

STATE OF THE ART

RE-Born REturn to work after BurnOut

Promotors

Prof. Dr. Eva Derous Prof. Dr. Isabelle Hansez Prof. Dr. Lut Braeckman Prof. Dr. Stijn Baert

Researchers

Dra. Cloé Lehaen Dr. Claudia Rooman

Keywords

burnout; return to work; secondary prevention; tertiary prevention; Burnout Treatment Program; Burnout Reintegration Monitor









Introduction

Burnout is an important public health issue, also in the Belgian federal administration (FA). The long-term aim of RE-BOrn, a co-funded project by Belspo and BOSA, is to reduce burnout prevalence, improve reintegration after long-term absence and prevent relapse within the Belgian federal administration. To realize this, the RE-BOrn project focuses on secondary and tertiary prevention of burnout (BO). First, current reintegration practices and policies in the FA are mapped (via internal benchmarking) and compared with the best available scientific evidence (via literature review). Second, the Burnout Treatment Program (BOTP) developed for the Federal agency of Occupational Risk (Hansez et al., 2019) is adapted to the context of the federal agencies (FA-BOTP) via input from focus groups. The FA-BOTP is further tested using an intervention study and implementation recommendations are formulated based on experts' opinions using the Delphi method. Third, the 'Burnout Reintegration Monitor' (BRM), first launched in 2022 for the City of Ghent (Rooman et al., 2022) is implemented in the FA and evaluated using both a cross-sectional and follow-up study. The BRM is a digital survey tool that allows workers to self-asses and improve their overall quality of reintegration after burnout. The RE-BOrn project will also consider whether several socio-demographic groups experience different barriers in the reintegration process and explore ways to overcome those barriers.

State of the art

Literature describes three types of burnout prevention: primary (i.e., eliminating/reducing antecedents of burnout), secondary (i.e., early detection, promoting burnout symptom reduction and retention in employment), and tertiary (i.e., promoting return-to-work after burnout and preventing relapse). The RE-BOrn project encompasses the stages of recovery (secondary prevention) and reintegration (tertiary prevention), hence its name 'RE-BOrn' which stands for 'REturn to work after BurnOut'. The overall project goals are (a) to improve burnout recovery, (b) to improve work-related well-being since reintegration after burnout and (c) to prevent relapse of burnout within the federal administration (FA). The project has a broad scope, as it is not tailored to specific federal public services but rather aimed at the entire FA to have more impact. The leading theoretical framework is the Job Demands-Resources model (Demerouti et al., 2001) for all work packages (WPs). Below, we discuss the three research objectives (c.q. work packages), including the state-of-the-art, the gaps and innovative nature of the studies. We end with a general discussion on what is expected in terms of policy maker recommendations.

Research Objective 1 aims to evaluate current practices and policies on return-to-work after burnout in the FA (realized in work package 1). A literature review will summarize the best available scientific evidence (top-down approach) on (interventions for) secondary and tertiary burnout prevention. Current practices in the FA and recommendations from literature are described and compared.

State-of-the-Art. Since the introduction of the 'Law on Well-being at work' in 1996, the focus shifted increasingly towards psychosocial aspects of occupational health and this with a multidisciplinary approach, as adopted by the RE-BOrn project. Yet, this law mainly focuses on improving working conditions and primary prevention (Hansez & Mairiaux, 2015), which is laudable but disregards secondary and tertiary prevention. Specifically for burnout, organizations typically focus on primary prevention too (and secondary prevention to some extent), thereby disregarding tertiary prevention, which is surprising given the amount of people confronted with burnout who, afterwards, need to reintegrate in the labour market (Hansez et al., 2019; Heinemann & Heinemann, 2017). Indeed, burnout and related absenteeism numbers are high and still rising (i.e., 35.145 salaried workers in invalidity for burnout in Belgium in 2021 compared to 23.821 in 2016; National Institute for Sickness and Disability Insurance, 2022). Interest for burnout is also growing as part of the Relance Strategy for Societal and Economic Recovery after the COVID-19 crisis. Altogether, the state of the art regarding scientific evidence is that most articles also cover primary prevention. There is much less research on recovery from burnout (secondary prevention) and reintegration after burnout (tertiary prevention) (Kärkkäinen et al., 2017; Rooman et al., 2022). Because of this gap in literature, focus will be on interventions effective to reduce burnout symptoms prior to workplace reintegration (aim 1: building block for WP2) and once employees are reintegrated at work (aim 2: building block for WP3). To address these goals, a literature review (top-down) will be combined with document analysis and in-depth interviews for internal benchmarking (bottom-up). Specifically, the first work package will map









what actions the federal administration (FA) already took and critically discuss on what aspects these actions could still can be improved and in what legislative framework they operate regarding reintegration.

Gaps, Innovation and Contributions to Research and Policy. Attention for psychosocial well-being at work is growing and a large number of projects on primary prevention is being set up in the FA. It is not clear, however, what initiatives have been taken and how effective these initiatives have been to build prevention strategies and policies upon. With the growing numbers of long-term absenteeism/invalidity (National Institute for Sickness and Disability Insurance, 2022) —especially since the COVID-19 pandemic— we address this gap by documenting and evaluating existing and new approaches within/outside the FA to facilitate reintegration and build an evidence-based strategy/policy upon.

Research Objective 2 evaluates the effectiveness of BurnOut Treatment Programs (BOTP) for secondary burnout prevention among workers in the FA (realized in work package 2).

State-of-the-Art. Interventions for secondary prevention could be at the (1) individual level or (2) at the organizational level or (3) could be a combination of these two levels (Maslach & Goldberg, 1998). First, Individualcentered interventions aim (a) to modify the relationship between individuals and their job, (b) to optimize their personal resources or (c) to work on personality characteristics (Jonckheer et al., 2011). The most investigated individualcentered intervention is cognitive behavioural therapy (CBT; Korczak et al., 2012; Smoktunowicz et al., 2021) together with mind-body approaches like relaxation and mindfulness (Korczak et al., 2012; Smoktunowicz et al., 2021). Second, organization-centered interventions relate to work arrangements and conditions (Jonckheer et al., 2011). Yet, burnout (BO) interventions are often combined and thus focus on both individual and organizational aspects which appeared to be most effective (Pijpker et al., 2019). BO combined interventions can (a) have a (direct) positive effect on facilitating rehabilitation (secondary prevention) among employees at work or on sick leave due to BO (Pijpker et al., 2019) and (b) have an (indirect) reducing impact on absenteeism and promoting effect on return-to-work (tertiary prevention) (Kärkkäinen et al., 2017). Addressing this, Braeckman and Hansez (2019) developed the BOTP (Federal Agency for Professional Risks, 2019), which is adapted and evaluated in the FA during the RE-Born project. Given the lack of literature and insights in the effectiveness of BO interventions (Ahola et al., 2017; Perski et al., 2017), WP2 has three main aims. A first aim is to create an adapted BOTP (FA-BOTP) with both person- and organization-centered interventions tailored to the FA. A second aim is to evaluate the FA-BOTP, in terms of effectiveness on BO symptoms and absenteeism on the one hand, and in terms of participants' satisfaction on the other. The third aim is to optimize the FA-BOTP and to make recommendations aimed at implementing (future) BOTP's.

Gaps, Innovation and Contributions to Research and Policy. The second work package is innovative as it adds value to both the scientific literature and practice, in two ways. First, this work package responds to the literature as well as the request from BELSPO (BRAIN-BE 2.0 [6]) to consider combined instead of single interventions, as typically has been done. Second, the aim is to test the effectiveness of combined interventions, which is typically not done but realized here to provide guidelines for further improvements. If the FA-BOTP appears effective for reducing burnout symptoms and/or absenteeism, the program could be proposed by default to FA-workers contacting a psychologist for (beginning) burnout complaints.

Research Objective 3 concentrates on workplace reintegration (realized in work package 3), the phase subsequent to burnout recovery/treatment (see work package 2).

State-of-the-art. WP3 specifically focuses on prevention of relapse into burnout among workers who recently resumed their activities in the FA, by implementing a newly developed and short questionnaire tool, named the Burnout Reintegration Monitor (BRM). BRM monitors how well one feels reintegrated at work and helps workers to find ways to act upon it. The tool gives workers the autonomy and agency to take control of their own reintegration process; to assess their well-being and work on it if needed, which fits the data-driven and self-activation vision characterizing HR 2.0 that enables evidence-based decision-making. The tool not only captures risk factors in the workplace (e.g. workload) but –importantly– also helping factors or resources in the workplace (e.g., social support) for successful reintegration after burnout, departing from the Job Demands-Resources model (Demerouti et al., 2001), a well-known theoretical framework on burnout prevention (cf. supra for link with primary and secondary prevention). For person-related factors, the extended Job Demands-Resources model (Schaufeli & Taris, 2014) serves as the theoretical basis.









Hence, the Burnout Reintegration Monitor (BRM) aims are twofold, namely to measure (1) one's overall perceived quality of reintegration (sometimes referred to as work resumption quality, see Rooman et al., 2022) to give workers insights into their level of reintegration quality (low/medium/high) and to give the FA a general overview on how well their workers feel reintegrated after burn-out. In addition, the BRM-tool also measures (2) the major, most proximal determinants of quality of reintegration, stemming from PhD-research (Rooman et al., 2022).

Gap, Innovation and Contributions to Research and Policy. The Burnout Reintegration Monitor (BRM) is innovative in three ways: First, the limited body of existing studies on reintegration is largely qualitative in nature; there was not yet a general scale to measure/monitor quality of reintegration after burnout before, which we develop and evaluate (Rooman et al., 2022). Second, the BRM also highlights the direct antecedents of reintegration quality on which concrete actions can be taken. Third, the BRM will be contextualized to the FA: the original risk and helping factors will be finetuned according to the needs/specificity of the FA. Combining the above, the RE-BOrn project will set out a self-assessment tool that encourages workers within the federal agencies to monitor their own psychosocial well-being at work, which has –to the best of our knowledge– not been done yet (see for a pilot project: 'Re-integratiebalans' for the City of Ghent). The implementation and valorization in the FA are focused on 2 pillars: (1) 'diagnosis', or measuring the success of reintegration trajectories after burnout in the FA, and (2) 'remediation', or improving successful reintegration by giving workers the means to do so. In that way, the RE-BOrn project contributes to a relapse prevention policy concerning stress, burnout and long-term sick leave, which serves the psychosocial well-being of the FA-workers and contributes to a sustainable career management policy in the FA.

Policy recommendations

The RE-BOrn project addresses an important gap in the burnout literature and data by focusing on secondary and tertiary prevention, showing its scientific impact. As the RE-BOrn project aims to make a difference for employees who suffer(ed) from burnout and need to reintegrate in the labour market, it also has a vast societal impact. As part of the BRAIN 2.0 project call, the RE-BOrn project is aimed at carrying out policy-preparing research that helps to support the Relaunch Strategy for Societal and Economic Recovery after the COVID-19 crisis: By supporting burnout recovery (work package 2) and the overall quality of reintegration at work (work package 3), the federal administration will be able to (a) increase both well-being and productivity and (b) help reduce absenteeism/long-term sick leave and —hence— the overall cost of burnout. Through this project and its interventions (i.e., FA-BOTP; BRM), the topic of burnout is brought to the table and discussed openly within the federal agencies, making it possible to ameliorate the working conditions of individual workers as well as to discuss organizational practices, structures and culture that might trigger BO. The RE-BOrn project also facilitates inclusiveness by taking care of FA workers who had previously suffered from BO, FA workers who are still suffering from BO, and all FA workers that are at risk for BO. In this way, the federal government can also set an example for other organizations in both the public and private sector by supporting a healthy workforce in an evidence-based way.

References

- Ahola, K., Toppinen-Tanner, S., & Seppänen, J. (2017). Interventions to alleviate burnout symptoms and to support return to work among employees with burnout: Systematic review and meta-analysis. *Burnout Research*, *4*, 1–11. https://doi.org/10.1016/j.burn.2017.02.001
- Braeckman, L., & Hansez, I. (2019). *Prévention secondaire du burnout : revue de littérature en vue d'une démarche expérimentale de prise en charge auprès d'un groupe pilote* .
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001a). The job demands-resources model of burnout. *Journal of Applied Psychology*, *86*(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499
- Federal Agency for Professional Risks (FEDRIS). (2019). Nos réalisations, burnout [Annual Report, 19-23].
- Hansez, I., & Mairiaux, P. (2015). Conditions de travail et effets sur la santé des travailleurs: focus sur la prévention primaire. . In *Jobkwaliteit in België in 2015 Analyse aan de hand van de European Working Conditions Survey EWCS 2015 (Eurofound)* (pp. 179–205).









- Hansez, I., Rusu, D., Firket, P., & Braeckman, L. (2019). *Evolution 2010-2018 du burnout en Belgique et intérêt de l'utilisation conjointe de deux outils de diagnostic.*
- Heinemann, L. v., & Heinemann, T. (2017). Burnout Research: Emergence and scientific investigation of a contessted diagnosis. *SAGE Open*, 7(1), 1–12. https://doi.org/10.1177/2158244017697154
- Jonckheer, P., Stordeur, S., Lebeer, G., Roland, M., de Schampheleire, J., de Troyer, M., Kacenelenbogen, N., Offermans, A. M., Pierart, J., & Kohn, L. (2011). *Le Burnout des médecins généralistes: Prévention et prise en charge.* Centre federal d'expertise des soins de santé (KCE).
- Kärkkäinen, R., Saaranen, T., Hiltunen, S., Ryynänen, O. P., & Räsänen, K. (2017). Systematic review: Factors associated with return to work in burnout. *Occupational Medicine*, *67*(6), 461–468. https://doi.org/10.1093/occmed/kqx093
- Korczak, D., Wastian, M., & Schneider, M. (2012). *Therapie des Burnout-Syndroms. Schriftenreihe Health Technology Assessment (HTA) in der Bundesrepublik Deutschland (Bd 120).* (D. Korczak, M. Wastian, & M. Schneider, Eds.). Deutsches Institut für Medizinische Dokumentation und Information (DIMDI).
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology*, $\chi(1)$, 63–74. https://doi.org/10.1016/S0962-1849(98)80022-X
- National Institute for Sickness and Disability Insurance. (2022). *Number of persons in disability for depression or burnout [Aantal personen in invaliditeit voor depressie of burnout]*.
- Perski, O., Grossi, G., Perski, A., & Niemi, M. (2017). A systematic review and meta-analysis of tertiary interventions in clinical burnout. *Scandinavian Journal of Psychology*, *58*(6), 551–561. https://doi.org/10.1111/sjop.12398
- Pijpker, R., Vaandrager, L., Veen, E. J., & Koelen, M. A. (2019). Combined Interventions to Reduce Burnout Complaints and Promote Return to Work: A Systematic Review of Effectiveness and Mediators of Change. *International Journal of Environmental Research and Public Health*, 17(1), 55. https://doi.org/10.3390/ijerph17010055
- Rooman, C., Sterkens, P., Schelfhout, S., Royen, A. van, Baert, S., & Derous, E. (2022). Successful return to work after burnout: an evaluation of job , person- and private-related burnout determinants as determinants of return- to-work quality after sick leave for burnout. *Disability and Rehabilitation*, *44*(23), 7106–7115. https://doi.org/10.1080/09638288.2021.1982025
- Schaufeli, W. B., & Taris, T. W. (2014). A critical review of the Job Demands-Resources Model: Implications for improving work and health. In G. Bauer & O. Hammig (Eds.), *Bridging occupational, organizational and public health* (pp. 43–68). Springer.
- Smoktunowicz, E., Lesnierowska, M., Carlbring, P., Andersson, G., & Cieslak, R. (2021). Resource-Based Internet Intervention (Med-Stress) to Improve Well-Being Among Medical Professionals: Randomized Controlled Trial. *Journal of Medical Internet Research*, *23*(1), e21445. https://doi.org/10.2196/21445







