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## Referrals to Occupational Health Services for Burnout

**Peer review status:**

No

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**Article ID:** WMC005595

**Article Type:** My opinion

**Submitted on:** 15-Sep-2019, 04:17:42 AM GMT **Published on:** 19-Sep-2019, 07:15:18 AM GMT

**Article URL:** [http://www.webmedcentral.com/article\\_view/5595](http://www.webmedcentral.com/article_view/5595)

**Subject Categories:** BEHAVIOUR

**Keywords:** Burnout, Occupational Health Services, Employee Assistance Programs

**How to cite the article:** Gupta D, Kumar S. Referrals to Occupational Health Services for Burnout. WebmedCentral BEHAVIOUR 2019;10(9):WMC005595

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**Source(s) of Funding:**

NOT APPLICABLE

**Competing Interests:**

NOT APPLICABLE

# Referrals to Occupational Health Services for Burnout

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## Abstract

Healthcare workers who suspect or report burnout at work should seek occupational health services. They may need professional evaluation and health management prior to return-to-work.

## My opinion

The World Health Organization (WHO) recognizes burnout as an occupational phenomenon without classifying it as medical condition (WHO, 2019). Suspected and reported burnout among healthcare workers (HCWs) is highly variable ranging from 0% to >80% (Reith, 2018; Rodrigues, et al., 2018; Rotenstein, et al., 2018). Burnout in HCWs is defined as an emotionally exhausted feeling making HCWs feel skeptical and question if their jobs are fulfilling (Dyrbye et al., 2017). When HCWs' skills mismatch with the challenges at their work, HCWs can feel "overloaded" with their work or "under-challenged" by their work or may start "neglecting" their work when feeling helpless at work (Montero-Marín, Prado-Abril, Piva Demarzo, Gascon, & García-Campayo, 2014).

Burnout creates concerns for the healthcare industry as well. As burnout is often a self-report, the absent consensus on standardized well-being scales may risk HCWs overestimating their self-reported burnout (Drummond, 2017; Rotenstein, et al., 2018). Although HCWs' burnout has not been classified as medical condition, managers may risk breaching HCWs' health information privacy because burnout-induced changes in HCWs' work-quantity may be questioned by other overworked co-workers potentially risking burnout "contagion" (Bakker, Le-Blanc, & Schaufeli, 2005).

Although employee assistance programs (EAP) are currently available to assist HCWs and their managers regarding burnout, employers should explore that whether occupational health services (OHS) must evaluate and manage HCWs' burnout to gauge their readiness to return-to-work (Kärkkäinen, Saaranen, & Räsänen, 2019; Miller, 2013). Although EAP may be available as free and

round-the-clock counseling services for HCWs self-reporting burnout and managers suspecting HCWs' burnout, EAP access is voluntary, under-utilized and confidential which may keep managers in the dark regarding whether HCWs have sought EAP services as advised and whether HCWs are following EAP recommendations when at work (Carchietta, 2015; U.S. Office of Personnel Management, 2019). As compared to managers, occupational health practitioners (OHPs) are professionally trained and thus better equipped to monitor and manage HCWs' burnout. Besides getting actively involved in EAP current services, OHPs can generate clinical data and research in their burnout management clinics to upgrade institutional counter-measures against HCWs' burnout. Thereafter, decreased burnout will curtail personnel loss exposure and socioeconomic losses to healthcare industry (Hamidi et al., 2018; Han et al., 2019). Limiting factors can be a nationwide shortage of OHPs and paucity of resources for dedicated burnout management clinics (Curtis, 2019; Paton, 2017).

HCWs who suspect or report burnout at work should seek OHS. They may need professional evaluation and health management prior to return-to-work.

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