PILOT PROJECT BURN-OUT

SUMMARY RESULTS

FEDRIS

INTRODUCTION

On 17 January 2019, Fedris, the Federal Agency for Occupational Risks, launched a pilot project on secondary prevention of burn-out. Its aim was to confirm the feasibility and validity of a support pathway for workers, threatened with or experiencing early symptoms of burn-out, to enable them to remain at work or to return quickly to work under good conditions. From January 2019 to December 2022, more than 1,400 workers in the healthcare and banking sectors were able to benefit from this pathway at the first signs of symptoms.
The proposed pathway was based on a scientific literature review and interviews with experts in the field. It included both interventions centring on the person (individual) and actions focusing on the organisation. It was therefore a combined approach, which is reputed to produce better results.

The results presented below involved 223 participants. Data was collected at three points in time: before the start of the pathway (pre-test), just after the end of the pathway, which lasted a maximum of 9 months (post-test 1), and three to six months after the end of the pathway (post-test 2). During these three measurement phases, indicators of burn-out, stress, depression and anxiety were studied using validated questionnaires. Data was also collected on participants' work capacity/incapacity, work adaptations and healthcare consumption. Participants' satisfaction with the proposed pathway was assessed immediately after the pathway (post-test 1), in terms of content, number of sessions, practical organisation, etc. In addition to online data collection, clinical assessments were carried out by professionals with recognised training (psychologists, doctors) who were contracted by Fedris.
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RESULTS

Mental health indicators

The support pathway showed its effectiveness on mental health indicators, in terms of scores for burn-out as well as depression, anxiety and stress, and self-assessed physical and psychological health. These indicators improved significantly after the support pathway and those improvements persisted for three to six months after the pathway ended. By way of illustration, the number of participants with a high level of burn-out at pre-test dropped from 72% to 16% three to six months following the pathway. For depression, anxiety and stress, the figures for participants with no risk (normal state) rose from 14%, 20% and 13% respectively to 58%, 54% and 63%.

Improvements in general well-being

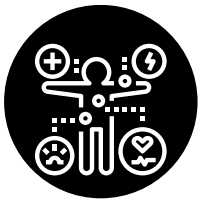
The effectiveness of the support pathway was also seen in terms of improvements in general well-being, well-being at work, ease of performing tasks, sleep, quality of life and work-life balance. On average, participants agreed or strongly agreed that these aspects had improved and that the improvement persisted between three and six months after the end of the pathway.

Reduced healthcare consumption

The effectiveness of the support pathway was demonstrated in terms of reduced healthcare consumption compared to the start of the pathway, particularly regarding the number of consultations with healthcare professionals, the number of medical examinations and the use of medication (with the exception of antidepressants).

The average number of sessions

The average number of sessions was 12 or 13. On average, just over six of these sessions focused on the organisational dimension of burn-out, and nearly four were dedicated to the individual dimension (psychological and/or physical approach). Between two and three psycho-educational sessions were also requested.

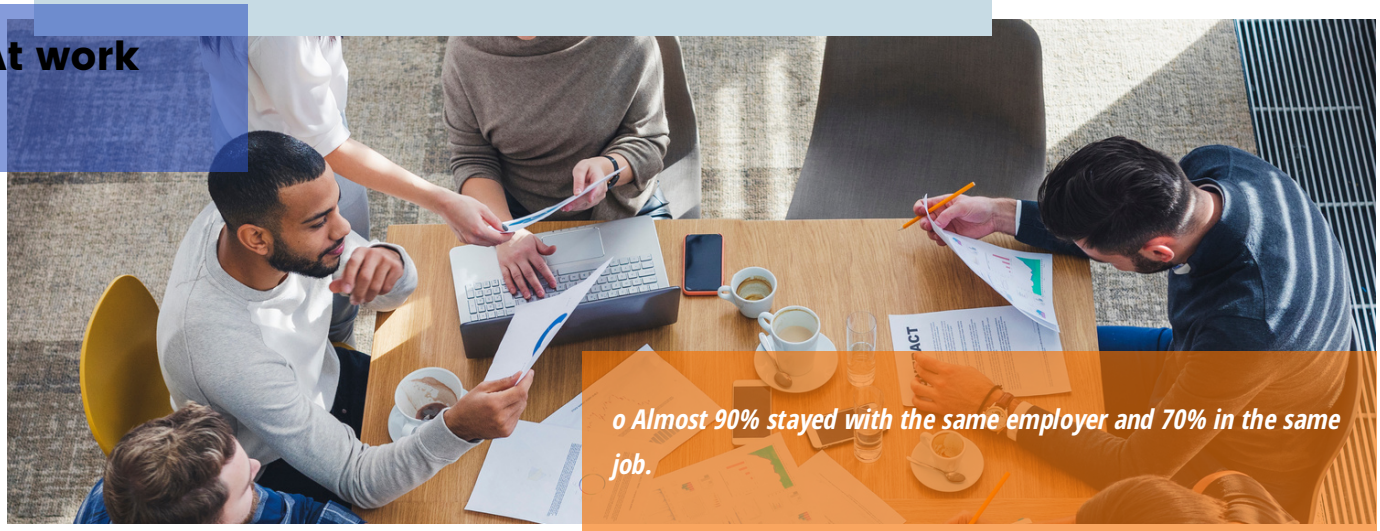


The diagnosis

As regards the evolution of burn-out symptoms after treatment, in more than 75% of cases, the diagnosis of burn-out was no longer relevant for the participant after the treatment. Symptoms had improved in the vast majority of cases.

RESULTS

At work



In terms of employment, there was an increase from 45% of participants on the job (at the time of the pathway, 55% of workers were off work for less than two months) to 80% after the pathway. It should be noted, however, that half the people concerned - particularly women - worked part-time.

o Almost 90% stayed with the same employer and 70% in the same job.

o The employer made changes in 30% of cases. Most of these changes were linked to adjustments to the working hours and transfers of workers to other departments.

o 45% of workers also negotiated measures themselves, in particular after being referred to the project by the prevention advisor/occupational physician (PAOP) or the prevention advisor for psychosocial aspects (PAPA). A reduction in working hours and a different function were implemented in most situations.

• In terms of participants' relationship with work, most of them said that they perceived more positive aspects in their work, have distanced themselves from work and now had more realistic expectations concerning work.

• With regard to the organisation of work, participants were more divided about whether the company had become aware of the problem at the collective level and whether there had been changes in the approach of management or more actions to promote well-being and more material support. These results could be explained, however, by the fact that the multidisciplinary meeting, which was proposed as part of the support pathway, was not used as such. Instead, actions based on the organisation at work were planned informally between the participant, the prevention actors (PAOP, PAPA) and/or the company (e.g. HR, manager).

• Opinions were equally divided regarding relationships with superiors, with almost half of participants believing that there was no improvement, while the other half reported an improvement. Opinions were more positive when it came to relationships with colleagues, with almost 75% of participants perceiving an improvement in this type of relationship.

General satisfaction

• Participants were highly to very highly satisfied with the support pathway, its logistical aspects, the sessions with their provider(s), the content of the support pathway, the explanations given about it by the burn-out support provider and by Fedris, and the possibility of getting support from several healthcare professionals. On average, the overall evaluation was 8 out of 10. Almost 95% of participants would recommend this support pathway to others.

• Support providers, prevention actors, HR managers and social partners, who had the opportunity to give their opinions on the more organisational aspects of the Fedris project, were also satisfied overall.

FINDINGS

The pathway showed to be effective in the short term (up to six months after it ended).. The results suggest that the target populations should be enlarged, and the pilot project should be extended into a sustainable prevention programme.

The system implemented by Fedris worked effectively: participants were identified and referred by the PAOP, the PAPA or the GP; a clinical diagnosis was confirmed and support provided by recognised and specifically trained professionals.

The results were less explicit in terms of the impact on work organisation. This finding highlights the importance of primary prevention, but also of raising awareness within organisations and among managers in particular. An integrated approach to prevention (primary, secondary and tertiary prevention) is essential for long-term results.

Sustained, regular communication and awareness-raising campaigns are still needed to make the pathway better known and more accessible to as many people as possible.

RECOMMENDATIONS

Reinforce the detection of mental suffering in the workplace by improving:
o information for workers;
o training for prevention actors, informing them about resources that can be used in the event of difficulties, while supporting them in their detection efforts (in terms of human and logistic resources)

Initiate early follow-up of workers at risk of mental suffering at work in order to prevent their symptoms from worsening and to enable them to stay at or return to work, while limiting the risks and consequences of long-term stoppage.

Entrust the diagnosis of mental suffering at work to professionals with the necessary expertise (knowledge, skills and experience in clinical psychopathology as well as occupational and organisational psychology°.

Promote a multidisciplinary approach for comprehensive management of burn-out related complaints.

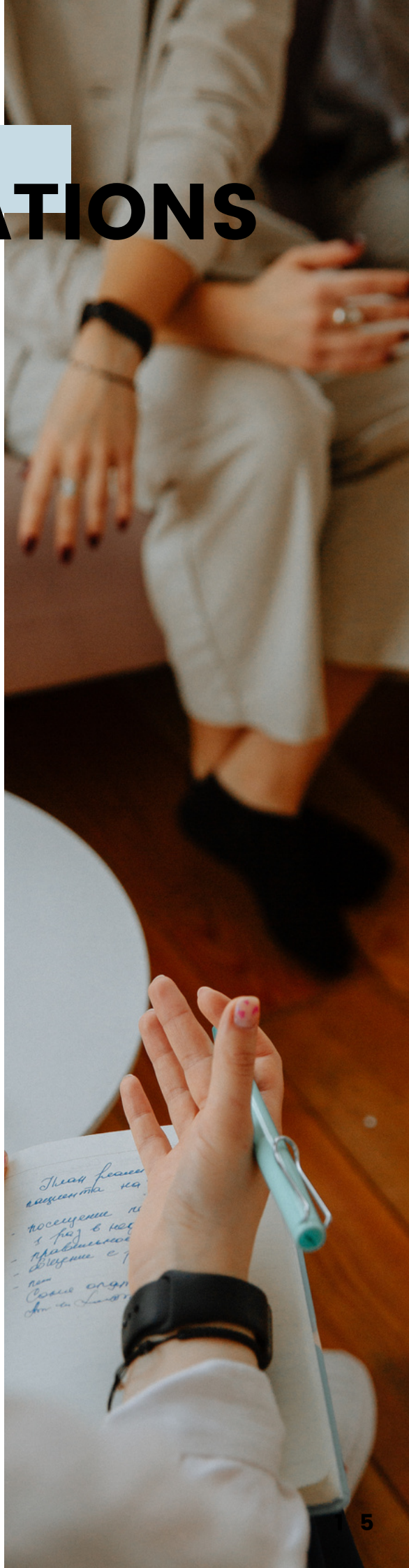
Ensure that professionals working in the field of mental suffering at work are part of a network that enables them to consider the worker as a whole and to refer workers for specific treatment if need be.

Promote links between healthcare and prevention actors for combined action at individual and organisational levels.

Actively promote the development of knowledge on mental health in the workplace by supporting joint reflection with those involved in prevention and treatment.

Develop a national and European thinktank on the interaction between work and mental health.

Intensify communication and information on projects aimed at preventing mental suffering at work and/or providing support to those confronted with it.



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