ReGrow

Work Methodology - Burnout

Regulatory framework (summary)

In the constitution of the World Health Organization (WHO) mental health is an integral part of health and well-being and is defined as a complete state of health and well-being and not merely the absence of disease. In the 2013-2030 Mental Health Action Plan, the concept of mental health is expanded, conceptualizing it as a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, you can work productively and fruitfully and are able to make a contribution to your community

The determinants of mental health and disorders include not only the ability to manage one's thoughts, emotions, behaviors, and interactions with others, but also social, cultural, economic, political, and environmental factors such as national policies, social protection, working conditions, and support. socio-community.

According to the World Health Organization (WHO), the action plan for health promotion should be based on six principles, which from ReGrow we align, being the basis of our approach to evaluation and intervention proposals.

WHO PRINCIPLES	REGROW BASES
1. Universal health coverage. Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, people with mental disorders must be able to access, without risk of impoverishment, essential health and social services that enable them to achieve recovery and the highest possible level of health.	1. ReGrow was created with the aim of ensuring that all people who actively work to improve the world and the life of animals do so in healthy, safe and supportive work environments. We strive to improve motivation in working environments, based on companionship, empathy, and personal and professional growth, where everyone can grow professionally.
2. Human rights. Mental health strategies, actions and interventions for treatment, prevention and promotion must be in accordance with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.	2. The entire ReGrow team works from the principles of Equality, Diversity and Inclusion, adapting the ways of working and action plans to the culture, environment and cultural, socioeconomic, ethnic, religious characteristics of the organization with which it works
3. Evidence-based practice. Mental health strategies and interventions for treatment, prevention and promotion should be based on scientific evidence and/or best practice, taking cultural considerations into account.	3. The ReGrow team of psychologists is trained in Clinical Psychology and Organizational Psychology, as well as statistical and data analysis. It is regularly updated on the latest studies in psychosocial interventions from positive psychology in organizations (Duan et als., 2022), as well as in clinical therapy.
4. Focus throughout life. Mental health policies, plans and services must take into account health and social needs at all stages of life, including infancy, childhood, adolescence, adulthood and old age.	4. We want to ensure the good internal functioning of NGOs, which is essential for the mental stability of their employees. Prevention and following up NGO's development is crucial to this. For this reason, we help to maximize the growth of organizations, to achieve objectives, to increase work performance, to reduce the costs related to dismissals, both justified and unjustified, and to increase the prestige of the entity. In this way, organizations will be more effective and will be able to impact as many animals as possible.
5. Multisectoral approach. A comprehensive and coordinated response to mental health requires collaboration with multiple public sectors, including health, education, employment, justice, housing, the social sector and other relevant sectors, as well as the private sector, as appropriate to the situation of the country.	5. From ReGrow we support the leadership team and the investment team of NGOs through multidisciplinary advice that includes legal practices, regulatory compliance and organizational practices to prevent disease and promote mental health, development and growth
6. Empowerment of people with mental disorders and psychosocial disabilities. People with mental disorders and psychosocial disabilities must be empowered and involved in mental health advocacy, policy, planning, legislation, service delivery, monitoring, research and evaluation.	6. ReGrow intervention plans are approached from four levels according to the IGLO model in the literature (Day & Nielsen, 2017; Nielsen et al., 2017). : leadership, individual, team and organizational and include four phases: analysis, intervention, evaluation and monitoring, to promote the maintenance of change.

At the beginning of 2022, the World Health Organization and the International Labor Organization published two reports on the urgency of systematically planning, as part of the business strategy, mental health programs in organizations. As proof of this urgency, a startling figure in the report was the percentage of working adults affected by mental disorders at some point in their lives: 15%.

This figure carries many consequences. It is an economic problem that all EU countries must address: 50% of the total societal cost of mental disorders is due to indirect costs, such as reduced productivity, and 12 billion working days are lost each year due to depression and anxiety. According to EU-OSHA (2014), the total cost of mental ill-health in Europe amounts to 240 billion euros per year, of which 136 billion correspond to reduced productivity, including absenteeism, and 104 billion to direct costs, such as medical treatment (Leka and Jain, 2017). Reduced performance due to psychosocial problems can cost twice as much as absenteeism. The situation demands that governments and organizations act and include mental health in their agendas.

In the report, the WHO and ILO propose three actions that countries and organizations should implement to protect and promote mental health at work by strengthening capacities, creating awareness and providing opportunities to recognize and act early on mental health conditions at work. WHO recommends three evidence-based interventions: training of managers in mental health, training of workers in mental health literacy and awareness, and individual interventions directly targeting workers.

It is from this perspective that at ReGrow we approach mental health in organizations from multilevel interventions (individual, leader, group and organizational) based on the latest advances in Positive Occupational Psychology and Positive Psychology Interventions.

Academic framework - What is burnout

Burnout was declared in 2000 by the World Health Organization as an occupational risk factor due to its ability to affect quality of life, mental health and even put life at risk.

The most accepted definition is that of C. Maslach, who describes it as an inadequate way of coping with chronic stress, whose main features are emotional exhaustion, depersonalization, and decreased personal performance. P. Gil-Monte defines it as: "a response to chronic work stress made up of negative attitudes and feelings towards the people with whom one works and towards one's own professional role, as well as the experience of being exhausted". The description of the three elements includes:

1. **Tiredness or emotional exhaustion:**progressive loss of energy, wear and tear, fatigue
2. **Depersonalization:**construction, by the subject, of a defense to protect himself from feelings
3. helplessness, helplessness and frustration.
4. **Abandonment of personal fulfillment:**the work loses the value it had for the subject.

They appear insidiously, not suddenly, but gradually, cyclically, can be repeated over time, so that a person can experience the three components several times at different times of his life and in the same or in another job.

Some examples of manifestations that can be identified as warning signs or part of the clinical picture are: denial, isolation, anxiety, fear or fear, depression, anger, addictions, personality changes, guilt and self-immolation, excessive workloads, it can occur such as changes in hygiene and personal grooming habits, changes in the eating pattern, with exaggerated weight loss or gain, memory loss and disorganization, difficulty concentrating and there may be sleep disorders.

Based on the clinical picture, four levels can be considered:

- **Mild:**vague complaints, tiredness, difficulty getting up in the morning
- **Moderate:**cynicism, isolation, suspicion, negativism

- **Serious:**slowing down, self-medication with psychotropic drugs, absenteeism, aversion, alcohol or drug abuse
- **Extreme:**very marked isolation, collapse, psychiatric symptoms, suicides

Assessment

For the diagnosis of Burnout from ReGrow we have selected a new scale, less extensive but more comprehensive than the Maslach MBI inventory called BAT.

It includes four subscales:

1. Exhaustion (extreme tiredness)
2. Mental distancing (psychological withdrawal);
3. Cognitive and emotional impairment (less ability to regulate cognitive and emotional processes, respectively).

The psychometric characteristics of the BAT appear encouraging. Using representative samples from seven different countries, De Beer et al. demonstrated that the postulated second-order factor structure with the four BAT subscales loading into an overall composite score was invariant across countries. In a similar vein, a rigorous Rasch analysis demonstrated the unidimensionality of the BAT [12], suggesting that a single score can be used to assess the level of competence of employees.

Unlike the MBI, the BAT conceives of burnout as a syndrome consisting of a set of interrelated symptoms that refer to an underlying psychological disorder. In addition, the multitrait-multimethod analyzes showed the convergent and discriminant validity of the BAT compared to other measures of burnout,

Academic Framework (summary) - Organizational Interventions from Positive Psychology

The term Positive Psychology appears in Abraham Maslow's book "Motivation and Personality" published in 1954, where he devotes a chapter to this subject. However, the humanistic approach promoted by Maslow was not so based on research, while the greatest impulse of the research on which the current Positive Psychology is based occurs at the beginning of the 21st century led by its highest representatives at that time: Martin Seligman and Mihail Csikszentmihalyi (2000).

Positive Psychology emphasizes its practical applications. For example, in the Akumal Manifesto that was written by a group of academics at one of the annual meetings on Positive Psychology held in Akumal (Mexico) (Sheldon, Fredrickson, Rathunde, Csikszentmihalyi, & Haidt, 2000), a set of of applications of Positive Psychology that are still in force even today:

- Improving early childhood education, making greater use of intrinsic motivation, positive affect, and creativity

inside the schools.

- Improving psychotherapy by developing approaches that emphasize hope, meaning, and self-healing
- The improvement of family life by a better understanding of the dynamics of love, and commitment
- Improve lifelong job satisfaction by helping people find authentic gratifications at work, experience flow states, and make genuine contributions to their work.
- Improving organizations and societies by discovering what conditions increase people's trust, communication, and altruism

By positive interventions we understand those strategies that are implemented to improve the development and satisfaction of people with the ultimate goal of promoting health, quality of life, and excellence (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000).

This is where Positive Organizational Psychology (POP) emerges, arising from the combination of the concept of integral health applied to the specific context of work. We have defined it as the scientific study of the optimal functioning of the health of individuals and groups in organizations, as well as the effective management of psychosocial well-being at work and the development of organizations to make them healthier. Its objective is to describe, explain and predict optimal functioning, as well as amplify and enhance psychosocial well-being and the quality of work and organizational life (Salanova, Martínez, & Llorens, 2005, 2014). Its raison d'être lies in discovering the characteristics that make up a full organizational life.

From the POP we try to promote the development of positive organizations that are committed to the development and promotion of health in a comprehensive, interdisciplinary and multi-causal way. These positive organizations are those that seek organizational excellence and financial success; but they go further because they enjoy a physically and psychologically healthy workforce that is capable of maintaining a positive work environment and organizational culture, particularly during periods of turbulence and change, and are capable of not only surviving in these critical periods but also learn lessons and emerge even stronger (Salanova, 2008, 2009; Salanova, Llorens, Cifre, & Martínez, 2012; Salanova, Martínez, & Llorens, 2014).

In this context, the concept of Healthy and Resilient Organization or HERO (HEalthy & Resilient Organization) arises, which refers to these Positive Organizations that are characterized by the binomial: health and resilience. We have defined a HERO as that organization that carries out systematic, planned and proactive actions to improve the processes and results of both employees and the organization as a whole. In addition, they are resilient because they maintain a positive adjustment under challenging circumstances, they are strengthened in adverse situations and under pressure they are able to maintain their functioning and their results.

Governance model

knowledge session

    Leadership: Team of two psychologists
    Participants: Internal sponsors (including Management and HR)
    Time: 2 hours
    Outcome: GDPR treatment communication, Health Champions identification, Scheduling

engagement session

    Leadership: Co-led by ReGrow Team+Direction
    Participants: Management and Health Ambassadors
    Time: 2 hours
   Outcome: Explanation of the anonymization process, phases, calendar and roles
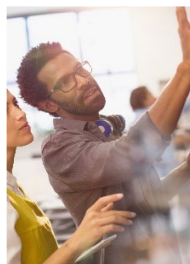
Project presentation

    Leadership: Co-led by HR and Regrow team
    Participants: the entire NGO
    Support: digital and face-to-face
    Time: 45 minutes
    Outcome: presentation of the commitment and calendar

information collection

    Leadership: ReGrow + Health Champions
    Participants: the entire NGO
    Support: quantitative: digital, anonymous + qualitative: face-to-face and anonymous
    Time: 1 hour per group, 1 hour to answer the questionnaire, 1.5 hours of work
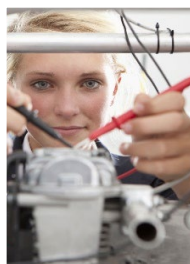
Results presentation

    Leadership: ReGrow
    Participants: the whole company
    Support: digital and face-to-face
    Time: 45 minutes
    Outcome: schedule of actions

interventions

    Digital/ Face-to-face
    Individual/team/organizational goal
    GDPR on data collection

WORKFLOW for a Burnout case

As indicated in the Clinical Perspective section, Burnout is a clinical condition and therefore requires a diagnosis.

Burnout will be addressed in an Organization when:

1. Burnout risk has been identified in the analysis sessions
2. Qualitative evidence has been collected during the collection of information in the Focus Groups
3. It has been quantitatively evaluated using the BAT scale explained in the academic framework and this has yielded moderate scores in part of the population

In accordance with the recommendations of the WHO and ILO, and understanding the approach to mental health in a systemic way, four actions will be proposed at the four levels of the organization.

1. Individual - Individualized psychological care
2. Group - group intervention from:
   a. clinical psychology
   b. organizational psychology
3. In the leader - identification and coping
4. Organizational - action policy

Flow of actions with theoretical assumptions to address the case:

ReGrow

knowledge session:
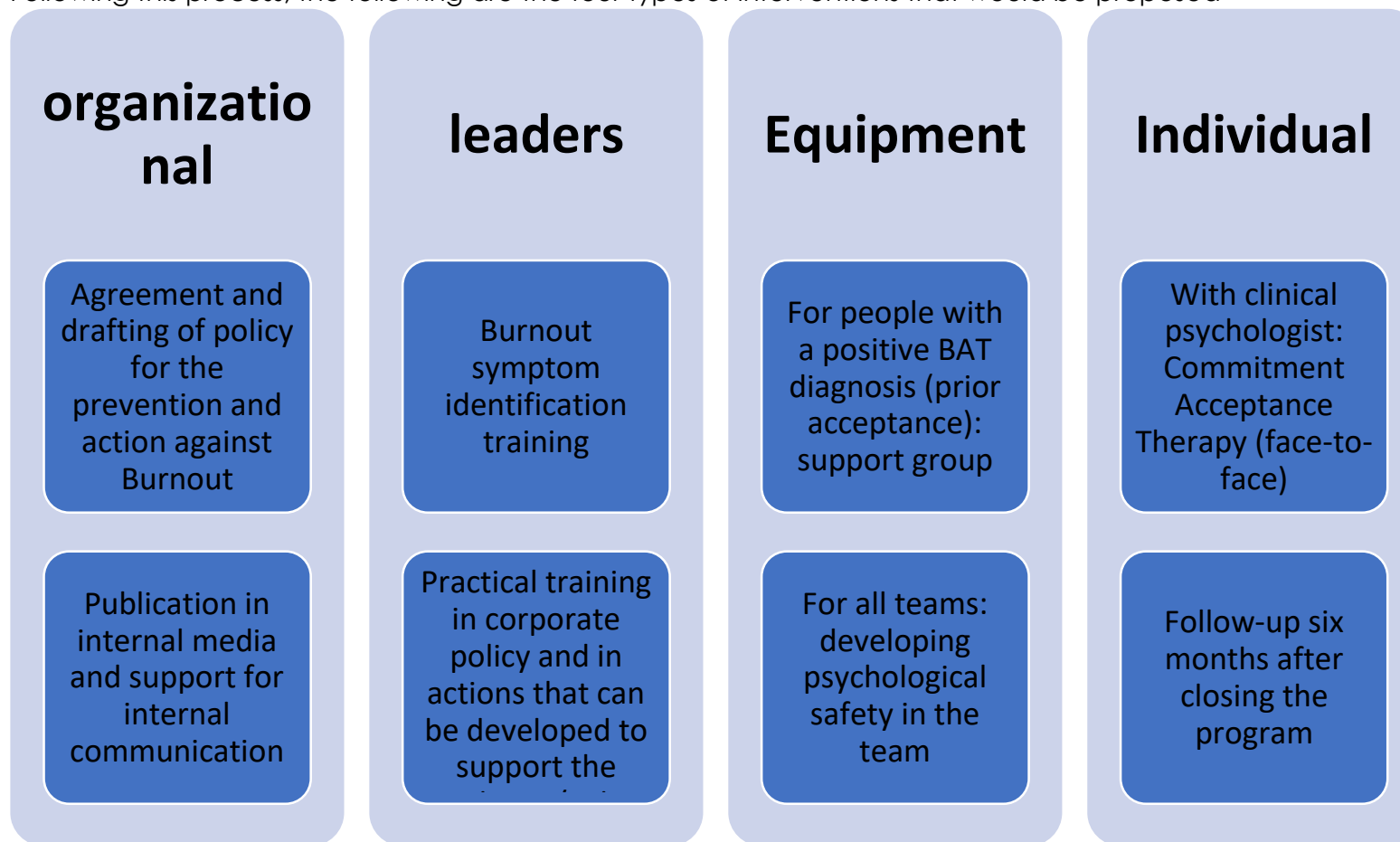Statements about concern for the health of employees and volunteers have been verbalized, complaints linked to one or more of the four scales have been verbalized, quantitative data on sick leave has been provided

Engagement session:
Management and the Health Champions are committed to monitoring, preventing and assisting in cases of burnout

Focus Group:
in one or more of the Focus Groups (people will be grouped by functions, areas, etc. depending on the structure of the NGO) complaints are voiced about one or more of the Burnout scales

Quantitative evaluation:
In the phase of passing the questionnaires, the BAT is included and the results show at least moderate Burnout scores.

Multilevel intervention proposal:
IGLO

Work Methodology   - Burnout

Following this process, the following are the four types of interventions that would be proposed

organizatio nal

Agreement and drafting of policy for the prevention and action against Burnout

Publication in internal media and support for internal communication

leaders

Burnout symptom identification training

Practical training in corporate policy and in actions that can be developed to support the

Equipment

For people with a positive BAT diagnosis (prior acceptance): support group

For all teams: developing psychological safety in the team

Individual

With clinical psychologist: Commitment Acceptance Therapy (face-to-face)

Follow-up six months after closing the program

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