



# Implementation of the Time2Grow Model in questions and answers

Dorota Kwiatkowska-Ciotucha  
Beata Pachnowska  
Urszula Załuska  
Marcin Zięba

Wrocław, October 2019

## **Table of contents**

What is the phenomenon of occupational burnout and how does it manifest itself? .....	3
How to diagnose occupational burnout? .....	4
Who could potentially be affected by occupational burnout? Are there professions more exposed to burnout? To what extent can burnout affect people with disabilities?.....	4
What is the scale of occupational burnout in Poland?.....	5
What can be the consequences of occupational burnout for the employee and the organization they are employed in?.....	6
What are effective preventive measures in the field of burnout from the individual's point of view?..	6
What are effective preventive measures in the field of burnout at the organizational level? .....	7
What is the Time2Grow Model? .....	8
What are the components of the Time2Grow Model for? .....	9
What are the costs of occupational burnout in the organization? .....	10
What is the character of training support for employees in the Time2Grow Model? .....	10
What are the stages of implementing the Time2Grow Model? .....	11
Should the inclusion of occupational burnout in the latest edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) have any significance for the decision on the implementation of the Time2Grow Model? .....	12
Does the implementation of the Time2Grow Model protect the employer against claims from the employee suffering from occupational burnout? .....	14

## What is the phenomenon of occupational burnout and how does it manifest itself?

Modern scientific concepts define this phenomenon as a “disturbed occupational relationship” between an individual and work, its environment, requirements, etc. Its consequences include disappointment with work, lack of professional satisfaction, lack of self-fulfilment and failure to meet one’s expectations. In the light of the literature on the subject, occupational burnout is a consequence of the individual’s long-term experience of extensive stress and effort, especially in the sphere of relations with the social and occupational environment.

In most cases occupational burnout is defined as psychophysical and emotional exhaustion, depersonalization (also known as cynicism) and a reduced sense of personal achievement (reduced level of satisfaction with professional achievements). These symptoms prevent effective work and employee’s involvement in the tasks performed. They are the reason for the superficiality of actions taken, formalization of contacts, cool attitude towards work and colleagues or reduced effectiveness of actions, and may take the form of aggressive or escape behaviours (for example, more frequent absenteeism). Schematic occupational burnout is shown in Figure 1.

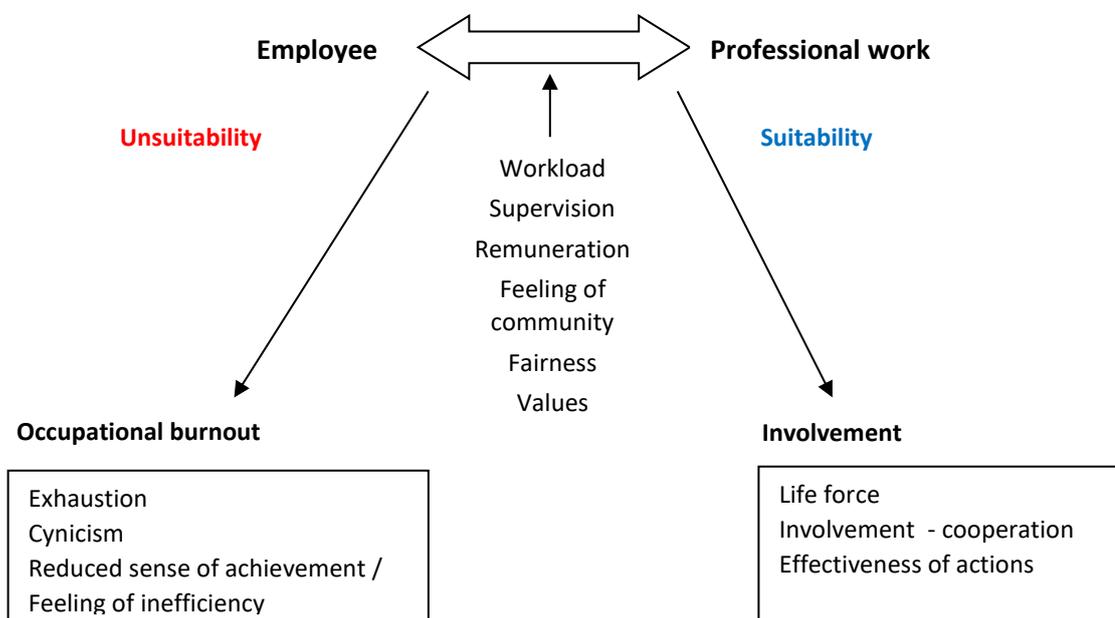


Fig. 1. Organizational model of occupational burnout (Tucholska, 2009)

## How to diagnose occupational burnout?

---

According to the current state of knowledge in the field of diagnosis of occupational burnout, one can use two psychometric tools:

- Maslach Burnout Inventory General Survey – Occupational burnout questionnaire (MBI – GS; Maslach, Jackson, Leiter, 1996), which also has a version meant for researching helping professions (MBI– HSS) and employees from the sector of education (MBI – ED);
- Santinello Link Burnout Questionnaire – The LBQ Occupational Burnout Questionnaire (Santinello, 2008, 2014).

The LBQ Occupational Burnout Questionnaire, which is an adaptation of the Italian Link Burnout Questionnaire, has Polish standardization for five occupational groups: teachers, therapists, nurses, doctors and uniformed services. The MBI - GS tool (and versions for social professions and teachers) requires the purchase of a license in order to conduct scientific and diagnostic research in Poland.

It is worth emphasizing that both of these tools are **professional psychological tests** which can be used only by professional psychologists in the process of diagnosing an individual.

In order to evaluate the level of risk of occupational burnout in a given workplace (an institution or company), one can use an anonymous or personalized questionnaire on occupational satisfaction. However, one should bear in mind that this will be only an aggregate evaluation of possible risks of occupational burnout in a given workplace, and not an individual diagnosis of specific employees.

**Who could potentially be affected by occupational burnout? Are there professions more exposed to burnout? To what extent can burnout affect people with disabilities?**

---

The first scientific research carried out in the field of occupational burnout indicated that this syndrome is attributed primarily to helping professions e.g. nurses, carers of dependent people, teachers, which require a lot of dedication, empathy as well as mental and physical effort. However, research conducted for many years in the United States and Canada proves that **occupational burnout is a universal phenomenon**, which means that it occurs in a variety of professions, also those which do not involve helping others. This is primarily due to the fact that the essence of occupational burnout is the imbalance in the “employee-work environment” relationship that can occur in any workplace. According to psychologists, it mainly affects people strongly involved in their work, task-oriented and highly ambitious.

**Disability is not a factor directly affecting the risk of occupational burnout.** Working conditions are of key importance, including atmosphere in the organisation and its culture allowing

the well-being of all persons working there. Occupational burnout should not be a taboo which is avoided in conversations with colleagues and superiors.

At this point, it is worth emphasizing **the universality of the developed Time2Grow Model**. Despite focusing on helping professions (health care, education), the prevention model can be successfully used in other areas of professional activity, including the area of business. The whole process, symptoms and preventive actions are the same.

## What is the scale of occupational burnout in Poland?

There is no unequivocal answer to this question because of the lack of research in this field conducted on representative samples which would enable drawing conclusions for the entire population. One of the most significant studies dedicated to this subject was conducted in 2009 in the Kuyavian-Pomeranian voivodship on a group of about 4.000 employees. The number of respondents suffering from occupational burnout and those experiencing its first symptoms totalled 48%. Healthy people constituted one third of all respondents.

A certain attempt to answer the question about the scale of occupational burnout in Poland may be the results of primary research carried out under the Time2Grow Project. Due to the small size of groups and the lack of random character of respondent selection, this study can only be used as a pilot one, and the generalization of conclusions for the entire population is not justified. Primary research in the project was carried out in mid-2017 in a group of 153 respondents working in **health care** (mid-level staff, mainly nurses, 64 people), **education** (teachers, 46 people) and **higher education** (academic teachers, 43 people). In the study one used the LBQ Occupational Burnout Questionnaire - compare table 1.

Table 1. The results of the LBQ test for respondents from 3 sectors – health care, education and higher education

Emotional exhaustion			
Level	OP	ED	SW
Low	17%	15%	9%
Medium	75%	72%	77%
High	8%	13%	14%

Lack of involvement in relationships			
Level	OP	ED	SW
Low	16%	35%	9%
Medium	77%	54%	72%
High	8%	11%	19%

Low sense of efficacy			
Level	OP	ED	SW
Low	20%	24%	19%
Medium	69%	63%	74%
High	11%	13%	9%

Disappointment with work			
Level	OP	ED	SW
Low	30%	22%	7%
Medium	53%	61%	81%
High	17%	17%	12%

Note: OP – health care, ED – education, SW – higher education.  
Source: own study based on the results of the LBQ test.

## What can be the consequences of occupational burnout for the employee and the organization they are employed in?

---

In the literature on the subject, among the consequences of long-term professional stress in employees, one most often mentions 4 groups:

- **psychological consequences:** feeling of guilt, helplessness, anxiety, irritability, low mood, outbursts of anger, cognitive decline - impairment of attention, concentration and memory, making mistakes, lower efficiency, learning difficulties, depleted motivation to work, decreased self-esteem, reduced life force, work and life satisfaction, and a reduced sense of well-being;
- **behavioural consequences:** a tendency to criticise and complain, a tendency to aggressive reactions or withdrawal, using drugs and psychoactive substances, often leading to the development of addiction, risky behaviours, decrease in work efficiency, absenteeism, fluctuation of staff and even suicide attempts;
- **social consequences:** bringing work problems home, venting anger on loved ones, constant thinking about work, also in free time;
- **health consequences:** civilisation and psychosomatic diseases (the most common stress-related diseases and those which intensify in the face of stress include: cardiovascular disease, coronary artery disease, gastric and duodenal ulcerative disease, metabolism disorders, bronchial asthma, immunity disorders, skin diseases, hormonal disorders, migraines, allergies), mental disorders (depression, affective disorders, neuroses, including anxiety and obsessive-compulsive disorder).

From the point of view of the organization, the consequences of occupational burnout include: increased absenteeism of employees, reduced efficiency and performance at work, constant staff fluctuation, reluctance to changes and new tasks, accidents at work, reduced work quality, loss of motivation to work, deteriorated company image and consequently - material losses.

## What are effective preventive measures in the field of burnout from the individual's point of view?

---

The following activities are recommended in literature on the subject:

- **Self-development**, perceived as consistent work and improvement of one's professional competencies, both technical and interpersonal. Such activity, despite being an additional burden and effort for an employee who, outside of working hours, makes an attempt to learn something, strengthens not only their competency value on the labour market, but

also the sense of their own professional effectiveness, so important in the prevention of more advanced stages of burnout syndrome.

- **Mental hygiene**, that is, taking care of mental rest, recharging life force and mental resources. In this regard, one should indicate relaxation techniques, taking up new hobbies and interests, willingness to perform physical activity, and thus greater concern about somatic health, activities focused on relaxation and making oneself happy e.g. get-togethers, favourite ways of spending free time, favourite food etc.
- **Coping with stress**, nowadays referred to as “stress management” competency involving the development of skills to effectively deal with more difficult professional situations. In addition to organized forms of learning such as group training or individual coaching, this type of activity includes individual stress management training. It may also include self-analysis, relaxation techniques or mindfulness training.
- **Healthy lifestyle** (sport, health-promoting activities and proper diet postulated especially in *the work-life balance* trend in connection with achieving a balance of “body and soul”, promoting taking care of somatic health and therefore mental balance), regular health monitoring, regular rest.
- **Developing personal resources and adequate management of free time** in the context of coping with professional stress. Valuable personal resources include: a sense of personal control, a sense of self-efficacy, self-esteem, optimism, the ability to find meaning, perceived social support, a sense of humour, emotional intelligence, assertiveness and resilience.
- **Seeking social support**. Psychologists indicate how important in the prevention of burnout symptoms is maintaining and building positive and supportive relationships with loved ones, making new acquaintances and forming relationships outside of work.
- **Mental change in the approach towards oneself and one's own beliefs**.

## What are effective preventive measures in the field of burnout at the organizational level?

---

Preventive measures should be designed in such a way that they **increase the degree of suitability between the employee and the organization** (including workload, supervision, remuneration, fairness, a sense of functioning in community and values). They should be related to **stress management in the organization and strengthening employee involvement** (selection of staff, delegating tasks and responsibilities, adequate workload and realistic goals). It is possible to indicate activities such as development and educational programs, preventive actions, supervision as a tool for professional development, interventions and support in crisis situations, professional support groups and stimulation of employees' internal motivation. In each type of organization, it is possible to introduce activities which increase the level of employee involvement, making it visible in higher quality and efficiency of work performed. Sometimes these can be quite simple activities which focus employees' attention on the company's goals and priorities, e.g. a

model in which the entire organisation is informed about the results achieved. This could also be an element of appreciating the best employees and their results by means of intranet, internal systems or even a newsletter. It is extremely important to introduce actions in the broadly understood organizational culture and to perceive occupational burnout not as a taboo but as a normal phenomenon which can occur in any organization if proper measures are not taken from the perspective of an individual as well as the entire organization.

## What is the Time2Grow Model?

---

The Time2Grow Model is a burnout prevention model developed in the Polish-Belgian-Finnish partnership. Its basic assumption is that **occupational burnout is a shared problem of the employee and employer**, a problem of a **multifaceted and multidimensional character**. Due to its nature, there is neither an effective prescription or simple advice, nor a consistent and clear view of this phenomenon. In different sectors, this syndrome can manifest itself in various ways and can cause different problems. The second key assumption is the adoption of **the universal nature of occupational burnout** - it can happen in any industry, and the sectors providing help and assistance to others are particularly at risk.

It is also worth emphasizing that currently it is difficult to obtain any support in the field of burnout in Poland, and thus officially “involve” in preventive measures medical care institutions such as the field of occupational medicine. There is no system of diagnosis and early detection of burnout symptoms, and occupational medicine certification does not concentrate on this type of occupational problems unless they affect the employee’s health in a way that completely prevents them from starting or continuing their work. For this reason, only two parties are currently interested in preventing and minimizing the consequences of occupational burnout: the employer and employee since they are directly affected by the effects of this phenomenon. The costs of occupational burnout are borne by both parties (the employer and employee) and therefore both parties should counteract it.

The Time2Grow Model is focused on prevention and comprehensiveness, but it gives a rod rather than a fish. Since the problem of burnout concerns two parties, the created solution contains components dedicated to employers as well as employees. Through the knowledge of the employee and employer about the essence of the phenomenon and its correlates, it strives to recognize the problem and its causes in a particular entity, and to introduce tailored remedial solutions.

## What are the components of the Time2Grow Model for?

---

**The Time2Grow Model is a holistic proposal enabling the implementation of the solution in an entity of the health care, education or higher education sector,** and after adaptation – also in entities from other industries. In order to ensure the effectiveness of undertaken actions, one developed two guides - for the employer (Part 2 of the Model) and employee (Part 3 of the Model). They show both the specificity of the syndrome and possible actions that can be undertaken by both parties together with their legal context. Part 4 of the Model presents training programs for employees and employers developed by an interdisciplinary team of specialists, tested in the project on groups of representatives of the health care and education sector, ready for practical use in the form of group or individual activities. The Model is completed by the Concept (Part One of the Model) and the Set of Implementation Procedures for Employers (Part Five of the Model) - a set of scenarios for various entities.

Employers are recommended the four elements of the Model:

- **The concept of the comprehensive Model of preventing occupational burnout** – it contains primarily the characteristics of the phenomenon from the employee and employer's point of view, as well as the keynotes of the developed solution and target groups potentially interested in its implementation.
- **Occupational burnout – preventing and counteracting. A guide for employers.** It contains information about occupational burnout syndrome, legal status in the area of employer's responsibility and examples of ways to prevent burnout and counteract its effects at the level of an organization.
- **Seminars for employers** - they consist of a module introducing the issue of occupational burnout, taking into account the specificity of a given professional group, a module dedicated to the legal aspects of occupational burnout in Poland and EU countries, and the presentation of individual components of the Model.
- **A set of implementation procedures** – it contains recommendations and activities which help to adapt the solution to the internal system of the organization and the specificity of the entity implementing it. It also contains the recommended course of proceedings.

Two elements have been developed for employees:

- **A guide for employees on the prevention of occupational burnout** – it contains information which helps to recognise symptoms and attitudes typical of occupational burnout in oneself and in the work environment, and take individual actions counteracting this phenomenon.
- **Training courses for employees** - they consist of two types of support: group training courses conducted in thematic blocks (e.g. supporting personal development, relaxation, coping with difficult situations) and optional individual or small group support.

## What are the costs of occupational burnout in the organization?

---

One can distinguish **3 groups of costs associated with occupational burnout in the organization**:

1. Costs related to the functioning of employees suffering from occupational burnout in the organization.
2. Costs related to staff fluctuation caused by occupational burnout.
3. Other costs caused by the occurrence of occupational burnout, which due to the complexity of this phenomenon are difficult to estimate.

The first group includes **costs which are the consequences of low motivation to work and dissatisfaction of employees**. These are losses manifested primarily by poor work efficiency and higher sickness absenteeism. These costs are incurred by the organization due to the lack or reduced creativity, low-quality effects of actions taken, conflicts in employee teams or replacement for sick employees. In the second group one can distinguish **costs associated with the need to conduct new recruitment, selection, training and introducing new employees**. The third group includes intangible **costs resulting from the functioning of employees suffering from occupational burnout in the organization**, related to e.g. the loss of company's image, costs of lost profits, costs of lost customers and lack of new ones. Finally, there are also costs of intellectual capital which the company loses together with the burnout employee leaving the organization.

## What is the character of training support for employees in the Time2Grow Model?

---

The training support offered in the Time2Grow Model is **one of the proposals for preventing occupational burnout in the organization**. Employee training involves three types of support:

- an obligatory 40-hour group training course conducted in thematic blocks of 4 lessons (10 meetings, groups of 10 - 12 people),
- optional training courses conducted in small groups (3 to 5 people)
- optional individual psychological support.

**Training courses should be conducted for homogeneous professional groups** in the system of one or two meetings per week. The purpose of group training is to familiarise employees with the specificity of occupational burnout, the possibilities of self-diagnosis and prevention of this phenomenon, methods and techniques of coping with stress and difficult situations at work, and interest in non-professional activities which help to maintain the work-life balance. Training courses conducted in small groups enable participants to deepen the topics of group training courses mainly in the field of hobbies and interests, developing and strengthening individual defence mechanisms against occupational burnout, relaxation techniques, as well as improving communication, social and personal competencies. Individual psychological support is primarily

indicated for people who are already experiencing the first signs of occupational burnout. Their purpose is to strengthen interpersonal competencies which are of key importance from the perspective of preventing burnout and to sensitize participants to the importance of social (mainly peer-to-peer) support in the process of dealing with burnout symptoms.

## What are the stages of implementing the Time2Grow Model?

Activities related to the Model implementation procedure and its functioning should be initiated by the employer. The recommended sequence of activities has been presented in Figure 2.

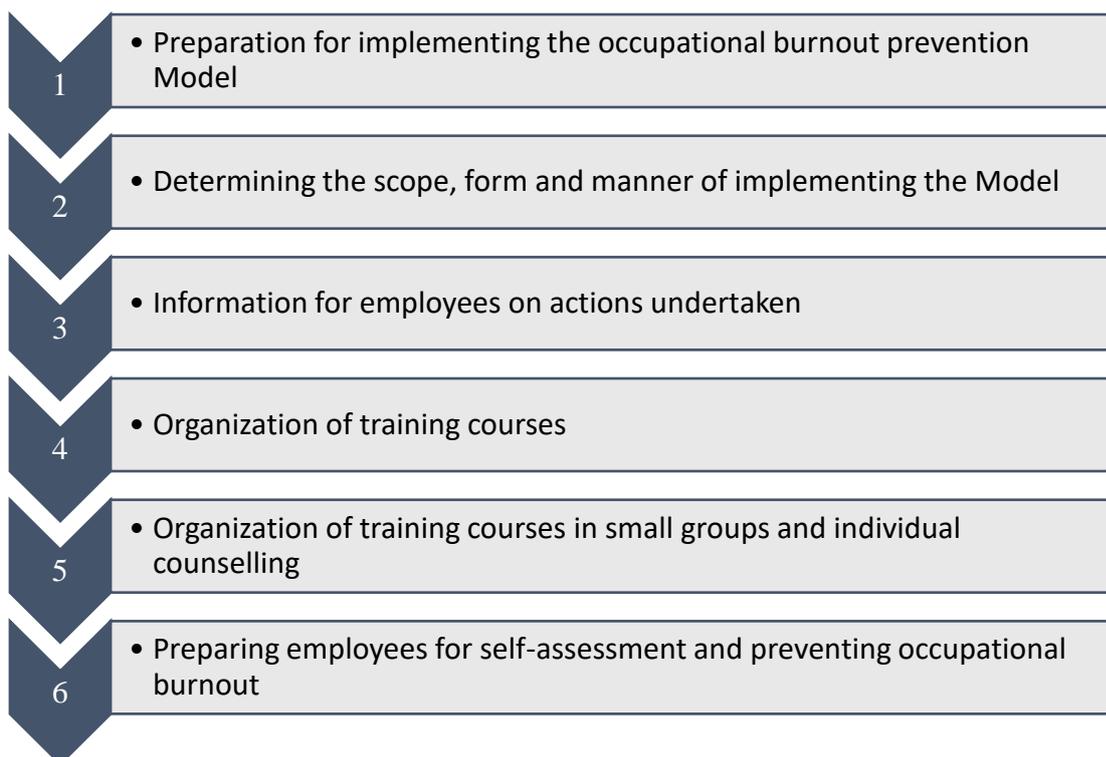


Figure 2. The stages of implementation of the occupational burnout prevention Model.  
Source: own work.

**The first stage involves preparation for the implementation of the Model**, under which it is suggested that employers participate in seminars on occupational burnout including its legal aspects, which introduce the issue of the phenomenon and present individual parts of the prevention Model. The next stage is the implementation of formal issues, that is, determining the scope, form and manner of implementing the Model. The stage should begin with the analysis of the current situation, that is, the evaluation of the level of employees' occupational burnout, and subsequently – of the necessary resources and organizationally possible changes. At this stage, it is helpful to conduct a survey among employees in the area of perceived professional satisfaction.

After the formal adoption of the document on the inclusion of the Model in the entity's practical functioning, one should organize **an information campaign for employees**. As part of the campaign, employees should learn about the measures taken and the way they function. It is important to formulate messages which clearly indicate that occupational burnout is treated as a

non-embarrassing and non-discriminatory phenomenon which can affect everyone (regardless of their individual characteristics), including those in managerial positions. It is also important to point out that occupational burnout is not only a problem for the employee but for the entire organization.

**The next stages concern the implementation of specific actions proposed under the Time2Grow Model, aimed at preventing occupational burnout of employees.** Generally, the idea of the project is based on the assumption that the most effective preventive measures in the field of occupational burnout are activities related to self-development, lifelong learning and strengthening competencies - mainly the so-called soft ones. Therefore, **one of the most important assumed activities are group training courses for employees.** Their topics assume not only the acquisition of new knowledge or skills, but also strengthening one's activity within educational actions and the promotion of hobbies and interests to ensure the work-life balance.

**Group training courses should be offered to all employees who are vulnerable to occupational burnout.** In the case of employees with a particularly high risk of burnout or those experiencing the first symptoms of this phenomenon, the actions should be strengthened through individual counselling or courses in small groups. It is also important to familiarise the entire team with the methods of self-assessment of the level of occupational burnout and ways of ensuring that this phenomenon does not occur.

**Should the inclusion of occupational burnout in the latest edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) have any significance for the decision on the implementation of the Time2Grow Model?**

---

After more than a decade of preparations, the World Health Organization (WHO) presented the next version of the *International Statistical Classification of Diseases and Related Health Problems* (ICD). The most recent 11th version of the classification (**ICD-11**) was recognized and adopted at the 72nd session of the World Health Assembly (May 21-26, 2019) and **will enter into force on January 1, 2022.**

This event should be treated as a breakthrough for the problem of occupational burnout. Although it has appeared mainly in the literature on the subject so far, in ICD-11 occupational burnout received its own code (**QD85**) and definition (*syndrome resulting from chronic stress in the workplace which is not effectively managed*). Occupational burnout was considered a “*factor associated with employment and affecting one's health*” (it was not classified as a disease or medical condition – it was decided to accept the name of “occupational syndrome”). One distinguished its symptoms (on the basis of which the diagnosis would be made: reduced energy, exhaustion, increased personal distance or negative emotions towards work, cynicism and lower performance at work) and clearly emphasised that it refers to phenomena in a professional context (which means it should not be used to describe experiences in other areas of life).

**The inclusion of occupational burnout in ICD-11 should be relevant to the decision concerning the implementation of the T2G Model.** The introduction of *occupational burnout* into ICD is not only the evidence of interest in this phenomenon (the impact of the work environment on the mental health of employees), but above all it has important practical consequences. In general, it is emphasized that when ICD-11 comes into force (1 January 2022), concerning treating *occupational burnout* as coded medical diagnosis (despite not assigning to it the status of disease entity), physicians will be able to diagnose *burnout* and **consider it the basis for issuing sick leaves** (according to WHO recommendations, excluding mood disorders before *occupational burnout* is diagnosed e.g. adjustment disorders which are associated with adverse reactions to changes or anxiety disorders). Apart from the obvious consequences for employers (absenteeism due to sick leaves and related costs), the WHO decision is of key importance for the role and the need to **take appropriate preventive actions in the workplace**. *Occupational burnout* is no longer a socio-cultural concept or a set of symptoms (to which people often attempted to limit it), but became a civilization disorder requiring intervention at the level of the World Health Organization (and noticed by it). It is enough to mention that the classification of diseases proposed by the WHO is crucial for medical statistics, delivering information about morbidity and global scale of each health problem (the decision of the WHO is only the first step in imaging *occupational burnout* and it cannot be ruled out that it will be considered a typical disease entity over time).

The more important becomes the knowledge about *occupational burnout* (causes, symptoms, effects), acquiring skills to prevent its occurrence (using different means adapted to the possibilities and needs of a particular workplace) and counteracting diagnosed *occupational burnout*. However, not less important is the awareness of responsibility for the mental well-being of employees (including legal liability in the event of failure to provide them with adequate - safe and hygienic - working conditions). **The implementation of the T2G Model is undoubtedly part of the preventive policy - both at the level of monitoring and preventing occupational burnout in the workplace.**

## Does the implementation of the Time2Grow Model protect the employer against claims from the employee suffering from occupational burnout?

---

To the question stated in this manner, one should give a negative answer for several reasons. The implementation of the T2G Model by the employer, as well as undertaking and implementing other initiatives to prevent *occupational burnout* (both on an individual and global scale, that is, in the workplace understood as a whole), does not protect them against possible claims from employees suffering from *occupational burnout*.

One should bear in mind that the state of occupational burnout is a multifaceted phenomenon and a very complex issue (its causes may be found in the work environment, external environment or in the person suffering from burnout itself). Due to that fact it is not possible to state outright that the employer is always and solely responsible for occupational burnout of their employees (that is, for the work environment they provided or psychosocial risks they did not eliminate). **Nevertheless, it is usually the work environment which people consider one of the main threats which may lead to burnout syndrome. Therefore, it is not surprising that when it comes to the diagnosis of *occupational burnout* (or even its suspicion), the employer becomes a natural enemy of the employee suffering from this syndrome.**

The above circumstances are of particular importance in the context of the expected possibility of issuing sick leaves (from 1 January 2022), indicating code QD85 (*occupational burnout*) as the reason for inability to work. This type of diagnosis will usually be made without the employer knowing about it beforehand, and yet – according to the intention of the authors of ICD-11 – the condition for making it will be prior exclusion of mood disorders of the patient including e.g. adjustment or anxiety disorders (consequently, the syndrome of occupational burnout shall be related only to the professional aspect of patient's life and the environment where he or she works).

This state of matters, together with (legal) obligations of the employer and possible abuses by individuals (which, unfortunately, cannot be ruled out and which are already mentioned in trade press), put the employer in an unfavourable situation. Regardless of their efforts, it is possible that they will be the addressee of (**even unfounded**) claims for compensation against which they will have to defend themselves both at the pre-judicial and judicial stage.

**The implementation of the T2G Model does not guarantee that the employer will not become the addressee of claims made by employees suffering from occupational burnout.** In turn, an employee who makes such a claim would have to prove that the diagnosed syndrome of occupational burnout is the consequence of harmful effects of work environment factors (employer's omission). Nevertheless, the **implementation** of the T2G Model (as well as undertaking other preventive measures in the area discussed here) **will be an important argument when rejecting similar allegations** (evidence of due diligence and compliance with statutory obligations in ensuring safe and hygienic conditions of work).