of the positive and negative characteristics of humanity. At one extreme of the continuum, humanitarian work represents humanity’s most benevolent qualities, as the sole aim of individuals engaged in such work is to enhance the welfare and well-being of others. Personifying altruism and compassion, workers leave the comfort of their

home countries, risking their own safety, well-being and sometimes their life, to assist less fortunate populations.

At the other extreme, however, humanitarian work reflects some of the worst aspects of the human condition. Workers in such settings are primarily or vicariously exposed to many noxious experiences, including physical and mental illness, societal and environmental conflict, physical and sexual violence, societal destruction, mass human displacement, insecure and dangerous environments, and death (McCall & Salama, 1999; McFarlane, 2004; Sheik, Guitierrez, Bolton, Spiegel, Thieren, & Burnham, 2000; UNHCR, 2001).

Furthermore, humanitarian workers are required to work effectively and efficiently for extended and typically ill-specified time periods, usually while lacking the resources necessary to undertake their work. The nature of humanitarian situations often requires important decisions to be made based on little or no information, while working in multi-cultural, multi-lingual, and multi-functional work groups. Individuals must also live and work in situations devoid of the usual interpersonal support of spouses, family and friends (Salama, 1999; UNHCR, 2001).

The many challenges faced in humanitarian settings make the work extremely labour intensive, and requires individuals to be able to mobilise both psychological and emotional resources to maintain an adequate equilibrium of well-being, and effectively undertake the tasks associated with their work. Indeed, the extraordinary

circumstances of humanitarian settings require extraordinary responses on the part of humanitarian workers, and none responding at the frontline leaves without the experience being imprinted in the very depths of their psyche (Stamm, Varra, Pearlman, & Giller, 2002; Thormar & Djakababa, 2007). The well-being of these workers is likely to be affected to some extent, and for many the effects of continued exposure to the often traumatic and distressing circumstances of humanitarian work, may have adverse consequences (McCall & Salama, 1999; Salama, 1999; Streans, 1992).

Reports suggest prolonged exposure to the stressors inherent to humanitarian work can affect the health and well-being of humanitarian workers, by having physical, emotional, behavioural, psychological and spiritual implications (Blanchetiere, 2006). These can manifest in the form of increased stress, psychosomatic disorders (e.g., headaches, digestive difficulties), risk-taking behaviour (e.g., excessive alcohol consumption, sexual promiscuity), loss of ideals, disengagement from work, and a sense of failure (Antares Foundation, 2006; Blanchetiere, 2006; Salama, 1999; Stamm et al., 2002).

Burnout is also a serious factor affecting many humanitarian workers. An occupationally-based phenomenon, burnout is typified by a “progressive loss of idealism, energy and purpose” (Hare, Pratt, & Andrews, 1988, p. 106). It results from cumulative stress experienced over prolonged, stress-laden periods, such as those typical of humanitarian settings. Indeed, the experience of burnout is believed

to be prevalent in many human service professions and has been documented in detail in rehabilitation practitioners, (Flett, Biggs, & Alpass 1992, 1993, 1995), psychologists (Rupert & Kent, 2007; Rupert & Morgan, 2005), psychiatric staff (Jeanneau & Armelius, 2000), nurses (Hare, Pratt, & Andrews, 1988), and doctors (Dreary, Blenkin, Agius, Endler, Zealley, & Wood, 1996), among others.

However, a consistent finding within burnout research (and other types of occupational stress research) suggests not all individuals exposed to such stressors eventually develop burnout (Uskun, Ozturk, Kisioglu, & Kirbiyik, 2005). Indeed, other factors may moderate or mediate the effects of prolonged stress on the experience of burnout. Much of the occupational stress literature focuses on potential moderators/mediators of the stressor-strain relationship, including social support (Uchino, 2004), coping (Folkman & Moskowitz, 2004; Vaillant, 2000), personality factors (Carver & Scheier, 1999), and health impairing behaviours such as smoking, poor nutrition, lack of exercise, and alcohol abuse (Grunberg, Moore, Anderson-Connolly, & Greenberg, 1999; Moore, Sikora, Grunberg, & Greenberg, 2007; Nobrega & Cifuentes, 2008).

We seek to move beyond what is known in the area by providing an alternative theoretical perspective for burnout development. We suggest an *obsessive passion* (Vallerand, Blanchard, Mageau, Koestner, Ratelle, Leonard, Gagne, & Marsolais, 2003) is pertinent to the experience of burnout in humanitarian workers, and may indeed be applicable to other human service professions. Obsessive passion occurs

when an activity is internalised into a person's identity in a fashion lacking autonomy and self-determination, which results in the activity being engaged in order to obtain perceived contingencies, such as tangible rewards or self-esteem (Amiot, Vallerand, & Blanchard, 2006; Gagne & Deci, 2005). We propose it is the lack of autonomy and self-determination characteristic of this type of passion that is pertinent to burnout development. In order to explain the mechanism through which burnout and obsessive passion might be linked, it is first necessary to provide an overview of the burnout syndrome, before describing the obsessive passion construct.

The Burnout Syndrome

Conceptualised more than four decades ago as a result of field observations, burnout is an occupationally-based phenomenon predominantly experienced by human service professionals, such as psychologists, psychiatrists, nurses, doctors and counsellors, who render daily assistance to others (Jenaro, Flores, & Arias, 2007). Typified by a "progressive loss of idealism, energy and purpose" (Hare, Pratt, & Andrews, 1988, p. 106), burnout manifests in three distinct forms: emotional exhaustion, depersonalisation, and diminished personal accomplishment (Borritz, Bultmann, Rugulies, Christensen, Villadsen, & Kristensen, 2005; Maslach, 1976; Maslach & Jackson, 1982; Maslach, Jackson & Leiter, 1996).

Feelings of emotional overextension and fatigue are prevalent in emotionally exhausted individuals, who also lack enthusiasm and energy to undertake the

emotional requirements of their work. Emotional and cognitive distancing from one's job often occurs as a consequence. Cognitive and emotional distancing is also characteristic of depersonalisation, whereby individuals are unfeeling towards their service recipients, treating them as impersonal objects. This often leads to a complete lack of interpersonal engagement with and responsibility for, the people requiring care. Diminished personal achievement results from a subjective evaluation of limited impact in one's work. Specifically, individuals often perceive they lack efficacy, competence and effectiveness in their attempts to assist others (Brown & O'Brien, 1998; Leiter & Laschinger, 2006; McManus, Keeling, & Paice, 2004).

A structural model of burnout (Maslach, Jackson, & Leiter, 1996) suggests both work demands and deficient resources as causal contributors to burnout development (Rupert & Kent, 2007). Specifically, prolonged exposure to stressors such as staff shortages (Aiken, Clarke, Sloan, Sochalski, Busse, Clarke et al., 2001), lack of support (Hare et al., 1988), role conflict and role ambiguity (Borritz et al., 2005; Duquette, Sandhu, & Beaudet, 1994; Melchior, Bours, Schmitz, & Wittich, 1997), work pressure (Duquette et al., 1994), high work pace and low possibilities for development (Borritz et al., 2005), and low salaries, lack of recognition and limited financial resources (Rupert & Morgan, 2005; Schaufeli & Buunk, 2003) are some of the work-related factors believed responsible for the development of burnout.

However, burnout research consistently shows not all individuals exposed to these work stressors develop the syndrome (Uskun et al., 2005). Consequently, factors

other than those related to specific work stressors, must go some way to explaining this finding. Given only some individuals go on to develop burnout after prolonged exposure to work stressors, it cannot be the work stressors per se, solely contributing to burnout development. Rather, factors associated with the individual must provide, even if only partially, a causal explanation for the development of the syndrome.

Increasingly, research is finding individual-specific factors, such as personality traits (McManus et al., 2004), self-perceptions (Jeanneau & Armelius, 2000), coping mechanisms (Brown & O'Brien, 1998), and physical and mental health (Laschinger, Almost, Purdy, & Kim, 2004; Laschinger & Finegan, 2005) are causally linked to burnout. As noted earlier, we argue the individual difference variable of obsessive passion may play a role in the development of burnout, and as such warrants further consideration. The construct of obsessive passion and the mechanism through which it might exert this effect is described below.

Obsessive Passion

The etymological roots of the word passion lie in Medieval Latin, whereby it was attributed to the sufferings of Jesus or a martyr, and was later conceptualised as physical suffering and sinful desire (Farlex, 2008). However, these original meanings have been extended dramatically, such that passion is contemporaneously used in relation to a variety of phenomena, including aspects of romantic relationships, powerful emotions, and the underlying motivation for engaging in certain activities. For example, passion is used to describe a physiological experience, such as an

intense sexual encounter; an emotional state, such as a severe display of anger toward another person or thing; and it is used to explain a primary motivational force, such as the reasons for persistently pursuing a goal or objective.

Only recently has passion begun to be empirically explored. For example, passion conceptualised as passionate love in close relationships has been widely researched (e.g., Hatfield & Rapson, 2006; Lieberman & Hatfield, 2006; White, Fishbein & Rutstein, 1981). The relationship of passion to dependence (both positive and negative) (Glasser, 1976), creativity (Goertz, 2000), problem solving (Overskeid, 2000), consumerism (Belk, Ger & Askegaard, 2003), and driving (Marsh & Collet, 1987) has also been explored. Gaining increasing attention in social science research is the notion of passion for activities, which has been empirically defined by Vallerand and colleagues (2003). They recently developed a theoretical framework of passion that provides insights into the psychological mechanisms involved in pursuing and maintaining a particular activity of interest.

Within the framework, passion is defined as a strong inclination toward any activity one enjoys, finds important, or invests a significant amount of time and energy engaged in on a regular basis. Research has indicated energy expenditure, enjoyment and valuation are all associated with activity engagement and investment, thereby supporting such a definition (Deci, Eghrari, Patrick & Leone, 1994; Emmons, 1999). The framework itself is based on Self-Determination Theory (Ryan & Deci, 2000), which is a meta-theory explaining human motivation and the self-regulatory

processes underlying behavioural self-determination. Self-determination is defined as possessing “a sense of choice in initiating and regulating one's own actions” (Deci, Connell & Ryan, 1989, p. 580). SDT suggests the degree of self-determination underlying a behaviour results from how the behaviour has been internalised into an individual’s self-concept. Internalisation is a process whereby an individual endorses externally regulated structures (i.e., personal values, attitudes, beliefs), and thus changes them to internally regulated structures (Gagne & Deci, 2005).

In line with Self-Determination Theory, Vallerand et al (2003) proposed passion can be categorised into two theoretically distinct types - harmonious and obsessive - according to whether an activity is internalised into an individuals’ self-concept in an autonomous or controlled way. A controlled internalisation results in behaviour that lacks self-determination, as either tangible (i.e., money) and/or intangible (i.e., self-esteem) contingencies regulate behavioural engagement. In this sense, behavioural engagement is not determined by its value, importance or enjoyment, but rather by the gaining of the specific contingencies associated with engagement.

In contrast, an autonomous internalisation results in behaviour that is largely self-determined, whereby neither tangible nor intangible contingencies regulate behavioural engagement. Rather, behaviour is engaged due to the value, importance or enjoyment associated with doing so. At the individual level, the term autonomy is typically regarded as synonymous with an independent self-construal, where the self is perceived as distinct and defined in terms of unique attributes, traits, and abilities (Harrington & Liu, 2002; Markus & Kitayama, 1994). While at the cultural level,

autonomy is regarded as being synonymous with individualism (Singelis, Bond, Sharkey, & Siu Yiu Lai, 1999; Tassell, 2004). Within SDT however, autonomy is not characterised by uniqueness and independence from others, but instead reflects congruence between actions and values, which enables the endorsement of behaviour at the “highest level of reflective capacity” (Deci & Vansteenkiste, 2004, p. 25).

Therefore, the autonomous internalisation underlying the passion for activities construct results in behaviour being endorsed at this level also. When an activity is internalised in this way, it leads to the development of a *harmonious passion*. With this type of passion, activities are chosen freely and personally endorsed by the individual and are often congruent with values, beliefs and self-concept. In this sense, the specific activities form an important and significant aspect of the self. External contingencies such as self-worth, self-esteem or tangible commodities, are not attached to the activity, and engagement is self-motivated and self-determined (Mageau, Vallerand, Rosseau, Ratelle, & Provencher, 2005; Rosseau, Vallerand, Ratelle, Mageau, & Provencher, 2002; ~~Seguin~~-Levesque, Laliberte, Pelletier, Blanchard, & Vallerand, 2003; Vallerand et al., 2003)

In contrast, when activity engagement is not self-determined and in conflict or incongruent with an individual’s values, controlled internalisation of the activity into one’s self-concept will occur (Vallerand et al., 2003). This in turn, will lead to the development of an *obsessive passion*. Internalisation that is controlled suggests behaviour is engaged because of the perceived contingencies, such as tangible

rewards or self-esteem, associated with behaviour and its consequential engagement (Gagne & Deci, 2005). Such internalisation in turn, creates an internal pressure to obtain the contingencies (Mageau et al., 2005; Rosseau et al., 2002; ~~Seguin-~~Levesque et al., 2003; Vallerand et al., 2003). For example, within the voluntary sector, individuals may have an internal desire to feel good by doing something perceived as worthwhile, and it is this desire that is contingent on engaging in some form of voluntary work. The internal pressure to fulfil the desire eventually becomes uncontrollable, thereby propelling engagement in a particular voluntary activity and its associated tasks.

While it might be argued that obsessive passion is similar to the controlled forms of SDT motivation, they are not identical constructs and can be differentiated. Specifically, obsessive passion results from a controlled internalisation of an activity into an individuals' self concept, whereby external contingencies propel engagement. Therefore, obsessive passion may be likened to the more controlled forms of SDT motivation. However, according to the passion for activities framework, obsessive passion suggests an activity is engaged because it is enjoyed *and* valued. In contrast, with the controlled forms of SDT motivation, an activity is neither enjoyed nor valued, but rather engaged due to the possibility of obtaining external contingencies.

Therefore, a fundamental difference between harmonious and obsessive passion and the SDT forms of motivation relates to both internalisation and the enjoyment/value associated with the activity (Amiot, Vallerand, & Blanchard, 2006). Consequently,

while SDT underpins the passion for activities framework and thus the obsessive passion construct does share similarities with the controlled forms of SDT motivation, there are differences inherent to the constructs. In this respect, they are conceptually distinct and explain different phenomena in relation to activity engagement.

However, as with the more controlled forms of SDT motivation, adverse consequences are also associated with an obsessive passion. Because of the internal pressure associated with obsessive passion, activity engagement becomes inflexible and pressured, thereby preventing full absorption and concentration by the individual. Such compelled engagement means it is impossible to fully disengage from thoughts about the activity, and the individual is unable to concentrate and absorb other activities in a holistic way. This causes conflict with other life domains, as they become neglected to accommodate the passionate activity (Mageau et al., 2005; Rosseau et al., 2002; ~~Seguin~~Levesque et al., 2003; Vallerand et al., 2003).

Consequently, obsessive passion results in largely negative consequences for the individual, and several studies provide support for this contention. For example, Vallerand et al (2003) assessed whether obsessive passion is involved in rigid persistence, leading to self-destructive gambling behaviour. Findings indicated passion was significantly related to both gambling involvement and gambling frequency. In particular, significantly higher levels of obsessive passion were observed for severe gamblers (those pursuing wealth) in comparison to regular

gamblers (those pursuing entertainment). Similarly, findings from a study by Rosseau et al (2002) showed obsessive passion was associated with negative contingencies, such as heavy and frequent gambling of large amounts of money over a long duration.

Ratelle et al (2004) sought to investigate the associations between obsessive passion and the cognitive, affective and behavioural consequences of gambling dependence. Findings indicated an obsessive passion for gambling was positively associated with high levels of problem gambling, and held positive relationships with the negative consequences of gambling dependence, and negative relationships with the positive consequences of gambling non-dependence.

Vallerand et al (2003) investigated motivational persistence to engage in an activity (i.e., cycling), irrespective of consequences to personal well-being. As predicted, findings indicated individuals with an obsessive passion for cycling tended to rigidly persist with the activity, despite circumstances indicating that doing so would be detrimental to personal safety. Other studies indicate obsessive passion shares relationships with lower levels of adjustment and self-determination (Seguin-
Levesque et al., 2003), and increased negative affect (Mageau et al., 2005).

The combination of such studies indicates the non-autonomous internalisation characteristic of obsessive passion, leads to persistent engagement in an activity, despite the negative consequences associated with doing so. This in turn, may serve

as a catalyst for the continuation of a variety of self-destructive behaviours, including those characteristic of burnout. Therefore, an obsessive passion for humanitarian work might explain why some humanitarian workers develop burnout when continually exposed to the stressors inherent to humanitarian work. With this and the aforementioned arguments in mind, a number of assumptions regarding the role of obsessive passion in the development of burnout in humanitarian workers can be made.

Humanitarian Workers, Obsessive Passion and the Development of Burnout

As suggested earlier, an obsessive passion for humanitarian work results from a non-autonomous (controlled) internalisation of the activity into the workers' self-concept. In this sense, certain contingencies (e.g., self-esteem, feelings of worth, self-enhancement) are associated with engaging in humanitarian work, and it is the contingencies which create an internal pressure that compels engagement in such work. Irrespective of how humanitarian work is experienced (e.g., stressful, un-enjoyable, etc.), the internal pressure to obtain contingencies compels engagement, despite the personal consequences of doing so. Therefore, it is on this basis several links between obsessive passion and burnout in humanitarian workers, are suggested.

Firstly, previous research (e.g., McManus et al., 2004; Uskun et al., 2005) indicates only some individuals exposed to work stressors develop burnout, while others do not. Based on this, a suggestion is individuals who develop burnout perceive features of their work as stressful, while individuals who do not perceive those same features

as stressful do not develop burnout. Indeed, research has indicated autonomously self-determined individuals perceive work environments as low in stress, and are significantly less likely to develop burnout. By comparison, individuals with a lack of autonomous self-determination perceive work environments as stressful, and are more likely to develop burnout (Leveille, Blais & Hess, 2003). Additionally, research suggests obsessive passion is related to a variety of adverse cognitive, emotional and psychological effects. Specifically, studies examining the consequences associated with obsessive passion reveal feelings of conflict (Seguin-Levesque et al., 2003), stress (Blanchard, 1999) and depression (Rousseau, Vallerand, LeMartret, & Clark, 1999), are typically experienced during activity engagement.

Therefore, as an extrapolation from these previous studies, an assumption is individuals with an obsessive passion for humanitarian work, who thus have characteristically low self-determination, are likely to also suffer adverse effects to psychological well-being and perceive the rigours involved in undertaking such work as stressful, depressing and conflictual. For example, the experience of witnessing other human-beings being displaced, not having enough food, and falling ill from preventable diseases may induce a high degree of stress and depression. At the same time, these experiences may also cause an internal conflict that arises as a result of the perceived injustice between the situation of the humanitarian population and other populations (i.e., such as those in industrialised nations). We propose that over an extended period of time, it is negative *perceptions* such as these that are

associated with humanitarian work engagement, which cause the work to be experienced as stressful. As a consequence, it is the cumulative effect of the stress arising from these negative perceptions that, in turn, is likely to foster the development of burnout in some workers.

Secondly, as previously mentioned obsessive passion may lead to rigid persistence in activities, despite the negative consequences associated with doing so (Vallerand et al., 2003; Rosseau et al., 2002). Such rigid persistence is facilitated by the uncontrollable desire to alleviate internal pressure and obtain contingencies. For example, individuals may have an internal desire to gain self-worth by engaging in employment perceived as worthwhile, and it is the attainment of this desire that is contingent on engaging in some form of humanitarian work. The internal pressure to gain self-worth eventually becomes uncontrollable, thereby propelling engagement in such work, irrespective of any negative consequences associated with doing so. This psychological process could be responsible, and consequently provide an explanation, for the emotional exhaustion experienced by humanitarian workers suffering burnout.

Specifically, burnout is a consequence of individuals maintaining negative perceptions of work over an extended period of time. Previous research indicates an obsessive passion results in adverse psychological, cognitive and emotional consequences. We argue individuals with an obsessive passion for humanitarian work also suffer such adverse effects, which manifest as work being perceived as

stressful, depressing and conflictual. Therefore, due to the internal pressure propelling engagement in humanitarian work, individuals with an obsessive passion are likely to rigidly persist with such engagement, irrespective of these negative perceptions (i.e., stress, depression). Over a period of time, this will be emotionally and cognitively draining, and result in the sense of emotional overextension and exhaustion typical of burnout.

Thirdly, an obsessive passion implies a non-autonomous internalisation of an activity, such as humanitarian work, into one's self-concept. This in turn, suggests such work is in conflict or incongruent with an individual's identity, and as such is not an essential aspect of the self. For example, according to the basic premise of SDT that underlies obsessive passion, any behaviour internalised in a non-autonomous way has some contingencies attached to it. In this respect, the behaviour is not representative of a valued and important aspect of self-identity (i.e., is not related to personal values, beliefs, or moral codes), but rather represents a means for obtaining some need (i.e., such as self-esteem, recognition). It is this lack of congruence that may explain a further contribution of obsessive passion to burnout development.

Specifically, research indicates individuals with personal identities incongruent with their occupation, are likely to experience decreased engagement (i.e., lack of personal responsibility and commitment) when work conditions are adverse (Britt, 1999, 2003). Given the conditions of humanitarian work are typically volatile,

workers with an obsessive passion are also likely to experience decreased work engagement. For example, in humanitarian settings workers must typically work for ill-defined periods and in conditions devoid of structure, organisation and security. Furthermore, the type of work involved in such settings is often labour intensive and physically, emotionally and psychologically taxing. The prolonged exposure to these adverse occupational and personal conditions facilitates decreased feelings of responsibility for and commitment to the humanitarian population, resulting in the depersonalisation characteristic of burnout, and thus decreased committed engagement to this type of work.

Finally, the non-autonomous internalisation characteristic of obsessive passion suggests incongruence with identity and also a lack of self-determination with regard to activity engagement. This incongruence and perceived lack of determination over one's destiny may result in adverse cognitive and affective outcomes (Mageau et al., 2005; [Seguin-Levesque et al., 2003](#); Vallerand et al., 2003). Similar adverse outcomes may be experienced by individuals with an obsessive passion for humanitarian work.

Specifically, the internal lack of self-determination and control means humanitarian work is propelled by the desire to obtain contingencies such as self-worth, as opposed to being engaged due to the work being reflective of one's values, beliefs, capabilities and self-concept. Because humanitarian work is not truly reflective of the self, the individual will feel a perceived lack of effectiveness, efficacy and

competence when engaged in the work; and it is these perceptions that are characteristic of the diminished personal accomplishment associated with burnout. Indeed, studies have indicated the burnout syndrome shares highly significant negative associations with self-image (Jeanneau & Armelius, 2000), suggesting individuals with negative self-perceptions are more likely to suffer burnout, and thus providing support for our assumption.

Conclusion

Burnout is a serious syndrome experienced by humanitarian workers, which affects their ability to function effectively and jeopardises the provision of quality assistance to humanitarian recipients (Leiter, Harvie, & Frizzell, 1998). This in turn, increases the already burdened workloads of other workers and creates higher exposure to situational stressors. Consequently, the unity and effective functioning of the entire humanitarian team is compromised (Antares Foundation, 2006), when workers develop burnout. Clearly then, the impact of burnout on humanitarian workers cannot be understated, nor can it be ignored.

From its inception, burnout was believed to develop as a direct result of engagement in human services work. However, the concept of passion provides an alternative explanation for burnout in humanitarian workers, by suggesting it is not engagement in humanitarian work per se that is responsible for the development of the burnout syndrome. Rather, it may be the development of an obsessive passion, which creates

an internal pressure to engage in such work despite the potential negative consequences of doing so, and this serves as the catalyst for burnout development.

The relevance of obsessive passion to burnout in humanitarian workers should be further explored, both theoretically and empirically. A number of avenues are available for further investigation. For example, retrospective empirical studies involving individuals who have previously suffered from burnout while deployed to humanitarian settings, could examine whether some of the psychological factors characteristic of obsessive passion were salient in the development of the syndrome. Although retrospective self-report investigations have their own inherent biases, they would provide useful initial empirical insights into the relevance of obsessive passion to burnout development.

Previous research has investigated the involvement of obsessive passion in heavy, frequent gambling over an extended period of time (Rosseau et al., 2002) and persistence to engage in an activity irrespective of consequences to personal well-being (Vallerand et al., 2003), thereby suggesting obsessive passion is involved in behaviour that is self-destructive and involves a high degree of risk (whether physical, financial, emotional, social). Research with humanitarian populations suggests risk-taking behaviour is common among workers after prolonged periods of stress (Salama, 1999). Therefore, other areas of investigation could include studies designed to examine the relationship of obsessive passion to risk-taking behaviour,

which would be useful for informing whether such behaviour is a pre-cursor to burnout development.

Self-Determination Theory (SDT) proposes controlled internalisation can vary according to the extent to which certain values associated with the internalised behaviour are perceived as important to the self, and that this can motivate behaviour in different ways. Such motivational differences have been related to a variety of outcomes including well-being (Deci, Ryan, Gagne, Leone, Usunov, & Kornazheva, 2001) and work participation and readiness (Kasser, Davey, & Ryan, 1992; Ilardi, Leone, Kasser, & Ryan, 1993). Given SDT underlies the construct of obsessive passion, it is reasonable to assume the controlled internalisation characteristic of obsessive passion may also vary in this way, and have implications for well-being and work-related factors. Therefore, future theoretical explorations may examine whether the obsessive passion construct has varying degrees of internalisation, and whether these in turn have differential outcomes with regard to burnout development.

Theoretical extensions and empirical findings such as these that support the involvement of obsessive passion in the development of burnout, will not only provide an alternative explanation of how burnout develops, but could also be used to advance evidence-based preventative and curative strategies, aimed at combating burnout within humanitarian work specifically, and human service professions in general. For example, strategies could be developed to identify areas of work

congruent with workers self-identity, thus enabling workers to engage in areas of the humanitarian and human service profession that ensure congruence with personal concepts, while still enabling a sense of worthiness regarding one's work. This will have the concomitant effect of reducing some of the previously discussed adverse consequences of controlled and incongruent behavioural engagement (which characterise an obsessive passion), and thus reduce the likelihood of burnout developing. The benefits for both the individual worker and the employment organisation could be numerous, and include reduced sicknesses and absences, increased work satisfaction and productivity, and enhanced worker relationships. Inevitably, service recipients are also likely to be positively impacted by such benefits.

Clearly then, the relationship of obsessive passion to burnout is theoretically stimulating, and could prove a potentially fruitful area of empirical investigation. If found to provide an adequate explanation for the development of the burnout syndrome, it could prove the catalyst for a variety of beneficial outcomes, not only within the realm of humanitarian work, but also across a number of other human service and health-related professions.

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