HEALTH CARE

EDUCATION

HIGHER EDUCATION

STRESS

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

BURN SET
prevention

Time2Grow (Poland)

Occupational burnout
– prevention and counteracting
A guide for employers

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TABLE OF CONTENTS

PROJECT BACKGROUND

Project title and number:
 „Time2Grow (Poland)" POWR.04.03.00–00–W300/16.
Project co-financed by the European Union under the
European Social Fund.

The main objective of this project to develop, test and
implement new solutions in the field of occupational
burnout prevention. Created as a result of work on the
Time2Grow Model, the project uses the idea of lifelong
learning to prevent occupational burnout syndrome,
mainly by strengthening the so-called soft skills.

Executors:
Leader: Dobre Kadry Research and Training Centre
           (Poland)
Partners: Trendhuis CVBA (Belgium)
           South–Eastern Finland University
           of Applied Sciences – Xamk (Finlandia)

Source of funding:
European Social Fund, Operational Programme Knowledge
Education Development, action 4.3
Implementation period: April 2017 – December 2019

PARTS OF THE TIME2GROW MODEL:

Part 1
The concept of a comprehensive
model for preventing burnout

Part 2
Guide for employers
on the prevention and counteracting
of occupational burnout

Part 3
Guide for employees on the prevention
of occupational burnout

Part 4
Training program for employees
and employers

Part 5
Set of implementation
procedures for employers

Industries and professional groups which the project concerns:

	HEALTH CARE	EDUCATION	HIGHER EDUCATION
EMPLOYEES	Employees Nurses and midwives, carers for disabled people	Teachers	Employers
EMPLOYERS	Directors of hospitals and care facilities/heads of hospital departments, head nurses	School principals	University rectors, deans of faculties, directors of institutes/departments

1.

INTRODUCTORY REMARKS

The main addressee of this guide is employers from three industries: health and community care, education and higher education, selected as fields where susceptibility to stress occurs, and in which an increase in the level of occupational burnout was often diagnosed. In each of them, the employee is a key element of successful organization, and their motivation to work, mental wellbeing and responsibility for performed tasks are components of the final product and satisfaction of both sides of the process. **People from those industries, who were considered to be at risk of burnout, include in particular nurses, midwives and carers for the disabled, teachers and academics**. These are also the people whom the main content of this guide has been devoted to.

A common feature of organizations for which this guide was created is **service activity, direct contact of employees with service recipients, high social and personal responsibility for the effects of activities** and a kind of transparency of processes and effects, ensured by social evaluation and publication of the results of such activities (e.g. exam results, mortality rates or the number of citations). This is accompanied **by stress related to physical and emotional effort, overworking, and in the case of nurses and teachers, also disproportionately low social status and a sense of low social prestige**[1].

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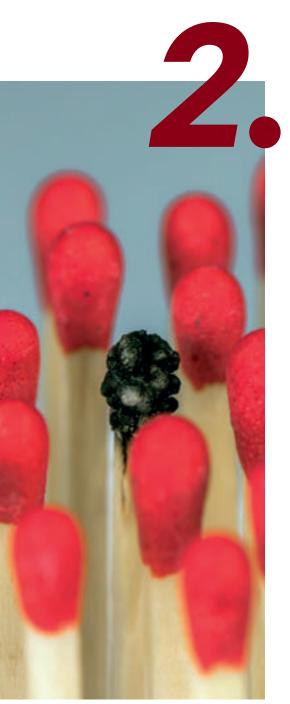
[1] This is not only the specificity of Poland, which is visible e.g. in the international TALIS 2013 research, where most teachers evaluated their profession as deprived of prestige, although in Poland this indicator was higher than in other countries participating in the research. Hernik K., Malinowska K., Piwowarski R., Przewłocka J., Smak M. i Wichrowski A. (2014). Polscy nauczyciele i dyrektorzy na tle międzynarodowym. Główne wyniki badania TALIS 2013. Warszawa: Instytut Badań Edukacyjnych. (Polish teachers and principals – comparison to other countries. The main research findings TALIS 2013. Warsaw: Educational Research Institute).

The guide is intended for broadly understood employers, including people who influence the employment of employees in their organizations, both final decision-makers signing contracts, as well as those who exert this influence through managerial opinions and decisions. We are aware of the fact **that some of these decision-makers are both employers and employees remaining in the sandwich role – a double role, and alike subordinates, they are exposed to occupational burnout**. Therefore, we would like to provide them with knowledge about this still poorly recognized phenomenon, strengthen their competence in its diagnosis and searching for solutions, and motivate them to use tools helpful in prevention.

The content of this guide is based on the literature on the subject, the results of research carried out in the "Time2Grow" project in Poland, reports and information obtained from Project partners as well as observations performed during study visits in their locations –TrendHuis[2], the Belgian Research Institute with extensive experience in activities for corporate social responsibility and XAMK[3], the Finnish University. The experience gained during the seminars with employers during the testing of the initial version of the model is of great importance. Therefore, the guide has a separate chapter on legal regulations already in force in Poland as a result of a unique analysis of applicable regulations and court judgments. In the whole Project – although in different ways in each partner country – we try to prevent occupational burnout based on the use of the idea of lifelong learning (LLL) and work-life balance.

Occupational burnout is a syndrome which every employer should know about before their employees will. Its importance and significance is confirmed by the recognition of occupational burnout by the World Health Organization (WHO) as an "occupational syndrome", which, defined in more detail, will find its place in the 11th edition of the International Classification of Diseases (ICD), in force since 2022, also adopted in Poland[4] in more detailed than the current definition in the 10th edition of the ICD.

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2. http://trendhuis.be/en/
3. https://www.xamk.fi/en/xamk2/

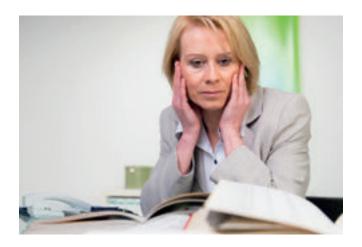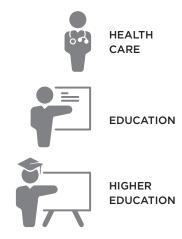4. https://www.who.int/mental_health/evidence/burn-out/en/

2.

WHAT THE EMPLOYER SHOULD KNOW ABOUT BURNOUT

Occupational burnout (abbr. OB) is a phenomenon which has been noticed only recently. It was described and defined in the 1970s, which was probably caused not only by the development of occupational psychology, but also by changes in management systems, work methods and an increase in employee awareness. The precursors of the subject are psychologists Herbert J. Freudenberger and Christina Maslach, who conducted the first research among employees of social industries[5]. Currently, the subject of occupational burnout covers a wide range of research achievements and has appeared in numerous publications. The phenomenon itself is considered to be widespread today, although there is no national research showing its actual scale.

DEFINITION OF OCCUPATIONAL BURNOUT

There are many definitions of occupational burnout in the literature, followed by various questionnaires measuring the level of OB, which makes it difficult for practitioners to navigate in this subject and choose final actions or diagnosis tools. One of the approaches – by Christina Maslach – **defines occupational burnout as a syndrome consisting of three co-existing areas: emotional exhaustion, depersonalization (now more often referred to as cynicism) and a lower sense of personal achievement**. That is the response of a person, an employee, to the conditions of chronic stress experienced at work due to the existence of specific rules, requirements, norms and resources.

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5. Maslach C. (2007). Burnout – in a multidimensional perspective (in:) H. Sęk (ed.), Burnout – causes, mechanisms, prevention, PWN, Warsaw.

HEALTH
CARE

EDUCATION

HIGHER
EDUCATION

The description of these three areas of the syndrome is presented in Table 1. Additionally, the fourth area is included, which is an important dimension of the measurement tool used to evaluate the level of occupational burnout in the T2G project (the author of the LBQ scale – Massimo Santinello[6] – paid attention to this dimension). This dimension is a **"disappointment" resulting from the clash of the initial hopes of an employee entering the work environment and the realities encountered there, which rarely fully meet one's expectations**.

Each of the components of the burnout syndrome can be treated as a continuum between extremes, which allows us to determine the severity of a person's burn. These components are to some extent independent. For example, a person can be disappointed, but this does not necessarily lead to a cynical approach to students or patients (which can be seen e.g. in the LBQ method used to diagnose OB).

However, one should remember **that the symptoms of burnout may not be specific and can easily be confused with other psychophysical disorders or behavioural changes**. One of the most common mistakes is identifying occupational burnout with depression. Their common feature is the triad: apathy, lower self-esteem and lower mood, but in the case of depression it concerns all aspects of one's life, whereas in occupational burnout – mainly or solely professional work. It might also be difficult to differentiate addictions or somatic disorders caused by OB or other issues. Behaviours and effects might be similar, but in the case of OB they are mainly connected with work.

6. Jaworska A. (2014). Massimo Santinello burnout questionnaire. PTP.

EMOTIONAL EXHAUSTION (psychophysical dimension)	• Feeling of general fatigue, lack of energy and enthusiasm • From one's point of view, work requires more and more effort • Lack of energy to work • Loss of ability to relax and recharge • *"I don't feel like going to work tomorrow"*
DEPERSONALIZATION/ CYNISM (human relationship dimension)	• Distancing oneself from others, indifference, insensitivity • Ignoring/dehumanising people who use services of those who are burnt out • Hostile attitude towards customers/patients/students • *"They want something from me all the time."*
LOWWER SENSE OF PERSONAL ACHIEVEMENT (professional competency dimension)	• Lower sense of one's own competencies and achievements at work • Feeling of inadequate adaptation to work • Sense of worthlessness • Loss of self-confidence • Feeling of inefficiency • *"I don't fit in at work."*
DISSAPOINTMENT (existential expectation dimension)	• Disappointment with professional activity and its significant in everyday life • Loss of initial passion and enthusiasm • Disappointment connected with the real social position associated with one's occupation • *"It just doesn't make sense."*

Table 1. Components of occupational burnout syndrome (own study, Jaworska, 2014)

CAUSES OF OCCUPATIONAL BURNOUT

Where does occupational burnout come from? Those who deal with this subject emphasize that the term itself indicates that *burnout occurs only when there was something that could have burned out earlier – motivation, expectations, energy or passion*. **Significant motivation to work and disproportionate professional achievements** are, however, only one of many reasons contributing to OB. A more important role play **organizational factors and work environment**. Many of them are subject to control and decisions of the employer, although unfortunately they often cannot be changed due to the organizational culture, broader context or management style specific to the industry or organization. It is easy to notice that many of them can be actually influenced by the employer, both by preventing their occurrence and minimizing their severity or impact on other phenomena in the organization. However, there are areas which are less subject to employer's influence e.g. personality traits of employees or remuneration in organizations with externally regulated pay system (which include many institutions from sectors of health care, education and higher education).

The severity of the phenomenon of occupational burnout in recent years is probably also the result of social and cultural changes – the way of working, accelerated pace of life, expecting constant activity and development. One should take a look at, for example, the necessity of being able and ready to work almost in the 24/7/365 system (which concerns practically all industries covered by the Project), the penetration of work into people's free time, and in the case of teachers and academics, often working at home, also private space. Such requirements arise at the interface of organization, law and social norms. They are articulated by the environment and internalised, influencing not only the motivation to work but also expectations towards it and its effects, and thus also satisfaction.

FACTORS INFLUENCING THE OCCURRENCE OF OCCUPATIONAL BURNOUT		
INDIVIDUAL	**INTERPERSONAL**	**ORGANIZATIONAL/WORK**
• age and work experience (according to some research, younger people and those with several years of work experience are more exposed to OB) • excessive involvement in daily activities, especially in work • lack of partner relationships and support in private/ non-professional life • sense of external control – attributing e.g. one's own successes to external causes of events and their results • passivity in adapting to new conditions and changes • low self-esteem • significant need for social approval • lack of or poor management of private and work time • susceptibility to stress, lack of ability to cope with stress • lack of or little care of one's body, diet, exercise, sleep patterns or relaxation • low level of professional competence • low level of professional competence • low own competences in coping with stress	• relationships between employees and customers: emotional commitment, assistance, contact with people in a difficult life situation • contact with superiors, subordinates and colleagues: interpersonal conflicts, competition, lack of mutual trust, disturbed communication, psychological violence, verbal aggression, mobbing. • relationships with the organization environment – decision-making institutions (offices, law-making institutions), suppliers, contractors	• work – load, stress level, poor management of one's tasks at work • conflict between the requirements and competencies/ resources of employees • insufficiently defined professional role (e.g. in terms of professional liability, objectives, assessment conditions) • monotony vs. work diversity • lack of or little transparency of the rules and requirements in the institution • frequent changes in the nature and rules of work • too wide (or too narrow) scope of tasks • bureaucratic decisions of superiors • low salary, inadequate to the effort put by employees and high demands from superiors • lack of possibility of participating in decision making • faint promotion prospects • goals of organisation contrary to employees' system of values • poor internal communication

Table 2. Factors influencing the occurrence of occupational burnout
(own study based on the literature on the subject and research under the T2G project)

STAGES OF OCCUPATIONAL BURNOUT

The course of occupational burnout includes some stages in which the symptoms and effects intensify and move into new quality in subsequent stages. They usually start with a sense of overworking, a discrepancy between expectations and available resources. In the next stage, it transforms into psychophysical fatigue and even chronic exhaustion manifested in multiple health impacts. Further on, there may appear previously mentioned cynicism and indifference towards customers, students or patients, as well as aggression towards them or colleagues. It is accompanied by withdrawal of effort put into work, avoiding tasks and duties. The next stage is aversion to oneself and other people, in particular to work, lower self-esteem and feeling guilty. In advanced stages, OB may co-occur with the symptoms of depression or psychosomatic disorders (see Figure 1).

a sense of overworking, a discrepancy between expectations and available resources

psychophysical fatigue and even chronic exhaustion manifested in multiple health impacts

mentioned cynicism and indifference towards customers, students or patients, as well as aggression towards them or colleagues

withdrawal of effort put into work, avoiding tasks and duties

aversion to oneself and other people, in particular to work, lower self-esteem and feeling guilty

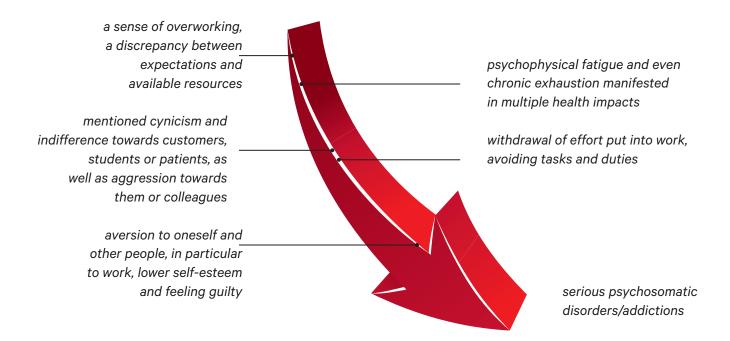*serious psychosomatic disorders/addictions*

Figure 1.   Stages of occupational burnout (own study based on the literature on the subject)

CONSEQUENCES OF OCCUPATIONAL BURNOUT

Undoubtedly, **even in its early stages, occupational burnout has consequences not only for employees but also organization, customers and employer**s. These can be observed at the individual level, both in the behaviour of the employee and effects of their work. They affect relationships with colleagues and superiors, and they can bring measurable losses not only related to poorer quality of work or sickness absence, but also loss of the company's image. The consequences of OB, in the most important dimensions, are presented in figure 3.

- Health
- Social
- Behavioural
- Psychological

- Absence of employees (sick leaves)
- Decrease in work efficiency and quality
- Staff fluctuation
- Resistance to changes
- Decrease in motivation to work
- Material losses
- Lower staff morale
- Accidents at work
- Conflicts between employees
- Image losses

Consequences for employees

Consequences for organizations

Consequences for employers

Consequences for customers/ recipients

- Increased costs
  - connected with employees
  - connected with image rehabilitation
- Legal consequences and their costs
- Expenses on OB prevention if introduced

- Lower quality of services and products received
- Lower confidence in the supplier
- Changes in preferences
- Withdrawal of recommendations

Figure 2. Consequences of occupational burnout (own study based on the literature on the subject)

Broader social consequences of OB are also experienced by the family and relatives of the burnt-out person, especially when they bring home problems from work, or – although this does not have to happen – take out stress and aggression on their loved ones. However, it is the person with the burnout syndrome who suffers the most – they may have physical disorders such as coronary artery disease, peptic ulcer disease, asthma, skin diseases, immune disorders and migraines. Psychophysical effects include, among others, feeling of guilt, helplessness, mood deterioration, reduction in attention, learning difficulties, lower motivation to work, lower self-esteem and less energy to work. Behavioural consequences include, among others, complaining, aggression, addiction, risky behaviours, absence from work, and in extreme cases suicide attempts[7].

It is worth emphasizing that the employer – the manager, company owner or supervisor – is also at risk of burnout. Then the personal consequences of OB are in the first quarter presented above they are the same as for employees.

7. See Ślazyk-Soból M. (2017) Prevention of occupational burnout. Unpublished report as part of the T2G project.

3.

OBLIGATIONS OF EMPLOYERS AND RIGHTS OF EMPLOYEES IN PREVENTING OCCUPATIONAL BURNOUT

Psychosocial risks connected with the provision of work – including burnout – relate to aspects such as the organization of work time, work management, task allocation, nature, complexity, difficulty or differentiation of tasks, emotional and mental strain, organizational support, a bonus and reward system, or interpersonal relationships (including relationships with superiors). As mentioned above, if they do not function properly in the workplace, they can pose a potential threat to both individual employees (their health, safety and wellbeing) and the employer (absence of employees due to illness, reduced productivity and increased risk of mistakes), or even for society (increased social benefits for incapacity for work, health care costs, etc.).

The phenomenon of the so-called occupational burnout has been discussed for years in the context of protecting employees against the so-called psychosocial risks related to employment – both at the regional (European Union) and national level.

LEGISLATIVE BACKGROUND FOR DISCUSSIONS ABOUT OCCUPATIONAL BURNOUT

At the level of the European law, it is designated by **Council Directive 89/391 / EEC of June 12, 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (Journal of Laws L 183 of 29 June 1989, p. 1, hereinafter referred to as the Framework Directive), last amended in 2008**. It has a broad scope of application and determining the basic tasks for parties involved in creating safe and hygienic working conditions in the workplace, together with the obligations of employers and employees, it has marked a wide range of responsibilities of the former,

that is, *"in the field of ensuring occupational health and safety for employees **in every aspect relating to their work**"* (Art. 5, para. 1).

Although Framework Directive does not directly refer to or define the concept of occupational burnout or other psychosocial risks (referring only to the broadly understood "health" of the employee) – the range of the employer's responsibilities, combined with the general principles provided in the directive which they are obliged to respect – it is treated as referring to these issues and capable of determining the shape of the legislation of the Member States.

The framework character of the directive caused that for the purposes of its implementation into national laws, it was left to the Member States to specify its content, determining only the so-called minimum requirements. *"Minimum"* in the sense that when undertaking the process of making the national law compliant with the requirements of the Directive, no Member State could accept requirements lower or narrower in scope of subject and subject matter than set out in the Framework Directive or requirements lower than those established in the national law so far (provided the requirements of the Framework Directive were, compared to them, on a lower level).

Consequently, **the degree of consideration of psychosocial risks (as an element of occupational health and safety), the literal formulation of the obligation to prevent their occurrence, as well as the literal outlining and defining them in the content of national legislation varies considerably from one EU Member State to another**. Many of the Member States have reduced the content of national legislation on health and safety to the minimum requirements of the Framework Directive (Poland, Luxembourg, Slovenia, Romania and Spain).

Others emphasise the need to take into account the mental health of employees in the field of care of occupational health and safety (Austria, Denmark, Estonia, Finland, France, Greece, Slovakia and Sweden), whereas the remaining ones impose on employers a clear obligation to evaluate the occurrence of psychosocial risks in the workplace (Bulgaria, Cyprus, Greece, Hungary, Italy, Latvia, Lithuania and Portugal). **Undoubtedly, Belgian legislation remains a clear pioneer in this respect, which – as a result of changes made September 1, 2014 – not only introduced the definition of psychosocial risks[8] to that legal order, but also imposed a number of obligations on employers to prevent their occurrence (including the obligation to create structures and employ experts involved in the evaluation of their occurrence in the workplace), at the same time equipping employees with a number of measures of the so-called informal and formal protection**. The innovative character of the legislative solutions discussed here undoubtedly comes down to the unique involvement of employers, supervisors and also expert bodies on a European scale in the field of prevention of all psychosocial risks (including occupational burnout) in the workplace, as well as in the legal regulation – detailed preventive measures and procedures in this regard.

Due to the lack of literal legislative solutions in a given country, however, it is impossible to conclude that the provisions of national law do not relate to the issues discussed here at all, and that the legal status *de lege*

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8. According to the Belgian law, the "psychosocial risk" is the possibility of putting at risk or exposing one or several employees to mental damage (which may or may not be accompanied by physical damage) as a consequence of an employee or several employees being exposed to the following elements of work: the organization of work, the scope of work , working conditions, circumstances accompanying the performance of work, or interpersonal relationships in the workplace, which the employer influences and which objectively can be considered as a source of psychosocial risk.

lata – **by proper interpretation of the applicable provisions of law – can not be used to counteract the risks discussed here, including occupational burnout**. It is worth taking a look at broader regulations e.g. in the field of labour law, occupational health and safety or the specific obligations of the employer and rights of the employee in a given industry.

OCCUPATIONAL BURNOUT AS A CONSEQUENCE OF THE EMPLOYER'S NEGLIGENCE

One should bear in mind that occupational burnout is a multifaceted phenomenon, whose causes may lie in the work environment, the external environment as well as in the person suffering from the syndrome of occupational burnout. **Therefore, the complexity of the issue does not allow a categorical statement that the employer is always and solely responsible for burnout of the employee (the working environment they have provided or psychosocial hazards which they have not eliminated)**[9]. On the contrary, regardless of the organization of work and the way it is managed, it can be concluded that the employee may experience a burnout syndrome largely due to their own predispositions, excessive involvement, passivity in adapting to new conditions, inability

to balance work and private life, poor competences in dealing with increased stress, etc. (e.g. due to the so-called individual factors). There is also no doubt about the complexity and length of the process which leads to burnout (as a consequence of the impact of several factors of different severity on the individual). What can also cause difficulty in performing the right diagnosis is the occurrence of other disorders (e.g. depression or psychosomatic disorders).

As a result, comments concerning the civil law liability of the employer towards the employee experiencing occupational burnout must be preceded by the assumption that the work environment (alone or together with other factors) had an influence on burnout diagnosed in them. This assumption will also be made for the purpose of further consideration.

CIVIL LAW LIABILITY OF THE EMPLOYER FOR OCCUPATIONAL BURNOUT

The civil law liability of the employer will come down to compensation of the damage suffered by the employee as a result of occupational burnout (damage to health). In other words, claims addressed by the employee to the employer will be claims for damages – material damage (compensation) and non-material damage (satisfaction).

The employer's liability for damages can not be ruled out also when the employee's health (occupational burnout) is only an indirect consequence of many years of work in harmful conditions, but working conditions were (even) one of the causes of health disorder. Of course, if the person suffering from occupational burnout has contributed to the occurrence or increase of damage (causes

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9. Regardless of the fact that the work environment is seen as one of the basic sources of risk. To give an example, in "Green Paper" published in 2005, "Improving the mental health of the population: Towards a strategy on mental health for the European Union", working conditions and work environment were recognized as important factors that could counteract mental health disorders. Similarly, in the document "The European Pact for Mental Health and Wellbeing", mental health in the workplace was identified as one of the five priority areas, encouraging the improvement of work organization, the ability to use it, maintaining work-life balance of employees, implementation of health protection and mental wellbeing programs, or creating preventive programs that could be introduced in situations adversely affecting the mental health of employees (including stress) and programs of early intervention in the workplace.

of occupational burnout going beyond the work environment), the obligation to compensate damage will be reduced accordingly, especially as a fault of both parties.

SUMMARY

Counteracting psychosocial risks in the workplace is not an easy task and – from the point of view of the legal liability of the employer – it is difficult to find satisfactory and effective legal solutions that per se would guarantee their elimination from the work environment. With such a complex problem, the dialogue and cooperation of employers, trade unions, occupational health and safety services, occupational medicine physicians, other experts and employees themselves, is necessary to maintain. In this case, legal norms are only an auxiliary tool. It does not seem that the Polish legislator recognizes the need for statutory definition of psychosocial risks or imposing specific obligations on employers (and sanctions for failure to implement them). Nonetheless, in the light of the national law in force, there seems to be no necessity to do that. Psychosocial risks are only an element of the broadly understood legal area, which is the area of occupational health and safety, within which equally long lists of means were provided to prevent, diagnose and counteract psychosocial risks (including occupational burnout). However, the key issue is application and compliance with legal norms in force in this respect, and above all, the issue of legal awareness of their addressees (employees as to their rights, and employers as to the risk of liability for failure to comply with the obligations imposed by law).

4.

DOES OCCUPATIONAL BURNOUT CONCERN OUR ORGANIZATION?

As mentioned earlier, there is a lack of extensive research which would show the scale of the burnout issue, or help to estimate the likelihood of it occurring in a particular organization. However, according to what has already been published, in aid sectors particularly subject to OB problems can be felt by every fourth employee. Analyses conducted in the T2G project in Poland on samples of employees from three industries revealed that in the LBQ Santinello questionnaire high levels of individual components of occupational burnout reached from 8% to even 19% of respondents, and at least half of them reported symptoms of occupational burnout[10]. In this research, it turned out that employees are highly aware of the phenomenon, considering it a fairly serious problem in the industry (see Table 3).

BURNOUT AS A PROBLEM IN THE INDUSTRY IN THE OPINION OF EMPLOYEES OF THREE INDUSTRIES	IN TOTAL	HEALTH CARE	EDUCATION	HIGHER EDUCATION
Average	7,68	7,63	7,73	7,70

Table 3. Result of the question from quantitative research in the Project (n = 153). Thinking about your industry, how serious is burnout? Please use the 0-10 scale, where 0 means "not a problem", and 10 – "a very serious problem".

10. Kwiatkowska-Ciotucha, Załuska, Ślazyk-Soból (2017) Summary of primary research results in the Time2Grow Project. Unpublished report. More about the results of research conducted in the project: Załuska U., Kwiatkowska-Ciotucha D., Ślazyk-Sobol M. (2018). Burnout and its correlates – an empirical study conducted among education, higher education and health care professionals. Econometrics. Ekonometria, Vol. 22, No. 1, p. 26-38 and in: Ślazyk-Sobol M., Kwiatkowska-Ciotucha D., Załuska U. (2018). Occupational burnout – an evaluation of the phenomenon and possibilities of prevention from the perspective of employers in education, higher education and health care industries. Scientific works of Wrocław University of Economics, No. 512, pp. 246-255.

Therefore, if the reader of this guide manages employees in a school, university or hospital/therapeutic centre that already exists and has been employing staff for at least a few years, they should assume that OB is present in their organization and may estimate that it applies to every fourth employee. A more reliable way of evaluating one's company in the field of OB is having the assessment performed by specialists. However, it can also be preceded by an independent diagnosis, based on observation of symptoms/consequences as described in figure 2. It is worth looking at what employees themselves consider as ways of coping with OB and analyse these areas in the first place.

ABSENCE FROM WORK

Absence of employees from work is a particularly severe effect of OB for the employer. According to research conducted within the Time2Grow project, the use of a sick leave as a method of coping with stress and OB can be particularly common among teachers. More than half of the employees in this group of respondents consider a sick leave as a good way of dealing with OB.[11] Among health care professionals, in turn, one can observe increased readiness to escape into disability pension.

! **A TIP:**
Analyse the level of sick leaves in combination with work quality assessments and/or employee performance and their remuneration.

QUALITY OF WORK (IN PARTICULAR, PERFORMANCE OF DUTIES) AND CHANGES IN THE LEVEL OF TASK PERFORMANCE

It is helpful to evaluate satisfaction with services performed. Hospitals, clinics and universities regularly carry out satisfaction surveys, where one can add some questions helping to evaluate OB among employees. In schools, such surveys are much less frequent. However, it is worth asking students about satisfaction and teacher's behaviour. It also seems rational to ask parents about their opinion. Aspects which should be particularly worrying include poorer quality of work, poorer accuracy and performing tasks at the minimum level required (compared to good quality of work displayed before). In occupations involving contact and working with people, symptoms may not concern the very performance of tasks but also the way they are performed: tardiness, impatience or impersonal treatment of patients or students, lack of empathy (typical of depersonalisation/cynicism).

11. Kwiatkowska-Ciotucha, Załuska, Ślazyk-Soból (2017) Summary of primary research results in the Time2Grow Project. Unpublished report.

DIAGNOSING OB LEVEL WITH SPECIALIST TESTS

OB diagnostics can sometimes be combined with employee satisfaction surveys. OB questionnaires are usually professional e.g. MBI – GS Maslach et al. or LBQ Santinello, therefore the help of a specialist authorized to use them for diagnosis is recommended. In order to evaluate the level of OB in the organization, it is possible to add simplified questions/statements based on tests to employee satisfaction surveys e.g.:

*   How often do you feel reluctant to work?
*   I care less and less about my work bringing the expected results.
*   I doubt that my work has any value.

However, it is necessary to be cautious while drawing conclusions about the occurrence of OB, especially when they are based on simplified questions in a survey. The mere fact of reluctance to work does not quality a given person to the group of those suffering from occupational burnout. Such diagnoses should be made on the basis of specialist tests and comparisons with the norms of a given professional group.

EVALUATION OF COLLEAGUES, PEOPLE WHO HAVE CONFIDENCE IN THE STAFF, HELPFUL IN ASSESSING THE PHENOMENON OF OB AND MEDIATING IN COMMUNICATION WITH PEOPLE EXPERIENCING IT

The environment of a person with a burnout syndrome is probably able to accurately notice the existing problem and – in the industries concerned – name it. In the research carried out within the Project, the respondents evaluated highly positively their competences in terms of recognising the symptoms of burnout in them and also in their colleagues. Those who seem to be especially aware of that are health care professionals (see table 4.). Additionally, a person who is experiencing a problem can report it to other people in the team whom they trust. People who might be particularly helpful in the evaluation of this phenomenon in the workplace are informal leaders who have insight into their staff's life and often act as trustees. One should know about the possibility of checking opinions about a workplace and employer, and the content helpful in detecting the symptoms of OB on professional websites.

KNOWLEDGE OF OB IN THE SELF-EVALUATION OF EMPLOYEES FROM INDUSTRIES COVERED BY THE RESEARCH	AVERAGE			
	IN TOTAL	HEALTH CARE	EDUCATION	HIGHER EDUCATION
I have sufficient knowledge about occupational burnout.	7,35	8,23	6,72	6,77
I can recognize burnout symptoms in me.	7,21	7,95	7,02	6,35
I can recognize burnout symptoms in other people.	6,60	7,47	6,17	5,86

Table 4.   Result of the question from quantitative research in the Project (n = 153). To what extent do you agree with the following statements? Please use the 0-10 scale, where 0 means "I don't agree at all", and 10 – "I completely agree".

ACTIVITY IN ACCEPTING NEW DUTIES AND CHANGES/RELUCTANCE TO WORK OR UNDERTAKING TASKS

Control over the employee's refusal to participate in trainings, taking up new duties or changing their position/department may also suggest the occurrence of OB. What should be particularly disturbing is the avoidance of additional load or changes without any clear and rational justification.

The diagnosis of OB should cover not only its level in employees, but also the presence and severity of factors fostering the occurrence of the phenomenon. Without this, it will not be possible to take preventive measures and deal with the already occurring phenomenon. One should evaluate in particular workload and its stress-inducing nature, incentive scheme, culture and organization management, number of changes and recent requirements for employees.

HEALTH CARE

EDUCATION

HIGHER EDUCATION

The diagnosis of OB should also take into account the character of the industry, its typical stressors and factors fostering occupational burnout.

The common feature of the industries covered by the Time2Grow Project is working with people and high professional responsibility, accompanied by growing demands and claims of people to whom services are provided. Other common features include relatively low wages, a lot of bureaucracy, changes and the need to adapt to them. It is common to work in several places or earn some extra money to improve one's financial situation. An important factor is also the lack of work-life balance.

In the health care industry, where we pay special attention to nurses in the Project, there is also a high physical strain, responsibility for the lives of patients, a shift system, a low position in the hierarchy not correlated with the level of education (in relation to physicians), and wages poorly related to trainings. An important stressor is a strong emotional strain – facing the suffering and death of patients, confronting also their families. The team nature of work and individual responsibility are further features of this difficult profession.

Teachers are affected by the multitude of entities they are accountable to (students, parents and authorities), a closed career path, and a large responsibility for the results obtained in objective tests (exams). The need for further education (even though trainings are often subsidised) is an additional burden for many of them (especially when it takes place outside of normal working hours). The specificity of the social role – being an authority in the field of knowledge (and soon, in accordance with new regulations, also morality) forces the need to have and present high self-esteem and self-confidence, which makes it difficult to notice professional problems and admit experiencing them. What is more, cynicism (e.g. depreciation of students and their negative evaluation) in the case of teachers can be attributed to rigid rules or eccentricity. In fact, it is easier forgiven when displayed by teachers rather than other professions e.g. nurses.

Employees in both of these industries – teachers and nurses – also have a relatively low social status. These professions are not appealing to young people – they are seen as requiring one's own passion and strong motivation to work, as they are poorly socially and financially rewarded. The need to work in teams can cause conflicts which are the source of additional stress.

In higher education industry, the group covered by the Project are academic teachers. Their problem is the conflict of professional roles and the uneven distribution of responsibilities, working time and control of their superiors (teaching responsibilities vs. scientific achievements). Stressors also include rigid requirements connected with their careers and employment insecurity. Academic teachers are often quite lonely in their work, without any preparation for didactic work, good examples, contacts typical for other industries and teamwork.

5.

HOW TO PREVENT BURNOUT IN THE ORGANIZATION?

While reading the guide, the question "Should we prevent OB?" may seem rhetorical since so many arguments have been given concerning harmfulness and high costs of OB for organizations. However, taking a look at the literature on the subject it turns out that even those dealing with this topic devote less attention to the prevention of OB rather than the description of this phenomenon, analysis of causes or its consequences for individuals and institutions. The answer to this simple question should be simple too, and should be "YES, we should". Not only because employers care about good quality of work and employees' wellbeing, but also because it is required by the legal system, imposing a lot of obligations, also concerning the prevention of psychosocial risks and their consequences in the work environment (extensively described in chapter 3). Let's quote a few more arguments FOR the prevention of OB resulting from literature, as well as those collected in primary research carried out within the Project:

- Occupational burnout, according to Maslach et al.,[12] can be difficult to reverse when a full syndrome develops. Restoring the employee to the previous situation at work may then require significant expenditures and changes,
- industries of the addressees of this guide are particularly vulnerable to OB, and finding and preparing a new employee is expensive,
- OB of employees can bring costly results on many levels (see figure 2)
- a motivated and satisfied employee means better quality of work, better effects and higher profits (not only financial ones) for the organization,
- OB prevention activities ensure advantage over competitors (especially when fighting for customers but also employees).

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12. [1] Za E. Wilczek-Rużyczka (2017) Burnout as an occupational disease. Report prepared as part of Time2Grow.

Activities aimed at preventing typical elements of the OB syndrome usually include three main areas remaining at the side of the employer (see figure 3): individual, organizational and interpersonal. Factors influencing the way of working, attitudes towards it and its effects, such as cultural norms, social expectations or legal regulations, may also help to prevent OB on a larger scale.

Each area of OB prevention can be managed separately, and the employer can also focus on only one of them. **It is reasonable to prepare a comprehensive prevention program for a given organization, covering many areas and having a strategic, long-term and general nature, allowing not only preventive, but also control and counteracting OB**, when, despite the measures taken, this phenomenon still occurs. The idea of introducing such a program has gained a lot of employees' acceptance in the research carried out in the Project (over 8 points on the 0-10 scale, where 10 means "definitely helpful").

Individual actions within the framework of OB prevention usually cover several areas important for the broadly understood physical and mental health, as well as competences specific to coping with the strain (as indicated in table 5). In the case of insufficient resources of employees, they may be the subject of special trainings or individual support.

Figure 3. Areas of impact on OB prevention in an organization (own study)

AREAS OF SUPPORT	EXAMPLES OF TRAINING OR AREAS OF INDIVIDUAL SUPPORT
Knowledge and competences helpful in coping with stress and its consequences	• Relaxation techniques • Relieving stress by physical exertion, physical activity, art, etc. • Development of hobbies and interests • Development of abilities to maintain work-life balance
Ways of dealing with dissonance between expectations and work, and its effects	• Problem analysis • Solving difficult and conflict situations • Workplace analysis – motivators and barriers
Competences related to work	• Special skills related to work • Difficult customer service • Project management • Time management • Teamwork
Engagement and motivation to work (especially a shift from emotions to rational assessment)	• Analysis of value hierarchy in order to match tasks the employee's personal values • Analysis of factors affecting motivation to work • Definition of success and failure – objective and subjective • Rationalization techniques in assessing the effects of activities
Self-awareness and self-evaluation	• Knowledge about occupational burnout • Self-diagnosis in terms of stress level, behaviours related to effects at work and OB levels • Development of hobbies and interests
Interventional elimination of stress in crisis situations	• Immediate, easily accessible psychological help or assistance of a supervisor in crisis and difficult situations

Table 5. Examples of topics of trainings or individual support (own study)

The general areas and topics which have been discussed here should be adapted in terms of their content to a given industry and job position, in accordance with their specificity. For example, in health care and trainings for nurses, it is advisable to introduce trainings to help manage physical strain, e.g. special physical exercises or new techniques of working with patients preventing backbone problems. Trainings for academic teachers should support their general teaching competences. In order to support their professional competences, teachers should receive trainings on conflict solving or new technologies (which will reduce the gap between students and teachers and stress connected with their ability to use them).

It is worth emphasising that **the aim of the actions in the field of individual support is to strengthen the individual, the employee and their wellbeing, as well as to ensure their better preparation for professional tasks, maintaining work-life balance**. Hence the emphasis on the development of hobbies or interests ensuring employees – especially those exposed to OB – a getaway from everyday work reality and maintain this balance. However, one should not forget that work-life balance also means a break from work, especially the one which allows the employee to switch off – **meaning holidays**. It is important, but at the same time it should not be treated as an independent element of OB prevention replacing other activities.

The last area of OB prevention is the effects that one obtains at work, in particular **professional successes**. It has a strong preventive function in the field of negative consequences of stress, motivates to further actions, and is a balance to failures that happen in every profession. Success is defined in both individual, team and organizational dimensions. **In each of them it has a different meaning and requires taking different actions for the prevention of OB. In the individual dimension, the subjective definition of success and personal responsibility are the most significant**. If possible, the employer should increase the subjective sense of responsibility of the individual for the successes of the organization, for example, by transferring them to the individual level – personal praise, cash bonuses or promotion according to one's contribution, so as not to disturb the sense of justice.

In addition to the successes of the organization, **personal achievements and rewards that follow are also important in OB prevention**. Employers usually have a range of statutory cash and non-cash bonuses. It is worth using both types, however, not forgetting to appreciate employees in front of other staff members e.g. information about the employee on the notice board or in speeches performed at the end of the year. A risk which fosters the occurrence of OB is the lack of appreciation of one's own successes or failing to notice them. This increases the dissonance between motivation and professional achievements. **The superior should, even though it might be difficult, help to maintain the value of everyday successes, appreciating repetitive efforts and their effects, not only new and spectacular achievements**. As part of training or support, one should also teach employees to notice and appreciate their own successes, and attribute them to themselves – there is some space for that both in the area of motivation and engagement, as well as self-assessment.

One should not forget about individual factors fostering OB, including features of the individual which are less subject to change, e.g. their nervous system, previous experience or fully-developed personality (e.g. sense of control). Undoubtedly, knowledge about such features can be helpful in preventing OB at an individual level. Prevention in this area should include a description of a given employee and adaptation of the actions taken to their specificity, e.g. recruitment decisions (employment or choosing the right position), assignment of responsibilities and participation in trainings.

An important question in the case of individual support is the scope of activities, **as the employer can rarely afford to train all employees in any desired range**. Taking into account the general assumption of the sense of prevention, **preventive measures should cover, first of all, most at risk, although currently healthy employees, without visible symptoms of OB**. When OB occurs, it is necessary to take counteracting/treating measures, as it is too late for prevention. In both cases, the employer will probably add an additional criterion – the value of an employee for the organization and potential return on investment

INTERPERSONAL ACTIVITIES

Interpersonal activities in the prevention of OB can cover the following areas connected with everyday tasks and also planning:

- Teamwork,
- Decision-making,
- Interpersonal communication,
- Team support for its members,
- Division of duties and responsibilities,
- Superior-subordinate relationships,
- Supervision,
- Task and time management.

The employee taking care of the prevention of OB should analyse relationships in the team, introduce specific rules regulating them and control the way they are respected.

Impact on interpersonal relationships is particularly important in the health care industry, where work is usually performed in teams, and the final quality as well as the wellbeing of team members depend on good cooperation. The work not done well or not done by a given nurse at all must be done by others, so any tardiness or reluctance to work is immediately noticed by the team and is subject to its assessment. The employer's tolerance of an employee who performs their duties badly can be very harmful to the team's morale – it can demotivate its members, affect the quality of their work and lead to a sense of injustice (other nurses work more, striving to reduce the negative impression of a person who does poor work, e.g. who is unpleasant to patients and/or their families, but they are not paid extra for that). The key factor here is time planning and the division of tasks and responsibilities, and particularly a fair distribution of duties and burdens in the perception of the team.

In education or higher education, teamwork is less related to "customers" (pupils or students) – teachers or academics usually work with them on their own, and their bad relationships with colleagues do not necessarily translate directly into the quality of teaching work. Nonetheless, cooperation in teams is required and is connected with better learning outcomes achieved by students. Academic teachers often work in research teams or groups performing organizational tasks. A good atmosphere at work, also in these industries, favours confidence, better performance of teamwork and conflict solution. It is very important to take proper care of the distribution of tasks e.g. topics of school subjects, teaching quota or timetables (at schools, the so-called "hours-off") and time management.

ADAPTATION/CHANGE OF ORGANIZATION AND WORK ENVIRONMENT

Adaptation/change of organization and work environment is the last large group of activities that can be used for the prevention of OB. Their aim is to improve working conditions, the level of employee and organization adaptation, to increase engagement and introduce actions building support for employees. The examples and proposals for specific actions are presented below:
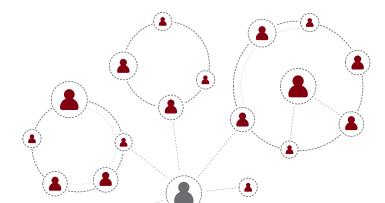
- Eliminating/reducing stress and load factors,
- better planning of tasks and projects over time;
- adjustment of burdens and tasks to the capabilities and preference of employees;
- clear communication of expectations and evaluation methods, especially in case of new employees (formal and informal roles);

- Introducing OB prevention in the structure and culture of the organization,
- information about activities in the field of OB prevention in the organization – their scope, aims, actions and availability;
- changes in formal culture: norms, regulations e.g. in terms of work performance or responsibilities;
- changes in informal culture e.g. promoting active involvement in undertaking activities, informing about one's successes;

- Involving employees in the management of the organization and OB prevention programs,
- involving employees in decision-making processes, democratising them;
- clear and effective system of collecting opinions on planned solutions or undertaken challenges;

- Introduction of activities/actions supporting the sense of success and team building, e.g. joint trips, events, also activities for the benefit of others,

- Activates connected with corporate social responsibility (CSR) outside the organization and inclusion of OB prevention in CRS within the organization,
- introducing activities for the benefit of the environment/natural environment;
- involvement in charity or aid activities;

- Control and supervision,
- clear control rules and evaluation criteria;
- the employee is subject to constant supervision, which has a supportive and advisory role, not only control and evaluation;

- Improvement of social working conditions,
- arrangement of quiet places for individual rest;

- a cosy place to eat.

- Providing employees with quick and free psychological assistance in situations of stress or psychological trauma.

The above suggestions in the organizational area may also require special additional expenses e.g. arrangement and equipment of leisure places, or charity activities performed jointly by several employees. Some of them will be probably possible to perform at minimal cost, when updating regulations or descriptions of job positions. It is important to treat those efforts not as immediate or long-term cost but an investment which can bring profits in the next years, not months.
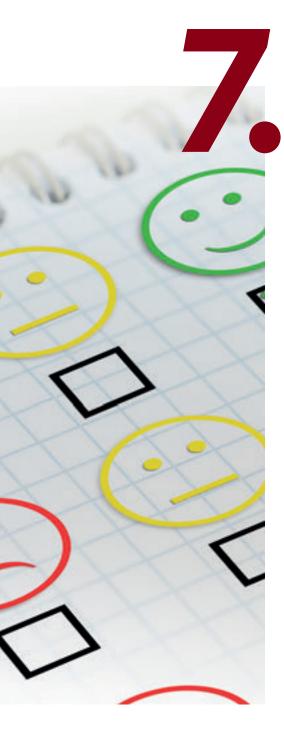
6.

HOW TO COUNTERACT DIAGNOSED BURNOUT IN THE ORGANIZATION?

Even the best prevention will not always exclude the problem. In the case of organizations just deciding to implement preventive measures, the burnout problem may already exist, and probably exists to some extent, especially in the industries covered by the Project and particularly subject to the occurrence of OB. In addition, the process of implementing preventive measures can even, paradoxically, exacerbate this problem by revealing its existence and making employees and their supervisors aware of it. Therefore, the employer should be prepared to deal with the issue and have immediate intervention measures available at hand. Some of these activities may be well known to employees and accepted by them as ways of coping with stress.

The first step in counteracting the effects of OB should involve determining its scale. What is of key importance at this point is reliable diagnosis allowing the identification of groups at risk – those already experiencing severe symptoms of OB, as well as groups with increased levels of OB. Depending on the scale of the problem, further steps can cover the entire organization or individual employees at risk. It is important to avoid stigmatising people suffering from this syndrome while solving problems related to it. Activities may include reorganization of the work environment, work structure, and time management. Helping people with OB at an individual level may cover several areas:

- Rest – holidays, reducing workload
- Psychological help
- Pharmacological treatment/sick leave
- Changing the scope of tasks or job position

7.

INTRODUCTION AND IMPLEMENTATION OF BURNOUT PREVENTION IN THE ORGANIZATION

Due to the broad and comprehensive character of activities related to the prevention of OB in the organization and the diversity (or lack) of national external regulations, it is very important to make decisions about the implementation of such activities at the strategic level – the highest managerial position in the organization, and when the structure of the organization requires it – in cooperation with all entities involved in its implementation. The organization may develop its own structures connected with OB, and in many cases it will be more rational to rely on external entities performing specific tasks. However, one should consider creating at least two independent but cooperating with each other positions or functions related to the prevention and counteracting of OB in the organization. Their place in the structure should enable the implementation of tasks, with the right budget and decision-making. In the industries covered by the Project, the creation of separate positions will probably be difficult – an alternative solution may involve assigning functions within an existing position.

Coordinator of OB activities – responsible for planning, implementation, coordination and control of the effects of activities within OB in the organization in accordance with the general strategy approved by the relevant decision maker. They cooperate with specific entities and positions in the company, but can also perform tasks on their own, within the assigned budget.

Trustee for employees/confidant – they collect information on the occurrence of OB in the organization, help employees ("open door"), possess knowledge about the possibilities of employee support – both inside and outside the organization (medical care, health leave, therapy, change of position) and help to obtain it, mediate in employer-employee communication when necessary or advisable.

When planning activities and implementing them, it is necessary to take into consideration both formal and informal organizational culture. Organizational culture is usually understood as a set of rules and norms that distinguish it, integrate it and prove its individuality and uniqueness. OB prevention may require changes and adaptation of both social knowledge and certain standards related to the recognition of OB as a specific phenomenon accompanying the performance of work. What might be helpful is the postulated introduction of the OB subject in formal education curricula. It is important that the created norms be observed and used, therefore their use should be rewarded and communicated at every management level and in different places of OB prevention implementation. One should also create distinctive symbols and physical carriers of performed activities related to OB. Such carriers can be special structures or positions in the company (e.g. coordinator or trustee described above), effects of activities or symbolic messages (e.g. posters with information).

As in the case of other activities changing organizational culture, one should take into account its inertia – the longer it was created, the greater and stronger it is now. It is possible to encounter more management problems with the advantage of informal culture, where introduced formal changes and regulations have a little influence on people's actual behaviour.

The implementation of OB prevention in the organization may take place in stages, as presented in figure 5. It is necessary to perform an initial diagnosis and adjust activities to its results. Too intensive measures in the field of OB prevention can create an impression of a more serious problem than it is in reality.

ANALYSIS OF THE CURRENT LEVEL OF OB IN ORGANIZATION	
DIAGNOSIS OF THE OB LEVEL	DIAGNOSIS OF WORK ENVIRONMENT – ORGANIZATION AND ITS SETTING

ANALYSIS OF CHANGE RECOURSES AND POSSIBILITIES	
ORGANIZATION SPECIFICITY	ANALYSIS OF READINESS FOR CHANGE

SELECTION OF MEANS, TOOLS AND PROCEDURES	
ANALYSIS OF ACCEPTANCE	ANALYSIS OF SUITABILITY FOR ORGANIZATION

IMPLEMENTATION DECISION	
PROCEDURE IMPLEMENTATION	BUDGET

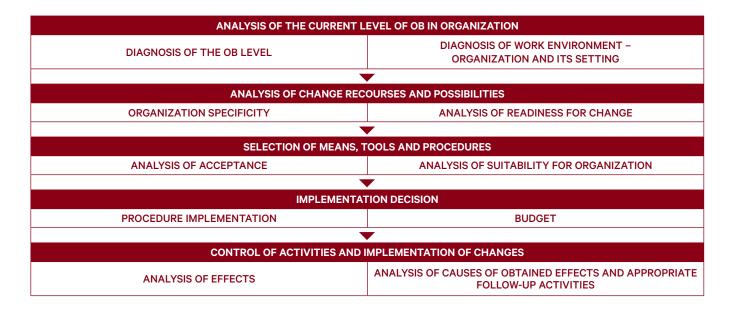| CONTROL OF ACTIVITIES AND IMPLEMENTATION OF CHANGES	
ANALYSIS OF EFFECTS	ANALYSIS OF CAUSES OF OBTAINED EFFECTS AND APPROPRIATE FOLLOW-UP ACTIVITIES

Figure 5. Implementation of prevention and counteracting of OB in the organization (own study)

Who can the employer ask for help in the case of occupational burnout in their organization? The issue of OB is becoming better known, and there are also more specialists who can help to diagnose it, perform therapies and introduce changes in the organization. Information about them can be found on websites devoted to EU projects concerning OB (one of them is the Time 2Grow project), specialized publications or dedicated portals. Entities which can provide assistance and cooperation in this respect are foundations, psychological centres dealing with organizational psychology, HR companies and also independent consultants.

8.

PREVENTING AND COUNTERACTING OCCUPATIONAL BURNOUT AS A COST AND INVESTMENT

In the literature devoted to the subject of OB, financial issues are rarely mentioned. It is not really strange, as publications are usually written by psychologists or researchers who do not continue to implement the recommended actions or finance them. Undoubtedly, however, like any activities in the organization, also those related to the OB may entail costs – direct, which can and must be included in the income statement or hidden – associated with organizational change or after-hours work.

If one tried to enter OB in the books, it would be extremely difficult to take into account all costs and income. Some of the costs could be already grouped – these are mainly the consequences of employees' absence from work, but it would be necessary to attribute someone's sick leave explicitly to the syndrome of OB (which the organization usually can not do due to lack of information). The lack of insight into the real costs of OB may result in their underestimation, and at the same time, hinder decisions on the implementation of OB prevention and obtaining public support for it. Hard losses in the quality or amount of work performed may be difficult to associate with occupational burnout. Due to the lack of knowledge about the real causes of poor task performance, it is often attributed to poorer employee's performance, their fatigue, routine, age and health deterioration not related to work.

Expenses related to the implementation of measures against OB of employees proposed in this guide have legal grounds to be included in operating costs based on existing national regulations, which does not mean, however, that in a given organization there will be a fund and the possibility of spending money on them. Accurate cost eligibility requires cooperation with the financial services of the organization. Estimating the budget as well as the

ways of spending it is a necessary element in the strategy of OB prevention and should be part of a comprehensive program. **Expenses for the prevention of OB in the organization should be treated strategically, as a long-term investment (just like already recognized as necessary and profitable expenditure on PR or CSR), without expecting immediate return – costs incurred today can only bring results after several months or even years**. What might help to make decisions about those expenses is objectifying and introducing them into general tasks of the organization, which are supposed to be continued by followers.

9.

FINAL REMARKS

One can assume that many organizations, consciously or unconsciously, are already taking various measures in order to prevent or counteract occupational burnout, even those resulting from the employer's obligations related to reducing stress at work or ensuring rest. The common perception of employees that OB is a serious problem in the industries covered by the research, or even considering it a professional syndrome, proves that these activities are not fully effective yet, whereas expectations towards prevention may increase. Employers aware of that should introduce possible preventive measures even today, making them a permanent element of the organization structure culture.

The Time2Grow project offers basic tools suitable for such activities. The guide is one of the elements of a broader model that also includes a publication on occupational burnout prevention for employees, a program of trainings and individual support providing an example (though comprehensive) of preventive impact in the most important areas of prevention, and instructions on how to implement the model in the organization. This proposal is strongly embedded in the concept of *lifelong learning*, which is based on the belief that in the changing world an effective response to problems and challenges is the constant improvement of one's knowledge and competence, and its basis is a deep humanistic belief in the broad possibilities of the individual and the value of cooperation.

The employer who takes care of the team of employees and also the good image of the organization must manage the motivation to work and the quality of tasks performed, especially in the aid and service industries. Occupational burnout is one of the areas which extends the scope of responsibilities, but efficiently managed can bring benefits both inside and outside the organization.

Time2Grow
(Poland)

Occupational burnout
– prevention and counteracting
A guide for employers