Feel the Burn

IN BRIEF

Post-pandemic, more workers worldwide report suffering from burnout, and it is likely the numbers will continue to rise. This article from The Actuary discusses that, though burnout is not yet recognized medically, employers and insurers alike must look for new ways to support those on long-term sick leave in their efforts to return to work.

Post-pandemic, more workers worldwide report suffering from burnout. Though still not recognized medically, it's a warning beacon for employers and insurers alike.

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In 1974, American psychologist Herbert Freudenberger was among the first to note the symptoms of 'burnout'. It has subsequently been described as having three main components: emotional exhaustion, depersonalization, and low personal accomplishment.

The WHO recognized burnout as "an occupational phenomenon" in 2019 but it is not yet considered a medical condition. Regardless of designation, the insurance industry could see more disability claims arise due to stress, anxiety, and depression – all of which may stem from burnout.

What is burnout?

Burnout results from excessive long-term stress caused by workload pressure and is characterized by extreme tiredness and reduced ability to deal with negative emotions. Exhaustion is generally the first symptom, followed by detachment and negative reactions to the job, and feelings of inadequacy and failure. This can lead to absenteeism, intention to leave a role and employee turnover.

In the 11th version of the International Classification of Diseases (ICD-11), the WHO classified burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed". Italian and Latvian legislation calls it "an occupational disease", distinguished from depression and anxiety. Sweden has diagnosed "work-related neurasthenia", characterized by mental and physical exhaustion, since 1997, while the Netherlands uses the term "overstrain" and recognizes it as a work-related disease. However, a reluctance to recognize a burnout diagnosis persists for fear of multiple disability cover claims.

Burnout is increasingly seen as separate from anxiety and depression, and diagnosis could allow insured lives to claim under the condition if they fail to meet a definition for other mental health disorders.

Incidence and prevalence

Burnout is prevalent among health workers, especially those in time-critical job roles. According to the U.S.-based Journal of Emergency Medical Services, two studies in 2021 showed that rates among emergency medical service providers averaged 15% to 40%, and were highest among more advanced emergency responders who worked long shifts.

Healthcare employment pressures escalated during the COVID-19 pandemic, with U.S. health workers reporting high rates of stress, exhaustion, sleep loss, anxiety, substance abuse and suicidal ideation. Between June and September 2020, 93% reported experiencing stress, 86% anxiety and 76% exhaustion and burnout. However, research suggests that a burnout diagnosis may be blurred by alternative or concurrent diagnoses of anxiety and/or depression.

It is difficult to estimate how many people are absent from work due to burnout, as many are unwilling to reveal the underlying cause of absenteeism. However, in Germany, where statutory health insurers use the ICD-10's Z73.0 code 'work determinants associated with burnout and effects of burnout', the percentage of the population suffering from the condition increased from 0.7% in 2006 to 2.8% in 2016. Absence due to burnout rose from 16 days per 1,000 members in 2006 to 87.5 days in 2012 but declined to 67.3 days in 2015; this could have been driven partially by therapy provision from health insurers.

A Dutch study, meanwhile, showed that employees with a low burnout score have an average absence rate of around 2.5%, those with a mid-range score have an average rate of 5% and employees with a high score have an average rate of 25%.

Risks and protective factors

Despite a lack of medical evidence supporting a clinical diagnosis, workers are increasingly reporting burnout. Table 1, below, lists some of the factors influencing the risk of burnout and its prevention.

Table 1: factors influencing burnout risk and prevention

Burnout Risk	Burnout Prevention
Shift work/night work/long hours	Positive work attitude
Younger age	Personal accomplishment
Less professional experience	Emotional wellbeing
Alienation	Job security
Time pressure/high work intensity	Physical health
Unfair working conditions	Good relationships
Working from home/isolation	Supportive colleagues/social support
Poor sleep quality/quantity	Positive environment
Workload pressures/emotional demands	Good renumeration
Lack of managerial support	Opportunities
High cost of living	Exercise
Money worries	Valued member of a team
Single marital status	Competency

So what are the resulting medical conditions? Exhaustion from mental stress can cause physical symptoms such as headaches, gastrointestinal disruption, muscle tension, and poor sleep quality and quantity. Consequences can also include poor eating habits, insomnia, increased substance use (such as smoking and drinking alcohol), chronic depression, suicidal ideation and suicide attempts.

A meta-analysis of 36 studies showed that burnout was a significant predictor of hypercholesterolemia, Type 2 diabetes, coronary heart disease, hospitalization due to cardiovascular disorder, musculoskeletal pain, prolonged fatigue, headaches, gastrointestinal issues, respiratory problems, severe injuries, and mortality below the age of 45 – all factors in life insurance assessment. It also revealed a link between burnout and insomnia, depressive symptoms, use of psychotropic and antidepressant medications, hospitalization for mental health disorders, and psychological ill health.

Biological mechanisms resulting from prolonged stress may impact physical health. Overactivation of vital functions such as heart rate and blood pressure can cause metabolism and immune system changes, resulting in susceptibility to infectious diseases, poor sleep patterns and poor health behaviors such as smoking and reduced physical activity.

Burnt-out workers also had more than twice the risk of developing musculoskeletal pain compared to those not reporting it, nearly double the risk of Type 2 diabetes, and a higher risk of coronary heart disease. Although burnout was a risk factor for increased mortality below age 45, this did not apply to those aged 45 and above.

The impact of Covid

The Covid pandemic resulted in millions of people working from home, many of whom are yet to return to the office. Consequences have included isolation, loneliness, sedentary lifestyles, musculoskeletal issues due to poor ergonomics (such as inadequate seating and equipment), and unhealthy eating habits.

While hybrid working can improve people's work-life balance, the overall outcome for mental health is not always positive due to a lack of physical and psychological separation between work and personal life; many employees continue to work outside 'normal' office hours while working remotely.

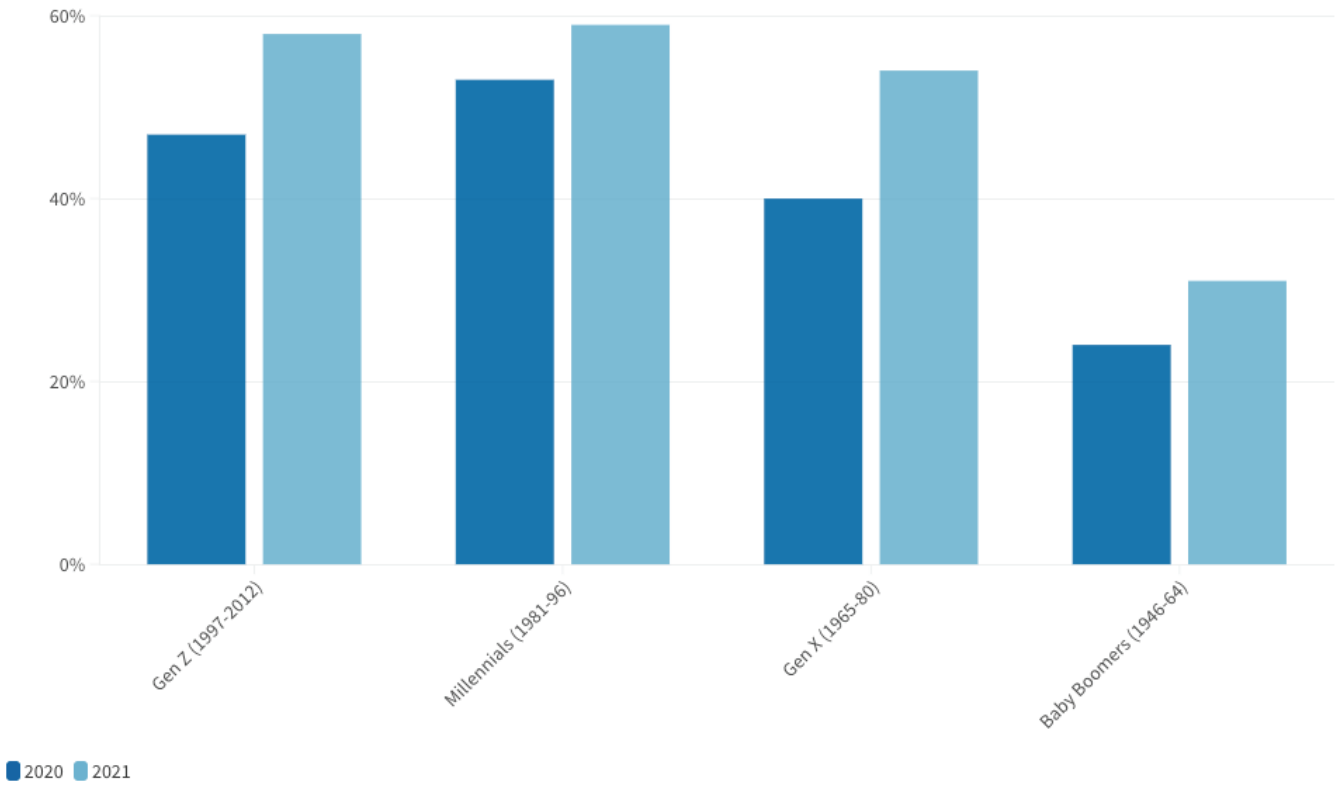
In a 2021 survey of 1,500 U.S. workers, 52% of responders reported burnout, up from 43% pre-pandemic. More than two-thirds (67%) said their burnout had worsened since the pandemic began, and remote workers were more likely to report it (38%) than those working on site (28%).

This is potentially because more than half of employees who work from home (53%) work more hours than they would in the office, finding it difficult to let go of work while at home. Figure 1 shows feelings of burnout by generation.

Assessment and measures

The most widely used method for assessing burnout relies on self-assessment questionnaires, but methodologies are not consistent, which makes clinical diagnosis difficult and means findings cannot be compared.

Figure 1: percentage of U.S. employees with feelings of burnout in Jan 2020 (pre-Covid) versus Feb 2021, by generation



> Many employees now work more hours than they would in the office, finding it difficult to let go of work while at home

Commonly used questionnaires include the Maslach Burnout Inventory, Copenhagen Burnout Inventory, Shirom-Melamed Burnout Measure and Oldenburg Burnout Inventory. They are designed to measure burnout levels and assess burnout dimensions using a scoring system based on the frequency with which individuals experience it.

Combatting burnout

Insurers can help individuals beat burnout. Measures could include providing applications or offering subscriptions to wellness programs featuring activities such as yoga, meditation and training on managing time, productivity and workload.

Techniques such as mindfulness and discussing pressures with colleagues have been effective in helping people cope with work stress. Employers can also help by building supportive working relationships, providing advice on healthy habits, offering alternative work patterns, helping employees develop coping and relaxation skills, and introducing physical and social activities to promote wellbeing.

Further research is needed to determine what triggers burnout, how long it takes a person to become burnt out, what treatments are effective and how long it takes to recover.

Questions remaining

While it is understood that burnout affects people in the working environment, there is no medical diagnosis and it remains an occupational phenomenon. It is a self-reported condition and lacks consistent measures of severity, leaving diagnoses open to interpretation. While work-related factors are clear triggers, the influence of other factors such as stress and anxiety are not well understood.

COVID-19 has escalated the incidences of burnout and it is likely that numbers will continue to rise. Symptoms can continue for years, resulting in multiple medical conditions, work absence and early mortality in those aged 45 and under.

Questions remaining include: how can we define and standardize specific burnout features for the purpose of diagnosis? How can we prevent it in the workplace? And how can we support those on long-term sick leave in their efforts to return to work?