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Fixing Work, Not Workers

Burnout as an Organizational Problem

Burnout has proliferated in popular discussion, become legitimized in scholarly discourse, and been ingrained in the context of librarianship, both as a prominent point of conversation and as demonstrated through research. In this process, discussions on the problem of and solutions to burnout have focused on individuals. This individual focus elides structural, organizational, and interpersonal issues that contribute to the problem. In brief, my argument is that burnout is an organizational concern yet is treated as individual, which keeps us from meaningful solutions. More insidiously, perhaps, I argue that library leaders encourage individual self-care to appear magnanimous while not providing the structural resources and organizational leadership needed to radically change the landscape of burnout within libraries and librarianship.

The legitimation of burnout in scholarly and popular discourses, and the integration of thinking about burnout in librarianship, are meaningful developments that signal a growing recognition of systemic issues in the profession.[1] However, this same legitimation contributes to the problem of individualization—through responsibilization and (bio) medicalization. Responsibilization refers to a neoliberal process of shifting responsibility from collective structures (e.g., the state, commercial enterprises) to individuals.[2] In the context of workplace well-being and burnout, responsibility is shifted to the individual through the exhortation to practice self-care. To maintain a level of productivity necessary as an entrepreneurial, autonomous subject within the neoliberal workplace, workers must care for themselves—not truly as a means of maintaining health and well-being but rather of maintaining acceptable levels of productivity (levels that are increasingly measured by or against algorithms).[3] Therein responsibilization becomes a means of social control and self-regulation in the workplace. Similarly, Irving Zola explores how medicine and medicalization are also used for social control. Zola suggests that medicalization can result in "locating both the source and treatment of social problems in an individual," which prevents the proposal of solutions or explanations that might occur at the level of a collective, group, organization, or society.[4]

Take, for example, the fact that the medicalization Zola describes is present in the introduction of burnout into The World Health Organization's *International Classification of Diseases*, 11th edition (ICD-11) in 2019. The ICD-11 defines burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed."[5] The inclusion of burnout in the ICD-11 marks an integration of burnout into the institution of medicine—the result of decades of psychological research. In particular, the definition outlines three characteristics of burnout, which are informed by the research

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of Christina Maslach and colleagues: "feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy."[6] The definition concludes by clarifying burnout's context: "Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."[7]

In 2019, Maslach and colleagues anticipated issues with this definition: "Categorizing burnout as a disease was an attempt by the WHO to provide definitions for what is wrong with people,[8] instead of what is wrong with companies. ... When we just look at the person, what that means is, 'Hey we've got to treat that person.' 'You can't work here because you're the problem.' 'We have to get rid of that person.' Then, it becomes that person's problem, not the responsibility of the organization that employs them."[9] Burnout technically isn't classified as a disease in the ICD-11, which Christine Sinsky, then-vice president of professional satisfaction at the American Medical Association (AMA), clarifies in an interview: "In the ICD-11 definition, burnout is identified as an occupational phenomenon and not a medical condition. ... Burnout is primarily related to the environment, such as when there is a mismatch between the workload and the resources needed to do the work in a meaningful way."[10] She argues for a "focus on fixing the workplace rather than focusing on fixing the worker,"[11] reinforcing the need for an organizational rather than individual focus.

Sinsky also importantly reiterates burnout as an occupational phenomenon; however, despite the ICD-11 definition's focus on work contexts—specifically identifying workplace stress as the cause of burnout—proposed solutions continue to be offered at the individual, rather than organizational, level and frequently take place outside of work. Even as we've seen more discussion of burnout in librarianship, the primary solutions circulated continue to approach burnout as an individual problem. We can try getting better sleep, taking a vacation, establishing boundaries, separating work and life, doing yoga at our desks, and so on, but these are frequently treated as ways to manage our own burnout rather than looking at what we can do in solidarity to manage our collective burnout. Additionally, we know that individuals are less able to recover from work when job stressors are high, which Sabine Sonnentag refers to as the "recovery paradox."[12] In these situations, telling people to exercise self-care while providing no support to mitigate job stress not only blames individuals for outcomes they can't control but also fails to address the structural conditions that inhibit recovery and undermine well-being, thereby perpetuating a cycle of burnout.

By framing solutions at the individual level, we also frame the issue as a personal failing—making library workers themselves appear to be the source of the dysfunction. As Sara Ahmed notes, "When you expose a problem, you pose a problem."[13] As library workers bring the issue of burnout to management, and as it gains more traction, management often continues to construct burnout as an individual, rather than collective or organizational, problem. Thus, we are the problem meant to be solved. It's not the root issues within library work, library organizations, or our profession that cause and exacerbate burnout; it's the individual who needs to do more to solve their burnout.

One alternative approach is to consider some of these solutions from a collective perspective. What would it look like to collectively set boundaries? Not only to be aware of one another's boundaries but also to help uphold and enforce them. For example, we can mitigate job demands by setting departmental boundaries around specific services, such as library instruction (e.g., establishing a shared boundary around how many classes a person

will teach in a day or a week). Another approach is to hold management accountable for burnout through collective action such as unionization and organized labor specifically focused on addressing job stressors.[14]

To be clear, self-care is not the problem. Caring for ourselves—and for each other—is important. But self-care alone cannot solve burnout, which, by definition, is a work-related phenomenon. If we want to address burnout meaningfully, we need to stop placing the burden on individuals and start fixing the conditions of work itself. That isn't to say that we can't change things that we're doing individually. Individuals are still parts of collectives, and their choices can affect climate in considerable ways. For example, bullies contribute to toxic work environments and a lack of psychological safety at work that contributes to burnout.[15] But it doesn't seem that these issues of psychological safety, bullying, job stressors, and toxic workplace dynamics are what we're trying to solve when we talk about solving the issue of burnout at the individual (or even interpersonal) level.

Library leaders have the influence and ability to make or work toward organizational change that actually improves burnout. Yet, frustratingly, library leaders' (and others') solutions remain focused on the suggestion of self-care without providing any support or means for practicing it, especially at work. If burnout is caused by work and self-care is the tool necessary to manage burnout, then self-care should be a central part of work.

Immediately moving burnout to the level of the individual obscures its collective and organizational roots and alleviates management of culpability for burnout. If you're burnt out, you're likely not the problem—though burnout can, understandably, ripple outward and affect others. Although caring for ourselves is important, it can't be a substitute for systemic change. Library leaders must instead take responsibility for burnout as an organizational issue and pursue meaningful action to reduce job stressors and cultivate healthier, more sustainable organizational cultures. ҉

Notes

1. For a discussion in this discourse that highlights systemic issues (though some of the solutions are still focused on the individual but extend beyond self-care), see Jennifer A. Dixon, "Feeling the Burnout," *Library Journal*, accessed July 8, 2025, https://www.library-journal.com/story/Feeling-the-Burnout.

2. Luc Boltanski, Eve Chiapello, and Gregory Elliott, *The New Spirit of Capitalism* (Verso, 2018); Ronen Shamir, "The Age of Responsibilization: On Market-Embedded Morality," *Economy and Society* 37, no. 1 (2008): 1–19, doi:10.1080/03085140701760833; Wendy Brown, *Undoing the Demos: Neoliberalism's Stealth Revolution* (Zone Books, 2017).

3. Craig Gent, *Cyberboss: The Rise of Algorithmic Management and the New Struggle for Control at Work*, 1st ed. (Verso, 2024).

4. Irving Kenneth Zola, "Medicine as an Institution of Social Control," *Ekistics* 41, no. 245 (1976): 213.

5. World Health Organization (WHO), "Burnout," in *International Classification of Diseases,* 11th ed. (2019), https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/129180281.

6. WHO, "Burnout."

7. WHO, "Burnout."

8. Although burnout is undesirable, it should not be romanticized, and should be prevented, framing it as a disease does not imply personal fault, as illness is not a personal fault.

9. Jennifer Moss, "Burnout Is about Your Workplace, Not Your People," *Harvard Business Review*, December 11, 2019, https://hbr.org/2019/12/burnout-is-about-your-workplace-not-your-people.

10. Sara Berg, "WHO Adds Burnout to ICD-11. What It Means for Physicians," *American Medical Association*, July 23, 2019, https://www.ama-assn.org/practice-management/physician-health/who-adds-burnout-icd-11-what-it-means-physicians.

11. Berg, "WHO Adds Burnout to ICD-11."

12. Sabine Sonnentag, "The Recovery Paradox: Portraying the Complex Interplay between Job Stressors, Lack of Recovery, and Poor Well-Being," *Research in Organizational Behavior* 38 (2018): 169–85, doi:10.1016/j.riob.2018.11.002.

13. Sara Ahmed, *Living a Feminist Life* (Duke University Press, 2017): 37. Ahmed goes on to explain: "It might then be assumed that the problem would go away if you would just stop talking about it or if you went away. The charge of sensationalism falls rather quickly onto feminist shoulders: when she talks about sexism and racism, her story is heard as sensationalist, as if she is exaggerating for effect. The feminist killjoy begins as a sensationalist figure. It is as if the point of making her point is to cause trouble, to get in the way of the happiness of others, because of her own unhappiness. ... But note how the feminist killjoy begins her life as an antifeminist figure: we are retooling her for our own purpose."

14. Candice Benjes-Small makes a similar argument in her conference paper from ACRL 2023 where she proposes "sustainable practices." See Candice Benjes-Small, "Beyond Self-Care: Forging Sustainable Practices in Academic Librarianship" (ACRL 2023 Proceedings, 2023), https://www.ala.org/sites/default/files/acrl/content/conferences/confsandpreconfs/2023/BeyondSelfcare.pdf.

15. Ståle Valvatne Einarsen, Stig Berge Matthiesen, and Anders Skogstad, "Bullying, Burnout and Well-Being among Assistant Nurses," *Journal of Occupational Health and Safety - Australia and New Zealand* 14, no. 6 (1998): 563–68; Heather K. Spence Laschinger, Ashley L Grau, Joan Finegan, and Piotr Wilk, "New Graduate Nurses' Experiences of Bullying and Burnout in Hospital Settings," *Journal of Advanced Nursing* 66, no. 12 (2010): 2732–42, doi:10.1111/j.1365-2648.2010.05420.x; Carol Anne Geary and Spencer Acadia, "A Descriptive Study of Workplace Bullying in U.S. Libraries during the COVID-19 Pandemic," in *Libraries as Dysfunctional Organizations and Workplaces* (Routledge, 2022); Maureen F. Dollard, Christian Dormann, Michelle R. Tuckey, and Jordi Escartín, "Psychosocial Safety Climate (PSC) and Enacted PSC for Workplace Bullying and Psychological Health Problem Reduction," *European Journal of Work and Organizational Psychology* 26, no. 6 (2017): 844–57, doi:10.1080/1359432X.2017.1380626.