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Social dimension of work organization: its impact on burnout syndrome[1]

Dimensión social de la organización del trabajo: su incidencia en el síndrome de burnout

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Abstract

Burnout Syndrome is classified in Colombia as an occupational disease. However, its diagnosis and treatment remain unclear, mainly because organizations tend to identify burnout through individual factors and fail to modify the underlying conditions of work organization—particularly power relations and hierarchical structures. The purpose of this study was to examine the extent to which the social dimension of work organization influences the emergence and development of Burnout Syndrome. Method: Testimonial

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I hereby certify that this is a true, complete and correct translation from the original document I had in sight. JOSÉ F. JARAMILLO SANINT. Official certified translator and interpreter for the English-Spanish-English languages, according to Resolution No. 0499 issued by the Colombian Ministry of Justice.

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accounts obtained through in-depth interviews with individuals who had experienced this syndrome were analyzed using a qualitative approach, emphasizing the mental and physical health impacts that burnout caused in each participant. Results: Emotional exhaustion manifested through continuous fatigue, apathy, distress, among other symptoms. Conclusion: As long as the social dimension of work organization remains unchanged, burnout and the disabling suffering it generates will persist.

Keywords

Burnout Syndrome; Work Organization; Social Dimension of Work Organization; Occupational Disease.

Resumen

El *Síndrome de Burnout* es catalogado como una enfermedad laboral en Colombia, sin embargo, no hay claridad sobre su diagnóstico y tratamiento, fundamentalmente, porque las empresas lo identifican a partir de factores individuales y no modifican las condiciones de la organización del trabajo, especialmente las relaciones de poder y de jerarquía. **El objetivo** de la investigación fue identificar la incidencia que tiene la dimensión social de la organización del trabajo en la generación y el desarrollo del Síndrome de Burnout. **Método:** el análisis de testimonios logrados por medio de entrevistas en profundidad, a personas que padecieron este síndrome, se diseñó con enfoque cualitativo haciendo énfasis en el impacto sobre la salud mental y física que el burnout causó en cada una ellas. **Resultados:** el agotamiento emocional se observó en aspectos como cansancio continuo, pereza, y angustia entre otros. **Conclusión:** mientras que la dimensión social de la organización del trabajo permanezca intacta, el burnout y el sufrimiento invalidante en las personas se mantiene.

Palabras clave

Síndrome de Burnout; Organización del trabajo; Dimensión social de la-organización del trabajo; Enfermedad laboral; Salud mental; Enfermedad laboral.

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Introduction

Burnout is the Anglicism used globally to refer to a cluster of pathological symptoms caused by work demands that threaten the mental and physical health of certain workers (Freudenberger, 1974). It emerges as a prolonged response to chronic emotional and interpersonal stressors in the workplace (Maslach & Leiter, 2016). In Colombia, national regulations on occupational illnesses refer to it as the "Professional Exhaustion Syndrome" and assign it the ICD-10 code *Z73.0* (Presidency of the Republic of Colombia, 2014, Decree 1477, Article 1). Scholars (Maslach et al., 2001; Maslach & Jackson, 1981; Kirouac, 2007, 2015) emphasize that burnout arises primarily from work-related factors rather than from individual worker characteristics.

Therefore, understanding burnout requires examining both the technical and social dimensions of work organization. While the technical dimension has been widely documented as a source of occupational risk (Presidency of the Republic of Colombia, 2014, Decree 1477, Article 1; Loaiza & Peña, 2013; Maslach & Leiter, 2016), the social dimension has received far less scholarly attention.

The technical dimension of work organization refers to the specific characteristics of the tasks themselves. In contrast, the social dimension fundamentally concerns power relations. Mintzberg (1979), one of the principal scholars in organizational analysis, argues that these dynamics become especially visible in organizations structured as "mechanistic bureaucracies", in which both the division of labor (technical dimension) and the distribution of power relations (social dimension) can be clearly identified.

Recent research in Colombia has focused largely on professionals in the healthcare, social services, and education sectors, confirming the prevalence of burnout in these fields, as suggested by early studies on the syndrome. A review of the specialized literature reveals the scarcity of research centered on workers formally diagnosed with Burnout Syndrome as an occupational disease. Most studies instead assess the prevalence of burnout within specific populations using the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981).

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Kirouac (2007, 2015) has been particularly critical of this trend, noting that global research on burnout has predominantly adopted medicalized approaches—what he describes as a "psychologizing" and even "individualizing" framework—that fails to account for the direct influence of work organization on workers' lived experience.

It is therefore necessary to understand the relationship between Burnout Syndrome and the social dimension of work organization in order to highlight some of the factors that may contribute to this syndrome and to broaden its overall understanding. This approach shifts the focus beyond individual worker conditions or the technical aspects inherent to the job, and toward other elements that are equally relevant for organizational leadership and management. In doing so, an opportunity emerges to interrogate the key components of the social dimension of contemporary work organization and their impact on workers' mental and physical well-being.

Accordingly, the purpose of this study was to identify the principal elements of the social dimension of work organization that influence the emergence and development of Burnout Syndrome. To achieve this, we first outline the theoretical notion of burnout and examine how this syndrome is diagnosed as an occupational disease in Colombia; next, we describe the organization of work in both its social and technical dimensions; finally, we present the analysis of testimonial accounts from individuals diagnosed with Burnout Syndrome and discuss the impact of the social organization of work on their mental and physical health.

Theoretical Framework

Burnout Syndrome

Research on Burnout Syndrome has developed over the past half-century. In 1974, Herbert Freudenberger was the first to use the term *burnout* to describe a particular form of work-related fatigue he observed among a group of workers. These individuals showed loss of energy, demotivation, exhaustion, and lack of interest in their work after a service period of one to three years (Carlin & Garcés de los Fayos, 2010).

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Thus emerged the first hypotheses about burnout, which assert that individuals who experience it display reduced sensitivity and empathy toward service users, as well as distant and cynical interactions with others in the workplace, in addition to various individual health manifestations. Freudenberger (1974) notes that burnout is expressed physically through symptoms such as headaches, insomnia, and extreme fatigue, and behaviorally through irritability, paranoia, and symptoms similar to depression and anxiety.

According to this author, burnout is a syndrome that, beyond work-related exhaustion, also leads to deterioration in the physical and mental health of the affected individual. Freudenberger (1974) defines it as a "sense of failure and an exhausted or depleted existence resulting from excessive demands on the worker's energy, personal resources, or spiritual strength" (Carlin & Garcés de los Fayos, 2010, p. 170). In his seminal text, he provides the following definition:

> The dictionary defines the verb 'burnout' as 'to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources.' And that is exactly what happens when a staff member of an alternative institution becomes burned out for whatever reason and becomes, for all intents and purposes, inoperative. (Freudenberger, 1974, p. 159)

These early contributions opened the door to further inquiry into the syndrome. Years later, Maslach and Jackson (1981) became interested in studying burnout and described it as a gradual process characterized by a loss of personal responsibility, cynical detachment from colleagues, and dissatisfaction with work accomplishments (Carlin & Garcés de los Fayos, 2010). This initial contribution by Maslach (Maslach & Jackson, 1981) aligns with Freudenberger's (1974) view that burnout affects workers and is directly related to the activities carried out in the workplace.

Building on this conceptualization, in 1981 Maslach and Jackson developed a scale to identify aspects of burnout among professionals. El Sahili (2015) explains that the Maslach Burnout Inventory (MBI) was created to measure burnout across three dimensions: emotional exhaustion, cynicism, and reduced personal accomplishment—an approach that was widely accepted by the scientific community from the outset. Since then, the Maslach Burnout Inventory has become the most widely used instrument for identifying this condition among workers.

In an interview with Juárez (2014), Maslach states that burnout arises primarily from work-related causes rather than from any pathology inherent to the worker. She argues that when organizations fail to acknowledge the human dimension of work, a misalignment develops between the job and the individual, increasing the likelihood of experiencing burnout. She also emphasizes that burnout is not a personal problem but rather a consequence of the work environment, which exposes individuals to constant stressors. These assertions reaffirm that burnout is caused by the conditions in which the worker is compelled to operate, not by an individual health condition.

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Consequently, burnout may appear when individuals experience prolonged exposure to stressors, which is why many people associate it with stress. However, Maslach (2014) contends that burnout is different: it begins with a reduction in enthusiasm for one's work, followed by apathy toward one's tasks (expressed as cynicism), which in turn affects the individual emotionally. Stress, on the other hand, manifests primarily through physiological deterioration (Juárez, 2014). Based on this distinction, burnout can be characterized as a long-term outcome, whereas stress constitutes a more immediate physiological reaction.

According to Gómez and Escobar (2002), the term *stress* refers to conditions that disrupt physiological or psychological homeostasis and are perceived by the organism as aggressive. These authors indicate that the immediate response to stress includes physiological components such as increased energy, greater oxygen intake, fluctuations in body temperature, and inhibition of bodily systems not actively involved in responding to the stressor.

In Colombia, the 2014 protocol for determining the origin of pathologies derived from stress describes the following criteria for diagnosing the syndrome:

> "To determine the origin of burnout—characterized by the presence of emotional exhaustion, depersonalization, and reduced personal accomplishment—the diagnosis must conform to established descriptive criteria documented by international scientific authorities (currently based on the ICD-10 definition)" (p. 19).

The protocol refers specifically to the code Z73.0 – Professional Exhaustion Syndrome.

The understanding of Burnout Syndrome is further enriched by the contributions of Kirouac (2007, 2015), who approaches burnout from a social rather than a therapeutic perspective. His work draws on Alain Ehrenberg (1991, 1995, 2000), known for his studies on fatigue, who proposes examining the relationship between the factors that give rise to burnout and the structural social order of the organization—particularly domination practices within work administration.

Kirouac's (2007, 2015) contributions emerge at the turn of the millennium, a period marked by increasing diagnoses and scholarly interest in burnout. Both Kirouac and Ehrenberg (1991, 1995, 2000) argue that burnout may be understood as a symptom of contemporary society, a time in which the stabilizing functions traditionally provided by socializing agencies—such as the State, religion, the firm, the family, and the school—have been losing their effectiveness, generating what Ehrenberg (2000) refers to as a profound "existential fatigue" among individuals.

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The proposal advanced by these authors is that this phenomenon can be addressed through changes in the organization of work. Kirouac (2007) concludes that individuals experiencing burnout see a significant improvement in their health as soon as they are removed from their work activities.

The Social Dimension of Work Organization

The division of social labor is a sociological concept present since the earliest theoretical contributions of the founders of sociology as a scientific discipline. Thinkers such as Comte (1852), Tocqueville (1840), and Marx (1867), among others, were deeply engaged with this category. Indeed, Durkheim's (1893) work—one of the "founding fathers" of sociology—is grounded in this very notion, as indicated by the title of his doctoral dissertation.[2]2

However, this concept should not be confused with the sociological notion of the "organization of work." Taylorism, Fordism, and Toyotism refer to particular configurations of work organization (Coriat, 2000). The organization of work, as will be discussed shortly, has been analyzed by industrial sociologists in terms of its two dimensions: a technical dimension and a social dimension. To contextualize the research problem, we provide a brief genealogy of the theoretical category known as the "social dimension of work organization."

Inspired by the article "Pin" from Diderot's *Encyclopedia* (1755), Adam Smith (1981) articulated, two decades later, in the first chapter of *The Wealth of Nations*, the advantages of the division of labor. According to Smith (1981), just as the production of pins could be improved by dividing the process into eighteen different operations (drawing the wire from the spool, straightening it, cutting it, attaching the head, whitening it, etc.), "in every art and manufacture the division of labor as far as possible naturally gives rise to a proportional increase in the productive powers of labor" (pp. 14–15). Although this fragmentation of labor shocked notable thinkers and industrialists of the time, who considered it degrading (Lémontey, 1801; Comte, 1852; Sismondi, 1803; Tocqueville, 1840), Smith's ideas ultimately became adapted to the manufacturing industries and served as the theoretical foundation for political economy as it later developed.

2 [2] Originally published in 1893, it was titled precisely: On the Division of Social Labor.

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A little over a century later, Frederick W. Taylor's doctrine (1919)—which asserted that management should command the knowledge and issue the directives while workers should obey and carry them out—established a model of organizing work that incorporated this version of labor division in the global manufacturing industry. Taylor (1919) named this model *scientific management*.

It is important to recognize that these refer to two distinct dimensions of work organization. One—found in both Smith's (1981) and Taylor's (1919) ideas—relates to the fragmentation of industrial activity into separate tasks executed by workers, that is, the technical dimension of work organization. The other dimension, central to Taylorian doctrine, concerns the social structure: one actor (management) commands, while another (the worker) obeys. This constitutes the social dimension of work organization.

It is precisely upon these two dimensions that European, particularly French, industrial sociology was built. The works of Friedmann (1946), Naville (1962), Touraine (1965), among others, are landmark contributions in this area. Scholars of Regulation Theory (Aglietta, 1976; Bélanger & Breton, 1992) also examined these dimensions. Likewise, authors of the psychodynamics of work, such as Dejours (1988, 2020) and his successors, as well as those in clinical sociology such as Aubert and Gaulejac (1991), engaged deeply with explanations of workers' lived experiences, placing work organization as a central conceptual tool.

According to these authors, this central concept cannot be treated as something pre-given, as if it were a preexisting datum or a fixed noun. On the contrary, organizing work is an action, and directing it constitutes power. Dejours (1988) defines work organization as the distribution of task content, work pace, the criteria by which functions are assigned to workers in relation to one another, and labor relations.[3]3

Thus, in this study, the *social dimension of work organization* is understood as everything related to the distribution of power relations established in the workplace—both between supervisors and their subordinates and among peers at the horizontal level. This social dimension is determined by the logic that governs the overall managerial direction of the organization (the managerial logic). It manifests at every hierarchical level, is embodied in those responsible for directing any type of organizational activity, and operates for subordinates as if it were a predetermined, taken-for-granted dimension.

3 [3]. Research on the social dimension of work organization is ongoing (see, for example: Bermúdez, 2017, 2020; Wikander, 2016; Kirouac, 2015).

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Method

The study was designed using a qualitative approach (Beaud, 2018; Galeano, 2021, 2012), which made it possible to understand the reasoning, lived experiences, and emotions expressed by individuals who had suffered from Burnout Syndrome, as well as the ways their health, work practices, and overall lives began to change. As is well known, this approach enables the examination of participants' experiences and perceptions through, for example, conversations guided by interviews.

Qualitative studies place particular emphasis on subjective and experiential elements; they privilege everyday and cultural aspects to understand the logic and meaning of social processes, since these processes are lived and produced by the actors themselves (Galeano, 2012). With this in mind, we found that this approach enabled an understanding of each participant's lived reality: their work environment, tasks, functions, position within the hierarchical structure, interactions in the workplace, and other aspects that allowed us to grasp how power relations at work contributed to the development of burnout.

More specifically, the study adopted a hermeneutic orientation. We drew inspiration from Gadamer's (1960/1993) efforts to establish the *Foundations of a Philosophical Hermeneutics*, particularly his elucidation of "the phenomenon of understanding and the correct interpretation of what is understood" (Gadamer, 1960/1993, p. 23). According to Muñoz (2002), hermeneutics is a dialogue with context, in which the goal is not to impose the researchers' arguments but to reveal possibilities according to the questions posed.

In this sense, through dialogue in the interviews, we sought to interpret the participants' narratives and thereby identify how power relations contributed to the onset of Burnout Syndrome. Special care was taken to guide the conversation in ways that facilitated spontaneous expression from participants, without steering their responses toward the researchers' conjectures.

Thus, through "non-directive interviews" (Beaud, 2018), we collected participants' testimonies, which allowed us to analyze the relationship between the two core categories of this study. Given the nature of the problem under investigation—and because our aim was to examine the phenomenon based on the lived experiences of individuals who had suffered from Burnout Syndrome, in alignment with the hermeneutic approach—the "in-depth interview" (Sierra, 2019; Beaud, 2018) was used as the data collection technique. This enabled us to elicit, interpret, and analyze participants' narratives. In this regard, interviews were conducted with eight individuals, each of whom participated in multiple sessions, as shown in Table 1.

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Table 1

Description of the Study Population

Participant	Sex	Burnout Syndrome Diagnosed By	How the Syndrome Was Identified	Number of Interviews
P1	Male	Occupational psychologist	The psychologist informed him that he was experiencing burnout based on the results of the psychosocial risk assessment conducted at the company where he worked.	2
P2	Female	Occupational Health and Safety (OHS) Professional	The OHS officer at her workplace informed her that she was suffering from burnout.	2
P3	Female	Private psychiatrist	A psychiatrist provided this diagnosis on the prescription form during her first consultation.	1
P4	Female	Human Resource Director	The human resource director at her workplace notified her that she was experiencing burnout.	2
P5	Female	Private psychiatrist	A psychiatrist informed her that she was suffering from this syndrome.	1
P6	Female	Psychiatrist and general practitioner	During a consultation with a general practitioner, she was told that her symptoms corresponded to burnout syndrome and was referred to psychiatry.	3
P7	Male	Internal medicine physician	He sought a consultation due to weight gain, but based on the symptoms he described, the physician informed him that he was suffering from the “burned-out man” syndrome.	1
P8	Female	Occupational psychologist	The psychologist from the occupational risk administrator applied the Maslach Inventory, in which she and several colleagues showed prevalence of burnout symptoms.	2

The information collected was analyzed using Textually Oriented Critical Discourse Analysis (TOCDA), as proposed by Norman Fairclough (1985, 2004; Fairclough & Fairclough, 2018), which focuses on the discursive representations of social manifestations. According to Fairclough, TOCDA enables discourse to be understood as social practice, given that language is an integral component of social processes and discourse is composed not only of linguistic elements but also of bodily, facial, and other communicative forms. Guided by this perspective, it was essential to examine textually what participants expressed, taking into account the intention behind their words, naturalness, naivety, emotional expression, and related aspects.

Beaud (2018) emphasizes that attentive listening to recordings and faithful transcription of interviews constitute “an impressive way to analyze and accelerate working hypotheses” (p. 210). Thus, when analyzing the interview transcripts, it was indispensable to account for pauses, silences, laughter, and other cues that provided insights into the lived experiences of the interviewees, ensuring that no valuable data contributing to a more comprehensive understanding of the phenomenon were lost.

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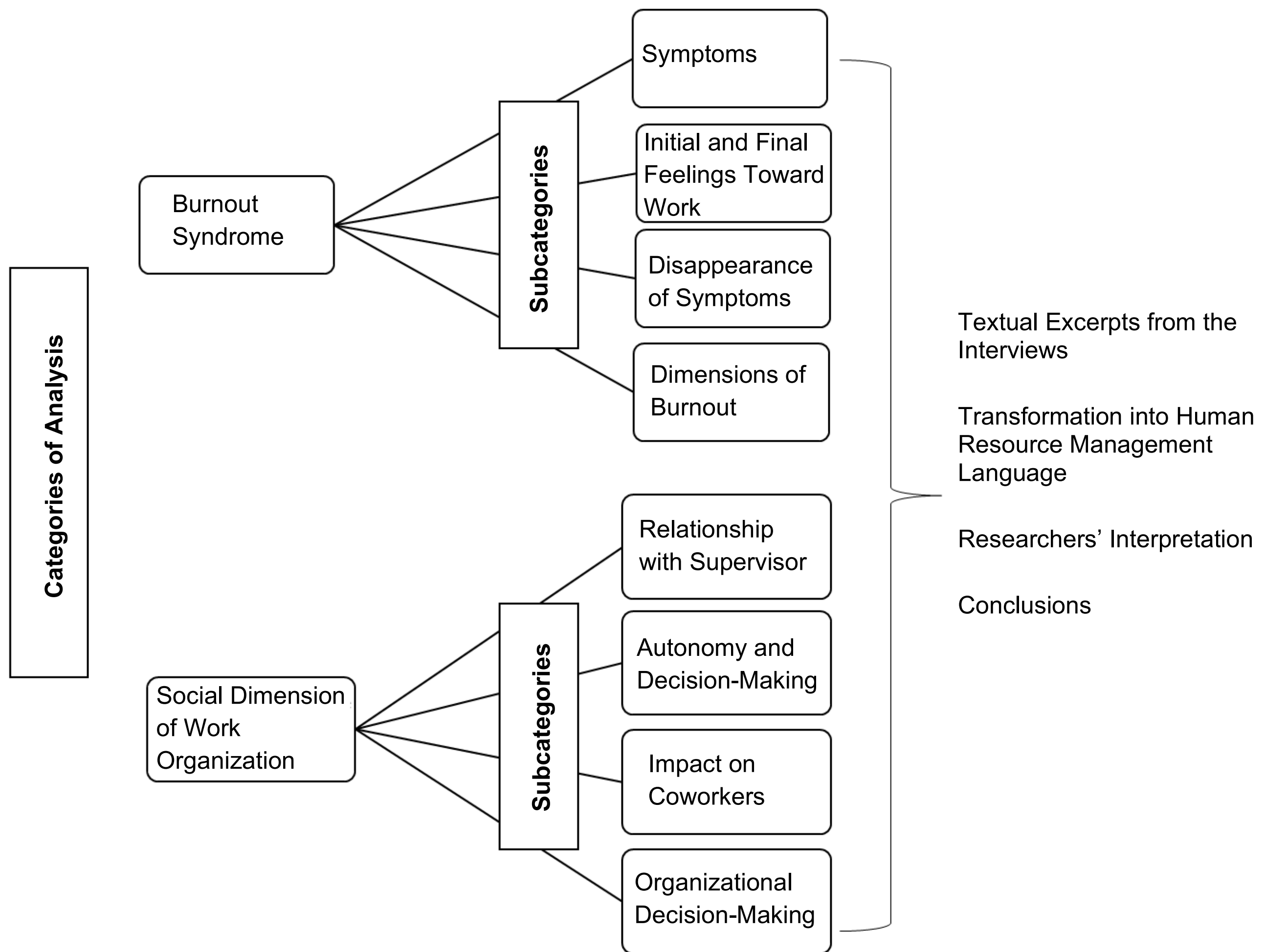
For the analysis of the interviews, we used the instrument proposed by De Castro et al. (2007), which was adapted as follows: (a) category of analysis; (b) emerging categories (or subcategories); (c) textual excerpts from the interviews; (d) transformation into human resource management language; (e) researchers' interpretation; and (f) conclusions. This instrument facilitated clarification of participants' expressions in relation to the theoretical findings of both categories; it also helped reduce researcher bias, guide interpretations, and determine conclusions.

Figure 1 presents the scheme used for analyzing the information collected.

Figure 1. *Interview Analysis Scheme (see attached figure)*



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Results And Discussion

Burnout Syndrome

The three dimensions of Burnout Syndrome (emotional exhaustion, reduced personal accomplishment, and cynicism) were clearly identified throughout the conversations with interviewees, with the first two being the most evident. Emotional exhaustion manifested through continuous fatigue, reluctance and distress about going to the workplace, recurrent thoughts about work even outside working hours, mood fluctuations, and difficulty concentrating. Reduced personal accomplishment appeared in feelings of low productivity, constant questioning of one's professional role, insecurity, and comparison with colleagues.

Two interviewees expressed the following. The first stated: “Psychologically, I think I experienced severe mental exhaustion; it was very hard for me to concentrate. Whenever I had to perform an activity or a task, it was difficult for me to organize and associate the steps I needed to follow.” The second explained: “Another symptom was feeling too reluctant to go to work every day. I kept asking myself, over and over: ‘Is this really what I want? Is this truly what I want to do?’”

Cynicism emerged in expressions of disinterest in job duties, skepticism, and lack of confidence in organizational strategies. One participant commented ironically: “I didn't believe anything they said… I didn't believe in any of their so-called strategies. I would say: ‘They're going to do this? Wow! It makes me laugh.’ So, I became very critical.”

Across all participants, physical symptoms, changes in health, and mood disturbances were also present. These symptoms align with the principal physical and behavioral indicators described by Freudenberger (1974), which reflect deterioration in the health of individuals suffering from burnout. This corresponds to what Kaës (2005) refers to as *disabling suffering*. The most common symptoms among participants included headaches, difficulty sleeping, gastritis, extreme fatigue, and irritability. These health conditions, although debilitating enough to hinder daily functioning, lack a biological etiology that medical professionals can verify through examinations. Recovery does not occur because the true underlying cause is not being addressed.

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One interviewee reported hair loss due to intense demands at work: "My hair started falling out, a lot; it was shocking—my hair was falling out from the stress." Other conditions emerged silently, without symptoms that individuals could clearly perceive:

> "It got to the point where, without realizing it, I began to suffer from anxiety, and basically I expressed it through eating… I didn't notice, I wasn't aware of it, but every time there was an argument, I would go out and eat something… during that year under those circumstances, I gained 17 kilos!"

These are the so-called *silent symptoms* that arise as a result of workplace conflict, tension, high workloads, and, above all, the inability to verbalize workplace dissatisfaction (Chanlat & Bédard, 1997), or objections that are not permitted to be voiced. The findings confirm Chanlat and Bédard's (1997) argument that organizational and managerial discourse privilege speed and efficiency in business processes at the expense of personal life, emotions, aspirations, and dreams—often resulting in mood disturbances, low motivation for work, and loss of both occupational and existential meaning.

Indeed, compromised family relationships were also very common among interviewees. Symptoms such as decreased sexual desire, irritability, extreme fatigue, mood instability, and loss of enjoyment in everyday activities naturally produced imbalance at home and in personal relationships. As Manrique et al. (2016) suggest, most managerial discourses and administrative ideologies privilege the notion of the *economic man*, a subject conceived solely in relation to work, disregarding personal history, individuality, and desire.

Additionally, it was found that most interviewees experienced a reduction of symptoms—or complete recovery—once they left their workplace, either through dismissal or resignation, making the prescribed medical treatment unnecessary. However, most considered ongoing therapeutic support essential to address remaining emotional effects. The following expressions illustrate their reflections upon leaving their organizations. One participant stated: "From the day they gave me the news, that night I slept like a baby… Honestly, I felt like a weight had been lifted off me—like an entire building had been removed from my shoulders."

Another participant stated: "About a month after leaving that job, I no longer had headaches, I slept well… I started losing weight… I felt completely different."

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A third interviewee affirmed:

> From the moment I stepped out of that organization, I never again had an episode like that. I recovered my mind, I recovered my memory, I began to grow as a teacher, I started discovering other skills I didn't know I had, and I stopped all psychiatric medication.

And another participant noted: "I'm doing great; I no longer know what it feels like for my body to react so aggressively. I don't even remember what it's like to set foot in a hospital."

These testimonies confirm the claims of both Maslach (Juárez, 2014) and Kirouac (2007): this syndrome is not a problem inherent to individuals but a consequence of the work environment, and health improves once the individual suffering from burnout is separated from their work activities. Nonetheless, companies perceive burnout as an individual condition and therefore intervene on the person rather than on the organization of work—neither on its technical dimension nor, even less, on its social dimension.

Across all interviews, it was evident that none of the organizations reviewed the situations reported by those experiencing these symptoms—situations that revealed communication styles, relationships with supervisors, patterns of decision-making, or abusive hierarchical distribution. These conditions negatively affected workers, the work environment, and the organization itself, since the absence of worker well-being affects performance, reduces productivity, and increases job dissatisfaction.

According to Lillo et al. (2014), inadequate management of psychosocial risks can generate high organizational costs due to increased absenteeism, higher rates of voluntary turnover, deterioration of organizational climate, civil or administrative sanctions, and damage to corporate reputation. These reasons demonstrate the necessity of focusing interventions on the work environment.

Interviewees also expressed a strong initial sense of satisfaction with belonging to their organization. Some reported that it had been a place where they envisioned the possibility of fulfilling many dreams and achieving professional realization by deploying their capabilities and expertise. However, these positive emotions gradually shifted and deteriorated due to declining relationships with supervisors or abrupt hierarchical changes, which triggered imbalances in their physical and mental health:

> It was a job where I was happy every day, motivated; the normal exhaustion from my tasks didn't matter. I would arrive feeling calm, and everything was wonderful — like a fairy tale. But like in every fairy tale… there is always a villain.

These accounts reveal the transition from pleasure to suffering at work and show how the absence of management of the social dimension of work organization can destabilize workers' health. Dejours (2020) argues that the increase in work-related mental pathologies is generated

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by certain organizational methods that destroy interpersonal ties and establish a "survival-of-the-fittest" logic (p. 3). For this reason, it is essential to recognize the social dimension of work organization as a fundamental element for safeguarding workers' mental health.

The Social Dimension of Work Organization

Findings showed that relationships with supervisors were highly significant for interviewees' work experience. Their testimonies described ongoing difficulties with their supervisors, problematic power relations, and tensions around organizational decision-making. The most frequent themes included limited or absent communication, lack of feedback, verbal mistreatment, insufficient support during changes, unclear job functions or objectives, sudden alterations in role scope without prior notice or justification, and lack of autonomy.

All participants reported a heavy workload; however, they unanimously emphasized that workload was *not* what triggered their symptoms. Instead, they recognized that difficulties in relationships with supervisors, changes in leadership, or shifts in organizational hierarchy were the true catalysts of their symptoms, their growing discomfort with work, and the deterioration of their health:

> "I felt the heavy workload during my time in that company; at some point, I always had to perform duties beyond what my role required. For more than four years I handled that perfectly. But when they started minimizing me, excluding me from certain things, etc., I think that didn't help my mood, and on top of that there really was a significant workload."

Thus, it becomes clear that the risk factor that triggered the symptoms was the set of relationships with supervisors, colleagues, and the hierarchy (the social dimension of work organization), and not the conditions of the task itself (the technical dimension)—the latter being the factor typically prioritized by organizations and by Colombia's Ministry of Labor Decree 1477 of 2014.

Another significant aspect that revealed the deterioration of supervisor–employee relationships was the restriction of autonomy regarding job functions and decision-making. This demonstrates that the social dimension of work organization can constitute persistent stressors for workers, leading to a decline in their health. In their study on psychosocial risks at work, Eurofound and EU-OSHA (2014) concluded that "autonomy can help individuals cope with the stressors to which they are exposed at work" (p. 39). Their findings show that allowing employees autonomy in their duties contributes to maintaining their health and well-being.

Organizational decisions made without considering their impact on individuals affect workers because they are directly tied to their opportunities for growth, the colleagues they must interact with, how their work is structured, and the scope of their role. Many of these decisions are not

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explained in a timely manner, generating feelings of frustration and dissatisfaction. Regarding these dynamics between power figures and employees, Cruz-Kronfly (2002) argues that the challenge in management should not be convincing business leaders to treat subordinates more humanely—yet the issue remains ever-present, as no argument seems sufficient to persuade supervisors of the need to reduce distance, recognize the other, and include employees in decision-making. According to the author, there seems to be an unconscious resistance among managers that leads them to perceive subordinates as an “other” who threatens their identity and power.

Additionally, several participants reported that many of their colleagues were also experiencing the same symptoms, stating that these were consequences of the supervisor’s leadership style. In this regard, El Sahili (2015) notes that burnout can be contagious, in that the emotions of those experiencing it affect those around them; emotions are not hidden—they are communicated and spread within the organization. This shows that a leader’s behavior can positively influence the entire team or contaminate them emotionally.

Complaints among coworkers about the work environment, fear of the supervisor, and the lack of organizational intervention in these situations were recurring themes in interviewees’ descriptions. They emphasized that this was not an individual issue but a set of conditions affecting the entire team. One participant described:

> Remember that I told you about the modus operandi of frustrating a person… It was something like annulling them; that had happened before. At any given moment, someone always had to be in the eye of the storm.

Such conditions generate widespread discomfort and exhaustion within work groups, triggering fear, rumors, and a generally tense work environment. Employees fear being dismissed, “minimized,” or stigmatized. These conditions are also detrimental to organizations, as workers lack the energy to focus on their tasks and productivity is likely to decline.

Analysis of the testimonies revealed a direct relationship between the social dimension of work organization and the development of burnout syndrome. When workplace relationships lack adequate communication, recognition, clear explanations of objectives, and respectful treatment—among other essential characteristics—employees begin to experience emotional exhaustion, depersonalization or cynicism, and reduced personal accomplishment. These, in turn, generate negative consequences in their professional, family, and personal environments and ultimately affect their physical and mental health.

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Conclusions

The study analyzed the principal elements of the social dimension of work organization that influence the emergence and development of burnout syndrome, emphasizing not only individual worker conditions or the technical aspects of work, but particularly the distribution of power relations in the workplace.

Findings show that although burnout is formally recognized by Colombian legislation (Presidency of the Republic of Colombia, 2014, Decree 1477, Article 1) as an occupational disease, the organizations employing the participants attributed the cause to individual conditions. As a result, some organizations conducted no intervention, while others implemented activities directed at workers, such as training sessions or health promotion strategies. However, these interventions failed to provide solutions for either the organization or the employee. In fact, they contributed to the resignation of several affected individuals.

Although task content and working conditions are associated with burnout syndrome as risk factors, this was not what triggered symptoms. According to participants, they were "used to working hard"; the onset of irregularities in their health occurred after changes in leadership style, supervisory relationships, or hierarchical structures. This insight is highly valuable for human resource management, as it suggests that organizations can prevent worker illness by paying closer attention to how leaders communicate and relate to others, promoting humane treatment at all levels, and reducing the distance and power differential between managers and subordinates (Cruz-Kronfly, 2002).

Physical and emotional symptoms significantly contributed to the deterioration of participants' health and their family and personal relationships. These circumstances make coping with burnout more difficult, as support from loved ones is essential for recovery. These consequences also affect organizations by producing employees with high absenteeism, job dissatisfaction, and low productivity.

Furthermore, the testimonies showing clear improvement in symptoms after leaving their workplaces—or even being medically discharged from long-standing treatments—corroborate Kirouac's (2007) thesis: an individual affected by burnout experiences substantial improvement in their health once separated from work activities. This also reinforces the idea that intervention must focus on the organization of work rather than on the individual conditions of the worker.

The study found that the individuals examined were treated for their physical symptoms—insomnia, gastritis, migraines, facial paralysis, obesity—as well as their emotional symptoms, often with antidepressant medication. However, they sensed that this was not the true underlying

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issue, as their conditions did not improve despite consulting multiple physicians and having their medication dosages increased. These inadequate diagnoses continue to frame Burnout Syndrome as an individual condition, ignoring the direct influence that work organization can have on the worker's lived experience.

The studies on Burnout Syndrome in Colombia reviewed for this research indicate that most were conducted using the Maslach Burnout Inventory, which assesses the prevalence level of symptoms but is not used as a diagnostic tool by medical professionals. This allows us to infer that medical diagnoses may be scarce in the country despite burnout's official recognition as an occupational disease.

Future research could examine how Burnout Syndrome is diagnosed and which diagnostic instruments are used. Additionally, studies could further explore how human resource management processes identify, promote, and develop leadership characteristics that serve as protective factors for workers. In short: greater attention should be given to the social dimension of work organization.

Conflict Of Interest

The authors declare no personal, institutional, or commercial conflict of interest of any kind.

Authorship Note

Principal Investigator: Héctor L. Bermúdez. Contributions: problem formulation, development of the theoretical framework, construction of the methodological design, participation in fieldwork, and drafting and revision of the final manuscript. Diana Marcela Benjumea Calderón: co-investigator. Contributions: development of the theoretical framework, application of the methodological approach, participation in fieldwork, and drafting of the article. Daniela Córdoba Toro: co-investigator. Contributions: development of the theoretical framework, application of the methodological approach, participation in fieldwork, and drafting of the article.

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