

Employee Owned



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Workplace Burnout

Have you ever heard a colleague or friend say something along the lines of “I just feel so burned out”? Most likely, you have – more than once. In 2018, Gallup estimated 23 percent of employees feel burned out at work “very often or always,” and a further 44 percent reported feeling burned out “sometimes.” The modern-day definition of burnout, the state of emotional, physical and mental exhaustion caused by prolonged work stress, was first introduced in 1974. Since that time, burnout has received increased attention and media coverage and has grown in prominence as a workplace issue in recent years. The business impacts of burnout include increased health plan utilization, increased absences, job dissatisfaction and negative effects on productivity, such as increased decisional errors, diminished work quality, and decreased task and time management capabilities.

Although it is widely understood that burnout is a significant issue impacting modern workers and workplaces, quantitative measures of workplace burnout have been difficult to come by – particularly for mid-market and smaller business. However, businesses today are facing rapid changes in how they must view burnout and manage the physical and mental health of their employees, as evidenced by the addition of a billable diagnosis code for burnout to the International Classification of Diseases 10 (ICD-10) and a [recent announcement by the World Health Organization \(WHO\)](#) that further defines and details the diagnosis of burnout for ICD-11, which is to be released in 2022.

The WHO considers burnout to be an “occupational phenomena”. However, the WHO has been clear to state that burnout is not a medical condition. Rather, it is defined as a syndrome that is a direct result of chronic workplace stress. This attribution to the workplace as a causative factor of a medical syndrome is significant for three key reasons:

1. The WHO is in the process of defining evidence-based guidelines specific to mental well-being in the workplace. In essence the organization that designs and defines the ICD coding system is now teetering on the line of creating what they deem to be best practices for businesses, specific to managing employee health and mental well-being.
2. The implications of the more clearly defined diagnosis code for burnout in the ICD-11 (publication planned for 1/1/2022) are wide and deep across any business. One such issue is the legitimacy of the diagnosis and its ability to open the gate for requests for additional leave, reduced working hours or other accommodations that may not have existed in the past.
3. There is potentially significant fallout in the future for businesses if they do not adopt a strategy surrounding the mental well-being of their human capital.

To date, this “occupational phenomena” has received little attention by most small and mid-market businesses. However, changes in our culture, employee expectations and even current public health issues related to drug abuse/addiction are pushing policy-makers outside of business and industry to define and label burnout such that it is now directly attributed to the workplace. This attribution will force American businesses to think strategically about how they manage their human capital, particularly related to mental health.

At Scott, our [Health Risk Performance](#) team works with our clients to help them stay ahead of issues impacting their human capital and improve the health and well-being of their employees. Let us know if you have questions about workplace burnout or other issues

impacting your employee population.

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As Vice President of Scott's Health Risk Performance Team, Dina focuses on value-based, business-driven health risk management strategies that incorporate cultural and behavioral approaches to improve performance. She began her career in employee benefits and health care management in 1998, working with employers and their health plans in disease management, health risk management, wellness and organizational development capacities. In 2001 she joined Scott and has played a key leadership role in developing our proprietary health risk management process. Dina has served as a sourced expert in numerous national magazines and trade publications and as a presenter at national conferences on the topic of health risk management. Dina can be reached at dfonzone@scottins.com.