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Webinar

Organized by the Canadian Institute for Public Safety Research and Treatment

Speaker:
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Exploring Job-Related Burnout and What it Means for Public Safety Personnel

The goals for this presentation were to provide attendees with information about what job-related burnout is and isn't. This includes an overview of the three main dimensions of burnout; discuss research highlighting the main causes of job-related burnout; discuss research showing the prevalence of job-related burnout and its health correlates and outcomes, with an emphasis on physical and mental health; discuss the effectiveness of programs designed to prevent workplace burnout and, discuss evidence for mental health interventions designed to reduce workplace burnout in employees.

To (re)-see this webinar: https://www.cipsrt-icrtsp.ca/en/virtual-town-hall-exploring-job-related-burnout-and-what-it-means-for-public-safety-personnel

Burnout is a very popular concept born in the 1980, mostly studied within the area of social psychology of health, etc. Because of its popularity, the burnout has been included in the World Health Organization, into the international classification of diseases. Most recently, it has been updated and the definition of burnout has been extended.

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experience in other area of life (ICD-11). Almost identical to the definition that the one created to the 1980, burnout is not depression nor any other mood disorder. It is not a psychological disorder: it is a workplace syndrome. Burnout is not a recognized or diagnosable clinical condition.

Barriers to understanding the prevalence of burnout

The overall prevalence of burnout varies by occupation, the research concentrates especially on physicians, nurses, and EMS professionals. However, there is not consistent way of measuring burnout. There is a lack of consistently used definitions of burnout and because burnout is not a clinical disorder, there is no clinical criteria to be met to determine whether someone is burned out or not.

The most scales can do is determine whether someone is High, Moderate, or Low on each of the three dimensions of burnout.

The causes of burnout

We know a lot about the causes: job stressors shown to cause (or be correlated) with burnout symptoms (heavy workload, time pressure, lack of resources, etc.). Jobs with higher levels of burnout symptoms are found with the human services (instructors, first responders, nurses, physicians, social workers). Very few (and weak) individual correlates of burnout symptoms.

The effects of burnout

There are two categories of effects:

1. *Effects on the individual*: Increase in depression and anxiety symptoms, decrease in self-esteem, decrease in sleep quality, increase in physical exhaustion and other symptoms, increase in substance abuse, spill-over into home-life.
2. *Effects on the individual performance*: employees who are no longer engaged, fatigue (both mental and physical), irritability*, frequent use of PTO, numerous last-minute time-off requests, raise requests or benefit inquiries, increase in complains regarding employee, reduced involvement.

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Exploring Job-Related Burnout

**Work related effects of burnout symptoms*: lowered job effectiveness and productivity, reduction in job satisfaction, increase in job withdrawal (greater absenteeism, intentions to leave, annual turnover), lower levels of job commitment, greater interpersonal conflict at work, greater disruption of job tasks, « contagious" nature of burnout.

Workplace interventions to reduce employee's burnout

- Types of individual-level workplace interventions: CBT-based techniques, meditation and relaxation techniques, interpersonal skill development techniques, developing knowledge and work-related skills. Put the burden on the individual.

However, those interventions were not really effective. Interventions caused a small decrease in overall burnout scores and emotional exhaustion. Interventions did not cause any change in either cynicism or professional efficacy. These small changes in overall burnout scores and emotional exhaustion appeared to be relatively stable over time but could not be determined robustly. Meditation interventions were most effective at reducing overall burnout and emotional exhaustion. There were no differences across intervention strategies for cynicism or professional efficacy.

- Organization-directed interventions: changing aspects of the known causes of burnout.

Intervention designed to improve known organizational causes of burnout were approximatively 2.5x more effective at reducing burnout symptoms compared to individual-level interventions. These findings highlight the importance of addressing the actual causes of burnout, versus placing the burden of managing burnout on employees. This shows also that organisations can change and have a positive impact on employees' burnout.

Summary

1) Burnout is a work-based syndrome focused on emotional exhaustion, cynicism, and professional efficacy.
2) Its causes are organizationally based, not individually-based.
3) Burnout symptoms have adverse physical and mental health outcomes for individuals.
4) Burnout symptoms have adverse impacts on people's performance in the workplace.
5) Workplace interventions focused on changing the causes of burnout are more effective than interventions focused on individual-coping
6) No real evidence for prevention, but intervention research suggests the focus should be on organizational culture. If focusing on the individual, mindfulness meditation seems promising, but more research is needed.

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