

Webinar theme:

Living with depression or burnout: specificities of diagnostics and issues for workers and employers

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Mental health problems in the workplace

EQCOTESST:*

- **18%** of workers present a high level of **psychological distress**.
- **7.4%** of workers present **symptoms of depression** tied to the workplace.
- 50% have been absent 11 business days or more.
- 25% have been absent 60 business days or more.

*Vézina, St-Arnaud, Stock, Lippel et Funes, 2011

Towers Watson survey:†

- **mental health problems** = one of the three main reasons for requesting **long- and short-term disability benefits** in over **83%** of companies surveyed.

† <https://www.towerswatson.com/fr-CA/Press/2011/11/Les-investissements-dans-la-sante-des-employes-generent-une-plus-grande-productivite>



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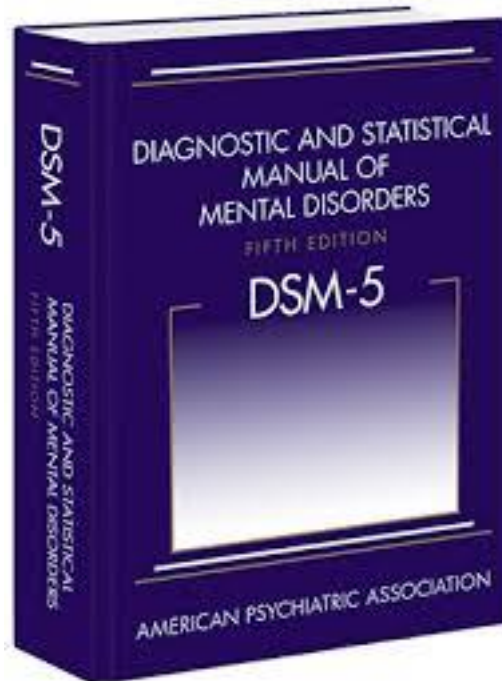
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Mental health problems: every worker is at risk

In industrialized countries, the following workers suffer from burnout:

- doctors (West *et al.*, 2018; Freeborn, 2001)
- social workers (Evans *et al.*, 2006)
- nurses (Adriaenssens, De Gucht, & Maes, 2015; Gomez- Urquiza *et al.*, 2016)
- teachers (Fernet, Chandl & Guay, 2017; Hultell, Melin, & Gustavsson 2013; Skaalvik & Skaalvik, 2009)
- police officers (Lavallée *et al.*, 1988)
- members of the clergy (Doolittle, 2007)
- prison guards (Lavoie, Connolly, & Roesch, 2006; Schaufeli & Peeters, 2000)
- letter carriers (Geldart *et al.*, 2018)
- university athletes (Raedeke & Smith, 2001; Gould *et al.*, 1997)
- veterinarians (Wallace, 2017)

Burnout, depression and adjustment disorder: *What exactly are we talking about?*



Burnout, adjustment disorder, and depression: “*confusion*” in the use of diagnoses

“Pathologies” whose causes (etiology) are nonetheless different...

- Life events
- Environment where trouble appears (for example, workplace environment)
- Psychological condition

Depression and burnout: Different social significance and connotations

- Difference in the perception workers have of themselves
- Differences in the perception the colleagues and superiors had of the workers affected by these diagnoses, when it came time to go back to work
 - ...depression = greater risk of stigmatization

Prevalence of burnout in Quebec and Canada: a few numbers

- **Doctors (Qc):** 47.6% of women and 44.6% of men showed an advanced level of burnout. (Crépeau, 2003)
- **Doctors (Canada):** 46% of doctors suffer from an advanced level of burnout. (Boudreau et al., 2006)
- **Nurses (Canada):** nearly 50% of nurses showed symptoms associated with an advanced level of burnout. (Spence Laschinger et al., 2009)
- **Teachers (Qc):** 60% show symptoms of burnout at least once a month; 20% at least once a week. (Houlfort et Sauvé, 2010)

What has changed so significantly in the workplace and in society within the last few decades for so many workers to experience psychological distress, and even advanced burnout?



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From overworking to burnout: a mirror of the hardships of work from yesterday to today (1)

- Until the 1960s...

Work hardships:

- Fragmented work
- Frenetic pace
- Repetitive and monotonous tasks

...which use up and tire workers...

“Pathology” of work:

- Overworking

Def.

“consequence of an activity whose rhythm is exaggerated and sustained, without a moment of rest or possibility of repairing recuperation” (Bize et Goguelin, 1956)

...affects workers in every work environment...

From overworking to burnout: a mirror of the hardships of work from yesterday to today (2)

- **Overworking:** until the 1960s...
- **Burnout:** starting in the 1970s...

Hardships of work: similarities

- Gruelling conditions and workloads

Hardships of work: a few differences

- Invasion of private life by work
- “crisis” or existential void

Burnout: clinical definitions (1)

- **H.J. Freudenberger:** American psychologist and one of the first to describe the burnout syndrome (in the 1970s)

Clinical definition of burnout:

“**Disappointed ideal**” that occurs when one has exhausted their “mental and psychic resources,” generally by “being consumed with reaching an unattainable goal we’ve set for ourselves or that the values of society impose upon us.”

“a state of fatigue or frustration caused by **devotion to a cause, a lifestyle or a relationship that has not met expectations**” (1980).

Burnout: clinical definitions (2)

- **C. Maslach:** American psychologist and one of the foremost experts on burnout to this day

Clinical definition of burnout:

“an emotional state in which the worker loses their feelings of positivity, sympathy and respect for their clientele,” associated with a **“reduced feeling of personal accomplishment” (1978).**

Burnout a “mirror” of the hardships in today’s workplace

- Gruelling conditions and workloads
- Invasion of personal life by work; hard to achieve work-life balance
- existential “crisis” when “personal dedication” at work doesn’t offer “personal growth”

How to explain that these workplace hardships and these clinical definitions of burnout coincide with the experience that more and more people are living at work every day?



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Intensification of subjective mobilization: **New workplace requirement**

- New methods of production

Combining the reinforcement of standardization and the importance of “soft skills”:

interpersonal skills and skills tied to personality traits (sense of initiative, creativity, independence, emotional intelligence, etc.)

...transition from physical requirements to mental and even emotional requirements...

Intensification of subjective mobilization: **New expectations from workers**

The “emotional rewards” or “intrinsic compensation” of work are increasingly valued and sought-after by workers:

recognition, interesting work,
personal growth and self-development through work, etc.

(Hughes, Lowe, & Schellenberg, 2003; Mercure & Vultur, 2010)

...transition from material expectations (salary, benefits, etc.) toward “expressive” expectations...

... transition from physical requirements to mental and even emotional requirements...



...transition from material expectations (salary, benefits, etc.) toward “expressive” expectations...



New psychosocial workplace risks

Feeling personally accomplished at work and living with burnout: the two opposite poles of the workplace subjective mobilization intensification phenomenon?

Conclusion

What to keep in mind to pursue reflection and action?

- Regarding the non-recognition of burnout as an official diagnosis (DSM-5): “are the trees hiding the forest”?
- Consequences of this non-recognition for workers
- Potential solutions for stakeholders in primary prevention:
 - Favourable measures for better work-life balance
 - Flexible schedules
 - Workloads that aren't overloaded

QUESTION PERIOD



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Thank you for participating in this webinar. We invite you to consult the following websites to learn more about global health in the workplace:

- <https://www.mentalhealthcommission.ca/English/what-we-do/workplace>
- <https://www.groupeentreprisesensante.com/fr/service/documentation/>

This mental health webinar is one of four in a series. See past webinars or save the following dates:

November 28, 2018 and February 27, 2019.

For more information, visit:

<https://www.groupeentreprisesensante.com/fr/service/webinaires/>



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