



Agreement No. 2009-2169/001-001

Burnout Intervention Training for Managers and Team Leaders

502360-LLP-1-2009-1-AT-LEONARDO-LMP

Synthesis of Needs Analysis

Partner Countries: [Austria, Denmark, Germany, Italy, Rumania, United Kingdom](#)

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1. Introduction

The needs analysis is the first step of the BOIT project which targets at HR professionals of enterprises and organizations. The BOIT projects' main benefit will be that managers and team leaders are able to perceive and prevent Burnout among their staff members.

The target group of HR professionals was chosen considering the management level resources to implement the prevention measures and early detection of Burnout signals of the employees. Depending on their organizational status, managers and team leaders can influence and change the work characteristics related with Burnout risk.

The Needs Analysis is a survey that aims to ensure, from the beginning of the BOIT project, that the target groups' needs concerning Burnout prevention training are taken into account during the project.¹ The needs analysis offers an instant view on the various target groups and their resources and to difficulties that must be taken into account at the beginning of the relationship established with the direct beneficiaries of the BOIT project in all partner countries, guiding the way the training and other activities are carried out throughout the project.

Therefore, the Needs Analysis Final Report is a synthesis of the BOIT project partners' national reports. These reports as well as the synthesis are based on interviews with the target group and thus the relevance of information provided is limited to these defined target groups and can not be extended, in anyway, to national or other EU populations.

¹BOIT. Evaluation concept. Report part 1. Evaluation report draft supplied by the blended learning institutions' cooperative *blinc*, 2010, p. 2.

The concept of the needs analysis has a four parts structure which is also followed in this report:

- I. Information on general context and resources related to the Burnout phenomenon in each partner country;
- II. Description of the target groups and the organizations they work in
- III. Analysis of interviewees' needs for knowledge on Burnout issues;
- IV. Analysis of interviewees' needs for training

Apart of interview responses, some general aspects from each partner country will be useful for an overview on the BOIT partners' national contexts: how well is the Burnout phenomenon known in general, the public and media debate on the Burnout topic, as well as available resources (e.g. institutions) to support people with Burnout.

The second part is based on the interviews and it aims to describe the involved organization's characteristics and the interviewees' particularities. The first involves information like the type of institution, number of employees, domain of work, while the data regarding the participants reflect their age, gender and their role in the organization.

The third part highlights the participants' knowledge versus participants' needs of knowledge about Burnout aspects like: experience with the Burnout phenomenon, the Burnout descriptors used by interviewees and the recognition of some Burnout signs. The participant's potential in intervention for decreasing Burnout was particularly important for us, from two aspects: their potential for support and their interest to improve their personal competence in helping people facing Burnout.

The last part of the interviews had the objective to estimate the participants' preferences for the practical aspects of training such as: possible engagement in the training programme, training time allocation, content and methods.

Table 1. The needs analysis conceptual structure

Parts / aims	Objectives	Indicators
I. Raising information on general context and resources related to Burnout in each partner country	1.1. Highlighting the context	How well is the Burnout phenomenon known?
		public and media debate on the Burnout topic
		resources to support people with Burnout.
II. Describing the target groups' characteristics	2.1. Describing organizations	Number
		Type
		Number of employees
		Domain of work
	2.2. Describing interviewees	Number
		Gender
		Age
		Their role in organization
III. Analysing interviewees' needs for knowledge on Burnout issue	3.1. Estimating participants' needs of knowledge about Burnout	Interest to improve competences by training
		Experience with Burnout phenomenon
		The most used Burnout descriptors
		Recognition of Burnout signs
	Potential for supporting behavior	
3.2. Estimating participants' resources for intervention in decreasing Burnout in organization	Interest to improve competences by training	
IV. Adapting training program to participants' needs	4.1. Estimating interviewees' needs for training	Engagement
		Time allocation
		Proposed content
		Preferred methods

1.1. General context

Project partners reported some common aspects as well as specific aspects related to the Burnout perception in the national contexts.

This description informs about the level of attention this topic is given by the public and organizational resources that could be related to the BOIT project beneficiaries, in each partner country.

1.1.1. Is Burnout currently a well-known phenomenon?

In the beginning, one must differentiate between the opinions of people who are not informed, debates on mass media and the statistics or scientific and professional information.

Burnout apparently is a well known phenomenon and concept, in most partner countries, yet often Burnout characteristics are 'mixed-up with depression or stress'² or is not considered a real health problem³.

In Italy and Romania, Burnout seems currently less known as concept; but it is recognized as phenomenon or by some signs mixed with stress, like:

"exhaustion"⁴, "stress at the work place" or "nervous breakdowns"⁵ on workplace.

In the public view, in UK, Denmark, Austria or Germany dealing with Burnout is

²Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

³Tanja Wehr. BOIT-Needs Analysis Report. *BUPNET*, Germany. 2010.

⁴Zdrehus Cristina, Nicoleta Chioncel. BOIT-Needs Analysis Report. *Universitatea din Oradea*, Romania. 2010.

⁵Giulio Gabbianelli, Gabriella Russo, Elmo De Angelis. BOIT-Needs Analysis Report. *Training 2000*, Italy. 2010.

getting more and more a responsibility at social policy level. Industries representatives, trademark unions, the national labor inspection of work or health care insurances and health institutions, promote the measures to prevent and reduce the Burnout effects.

Burnout seems “particularly known by the working categories which are concerned by this problem such as teachers, doctors and social workers in general”⁶.

Defining Burnout correctly is a problem in everyday life, and the Burnout phenomenon is not sufficiently differentiated from stress and depression.⁷

Even among professionals on medicine and psychology, a clear definition of Burnout seems still difficult (e.g. the differential diagnosis between Burnout and various categories stress related or between Burnout syndrome and “Chronic Fatigue Syndrome (CFS) or (ME) Myalgic Encephalomyelitis - as neurological diseases”⁸).

1.1.2. The emphasize of topic in the national/ local media

In all partner countries, the topic “Burnout” is discussed in the national media, in TV programs and in newspapers/magazines, from daily life's point of view. National media present the Burnout issue rather as cases at individual level than organizational issue (e.g. focused on personal stories and Burnout consequences on the individual, “sensationalized” various organizations “as epidemics of discontent and attract media interest”⁹).

⁶Idem

⁷Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

⁸Terence Pugh; Christine Di-Vito. BOIT-Needs Survey. *ENTENTE UK*, United Kingdom. 2010

⁹Terence Pugh; Christine Di-Vito. BOIT- Needs Survey. *ENTENTE UK*, United Kingdom. 2010.

Specialized publications and professional websites provide statistics and information on health of employees, and on Burnout risk, prevalence etc.:

- international and national European survey associations and services provide annual reports about prevalence and incidence of stress related illness and Burnout on the work, for European countries (e.g.: European OSH¹⁰ Statistics - *the European Agency for Safety and Health at Work* that collects occupational safety and health statistics and surveys from European countries and from around the world; *Health and Safety Executive* – “Government Agency responsible for National research and policy on all workplace health and safety issues” in UK¹¹, also in Austria, Denmark and Romania¹²)
- professional reviews and trade unions publications describe Burnout signals, its causes, and informed on support institutions and services (e.g. Arbeiterkammer, Austria¹³; ETF, the trade union of employees within the social and health care sphere or “Arbejdsmiljø København” - Work Environment Copenhagen, Denmark¹⁴; “TUC” – Trades Union Congress– the representative body for all UK Trade Unions¹⁵, UK¹⁶).
- press campaigns, in Germany, for example, present Burnout as a complex individual, social and economical problem;
- publications and psycho-therapeutical associations offer a professional approach in all partner countries (e.g. “CIPD” – *Chartered Institute of Personnel and Development* – The United Kingdom professional body for

¹⁰ <http://osha.europa.eu>

¹¹ www.hse.gov.uk

¹² *CE, Competent Consulting* at: <http://www.zf.ro/profesii/cine-sunt-cei-mai-stresati-angajati-din-companii-3056650/>

¹³ <http://noe.arbeiterkammer.at/online/burn-out-32839.html>

¹⁴ Niels Vestergaard. BOIT- Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010

¹⁵ <http://www.tuc.org.uk>

¹⁶ Terence Pugh; Christine Di-Vito. BOIT-Needs Survey. *ENTENTE UK*, United Kingdom. 2010

HR practitioners¹⁷; all studies of Romanian *Balint Association Bulletin* No.38, focused on Burnout¹⁸ etc).

1.1.3. The public debate about Burnout

The Burnout topic is generally publicly debated in the media and on web-forums. It seems that, in different countries, the public debate of the issue is in different stages.

In Denmark, UK, Austria or Germany public and health politics or trade unions give great attention to Burnout (being considered “the most important cause of the high rate of sickness absence, also of individuals’ abandon of the labour market in favour of various forms of state support/provision, including jobs with subsidies and early retirement¹⁹).

Nearly monthly, Austrian magazines or periodicals from medical and social services discuss the topic of Burnout²⁰.

In Germany, in the last years, more and more campaigns “started to show that Burnout is a serious problem with a special focus on statistics and numbers showing the economical impact²¹”.

¹⁷<http://www.cipd.co.uk>

¹⁸*Buletinul Asociației Balint*, vol.10, nr.38, 2008 [*Balint Association Bulletin*, vol.10, No.38, 2008].

¹⁹Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

²⁰Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

²¹Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010

1.2. Institutions and services related to the Burnout in the partner countries

There are various institutions and types of services available for those affected by Burnout or having an important role in prevention at different organizational levels and social domains, but very few of them are specialised in Burnout syndrome prevention/intervention.

In all partner countries, there are the following categories of organizations and services with Burnout:

- public / private health, medical and psychological institutions and services;
- private / public health support / insurances and psychotherapeutic / counseling services;
- social organizations and trade unions providing support.

The different health services include:

- professional medical / psychological assistance;
- social support (directly or through internet platforms & forums);
- health law and politics, applied by public institutions and social or professional associations.

1.2.1. Type of institutions, organizations and services

Public or private institutions and services:

- Hospitals providing professional medical and psychological services on general and mental health, to regaining work capacities (e.g. in Austria, Denmark, Germany, Romania).
- The national labor inspection of work – service that survey/examination and publish the result for national accreditation (*“can impose/instruct alterations or changes in the conduction of tasks and planning of work if a*

company consistently has difficulties', like in Denmark²²).

- Health care insurances (that can be, as in the partner countries mixed public/private)
- webpage information and health surveys (e.g. in Germany).

Private or public services:

- psychotherapists offering professional services on mental disorders (in all partner countries)
- companies providing programs for the support of management level decisions and strategies regarding Burnout (e.g. in Denmark).

Social organizations and services:

- trade unions (e.g. *the Austrian advocacy group of workers and employees*, and other trade unions offering information on institutions and services, providing addresses on institutions and also seminars on the “Burnout” topic (e.g. *the ETF in Denmark: the trade union of employees* within the social and healthcare area– provides information and therapy).
 - social organizations for supporting people in difficulty (e.g. Internet platforms for: anonymous system for help, exchange experience and gathering information on the individual problem).
- The general context provided by partner reports show that the Burnout issue is still difficult to be detected and clearly defined by people, and also by professionals.
- Although there are institutions and organizations that can provide support in

²²Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

Burnout cases and in Burnout prevention, very few services are focused on this particular health issue.

- The general context characteristics will be important for the dissemination and exploitation strategy of our project in different partner countries, according to the stage of support development and specific institutions and services that can focus on Burnout prevention.

2. Needs analysis of interviews

Each partner country interviewed a group of managers and team leaders that could be the direct beneficiaries of the Burnout intervention training (BOIT):

Table 2. Target groups

Nr.	Partner Organization	Partner Country
1.	<i>die Berater</i>	Austria (AT)
2.	<i>Aarhus Social and Health Care College</i>	Denmark (DK)
3.	<i>BUPNET</i>	Germany (GE)
4.	<i>Training 2000</i>	Italy (IT)
5.	<i>University of Oradea</i>	Rumania (RO)
6.	<i>ENTENTE UK</i>	England (UK)

2.1. Characteristics of the organizations involved on interview

2.1.1. Number of organizations

There were 34 organizations involved in the interviews during the needs analysis phase of the BOIT project.

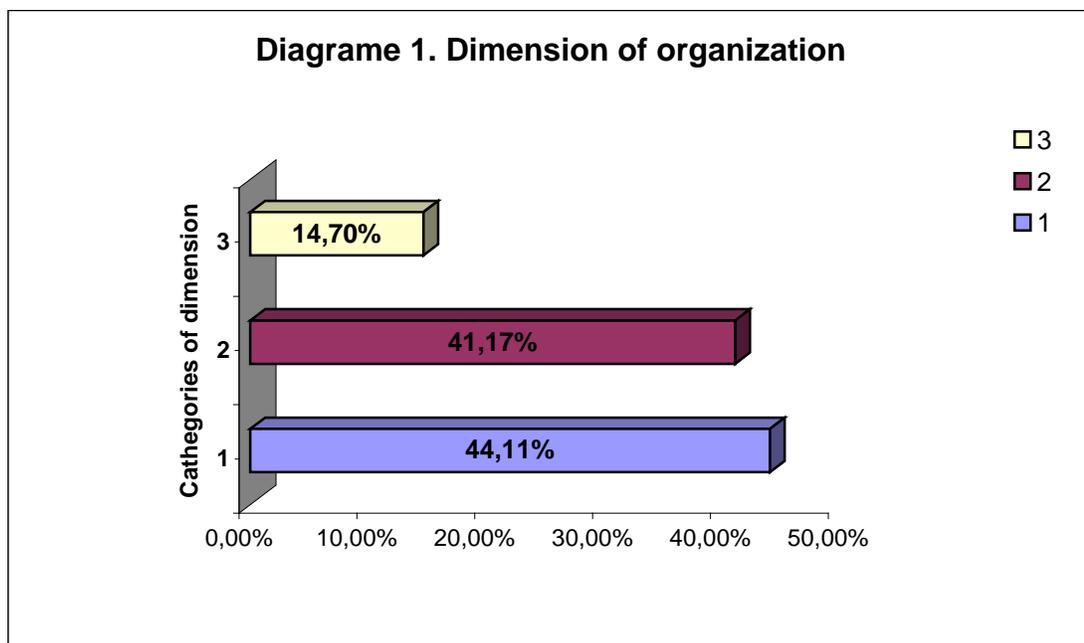
2.1.2. Type of organizations

Most of the involved organizations are private. Few interviewees coordinate public and mixed private / public institutions. 29 organizations are local / national area organizations and 5 are international / multinational organizations.

2.1.3. Number of employees

According to the number of employees, organizations are distributed in the following categories:

- 15 organizations with **5 to 19 employees (1)**, representing 44,11%;
- 14 organizations with **20 to 80 employees (2)**, representing 41,17%;
- 5 organizations with **more 80 employees (3)**, representing 14,70%.

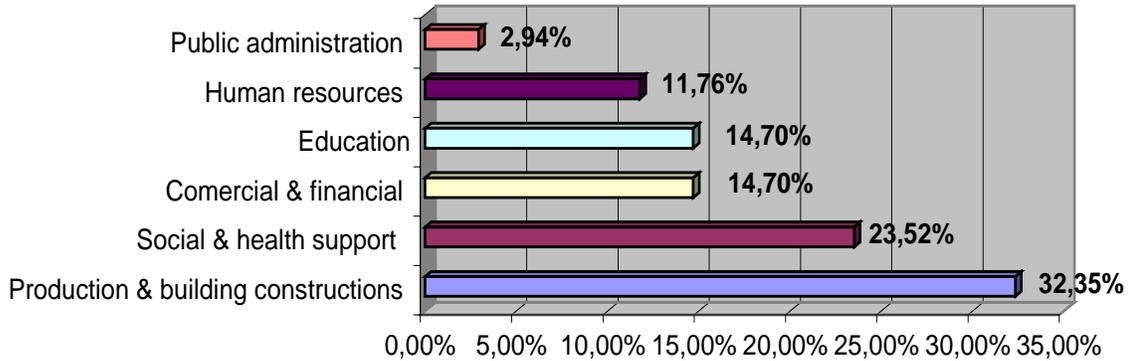


2.1.4. Domains and provided services in target organizations

The organizations involved in the interview provided services in different fields:

- production & building constructions - 11 organizations (32,35%);
- education - 5 educational centers (14,70%);
- human resources & consulting - 4 organizations (11,76%);
- comercial & financial - 5 organizations (14,70%);
- public administration - 1 organization (2,94%);
- 8 organizations of social support and help for people in need (23,52%):
homeless children, blind people, drug addicted persons, environmental protection, disabled & elderly people, chronic psychiatric clients.

Diagrame 2. Domains of work



2.2. Description of the interviewees

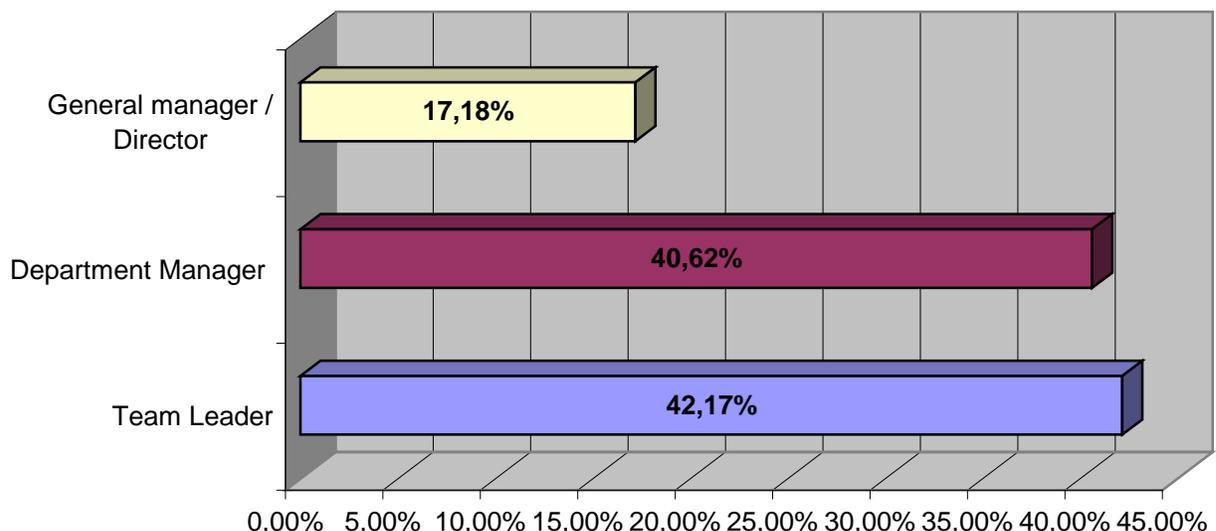
2.2.1. Duration of interviews

The approximate duration of the interviews was 27 minutes on average.

2.2.2. Number of interviews

64 managers and team leaders from the 34 organizations have been interviewed.

Diagrame 3. Interviewees' organizational status



2.2.3. Gender / age of the interviewees

Most of participants were women, aged between 25 - 60, the majority of them aged between 30 and 50.

2.2.4. Role in organization, position of the interviewees

The positions of the interviewees in organizations are significant for the resources of influence that they could provide to prevent Burnout among their staff. But the perceived status, if different, could have modified the involvement of person in the role.

2.3. Description of the Burnout phenomenon

Using the respondents descriptors we could estimate the needs for training content, like: definitions, explanations and distinguish concepts.

2.3.1. Experience with Burnout

58 of 64 respondents already met people with Burnout, mostly at work, but also in private situations.

Most of participants observed the signs among colleagues, employees, friends or family, some of them being appealed by a person affected of Burnout.

Two interviewed persons were not sure about the fact that the observed signs are Burnout related and three persons have never met people with Burnout.

2.3.2. Descriptors of the Burnout as phenomenon used by respondents

The most frequently named descriptors referred to by our respondents were:

- physical, mental, emotional exhaustion - named 10 times;
- work overload - named 5 times;
- lack of self-trust - named 5 times.

The similar descriptors used by respondents in different partner target groups (TG) are:

- mental and physical overload - similar to depression, nervous breakdown, exhaustion (Austria) / mental state determined by stress (Romania);
- chronic fatigue – lack of concentration, irascibility (Romania)./
problems in concentrating, tiredness (Austria), low focusing (Italy), forgetfulness (UK);
- lack of appreciation at job (Austrian) or lack of motivation (Romania), not caring about the quality of their work (UK) versus over motivation to work; e.g. “their work is 100% purpose of life” (Austria); lack of appreciation (German);
- health problems (Austria) like: headaches, fatigue (Romania) / chronic illnesses, chronic pain without physical reasons, special types of psychosomatic illnesses like: tinnitus, backache, headache, reduction of mobility (Germany), tachycardia, sleeping disorders (Italy);
- isolation (Romania), introversion (Germany), being quiet and withdrawn; (UK), panic crises (Italy);
- incapacity to accomplish the work task (Romania); feeling that are not able carry out daily work (Austria); decline in output, not longer able to keep responsibility (Germany), untypical poor performance, poor punctuality; un-notified absence (UK).

The descriptors focused on different facets of Burnout:

- focused on work overload (e.g. concentrate on their work, feeling that you are not able to do your daily work, missing appreciation in your job – Austria);
- focused on lack of resources (e.g. lack of self-trust, of motivation or energy – Romania);
- focused on behavior and mood changes (e.g. changed body and verbal

language - sarcasm and cynicism; outward appearance - pale skin, dark circles around the eyes, crooked –Germany).

Some participants used metaphors and suggestive sentences to describe Burnout, for example:

“Concentrate on their work, 100% purpose of life; to much stress, no recovering, only work.”²³

“You invest a lot of time, energy and sometimes also emotions and nothing comes back to you; your batteries get more and more empty.”²⁴

“It is still some kind of taboo. We live in an achievement-oriented society and nobody wants to show weaknesses.”²⁵

“Working yourself to death is the only socially accepted way of committing suicide.”²⁶

„Burnout does not appear from one day to the other, e. g. “From Monday to Tuesday”²⁷

2.3.3. Descriptive categories

Situations in which the participants noticed signals of Burnout:

- work situations (28);
- private situations (14).

The respondents observed Burnout signals on their employees, team members, colleagues, team members or friends, also on family and relatives:

- on team members (19 persons, 45,23%);
- on colleagues (7 persons, 16,66%);
- on partners, friends, acquaintances and relatives (7 persons, 16,66%);
- on themselves (7 persons, 16,66%).
- on employees (2 persons, 4,76%);

²³ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

²⁴ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010

²⁵ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010

²⁶ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010

²⁷ Zdrehus Cristina, Nicoleta Chioncel. BOIT-Needs Analysis Report. *Universitatea din Oradea*, Romania. 2010

- Most of the described situations and relationships in which the respondents meet persons with Burnout signals were at work, noticed among employees, colleagues and team members (66,65%).

2.3.4. Respondents' involvement (actions, behaviors) to help people with Burnout

The main actions / methods used by the interviewees in Burnout situations were the following:

- at individual level:
 - acting only *by instinct* (e.g. “nobody knows how to react with a relative on Burnout diagnosis... in the Middle of the 90s”²⁸ ;
 - counseling;
 - talking to the persons and listening to their problems;
 - sharing personal activities (e.g. “to do grocery shopping for a friend”);²⁹
 - trying to give “as much as the person accepted”.³⁰
- at organizational / work conditions level:
 - changing the program;
 - dividing work into small activities;
 - job rotation;
 - sharing the tasks;
 - managing time;
 - talking to the whole team (e.g. “to discuss the work-situation in the team”, “to show appreciation of their work”;³¹)
- at social support level:
 - getting professional support for the team;

²⁸Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010

²⁹ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010

³⁰ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010

³¹ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

- job re-orientation – (e.g. “help my colleague to find another job”);³²
- educational support:
 - coaching;
 - getting more information on the situation or circumstances

While in private situations support is often given by talking and listening to the friend’s problems, in the professional environment “the supporting strategies depend very high on the position of the team leader or project manager”.³³

Some of the interviewees expressed great wishes to give support, but fewer abilities to do that efficiently.

Most participants referred to the fact that Burnout does not appear from one day to another, (“from Monday to Tuesday”), nor can it be solved like that.³⁴

Therefore, respondents expressed that it is important for the manager or team leader to observe the subordinates and constantly communicate with the team in order to observe the first signs and thus to intervene as soon as possible to prevent Burnout.³⁵

- The objectives of the BOIT project seem to be focused on most of the needs identified by respondents.

2.4. Recognition of the common signs and signals of Burnout

2.4.1. The list of Burnout signs / signals

Signs of exhaustion designed by interviewees:

- Physical exhaustion

³² Zdrehus Cristina, Nicoleta Chioncel. BOIT-Needs Analysis Report. *Universitatea din Oradea*, Romania. 2010

³³ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

³⁴ Zdrehus Cristina, Nicoleta Chioncel. BOIT-Needs Analysis Report. *Universitatea din Oradea*, Romania. 2010

³⁵ Giulio Gabbianelli, Gabriella Russo, Elmo De Angelis. BOIT-Needs Analysis Report. *Training 2000*, Italy. 2010.

- outward appearance: pale skin, dark circles around the eyes, crooked, lack of energy;
- psychosomatic problems: tiredness, tinnitus, backache, dizziness, fainting, sensibility, headache, reduction of mobility, sleep disturbances, loss in weight;
- health problems: illness because of pressure in the job.
- Mental exhaustion
 - problems to concentrate;
 - loss of overview.
- Emotional exhaustion
 - ordinary symptoms of stress (but not differentially symptoms), like overload, depression, nervous breakdown, sensitivity, crying (especially women);
 - depress, “with no chance to recover”;³⁶
 - frustration;
 - anger – related to situations where the person not previous reacted this way;
 - despair;
 - desire for appreciation.

Signs of depersonalization as radical change in reaction pattern and normally behavior of the person³⁷; behavior and mood³⁸ changes:

- changing in body and verbal language;
- sarcasm and cynicism;
- intense pessimism;
- communicational and relational tensions at the workplace;
- petulance;

³⁶ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

³⁷ Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

³⁸ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010.

- aggressive/overreacting (because of details);
- retreat, completely seclude themselves, introversion;
- decreasing of private, social contacts, isolation;
- negativism towards work;
- person expresses the wish of being supported in her work;
- decreasing personal level of hygiene.

Sings of decreased (work) performance / organizational expressed signs:

- decline in output;
- outspending themselves;
- inability to stand their responsibility;
- impossibility to conform with the working schedule;
- incapacity to fulfill work ;
- lack of reaction to work situations;
- negative reaction towards new work tasks;
- inability to distinguish between important and not so relevant tasks;
- very long working days;
- “keeping the façade/frontage” but without any output;³⁹
- longer time to solve even simple tasks;
- doubts about own skills and proficiency;
- absenteeism (e.g. “general rising sickness absence” and “specific rising sickness absence which can be connected to specific tasks”⁴⁰

Some personality characteristics and missing skills, e.g.: “bad communication structures, no culture for criticism and a mismanagement of mistakes” ⁴¹; “autonomy, skills to cope when it comes to gain overview, custom to plan daily

³⁹ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

⁴⁰ Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

⁴¹ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010.

tasks⁴² were evocated in the national reports as Burnout vulnerabilities.

- The training course must consider the cultural particularities of different target groups.

It is obvious that interviewees have some basic information regarding Burnout and its signs, but there is a mixture of signs categories and confusions of concept / phenomenon boundaries in the responses to interview.

- Therefore, it will be important for the training to clarify the differences between observable (behavioral) signs versus declared / experienced signs that could be symptomatic for Burnout.
- It will be necessary to highlight the differential signs of Burnout in the training course.

2.5. Potential of intervention for decreasing Burnout among staff

2.5.1. Reasons of interviewees to increasing their knowledge of Burnout

Most of the respondents wish to increase their knowledge about Burnout for different reasons:

- to develop a strategy at national / institutional level;
- to exchange information and to know the specific strategies applied in different countries;
- to be able to concretely define the way in doing the intervention;
- to make more adequate the programs that they already developing:
 - a system of rotating the personnel;
 - a research about employees;
- to know more about Burnout can help increasing the work productivity in the company / organization;

⁴² Niels Vestergaard. BOIT-Needs Analysis Report. Aarhus Social and Health Care College, Denmark. 2010.

- to help to prevent “the loss of working force”;
 - to intervene on Burnout situations at work;
 - to improve staff members competences;
 - to prevent the loss of working force due to the periods of increasing of;
 - sickness before the “burned out” person was “discovered” and the loss of professional competences when the person has to leave for a longer period or even not will return.⁴³
- Even many interviewees have a lot of knowledge about Burnout, almost all of them found reasons to increase their knowledge on this topic.

2.5.2. The perceived own role in the organization and the potential to prevent Burnout

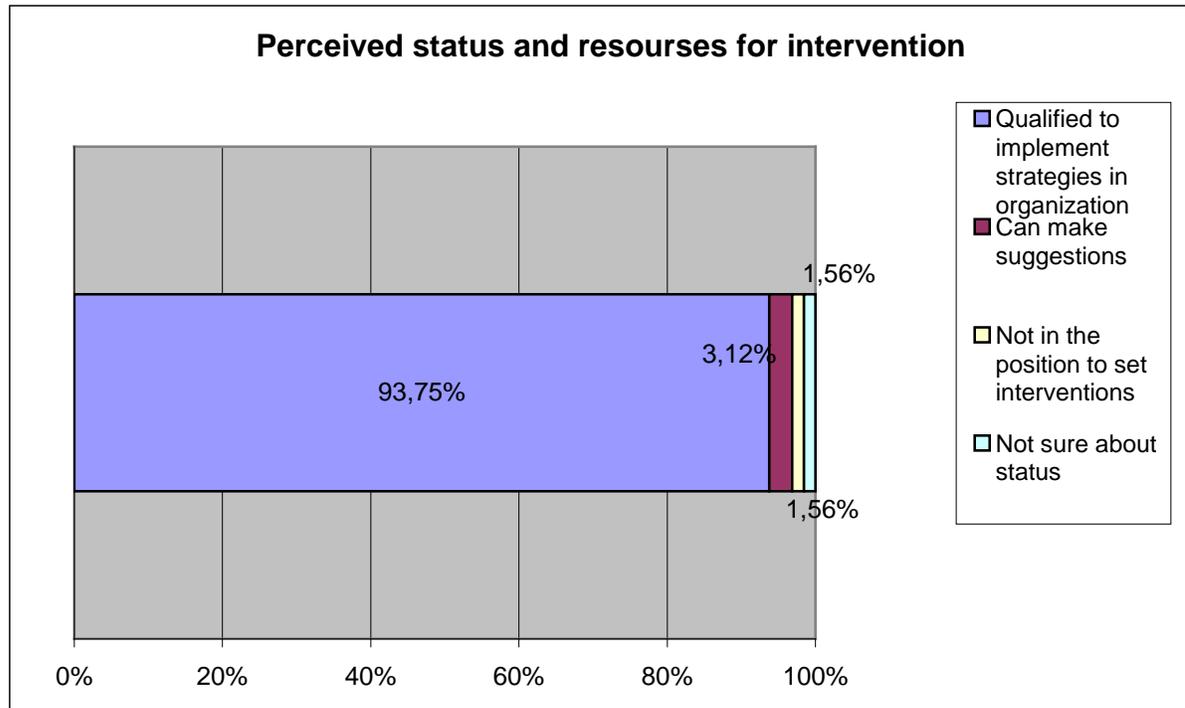
The positions of the interviewees in organizations are significant for the resources of influence that they could provide. But the perceived status, if different, could modify the involvement of that person in the role. About 93,75% of respondents perceived their position as qualified to implement actions to decrease Burnout in their companies, institutions, teams, and two of them even on national level.

Almost all of our respondents agree that their positions allow them to set Burnout prevention programs. Two interviewees can make suggestions to the higher management⁴⁴. Only two persons declare that they are not in the position to set interventions (e.g. very new in the company and not yet sure about her status⁴⁵).

⁴³Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

⁴⁴,⁴⁵ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

⁴⁵ Tanja Wehr. BOIT-Needs Analysis Report. BUPNET, Germany. 2010



Some difficulties revealed by respondents

Most of the interviewees indicated serious factors that could interfere with the training efficiency.

The intervention's efficiency always depends on resources, e.g. importance of *personnel resources to restructure work in the team*.⁴⁶ Also referring to resources some interviewees, considered: *"the biggest challenges that the politicians do not publish – that budget cut also lead to a decrease in the quality of care deliveries – and it creates a huge pressure on the individual staff member and the whole institution"*⁴⁷.

The lack of labour force is mentioned as a factor for increasing difficulties, mostly by lack of personal competences of employees, e.g. *necessary autonomy, basic skills when it comes to gain overview, planning their daily tasks, or irrational*

⁴⁶ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

⁴⁷ Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark.

beliefs such as:” Some people think they are stressed – when they are busy”⁴⁸.

Other difficulties taken into consideration by the participants were:

- the job competition and insecurity, e.g. *“we live in an achievement oriented society and it is very difficult to show weaknesses”* thus *“most people want to keep as their private secret”⁴⁹*;
- the perceived secondary profit of overload, in job competition, e.g. *“a lot of people work more than they can because they are afraid of losing their job”⁵⁰.*
- Since all target groups have high potential to intervene in the organizational environment, we are expecting that training outcomes will be efficient.
- The training design has to focus on the practical and applied methods for Burnout prevention in organizations.

2.5.3. List of actions meant to decrease the Burnout

Interviewees described the following categories of possible actions:

- Finding solutions within the team, discussing problems; more praises; commenting observations, time for teambuilding
- Appreciation in public, but criticism only between the people
- Work restructuring strategies within the team
- Supporting the increase of personnel resources
- Developing strategies at national, institutional or team level
- Making strategies more adequate
- Increasing the knowledge about ergonomics at work places
- Human resource managing
 - exchange between the heads of the departments to discuss problems and work on their solution;

⁴⁸Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

⁴⁹Tanja Wehr. BOIT-Needs Analysis Report. *BUPNET*, Germany. 2010.

⁵⁰Idem

- research about costs in reducing absenteeism and prevent Burnout;
 - develop a system of rotating the personnel;
 - better time management;
 - reduce team members' extra hours;
 - consume the holidays;
 - make short dated holidays possible to take;
 - set realistic goals;
 - let the next management level know about the problem.
- Increasing information about health prevention
 - Work-Life Balance, or better, Life-Work Balance.
 - Coaching / training
 - better process description;
 - small exercises to improve wellbeing;
 - teach staff members to recognize symptoms at themselves, identifying signs at their employees;
 - communicate with people showing signs of burn-out;
 - better communication structure;
 - recognize people who are not fit for this kind of job;
 - have courage to say "no" up in the system, e.g. when it comes to a too big distance between the number of tasks and the available resources⁵¹ .
- The interview outcome list is consistent, and almost fits to the target group template provided in WP2 of the BOIT project regarding the possible interventions to prevent or to decrease Burnout
- The list also shows the high level of management competencies of the target group, as a good base for a high level of the training course.

⁵¹ Niels Vestergaard. BOIT-Needs Analysis Report. *Aarhus Social and Health Care College*, Denmark. 2010.

2.6. Interest for participating in a training program

2.6.1. Participation

The majority of the interviewed people was interested in the training program for Burnout prevention.

More than half of the respondents (mostly from Germany and Denmark target groups) are well educated in the psycho pedagogical or mental health field.

- Therefore, the interest for training based on high expectancies and needs of new information on the topic.
- According to the needs of target groups' respondents, in the face-to-face training course the methods of interventions must be practiced. In addition, the learning support (for blended learning) could be found on a e-learning platform, and the theoretical questions / discussions could be developed by e-learning techniques.

2.6.2. Time allocation

Most of the respondents preferred up to 3–4 hours per day for training.

- during the week, preferably in the normal working period, one compact (Denmark) or in the evenings (Austria & Germany);
- weekends, beginning on Friday afternoon (Romania and Austria; for Germany).

Almost all of the interviewed people from the UK target group said that they would be unlikely to consider attending any event that last longer than a day. Two people would be prepared to stretch this to a maximum of two days. One person would not consider anything lasting longer than two hours.

- Flexibility is necessary when programming the face-to-face activities according to each target group.

2.6.3. Content

According to the interviewees, the training should have the following content:

- a. Signals and Symptoms / signs of Burnout (Germany, Romania and Austria)
- b. Process description
- c. Economic impact
 - o Labor market situation Historical Development
 - o Labor law and other law topics relevant for this issue
- d. Awareness rising (Germany and Austria)
 - Framework conditions for the team /project manager:
 - Discussion of responsibility of team leaders;
 - Recognizing limits – for my work/myself and for my colleagues
 - Possibilities of a manager to act
 - How do I involve other team members? Is it ok to involve them?
 - Assess the problem– are you in a risk of Burnout?
- e. Intervention strategies (specified mostly by target groups from Germany, and Austria):
 - How to prevent, how to work preventively?
 - Assertiveness training: When and how do I address to employees, if I have the impression they suffer from Burnout? Communication on the intrapersonal level.
 - How to act in case of resistance (the Burnout person refuses support); How to deal with avoidance strategies?
 - How to intervene: How to help - acutely and long-term Burnout problems? How to deal with mistakes? How to deal with critics?
 - Involving the family because they are often helpless but very near to the person
 - Time Management / Planning daily tasks
 - The health Work-life balance
 - Knowledge and techniques of Collegial Supervision
 - Possible therapies / Basic skills when it comes to gain overview
- f. Kinds of intervention appropriate on different work domains:
 - What kind of intervention is possible to implement with the employee?
 - What kind of intervention is realistic (related to the resource situation)

- g. Empowerment
 - How could it be reached?

2.6.4. Preferred Methods

A synthesis of the interviewee's preferred methods could provide at least five categories.

Presenting theoretical content:

- content must be on the high level
- should be presented by an expert
- should be adequate to the main characteristics of target group

Demonstration and debate:

- Examples
- Visual examples
- Case studies
- Storytelling

Invite real persons that have had Burnout to talk about their experience (for example on the following issues:

- "The way I felt about it"
- "The way my family and friends felt about it"
- "The way my job mates, colleagues, etc. felt about it")⁵²

Exchanging / improving experiences:

- People with practical experience in Burnout; exchange of experiences small working groups
- Presentations of initiatives from similar institutions
- Especially group talks with colleagues
- Knowledge and techniques of Collegial Supervision
- Training on the job

Checking the risk of Burnout

- On self-assessment, on organization, team, employee, or family.

⁵² Tanja Wehr. BOIT-Needs Analysis Report. *BUPNET*, Germany. 2010.

3. Conclusions

Burnout seems to affect each organization in question; the majority of respondents met at least one person with signs of Burnout in the workplace (including their selves).

All interviewed persons indicated undoubted interest on the topic and high interest for training. "There is a lot of interest for the topic and also less knowledge, a lot of confusion but also curiosity"⁵³

The managers and team leaders are interested to participate in the training for improving their knowledge and the management in organizations and in the teams.

The most important requirements of a training course, synthesized from the Austrian team are general valuable⁵⁴:

- Practicability
- Exchanging of experiences
- Working with experts.

Most respondents wished to exercise strategies and get the answers to the particular problems of their role / situations in organization.

Some considerations selected from German partner's conclusions are important for all the target groups. There are the following:

- we can handle more with the phenomenon, organization and job related topics than with person/individual related topics;
- most of the participants are well educated and have high expectancies

⁵³Tanja Wehr. BOIT-Needs Analysis Report. *BUPNET*, Germany. 2010.

⁵⁴Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

thus the training must have a high standard.

The content of a training may be focused on topics that enable managers and team leaders to prevent Burnout by managerial strategies, to recognize Burnout signs in behavior, to differentiate the Burnout as risk and so to offer the most appropriate support to employees.

Considering the differences between domains of activity within the target groups, also the differences of age, management level etc., it seems necessary to design the content that could be dynamically adapted to the specific needs of all participants (e.g. in small and relatively autonomous parts, modules).

The relation between Burnout and costs in organizations seems to be very well perceived by the questioned managers from all target groups. Long-term competences to deal with Burnout seem to be on first place of the interest, also of the expectancies of managers.

Most of the interviewees indicated serious difficulties that could interfere with the training efficiency, like:

- the intervention efficiency depends of resources;
- lack of labor force;
- the job competition and insecurity;
- the perceived secondary profit of overload, in job competition.

As many respondents expressed, the knowledge only, does not guarantee the success of prevention, without application and good practice.

So the good practice brochure will be a very important outcome of BOIT-project.

E.g. 50% of the Austrian respondents declared: “*only knowledge doesn't help to change things*”, thus also need the sensitivity for the problem and the capacity to

change organizational structure.⁵⁵

The answers collected from managers and team leaders give only a first descriptive image about some expressed characteristics of target groups for BOIT project training in partner countries.

The importance of the information provided by the reports refers to the target groups' initial general knowledge and interest for the issue of Burnout. In addition, it refers to their expectations from a training that enables them to prevent the Burnout phenomenon in their organizations starting with their team.

We should design the training to be efficient in a realistic manner, thus being consistent and at a high standard for all the target groups, but flexible to adapt and be practically applied.

4. Notes

This revised synthesis of *Needs Analysis* bases on:

- ❖ Chioncel Nicoleta. *The Needs Analysis Report template*.
- ❖ BOIT. *Evaluation concept. Report part 1*. Evaluation report draft supplied by the blended learning institutions' cooperative *blinc*, 2010.
- ❖ *Needs Analysis Reports of BOIT project partner teams*, as following:
 - ✓ Niels Vestergaard. BOIT - Needs Analysis Report. Aarhus Social and Health Care College, Denmark. 2010
 - ✓ Elisabeth Frankus, Maren Satke. BOIT - Needs Analysis Report. *die Berater*, Austria. 2010
 - ✓ Cristina Zdrehus, Nicoleta Chioncel, Adriana Borza, Tomina Saveanu,

⁵⁵ Elisabeth Frankus, Maren Satke. BOIT-Needs Analysis Report. *die Berater*, Austria. 2010.

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- Roxana Hatos. BOIT - Needs Analysis Report. University of Oradea, Romania. 2010
- ✓ Tanja Wehr. BOIT - Needs Analysis Report. BUPNET, Germany. 2010
 - ✓ Terence Pugh; Christine Di-Vito. BOIT - Needs Survey. ENTENTE UK .2010
 - ✓ Giulio Gabbianelli, Gabriella Russo, Elmo De Angelis. BOIT - Needs Analysis Report. Training 2000, Italy. 2010.
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- ❖ Qualitative analysis of interviewees' responses content and comparative analysis of different target groups accessed by interview, as base for the consistency and flexibility of the training.
 - ❖ Critical feedback from the project manager, Dr. Elisabeth Frankus, from Dr. Tim Sholze of *blinc*, and *Entente UK* Director, Terry Pugh on first draft.
 - ❖ Constructive discussions, on the second draft, with all project partners in Göttingen meeting (06.2010).