

European Foundation for the Improvement of Living and Working Conditions The tripartite EU Agency providing knowledge to assist in the development of better social, employment and work-related policies

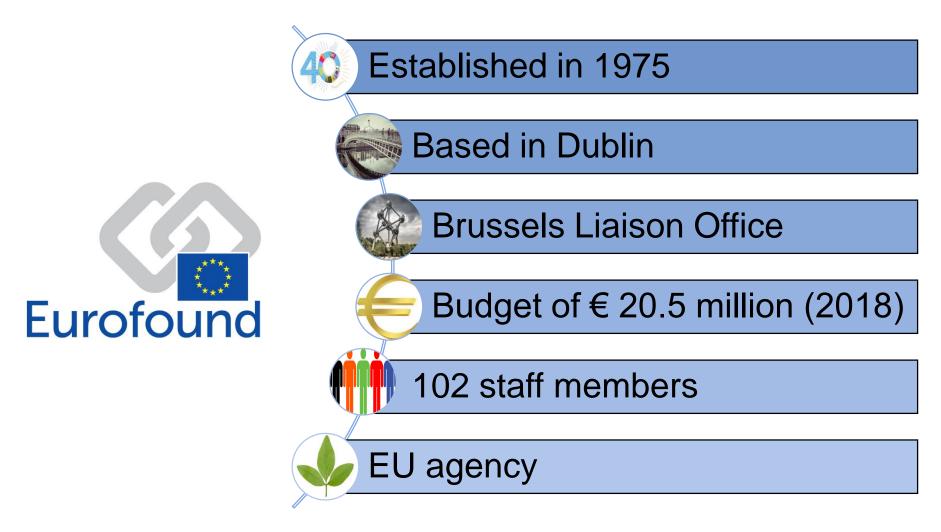
Burnout in the workplace

A review of data and policy responses in the European Union

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Fun(damental) Facts





To provide knowledge to assist in the development of better social, employment and work-related policies

3 comparative surveys

The European Working Conditions Survey



The European Quality of Life Survey





1990/91; 1995/96; 2000; 2005; 2010; 2015 and 2020





3 observatories

EurWORK

European Observatory of Working Life

EMCC

European Monitoring Centre on Change

EurLIFE

European Observatory on Quality of Life



Burnout : definitions over time

- Freudenberger (1974) '.. a staff burn outs for whatever reasons and becomes inoperative to all intent and purposes »
- Maslach et al. (1997) .. A consequence of chronic state
 - First defined **in relation to human service work**, « a psychological syndrom of emotional exhaustion, depersonalisation and reduced personal accomplishment «
 - Extended to other occupational contexts, Schaufeli : « a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform
- Included in the Job Demands-Resource model, JDR (Bakker and Demerouti)
 - The JDR posits two central psychological processes;
 - one related to well-being in that job demands contribute to job strain,
 - the other motivational in nature in that job resources have motivational properties.
 - Job demands and resources interact in that resources can moderate the impact of demands on experienced job strain, while similarly, job demands can affect the positive impact of resources on motivation
 - Burn out becomes then the opposite pole to engagement



A psychological syndrom : measure

- Few comparable data within country
 - over the last 10 years, 9 Member States have had measures of burn out in cross sectoral representative surveys
- Research mostly undertaken by « smaller operatives », keep a strong occupational focus
- Multiple operationalisations of burnout
 - Multi dimensional self reported scales
 - MBI, the CBI, and the SMBM most frequently used But scales often adapted
 - New instruments are also being developed : eg BODI (Austria), 'Burnout assesment tool' BE
 - one single item question (eg at risk of experiencing burnout)
- From a continuous burnout assessment to a yes / no, the introduction of medical criteria
 - Research based on medical diagnostics use different ICD10 codes (the international classification of diseases):
 - Z73.O burnout is part of Z23 problems related to life management
 - But Z56 which includes problems related to employment and unemployment
 - Sweden uses F43.8A « fatigue syndrom »



A disease, then ?

An occupational disease : Italy and Latvia

2 recent proposals to recognise burnout as an occupational disease in France rejected

- A work related disease : NL
 - This the case in Bulgaria but mailnly for human service sector
 - Belgium : proposal to include it as a work related disease
- The health consequences of burnout can be recognised as a disease (eg work accidents) SK and RO
- Data on reported and recognised cases of burnout collected in only a few MS
 - In IT, BE and Ge, data based on medical diagnostics
 - low prevalence
- (How) is burnout distinct from depression, anxiety, PSTD?

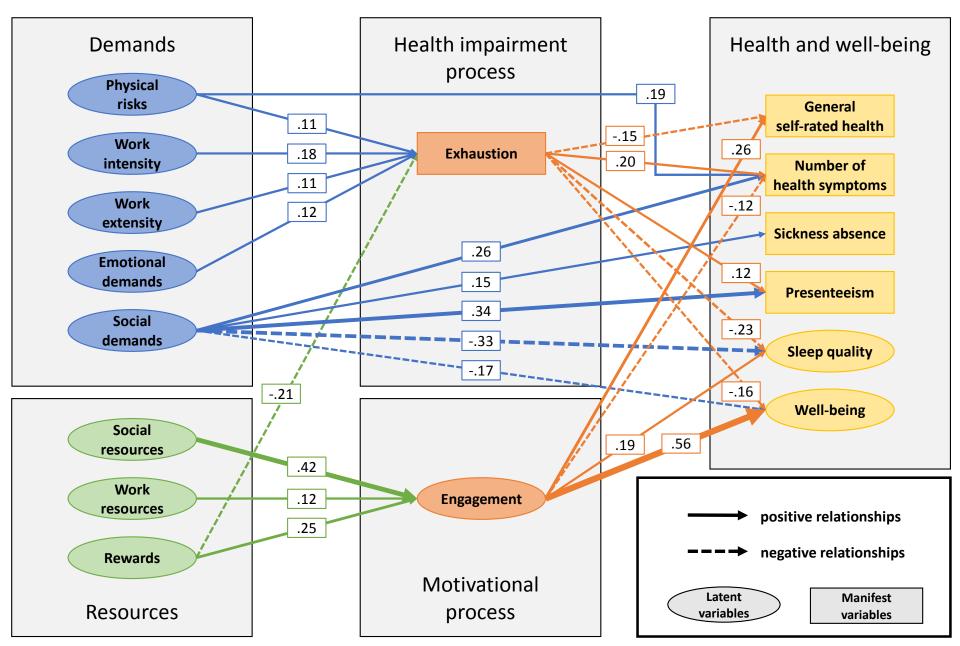


Work related determinants

- Stressful, emotional and tiring working environment
- Heavy workload and long working hours
- Conflicts in the workplace
- Social support can mitigate the risk of burnout
- Physical risks at work : rarely included in research
- Lack of support from management,
- Lack of rewards including in terms of identity at work making a meaningful contribution



Results - which conditions matter most?



Consequences of burn out

- Health. A predictor for 12 physical consequences
- Decline in performance (individual and company)
- Reduction in motivation and organisational commitment
- Increase in absence and turnover of staff
- Some decline in work ability, increase in disability and long term disengagement
- Costs for individuals, companies and societies



National policy responses

- 3 main **policy anchors**, a country can include burnout in more than one area
- Work-related stress
 - burnout as a prolonged exposure to chronic job stressors
- Mental health
 - emphasizing the consequences of burnout on mental health
- Excessive working time
- In some countries, focus remains on specific sectors and occupations



Social partners involvement

- Developments in public policy Belgium; Czech Republic, Germany and France
- Involvement of Social partners Examples

 Push for recognition from Employers (DK)
 Special committee (BE)
 Psychological & Physical working environment (DK)
 Working conditions as a threat to mental health (DE)



Preventive actions

- Awareness raising activities
- Information campaigns
- Good practice
- Training
- Development of tools to carry out risks assesments
- Check lists

In Belgium, companies obliged since 2014, to introduce burnout prevention measures

(Irish) HSA has a policy for prevention and management of stress in the workplace

Some initiatives supported by European funds



Conclusions

- A strong general public interest
- A subject integrated into policy agenda in 3 different anchors
- Data patchy not comparable
- Clarification on burnout as a syndroms / its effects (disease) on health, its work related determinants would help discussion and meeting this strong social demand
- Would facilitate in particular to have strong data to support evidence based policy making





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Thank you apt@eurofound.europa.eu

