

Prevalence of burnout among Belgian workers assessed through the occupational healthcare system



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Introduction

- Burnout seems to be on the rise in working populations
- Actual prevalence of burnout not known however
- Literature figures ranging from 2,4% to 40% ; range likely due to variations in definitions and measurement tools
- **Study objective :**
 - **To measure the extent of burnout in the active Belgian population**
- Study supported by the Belgian Federal Public Service Employment, Labour and Social Dialogue

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Prevalence study - methodology

- Registration of cases observed during medical examinations carried out by [general practitioners and] occupational health physicians
- Prospectively during a three month period
- By means of a worker screening form (A4 recto-verso sheet)
- Study phases
 - Elaboration of the screening form (literature review)
 - Form validation using focus-groups
 - Definition of the physicians sample
 - Launching of the study and data analysis

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Screening form: « Ill-being at work: from being overworked ... to burnout »

This form is aimed at making a census of both **burnout cases** and cases of workers who present, in your opinion, **a condition of ill-being due to work that is likely to develop to such a state**. Burnout is defined as a persistent negative state of mind linked to work, in « normal » individuals, characterised by exhaustion, a feeling of inefficiency, demotivation and dysfunctional behaviour at work.

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Worker screening form - content

- Definition of burnout
- *Type of medical examination in occupational health*
- Complaints expressed in the consultation at the worker's initiative
- Symptoms
 - First consultation?
 - Since when did the symptoms appear ?
 - For these symptoms, did the worker consult other professionals ?
- Work
 - Do the complaints have a link with working conditions ?
 - Job demands
 - Resources the worker perceives as lacking

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Worker screening form - content

- Socio-demographic characteristics:
 - Gender, age, family situation, mother tongue, job category, sector, employment contract, enterprise size, profession, medical history (somatic, psychological, alcohol / medication consumption)
- In your opinion, does the worker suffer from burnout ?
- Conclusion of the OP health evaluation
- Comments

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Study participation in occupational health services (OHS)

- 1050 occupational physicians (OP) in Belgium working in 13 external OHS and about 20 internal OHS
- Study participation :
 - 11 external OHS covering 2.5 Mio workers
 - 8 internal OHS covering about 37.000 workers
- → 168 volunteering participants (147 from external and 21 from internal OHS)
- → 132 OPs sent back 1 or more screening forms
- Response rate

	Month 1	Month 2	Month 3
OP (N=132)	92%	86%	71%

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Burnout prevalence estimate

- 58831 worker-OP contacts, 456 cases → prevalence about 0,8%

OP	forms month 1	contacts	%	forms month 2	contacts	%	forms month 3	contacts	%	Mean
456 forms										
Burnout	131	21827	0,60	107	22799	0,47	70	14205	0,49	0,52
Ill-being	43	21827	0,20	38	22799	0,17	17	14205	0,12	0,16
Not specified	17	21827	0,08	18	22799	0,08	15	14205	0,11	0,09
Total	191	21827	0,88	163	22799	0,72	102	14205	0,72	0,77

- Extrapolated number of cases for the whole Belgian working population : 19.000 / year

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Occupational Health cases analysis (N=456)

- Socio-demographic characteristics
 - Gender: Female 59 %
 - Family situation: Single 23 %; With partner 77 %
 - Sector: Public 74 % ; Private 26 %
 - Job category : White collar 26 %; Blue collar 59 %
Management 14 %

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Occupational Health cases analysis (N=456)

- Enterprise size

	N	%
<20	45	9,9
20-49	59	12,9
50-250	94	20,6
>250	248	54,4

- Employment contract

	N	%
Temporary agency contract	0	0
Fixed term contract	22	4,8
Permanent contract	361	79,2
Definitive appointment	66	14,5

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Occupational Health cases analysis (N=456)

- Conclusion of the health evaluation

	N	%
Fit to work	288	63,2
Temporary unfit	20	4,4
Definitive unfit	32	7,0
Temporary new assignment	12	2,6
Definitive new assignment	16	3,5
Sick leave	70	15,4

- Fit to work decisions average rate in the general worker population : 98,5 %

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Study strengths and limits

- Strengths

- Burnout screening based on the clinical evaluation by a health professional
- Development of a screening form with criteria
- Representative OPs sample : 12,5% of all active physicians, with an homogenous distribution over the country and over the various economic sectors

- Limits

- Physician subjectivity influences clinical judgment
- Worker reporting of ill-being dependent on the trust relationship he/she experiences with the OP

Discussion

- **Reliability of the 0,8 % prevalence estimate ?**
 - Identical rates found among Dutch and French-speaking physicians
 - No difference in rates between screening by GPs (confidant physician, consulted on one's own initiative) and OPs (physician not chosen by the worker, often consulted following a formal call, possible prevalence under-estimation)
- **Comparison with other studies**
 - No comparison possible with self-report measures using MBI or other scales
 - But results in line with
 - A macro-economic approach : 1 to 1,4% of the active population in France affected by a stress related pathology (Bejean et al 2004)
 - 2,4 % workers reporting mental health suffering in a French epidemiological survey based on a registration by OPs (InVS 2011)

**Thank you for your attention !
 Merci pour votre attention
 Dank u voor uw aandacht !**



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