

Take Care of Business by...

Taking Care of Burnout



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Understand Burnout. Really.

Since the concept of burnout was first articulated in the 1970s, it's been debated by researchers, viewed skeptically by business leaders, and misunderstood by the public. Psychologists argue for a strict definition, while the public relies on burnout as a catch-all for stress, overwhelm, and dissatisfaction.

This ebook maps how burnout emerged as a source of confusion and—with an eye toward helping both businesses and their employees—explores the root causes of burnout. Understanding why burnout occurs, leaders can remedy its causes rather than just cope with its symptoms.

After demystifying burnout, this ebook offers a first-of-its-kind resource: a comprehensive inventory of interventions—preventive and curative; grounded in science; and sorted into tiers that clarify organizational, individual, and team-based solutions.

Burnout differs from situation to situation. But with the insights from this ebook, organizational leaders and/or human resources practitioners will be able to address burnout in their organizations to lastingly optimize employee well-being and, ultimately, boost business results.



How Common Is Burnout? Why Does It Matter?

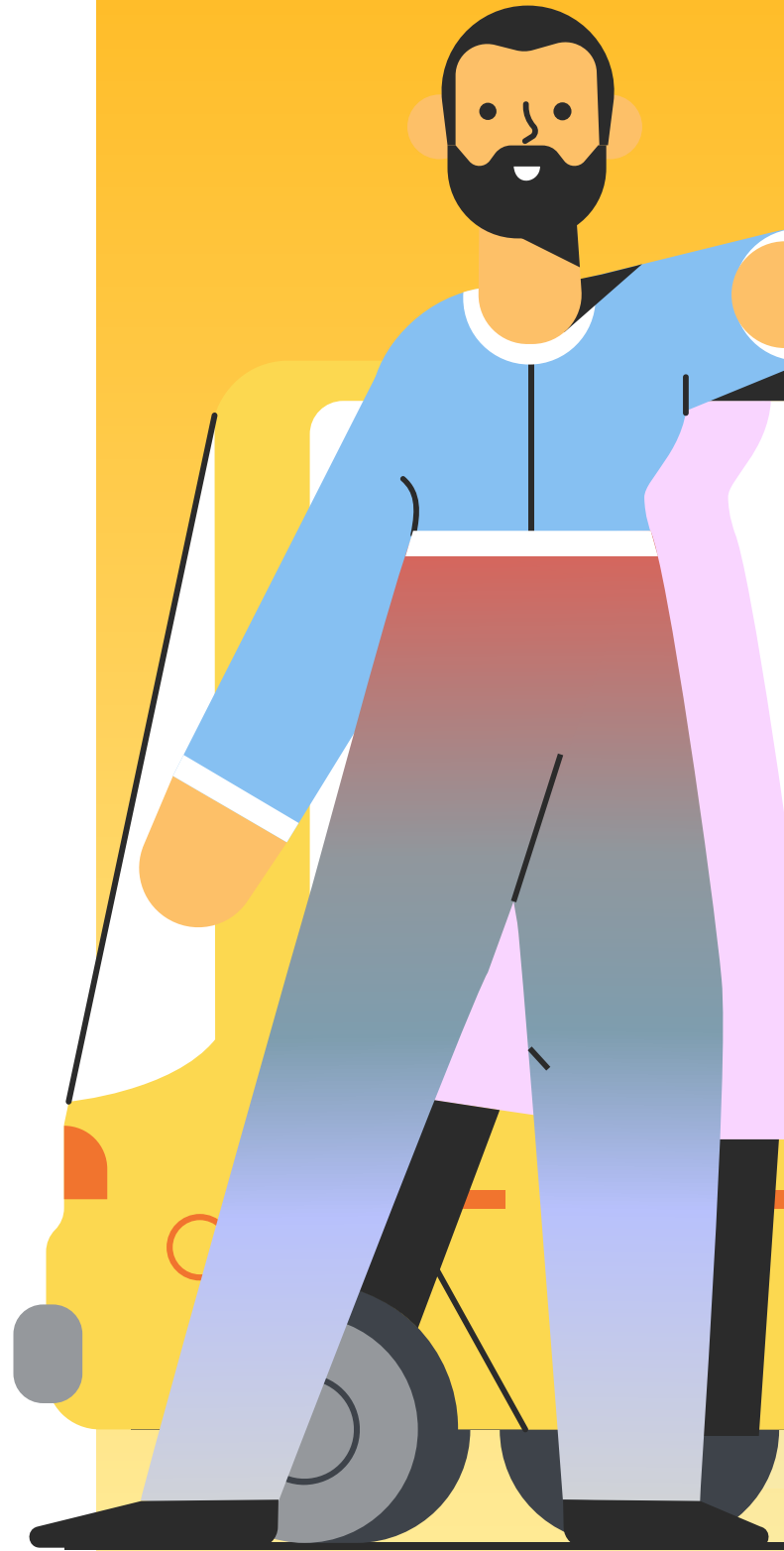
Burnout During the COVID-19 Pandemic

The COVID-19 pandemic may have triggered a surge of job burnout. This was [especially likely for health care workers and essential employees](#), but no type of job holder escaped risk.

Modern Health's *Supporting Managers' Mental Health Survey*, completed by 104 HR leaders in March and April 2021, revealed burnout to be the foremost challenge, at that point in the COVID-19 pandemic, for 57% of organizations.

In a [survey](#) conducted in the fall of 2020, encompassing various occupations in 46 countries, 62% of 1,500 respondents said they experienced burnout "often" or "extremely often" in the previous three months.

A study of Canadian physicians found the [rate of burnout](#) in June 2020 to be 63% higher than the pre-pandemic rate.





Burnout Before the COVID-19 Pandemic

The pandemic may have aggravated employee distress, but burnout is by no means a new phenomenon.

A 2019 [study](#), for example, found that 28.1% of workers had symptoms of burnout.

[Gallup surveyed](#) more than 7,500 full-time employees in 2018 and found that 23% felt burned out most of the time; 44% sometimes.

In research settings using the strictest criteria, burnout rates may be lower, but still are alarming. Even under these conditions, more than half of employees are found to experience partial symptoms—[“not burned out, but perhaps on the pathway there.”](#)





The Burnout Burden

Regardless of the exact prevalence, burnout takes a toll on organizations and those they employ.

Studies link burnout to serious health consequences:

- Depressive and anxiety disorders
- Alcohol dependence
- Sleep disturbances
- Headaches
- Gastrointestinal infections
- Increased risk of coronary heart disease, type 2 diabetes, infection, musculoskeletal pain, all-cause mortality, and premature death.

Burnout is linked to [impaired job performance](#)—as reported by workers’ supervisors, colleagues, and clients—in addition to increased turnover, lower job satisfaction, less commitment to the organization, and increased absenteeism due to sickness.

The healthcare [costs associated with burnout in the US are estimated](#) to be as high as \$125 billion to \$190 billion a year.

One underappreciated pathway to organizational disruption: Burned out employees can negatively influence co-workers. Consequently, [burnout is viewed as “contagious,”](#) propagating within teams and through workplace social networks.

Supporting employees with burnout and reversing the course of those on the way (in other words, *preventing* burnout) are essential for organizations committed to employee well-being and exceptional job performance.





Discovering Burnout

Psychiatrist Herbert Freudenberger [is credited with being the first to publish the term *burnout*](#) in the context of occupational health. He cited a definition “to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources,” and, describing what he had come to view as an incapacitating condition, he commented, “And that is exactly what happens when a staff member... burns out for whatever reasons and becomes inoperative.”

Though the study of burnout has come a long way since Freudenberger first sounded the alarm in 1972, a key concept of his definition persists, namely, the *imbalance of demands and resources*.




Defining Burnout: Exhaustion, Cynicism, Ineffectiveness

Independent of Freudenberger’s adoption of the term, social psychologist Christina Maslach and others [described burnout](#)—and have refined their original definition—as a syndrome caused by prolonged exposure to interpersonal stressors on the job and characterized by:

- Overwhelming exhaustion or depletion
- Cynicism or detachment from the job
- A sense of ineffectiveness or lack of accomplishment

Based on Maslach’s [definition](#) an employee is burned out only when they experience all three dimensions.





Redefining Burnout: When Job Demands Exceed Resources

Decades later, a modified [definition of burnout was proposed](#) by European researchers Arnold Bakker, Evangelina Demerouti, and others. This model is noteworthy because it builds on Job Demands Resources (JD-R) theory, a foundation of many burnout interventions. According to JD-R, work stress occurs when job demands outstrip job resources.

Bakker and others define burnout as *the state of exhaustion and cynicism toward work that occurs as a result of prolonged exposure to JD-R stress.*

- **Job demands** [refer to](#) physical, psychological, social, or organizational job traits that incur sustained physiological and/or psychological costs.
- **Job resources** are aspects of the job that facilitate achievement of work goals, reduce the costs of job demands, or stimulate personal growth.

More recently, personal resources were added to the equation. These are characteristics or traits associated with resilience that help employees manage and cope with their environment. Employees turn to personal resources when job resources fall short.





Examples of demands and resources:

Job Demands

- Role ambiguity
- Work overload
- Unfavorable scheduling
- Work/family conflict
- Interpersonal conflict
- Job insecurity
- Inadequate pay
- Hazards
- Unfair treatment

Job Resources

- Autonomy
- Achievable challenges
- Effective leadership
- Task variety
- Social support
- Participative decision-making
- Performance feedback
- Recognition and rewards
- Innovative environment
- Good communication

Personal Resources

- Intrinsic motivation
- Optimism
- Resilience
- Confidence

Recent studies suggest that [emotional intelligence](#) as well as [mindfulness](#) and [use of personal strengths](#) can be potent personal resources.

Building on JD-R theory, these researchers define work engagement as a positive motivational state of vigor, dedication, and absorption (or flow).

The definitions of work engagement and burnout are, essentially, opposite, suggesting a spectrum going from engagement at one end to burnout at the other.



WHO Weighs In

Maslach’s definition of burnout prevails in research circles, but others in addition to JD-R have been proposed, leaving the general public confused and inclined to use “burnout” as a catch-all. In 2019, the World Health Organization tried to settle the matter by [defining burnout](#)—using language that largely endorses Maslach’s definition—in its International Classification of Diseases (ICD-11):

“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

1. Feelings of energy depletion or exhaustion;
2. Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
3. Reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”



Read Between WHO's Lines

Beyond reiterating that burnout is characterized by exhaustion, cynicism, and reduced efficacy, WHO's definition establishes a standard for a term that's worked its way into popular parlance to describe almost any form of stress, dissatisfaction, busyness, fatigue, or "the blahs." In a way, the overuse of the term burnout is like the dilution of a brand—it's used so commonly and generically that it risks losing its original meaning.

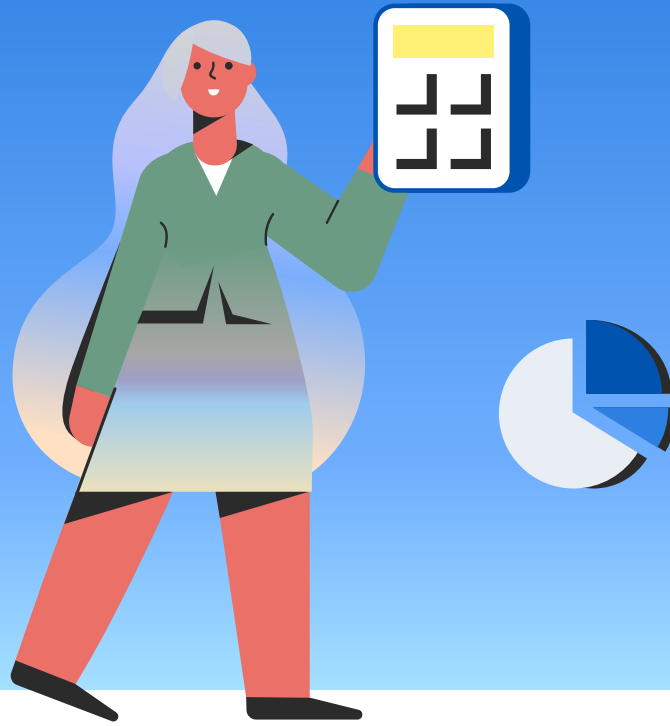
The distinctions WHO asserted:

- **Burnout is specifically a result of *chronic* workplace stress.** It's cumulative and has distinct causes. This represents a nuanced divergence from Maslach's definition, which consistently attributed burnout to workplace stressors, not stress.
- **The stress "has not been successfully managed."** This may raise the question, "Managed by whom?" Are these stressors that haven't been managed by the employer, or stress not managed by the employee? [The American Medical Association](#) weighed in: "The ICD-11 definition of burnout is consistent with our research and our approach, which is that burnout is related to stressors within the environment rather than weakness on the part of susceptible individuals."
- **Burnout is exclusively an occupational phenomenon.** In other words, according to this definition, there's no such thing as millennial burnout, news burnout, social media burnout, Zoom burnout, or pandemic burnout (though [researchers acknowledge](#) that circumstances such as the COVID-19 pandemic influence workplace conditions that lead to burnout).

In response to initial confusion, WHO emphasized that it was not validating burnout as a medical diagnosis, but simply defining it as an occupational influence on health.

Notwithstanding WHO's disavowal of burnout as a disease, however, the Netherlands, Sweden, and, to some extent, Portugal, Denmark, and France, have for years considered burnout—variously defined—as a medical diagnosis, in some cases allowing employees to be compensated for it. As a result, these countries' health care systems train providers on the identification and treatment of burnout, and practitioners with diverse backgrounds facilitate interventions.





How Is Burnout Measured?

Christina Maslach and others developed the most widely used assessment of burnout, the Maslach Burnout Inventory (MBI).

But its applications are limited: It's only available with a paid license and it's designed to assess populations. [Maslach and Michael Leiter recently wrote](#): "We never designed the MBI as a tool to diagnose an individual health problem."

Since the advent of the MBI, other assessments have been validated:

- The Copenhagen Burnout Inventory (CBI) was introduced in [a peer-reviewed article](#) featuring a full-throated critique of the MBI. It differentiates between work-related burnout and personal burnout.
- The [Oldenburg Burnout Inventory](#) (OBI) measures burnout in the context of the JD-R model. It excludes the dimension of *efficacy*.

Only validated assessments—like MBI, CBI, and OBI—accurately measure burnout. "The worst method [of measuring burnout]," [Maslach and Leiter recently wrote](#), "is simply asking employees, 'Are you burned out?' These approaches are conceptually unsound... and don't provide companies with any information on what specific problems to address."





Who Gets Burned Out?

Maslach first described burnout as a phenomenon exclusive to human service workers, but later showed that [it occurs in all occupations](#) and that no job holders are free of risk:

- A 2018 [Canadian study](#) of more than 2,000 workers found that the likelihood of men feeling burned out decreases as they progress through their working years. In women, burnout symptoms tend to increase until they hit their early 30s, decline from ages 35 to 55, and spike after age 55. The investigators concluded, “Interventions for burnout reduction should target younger men and women, and women over 55 years of age.”
- Physicians and other healthcare workers [experience high rates of burnout](#). In 2017, 39.8% of nearly 4,000 physicians surveyed were burned out. (Much of this is attributed to the ubiquity of electronic health records. Physicians spend, on average, half their workday and an additional 28 hours per month on nights and weekends completing EHR tasks, cutting into their patient-care time.) In addition to the debilitating personal effects, physician burnout has been [linked to](#) lower patient satisfaction, impaired quality of care, and increased medical error.
- European Union countries (measured prior to Brexit) have a lower rate of burnout (10%) compared to their non-EU counterparts (17%). [Researchers hypothesize](#) that this correlates to workload in the respective nations.
- Studies linking job type to burnout have been scarce in the last two decades. An [8-year study](#) published in 2002 found no difference in burnout between 415 white-collar and 298 blue-collar respondents.





What Causes Burnout?

Researchers have [identified six categories of job stress](#), called areas of worklife, that lead to burnout. Simply recognizing these causes lends insight into prevention and remediation of burnout, on both the individual and organizational level:

1. **Control.** This overlaps with autonomy, and can take several forms—for example, a job holder’s lack of input into the tasks of a job, decisions that affect them, or scheduling. Ambiguity about how a job is supposed to be done and what result is expected, notorious risk factors for employee stress and burnout, are included in this category.
2. **Workload.** Excessive overtime, work volume, and time pressure may lead to burnout. [Maslach wrote](#), “Although most people predict that workload will be the primary factor for burnout, it usually is not.”
3. **Rewards.** Rewards include compensation, recognition from both supervisors and co-workers, and opportunities for development and advancement.
4. **Community.** This includes personal support from managers, social support from co-workers, having a sense of belonging, and civility.
5. **Fairness.** Also known as organizational justice, fairness has to do with equitable treatment; having policies that match consequences (like disciplinary action or promotion) to behavior; and having the organization meet expectations it sets.
6. **Values.** Stress ensues when the actions, communications, or culture of the organization conflict with an employee’s personal values.

The six areas of worklife associated with burnout sometimes depend on the perception of the employee. Consequently, they are variables in *person-job fit*, and burnout can be viewed as a result of a mismatch between the employee and the job—not unlike the balance of demands and resources embodied by JD-R theory. This may be the best reconciliation of debate regarding whether the onus of responsibility for burnout lies more with the employee or the employer. Both have a role in striking a balance.





Fired Up: The Burnout/Depression Controversy

Burnout's status as a distinct phenomenon versus a variation of depression is the centerpiece of ongoing controversy. Renzo Bianchi and others [caution](#), "The view that burnout is something different from depression is deeply ingrained." As an alternative, they propose the concept of "occupational depression."

Until the knot of burnout and depression is untangled, those seeking clarification of what they're experiencing or observing—burnout or depression—are best advised to consult with a mental health professional.





The Playbook: Tackling Job Burnout

The quest for burnout interventions has yielded [mixed results](#). Experts agree, however, on two principles:

1. Focus on burnout *prevention*.
2. Stave off burnout by bolstering its positive opposite: Engagement.

Noting that “people often work in small groups or teams, which are part of a larger unit embedded within a larger organization,” [Maslach wrote](#): “We need to pay greater attention to the social and organizational environment in which individuals work...about solutions at those levels, rather than just at the individual one.” This playbook includes interventions at each level: organizational, individual, and team.



Assessment. Action. Accountability.

Good leadership, commitment to values, and common sense lead effective organizations to optimize the six areas of worklife: job control, workload, rewards, community, fairness, and values. Leaders should assess the status of these conditions, allowing employees to weigh in, and take action.

This process, however, must recognize that employees have diverse needs and expectations. Employers can only do their best to serve the needs of diverse employee populations—one employee's autonomy is another's role ambiguity—while staying focused on business results. Beyond that, employees must be prepared to rely on resources—those provided by their employer (job resources) and those they cultivate on their own or with the aid of their employer (personal resources).



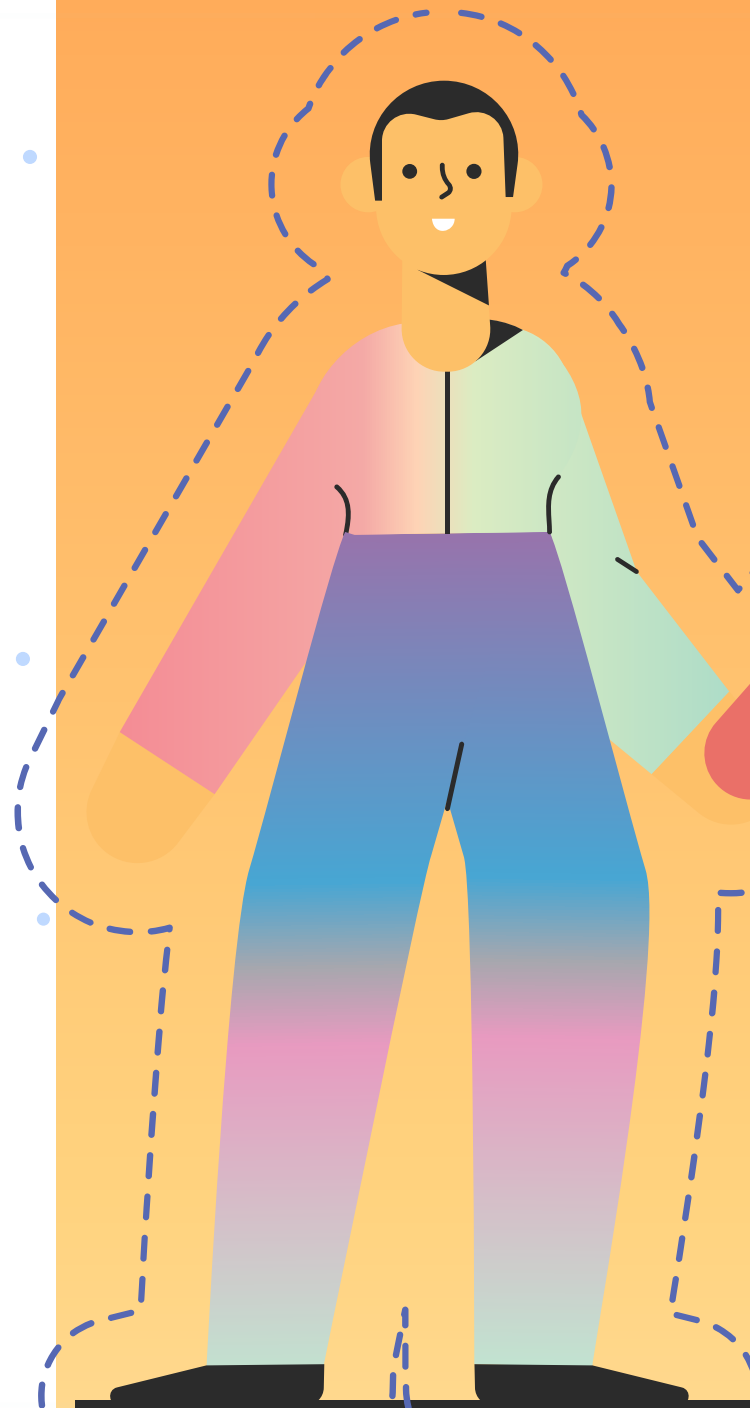
What Organizations Can Do

- Educate leaders about the six areas of worklife and empower them to make modifications when employee feedback reveals imbalances.
- Train leaders to provide personal attention to team members, including periodically checking in on employee stress levels.
- Don't expect employees to sustain 110% effort indefinitely. Allow time for restorative rest, including vacation and "down time" between the most intensive work cycles.
- **Offer training for (and opportunities to practice)** mindfulness, resilience skills, and stress management. Organize small group discussions to process challenges—those related to work and those outside work.
- Provide easy, low- or no-cost access to trained mental health professionals and coaches to engage struggling employees with evidence-based approaches like Cognitive Behavioral Therapy.
- Develop effective job resources—including training, pathways for learning and development, and tools (ranging from manuals to technology)—and urge employees to use them.
- Discourage an "always-on" mentality, assuring managers respect employees' personal lives and don't model always-on behavior.
- Adopt policies that allow employees time and opportunities to support each other.
- Train leaders to help employees identify and use their strengths.
- Respect employees' challenges—including exhaustion, cynicism, and feelings of inefficacy—by eschewing oversimplified or faddish solutions.
- Discourage workaholism and perfectionism.
- Provide a work environment that is safe—physically and **psychologically**.



What Individual Employees Can Do

- Make the most of available time off—like vacation and holidays—and use it in a restorative manner, which might **include** mentally disengaging from work, relaxing, and/or learning a new leisure skill.
- Cultivate skills for resilience—coping, bouncing back, and flourishing when faced with challenges—independently and/or by accessing resources provided by the organization.
- Engage in mindfulness skill development.
- Establish strong social connections at work and away from work.
- Proactively seek **high-quality relationships with supervisors**.
- Obtain support from a mental health professional or coach.
- When given the opportunity, voice to the appropriate person concerns and solutions about the job and the organization.
- Practice self-care—including physical activity, nutritious eating, and healthy sleep habits. These, while **not yet shown in isolation to help with burnout**, complement burnout-specific solutions and promote overall mental health.
- Seek mental health support for problems related to misuse of drugs and alcohol, as well as other harmful behaviors.





What Teams (Members and Leaders) Can Do

- Create [psychologically safe](#) environments, where team members can ask questions, offer input, propose solutions, and express their individuality without fear of negative consequences.
- Host [job crafting](#) sessions, allowing team members to align tasks, interactions, and resources with their strengths and passions.
- Distribute workload in a way that allows all team members time to recover.
- Participate in team building activities.
- Regularly communicate and reinforce the team's common purpose.
- Recognize each other's milestones and achievements.
- Check in with each other about work and, when appropriate, personal matters.
- Be vigilant to avoid "co-rumination" (such as gripe sessions). Use outside facilitators to help problem-solve when the team is unable to gain positive traction.
- (Team leaders) Keep the team informed, solicit input, and help team members navigate organizational barriers to job success.
- (Team leaders) Monitor stress levels, and take immediate action when they spike.



The Best Interventions?

The absence of a standardized burnout antidote shouldn't be interpreted to mean nothing works. A dearth of evidence-based interventions is attributable to flawed studies, inconsistency in how burnout is defined and measured, and the heterogeneity of occupational settings.

In the final analysis, practitioners needn't settle on which type of intervention—organizational, personal, or team—is the best. After reviewing more than 4,000 studies and homing in on the 10 best (representing nine interventions) from Europe, the US, and Asia, [researchers recently endorsed both organizational and personal interventions](#) to help employees with burnout, finding that “all nine combined (both person-directed and organization-directed) interventions showed a positive effect.”

A 2016 [study commissioned by Public Health England](#) (PHE) reviewed the evidence with greater focus on prevention. Its findings:

- Individual- and team-directed approaches reduce burnout and work-related stress.
- Training small teams on stress awareness and resilience can be effective for preventing symptoms of burnout, especially in psychologically safe environments.
- Yoga and mindfulness can improve stress levels and sleep quality. In-person and online mindfulness interventions have equivalent levels of effectiveness, but online participants are more likely to see programs through to the end.
- Modifying workloads and work practices can reduce stressors that lead to burnout.

Though it found that organizational interventions had a more lasting effect than personal interventions, PHE advocated a hybrid:

“Combining individual and organisational level approaches includes a system change that adopts a participatory environment, promotes open communication, manager and peer support, a culture of learning, and successful participation of employees in planning and implementation of programs.”

Ultimately, the study authors emphasized that, while organizations need creative solutions and more definitive research findings, each work environment is unique; most likely there will never be a one-size-fits-all formula for success. With the knowledge gained in this ebook and the support of experts and systems like those available from Modern Health, organizations have what's needed to customize and scale solutions based on their needs, workforce characteristics, and culture.



Modern Health Rekindles At-Risk Employees

Modern Health, the personalized mental health care platform for enterprises around the world, supports prevention and remediation of burnout at the organizational and personal levels. Modern Health delivers resources that are accessible, culturally centered, and actionable.

Assessment

Modern Health users are guided through a clinically-validated assessment with additional questions that assure the most personalized resources are provided.

Planning and Guidance

Modern Health provides employees with a customized plan to help them adopt healthy mental health routines at work and away from work.

Connection to Care

Modern Health recommends a personalized combination of digital programs, group learning, and one-on-one coaching and therapy, including treatment approaches like Cognitive Behavioral Therapy scientifically shown to relieve burnout.

In a study of 530 employees (from 93 companies) who used Modern Health coaching services, 19% of those with elevated burnout symptoms experienced clinical recovery. (Download the research report: [The Effectiveness of Evidence-Based Coaching Delivered Through Modern Health.](#))

Prevention and Social Support

To accommodate the need for social support, one of the most frequently repeated themes in burnout prevention, Modern Health recently introduced Circles—live community sessions, led by therapists and coaches. Circles give participants the space to collectively learn, grow, and connect across topics that impact their day-to-day lives—when they're at work, and when they're not.

Don't let burnout undermine your employees' well-being or your organization's aspirations. Contact Modern Health today and get on the way to a vigorous, energized, all-in workforce, where the risks of burnout are met head-on—not with quick fixes, but with a lasting evidence-based solution that meets your organization and its employees where they are.



About Modern Health

Modern Health is the comprehensive mental health and wellness platform that combines the WHO well-being assessment, self-service wellness kits, a global network of certified coaches, and licensed therapists available in 35 languages all available in a single app. Modern Health empowers employers to lead the charge in acknowledging that mental health is just as important as physical health, destigmatizing the conversation, and increasing accessibility of mental health services for all.

Founded in 2017, Modern Health incorporates evidence-based psychology principles and seamless technology to serve the needs of companies globally. Headquartered in San Francisco, Modern Health has raised more than \$172 million from Founders Fund, Battery Ventures, Felicis Ventures, Kleiner Perkins, Afore Capital, MGV, Frederic Kerrest (co-founder of Okta), and 01 Advisors.

