

Welcome to the Society for Occupational Health Psychology Newsletter!

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Occupational
Health
Psychology

We begin this edition of the newsletter with a tribute to Ronald J. Burke, written by his students and collaborators, Lisa Fiksenbaum, Esther Greenglass, Eddy Ng, Jacob Wolpin, and Isabel Metz. Ron worked as a professor of organization studies in the Schulich School of Business at York University in Toronto, where he shined as a teacher, mentor, and researcher. Ron's research focused on many important OHP topics, including workaholicism, gender and careers, job satisfaction, and employee well-being. He will be missed by the OHP community.

This edition of the newsletter also includes an update on the new journal, Occupational Health Science, written by founding editor-in-chief, Bob Sinclair. Bob shares a summary of the journal's metrics, including submissions, acceptance rate, and downloads of OHS articles. He lets readers know of several ways that they can get involved and help the journal. Bob also describes some of the challenges involved in editing a journal and some of the on-going issues in the field where people have different viewpoints.

This newsletter also features a column by Irvin Schonfeld, describing a program of research on the overlap between burnout and depression. Irvin shares eight key findings from his work on burnout and depression over his many years of collaborating with Renzo Bianchi and Éric Laurent.

Continuing with the topic of burnout, Marissa Shuffler-Porter shares a column about her research efforts on healthcare leadership interventions that aim to reduce health provider burnout. Marissa describes some work in progress with a local healthcare organization and future plans for targeted interventions based on burnout profiles.

Up next, we have a question and answer interview session with Joel Bennett. Joel is the founder and president of Organizational Wellness and Learning Systems (OWLS), and shares information on how he began this organization, its offerings, challenges, and success stories.

The next piece focuses on research conducted by Brad Wipfli and Sara Wild related to reducing sedentary behavior through pedal stands at work. Brad and Sara describe their efforts from a recent pilot study to develop a measurement method for reliably capturing physical activity through pedal stands.

This edition of the newsletter also features a column from Joe Mazzola on the stressors and work experiences of self-employed individuals. In this column, Joe provides some highlights from an interview study he and Irvin Schonfeld published on self-employed individuals in 2015.

We have also included a list of OHP conferences for the upcoming year. Lastly, we share an announcement of a recently published book, *Cyberbullying in Schools, Workplaces, and Romantic Relationships*, edited by Gary Giumetti and Robin Kowalski.

We would like to thank all of the contributors and the editorial team for your work and support of the newsletter. We hope you enjoy this issue of the newsletter and wish you a healthy and happy summer!

If you have any comments or would like to write an article for a future issue, please reach out and let us know:

gary.giumetti@quinnipiac.edu or
tsidawiojstojic@ccny.cuny.edu

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Editorial Team

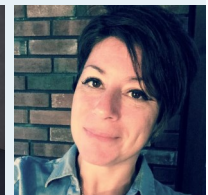
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Tribute to Ronald J. Burke, PhD (1937-2019)

By: Lisa Fiksenbaum, PhD; Esther Greenglass, PhD; Eddy Ng, PhD; Jacob Wolpin, PhD; and Isabel Metz, PhD

The field of Organizational Behavior (OB) and Human Resource Management (HRM) has lost one of its most prominent and productive researchers. Dr. Ronald (Ron) J. Burke, Professor Emeritus of Organization Studies at the Schulich School of Business and Senior Scholar at York University in Toronto, Canada, passed away suddenly, but peacefully, on March 19, 2019 in Toronto. Ron published widely over the last five decades and was well-known not only for his work on workaholism, gender differences in career choice, work experiences, job satisfaction and well-being, but also for his cutting-edge research on corporate reputation, crime and corruption, and cross-cultural differences in work engagement, burnout, organizational commitment, and withdrawal behaviors. Ron was also concerned with the paucity of female company directors

and devoted himself to investigating what else could be done to increase women's representation on corporate boards of directors. His work included the role of networks, sponsors, placement agencies, and media profiling lists of the top 100 women in their field, to name a few. Ron's groundbreaking work in this area continues; for example, *More Women on Boards: An International Perspective*, a recently published (October 2018) edited book with Devnew, Janzen, LeBer and Torchia, examines the intricate issues relating to increasing the number of women on corporate boards.

Upon receiving his doctorate in Industrial and Organizational Psychology from the University of Michigan in 1966, Ron began his career as an Assistant Professor at the University of Minnesota, before relocating to York University's newly established Faculty of Administrative Studies (now the Schulich School of Business), where he quickly rose through the professorial ranks. He was promoted to Full Professor in 1972, just four years after settling at York University. He also

served in several administrative positions; i.e., as Area Coordinator of the Organizational Studies Department from 1975 to 1978 and again from 1985 to 1988, Associate Dean of Research from 1992 to 1995, and Director of the Ph.D. program in Organizational Studies International in 1995. He also held the Imperial Life Professorship in Organizational Behavior and was a Senior Research Fellow at the



National Centre for Management Research and Development, School of Business Administration, at The University of Western Ontario (now the Ivey School of Business) from 1988 to 1992. During his time at Ivey, he started the Women in Management Research Program. Despite "retiring" in 2003, which was mandatory in Ontario, Canada at the time, Ron continued to be one of the first to arrive at his office at Schulich every morning, usually around 6:30 am, to work on his research, which has made significant contributions to academia. His work ethic was unparalleled.

Ron left an indelible imprint on our discipline with his writings. Over his career, he produced an extraordinary number of insightful and influential articles and chapters, totaling in excess of 600, often authored with colleagues from all over the world, graduate students, junior and/or skilled academics; these articles and chapters were published in the major outlets in the field. Currently, academics are evaluated not only in terms of number of publications, but by the comparison of h-indices, which is a measure of the impact of publications. Ron's research has accumulated 44,835 citations on Google Scholar and Research Gate indicating that his work has received 61,283 reads and 14,409 citations. His Google Scholar h-index is 112, his Scopus h-index is 50, and his Web of Science h-index is 41. Jorge E. Hirsch (2005) in his *Proceedings of the National Academy of Sciences of the United States of America* noted that an h-index of 40 is outstanding and an h-index of 60 is truly exceptional. Ron also disseminated his research by presenting at a myriad of national and international conferences, as either an Invited Address, Symposia Organizer, or Oral Address. Ron wrote 57 edited and co-edited books, including two which have been translated into other languages. *Creating Psychologically Healthy Workplaces*, co-edited with Astrid M. Richardsen, came out a few days before he passed away, and he was working on two more books. Ron was the Founding Editor of the *Canadian Journal of Administrative Sciences* from 1983-1987. During his career, Ron selflessly donated his time and effort to many professional organizations and editorial boards, as well as serving as a peer reviewer on countless grant requests/committees, manuscripts, and applications.

Ron's achievements have been recognized by well over 100 awards and honors. Such honors included the "International Book of Honor," the "Cambridge Blue Book – 2005," and the "Choice outstanding academic title" award in 2004 for "Women in management worldwide: Facts, figures and analysis" (with M. Davidson). He was also included in prestigious lists such as "Leading Intellectuals of the World," "Great Minds of the 21st Century," "Most Influential Scientist of the Decade," several "Who's Who" (i.e., Canada, America, World, Canadian Business, Management), and "Leaders of Science" to name a few. In 2017, he

received the "Lifetime Achievement Award from the Marquis Who's Who" and the highly competitive "Academy of Management Career Award in the Distinguished Scholar-Practitioner Category." He was also a Fellow of the Canadian Psychological Association (CPA), which acknowledged his prestigious achievements to psychological research.

A crucial part of Ron's legacy is that he was an outstanding teacher, advisor and mentor who cared deeply about each of his students. Ron gave tirelessly of his time to help them, whether it was to provide a contact name or paper that he thought might be useful, discussing ideas, being a sounding board, or giving and receiving feedback. He often participated as a mentor in the MBA Mentor Program and was nominated for the MBA Teaching Award on numerous occasions, which he won in 2001.

Ron disliked self-promotion, was humble and unassuming. Importantly, he genuinely cared about the people around him: student, staff, or colleague. Ron celebrated living and life, personally and professionally. While Ron was dedicated to academia, his children: Sharon, Rachel, and Jeff, were most important to him. His pride, affection for and pleasure for his family was obvious.

It was a great honor to write a tribute to this esteemed scholar and exceptional teacher. We have tremendously benefitted from the privilege of knowing Ron and working with him. There is no doubt the field of OB and HRM has lost an intellectual giant and a superlative mentor. Most importantly, Ron was a loyal friend, trusted colleague, inspirational role model and an influential and beloved scientific mentor to us and to all who knew him. He will be greatly missed.



Bob Sinclair, PhD
Editor-in-Chief,
Occupational Health
Science
Clemson University

Occupational Health Science Update

Thanks to the folks at the SOHP Newsletter for offering me a chance to share some updates about the status of the journal. As the Founding Editor-in-Chief, my primary goal for my editorial term is basically survival - to get the journal up and running and then to begin the process of growing the journal in terms of quality, reputation, readership, etc. So far, we have published the inaugural issue in 2017 and a four issue volume in 2018, with the first issue of 2019 about to go to press. As a newer journal we definitely face some challenges that more established journals don't, but I am definitely pleased with the progress we have made to date. Electronic access to Occupational Health Science is a member benefit for the Society for Occupational Health Psychology so I would definitely encourage you to hop on line and check out the articles. Instructions on how members can access the journal are available at: <https://sohp-online.org/membership/>.

One of the big lessons I have learned as editor-in-chief is how much the success of a journal is determined by all of the people involved, including the publisher, the associate editors, the editorial board, ad hoc reviewers, and even authors. High quality submissions from authors, helpful reviews from our editorial board and ad hoc reviewers, thoughtful decisions from our associate editors, and various forms of support from Springer Nature are all key to a successful journal. I am especially pleased with the editorial board. We have four very strong Associate Editors – Mike Ford, Mindy Bergman, Sharon Toker, and Gwen Fisher, with Lisa Kath helping out as a guest editor. We also have a fantastic board with several new members joining in the last few months and hopefully more to come in the future.

One way I could use more help is for you to continue to suggest any potential new editorial board members and ad hoc reviewers (and volunteer yourself!). I am especially interested in reviewers that bring some regional and professional diversity to the board, but we can use help from anyone willing to participate. Although I have been gratified that the board includes so many prominent members of the field, I know it is also true that many of us are saddled with numerous commitments. So, I

am especially interested in identifying early to mid-career individuals who would be good reviewers and/or ready to serve on an editorial board. I have tried to limit review requests to a maximum of 4 articles per year. That may increase as the journal grows, but I hope we can add enough board members to keep the workload manageable for all involved.

The acceptance rate for submissions is pretty much right on target for what we proposed in the initial proposal to Springer. We had proposed an early acceptance rate of 50% dropping down to 20% over time. So far, out of the first 136 submissions to the journal with complete decisions rendered, we have accepted 22%. So, we are basically where I think we should be in terms of our acceptance/rejection rate. Any new/emerging journal has to strike a balance between ensuring that the work it publishes is of appropriate quality and making sure that the journal has sufficient content to actually produce issues. So far, I think we are managing that balance well. Reviewers and editors have the dual roles of “gatekeeper” (i.e., making sure poor quality work does not get published) and “developer” (i.e., helping authors improve the quality of their work so that it is publishable). We need to emphasize the developer role a little more than other journals might to ensure that we have enough content. But, I think that is a positive for the journal and the field as I like to think of us as in the business of improving science. With that in mind, I have appreciated seeing the mostly constructive and high quality reviews and decision letters that all of our reviewers have produced.

We have done fairly well as an international journal – 2017 saw submissions from 15 countries with 2018 initial trends suggesting that the international diversity of submissions will continue to rise. Second, some of our articles are already starting to get some attention. As of 2017, we had over 5,000 downloads of OHS articles. The top 3 full text requests were:

- Flow at work: A self-determination perspective (Bakker et al., 2017). 2,092 requests
- The lost art of discovery: The case of inductive methods in occupational health science and

the broader organizational sciences (Spector, 2017). 1,264 requests.

- Dissemination and implementation research for occupational safety and health (Dugan & Punnett, 2017). 254 requests.

Although I have not seen the full report for 2018, what I have seen suggests that the number of downloads rose to over 24,000 in 2018! By next year, some of the other publication metrics will be more meaningful and I will look forward to sharing those with you.

We have published several invited papers on special topics related to occupational health with most of these papers being conceptual/literature review type papers. I see the invited papers as a way to encourage prominent scholars to make innovative contributions to the occupational health literature that might differ in some way from traditional contributions. The three papers noted above are all good examples of these as they include an integration of multiple theoretical perspectives (Bakker et al., 2017), a call for researchers to conduct more (and better) dissemination and implementation research for occupational health interventions (Dugan & Punnett, 2017), and a call for more research using inductive methods (Spector, 2017). I would definitely like to see more of these papers in the journal. So, if you have thoughts about possible topics for such papers please let me know.

Special issues are a particularly useful way to generate interesting content and diverse perspectives on important topics in the field. Although I have had multiple preliminary discussions with some potential special issue contributors, we have not finalized any topics for special issues yet, meaning that things are wide open for scheduling such issues in the near future. **Some ways you could help include (a) thinking about editing a special issue of your own, (b) encouraging others to submit proposals to me, and (c) brainstorming about potentially interesting topics where we might be able to find someone who would be willing to edit a special issue.** I am quite happy to chat about anything related to these topics so just let me know.

Editing a journal has forced me to start to develop viewpoints on issues where I didn't necessarily

have a strong position going into this venture. It also has highlighted some on-going issues in the field where people have different perspectives on contributions to the literature. For example, when we began the journal, one of the goals we had was to provide a forum for shorter papers – particularly those that did not have 10-15 pages of theoretical justification. I think that we have been successful to a degree in publishing shorter papers, but there still seems to be variability among reviewers in how to treat shorter papers. It is probably obvious that greater length is required when the primary goal of the paper is testing theory models with elaborate mechanisms etc., but when can a paper be short? Some examples include when the paper (1) has practical aims, (2) relies on well-established theoretical perspectives and theory testing is not a primary goal of the paper, (3) is more inductive in its approach, or (4) asks a very narrow question. I see this issue as a work in progress and I expect our standards and operating principles to evolve over time.

Second, another issue where I see some variability among reviewers is in studies that focus on a particular narrow context, such as a unique occupation. Some reviewers have understandable concerns about studies that are narrowly relevant to a particular occupation because of the potentially limited generalizability of findings from unique occupational contexts. Other reviewers find the examination of new and unique contexts to be interesting and to potentially stretch the boundaries of the field. I tend to adopt the latter view and would like the journal to remain open to studies that report findings that might not be broadly generalizable (assuming of course that the contributions are well-justified). After all, broadly generalizable findings are sometimes the least interesting findings in studies and the journal can help advance the field by publishing studies of unique and/or understudied contexts.

A third issue where I see variability from reviewers' concerns is assessments of methodological quality. Methodological quality encompasses a wide variety of issues, some of which have strong consensus (e.g., the value of longitudinal data, the importance of sample size) and others where there are differences of opinion about their importance (e.g., reliance on self-report data). As perhaps the

most important example, studies that employ cross-sectional survey designs with self-reported data may be entirely appropriate for some kinds of studies and much less so for others. One instance where I tend to see them as less appropriate is for studies where mediation tests are central to the contribution of the paper and where multiple alternative causal pathways are theoretically plausible for the variables of interest. On the other hand, sole reliance on self-reported cross-sectional surveys may be entirely appropriate for studies of other kinds of issues such as those that might be otherwise difficult to investigate or perhaps as preliminary investigations of innovative topics.

So these issues are just a few of the interesting challenges I have faced in working on the journal.

All things considered, I think we are off to a great start with *Occupational Health Science*. I am grateful for everyone's contributions to the journal and I look forward to working with you all in the years to come!

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- Spector, P. E. (2017). The lost art of discovery: The case for inductive methods in occupational health science and the broader organizational sciences. *Occupational Health Science, 1*, 11-27

Meet Joel Bennett, PhD, founder and president of Organizational Wellness & Learning Systems (OWLS). He talks about his career and how OWLS officially began in 2002.



Joel Bennett, PhD

Why and how did you begin working in your organization?

I can answer from a personal, educational, or an emergent/career perspective. But the “why and how” is sort of destiny, the support of other people, and my wife. Growing up, I noticed how proud my father was as a restaurant manager in mid-town Manhattan. Besides relishing food, he had this fantastic zeal for team-building with staff from different countries and backgrounds. My mother lived in relative monotony as a stay-at-home mom, but showed increased visible vitality and intellectual sharpness whenever she took temporary jobs as a legal stenographer. These strengths in my parents left a real impression on me. Our home was somewhat unhappy. My parents' divorce was devastating. We were not very wealthy. I held various jobs from my early teens to early twenties (e.g., garage grease monkey, fast-food potato fryer, child care worker for “mentally ill” children, stock boy, health food sales). So, work was a special respite, a way to meet interesting people, and a path to grow, learn, and never stop learning.

In college, I took an interdisciplinary liberal arts track at SUNY-Purchase in Neurotheology. My teachers were amazing, inspiring as leaders, friends, and mentors. Their compassion made me want to do the same for others. As a grad student at UT-Austin, I started in clinical psychology, moved into applied social psychology and, going with the interdisciplinary theme, took courses in organizational communication, personnel assessment, organizational consulting, and women's studies. The consulting class was a practica, where I worked with executives for the massive UT student organization.

For my dissertation with Dr. Janet Spence, I developed, evaluated, and examined the behavioral correlates of a leadership measure that distinguished the need for power from the need for influence. I saw how a leader's ability to deal with power and influence was related to health issues. So, I came into health interest through my studies in leadership. As a grad student, I conducted workshops on stress management, time management, and values clarification for local businesses; including managers.

Because of my love of learning, my early career started as a college professor in psychology. I taught personality, social, I/O, group facilitation and humanistic psychology. I also started designing and offering community workshops and retreats on well-being (mindfulness, spiritual health). I had a series of “practice what you preach” moments. I realized difficulties in my personal relationships stemmed from unresolved issues in my family background. My mother had passed away from a combination of loneliness and cardiovascular disease. My father had difficulties with anger and alcohol. I identified as an adult child of divorce and an adult child of an alcoholic. I started doing a lot of self-work on addiction. I met and worked with people from all walks of life recovering from all types of addiction (substance-related, sex, work, and others). They taught me more than any academic teacher. Eventually, I had a very long and rewarding reconciliation with my Dad before he passed in 2017.

In 1994, I had the chance to work for Dr. Wayne Lehman at the Institute of Behavioral Research at Texas Christian University (TCU) on grants related to substance abuse in the workplace. In this job everything came together: my personal story, previous consultation, experience in training design, course development, and group facilitation skills. While doing outside consulting I co-developed, trained, and helped evaluate (in a clinical trial) the “Team Awareness” training. Researchers have found that the training reduces behavioral risks, stress, and stigma, and increases help-seeking for mental health issues. In 2002, we received recognition for this program from the US Government. In, 2017, The US Surgeon General acknowledged both our Team Awareness and Team Resilience programs in the first “Facing Addiction in America” report.

I left TCU in 2002 to continue fulltime in my company for several reasons: community prevention efforts lacked (and still lack) a focus on workplaces; workplaces were (and still are) increasingly stressful; and they hold risk factors for employee well-being that individuals alone cannot be expected to

address. Also, most wellness offerings do not genuinely address emotional, social, and spiritual well-being or issues of addiction inside the workplace.

As I surveyed offerings in the marketplace, I saw a fragmented view of human beings, an over focus on diet and exercise, and programs that had no basis in science. I also knew – again from my upbringing – that work could be tremendously uplifting and transformative. I wanted to continue to develop and deliver applied training with a focus in science. Through the mentorship of Dr. Royer Cook I discovered the NIH Small Business Innovation Research program, where we won several awards and entered their Commercialization Assistance Program. Ultimately, my passion lies in direct delivery of programs and using my consultation skills to make programs stick. People are in need. Businesses are hurting.

The formation and sustainment of OWLS has really been a life work. All these things just came together – family, college, training, personal work. But it would never have happened without the help of many people. I named just a few. I certainly give a rollicking shout out to all the staff here at OWLS over the years!

Is there any particular area(s) that you feel is truly integral to employee wellness?

Ironically, the word “integral” strikes at the heart of our work. We call it “Integral Organizational Wellness™” where we place equal emphasis on mental health, wholeness, resilience, and positive organizational behavior – all with a basis in previous research. A lot of our work is described in the following paper, which was published last year.

[Bennett, J. B. \(2018\). Integral Organizational Wellness™: An evidence-based model of socially inspired well-being. *Journal of Applied Biobehavioral Research*, 23\(4\), e12136.](#)

What programs have you used/developed to address employee and organizational health and employee well-being?

We really have evolved beyond “programs” to a

consulting methodology that draws on program content and that fall into roughly five categories: Team Well-Being ([Team Awareness](#), [Team Resilience](#)), Leadership Well-Being, Well-Being Champion Development, Climate Assessment and Derivative Protocols, and Linking Workplace Behavioral Health (EAP) with Wellness.

What are some work challenges you have faced?

Staying alive in the entrepreneurial space is the biggest challenge. Being recognized for the value we bring and convincing others that it is worth the investment. The undervaluing of prevention and professional fragmentation. The US culture (and worldwide) is predominantly focused on reactive treatment modalities. Funding (public or otherwise) does not value *proactive* workplace prevention. Being in the field as long as we have, we could see from afar the growing epidemic in substance abuse, suicides, and general mental well-being problems. This problem will continue to grow without an integral approach. Yet, people do not know how to collaborate. Wellness providers stigmatize. Behavioral health providers stay in their silos. People don't get us. They think we are either researchers (and judge us as not understanding business realities; the marketplace) or they think we are vendors (and judge us as not being as shiny and "hip" as others with new-fangled applications). There is no consumer mental model for "research practitioner."

Do you have a success story or two to share?

There are so many. Here are some top-of-mind. In our 5-year and multi-state "Prevention, Treatment, Outreach" project with the National Guard, we saw increased self-referrals for mental health problems through our training and champion competency model. Our work with Carlson Restaurants (TGIF) led to reduction in substance abuse risk among highly vulnerable working youth. The dissemination work is especially satisfying. This past year I have trained almost 200 professionals in either our resilience curriculum or empowered health consciousness (Rx misuse) programs with the National Wellness Institute. Working with professionals in human resources,

healthcare, academia, community service, EAP, and health benefits, is wonderful and exciting! When someone sends me a note after reading one of my books and says how it helped them... that is totally awesome and inspiring.

If you could make one suggestion for building collaboration between researchers and practitioners what would it be and why?

First, we have to fight for new funding from NIH, NSF, and private foundations to support team science and transdisciplinary models that move beyond the current reductionist fascination with pharma, biotech, and technology in general. There has been a degradation of the human element in the sciences and people are being academically trained in an ethnocentric model that continues to insulate the science. We need real-world training grants and projects that require practitioners to share information and cases with researchers and vice versa. If anyone reading this is doing such work, all I can say is "Kudos!!!" and give me a call!

Dr. Bennett is the author of:

[Raw Coping Power: From Stress to Thriving](#): Presents a model, along with experiential tools, for distinguishing stress, resilience, and thriving. Used in organizations (e.g., book clubs) to promote positive approaches to stress. Used by facilitators of our "[Power of Stress](#)" course with the [National Wellness Institute](#).

[Well-Being Champions: A Competency-Based Guidebook](#): Presents a model, along with self-evaluation and guidance tips, for 10 different competencies requiring development in workplace ambassadors or champions. This model was adopted for a "[Wellness Champion Program Management](#)" course within the Wellness Councils of America (WELCOA).

[Heart-Centered Leadership: Lead Well, Live Well](#): (with Susan Steinbrecher): Describes seven principles and related virtues for leading in a healthy way (e.g., open-mindedness, humility, self-care).

[Preventing Workplace Substance Abuse: Beyond Drug Testing to Wellness](#) (edited with Wayne Lehman): Reviews research models and approaches to preventing workplace substance abuse.

[Time and Intimacy: A New Science of Personal Relationships \(LEA's Series on Personal Relationships\)](#) Lays out an integrative theory for weaving time and temporality into the study of personal relationships with a focus on transpersonal experiences and the role of personal relationships in personal growth and transformation.

For a complete listing of books and associated workshops/trainings visit [Dr. Bennett's Amazon Author page](#).

To reach Dr. Bennett, email:

owls@organizationalwellness.com or 817.921.4260

Reducing Provider Burnout Through Healthcare Leadership Interventions: A Collaborative Research Partnership of Healthcare and I/O Psychology

Why is Burnout in Healthcare Leaders an Issue?

Healthcare organizations are in critical need of evidence-based practices designed to counter occupational conditions that can lead to provider burnout. Burnout, conceptualized as the opposite of engagement, describes a set of psychological problems including emotional exhaustion, cynicism, and reduced feelings of efficacy (Maslach, Jackson, & Leiter, 1996). Healthcare is especially fraught with burnout-inducing conditions such as mentally and physically demanding work environments, limited time and resources, difficulty finding social support at work, and continual exposure to patient suffering (Garcia-Izquierdo & Rios-Risquez, 2012). Repeated exposure to these conditions will inevitably result in healthcare providers developing increased cynicism, becoming less committed to quality care, and also more likely to leave the organization entirely, interfering with the continuum of care that is so vital to patient safety.

Furthermore, leaders at all levels of healthcare organizations face the additional challenge of managing not only their own burnout, but also preventing and/or addressing the burnout of their subordinates. More importantly, burnout impacts not only healthcare leaders and their employees, but also the quality of patient care and potential for medical errors made by their subordinates (Adriaenssens, De Gucht, & Maes, 2015). Unfortunately, effective interventions, tools, and resources for helping to support leaders in terms of managing and preventing burnout for themselves and their subordinates is still relatively limited—especially in terms of interventions that work within the already constrained schedules and resources. As a result, there is a major opportunity for occupational health psychology to support healthcare through developing and evaluating systematic burnout interventions targeted at leadership in particular.

Work in Progress: Research and Practice

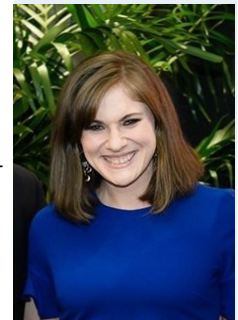
Recently, burnout researchers have begun to con-

sider and investigate the implications of experiencing different patterns, or *profiles*, of burnout as opposed to more traditional methods of aggregating scores across subscales (Leiter & Maslach, 2016). Using latent profile analysis (LPA) allows researchers to understand how variables operate within people to shape outcomes (Gabriel, Daniels, Diefendorff, & Greguras, 2015). Moving from a more variable-centric to the person-centered approach as offered by this profile perspective has critical potential to expand research and practice. In particular, identifying potentially differential effects of antecedents and outcomes on the emergent burnout profiles will enable organizations to more appropriately develop interventions and resources (Leiter & Maslach, 2016).

This profile approach is currently being applied to address the aforementioned challenges of managing burnout, via an ongoing research partnership between Clemson University's Department of Psychology and Prisma Health System in Greenville, South Carolina. Established in 2014 through mutual interests in leadership development, team development, organizational culture, employee well-being, and interpersonal dynamics in the workplace, this mutually beneficial collaboration brings the science of organizational psychology into the healthcare system on a daily basis. Prisma Health executive leadership, including Sharon Wilson and Dr. Donald Wiper, are an integral part of this interdisciplinary research effort with Dr. Marissa Shuffler and her team of graduate research students at Clemson University. The joint efforts of this research team include numerous ongoing research projects aimed at: 1) identifying healthcare leaders' development needs; 2) informing the design and delivery of interventions to address these leader development needs; and 3) evaluating the impacts of interventions, particularly in terms of their impact on leader and subordinates' performance and burnout. Furthermore, these data collection efforts are a valuable tool for capturing this information and also for providing meaningful, actionable feedback to leaders. Now, with multiple years of data regarding burnout and associated inputs and outcomes, the Clemson research



Michelle Flynn
Clemson University



Marissa Shuffler, PhD
Clemson University



Allison Traylor
Rice University



Nastassia Savage
Clemson University



Chelsea LeNoble, PhD
Clemson University



Sharon Wilson, MA
Prisma Health System



Donald Wiper, MD
Prisma Health System

team has been able to identify meaningful trends and changes that are serving to inform both research and practice.

The driving theory and methodology behind this burnout profile research primarily stems from an actively funded grant, awarded to Dr. Marissa Shuffler by the National Science Foundation (NSF). Dr. Shuffler’s grant, CAREER: Detecting Patterned Profiles for Functional and Dysfunctional Teamwork, seeks to navigate potential patterns or profiles in various high-risk contexts such as healthcare. Dr. Shuffler first presented this work in 2017 at the annual conference for the Society for Industrial and Organizational Psychology in Orlando, FL (Shuffler, Verhoeven, & Kramer, 2017). This session emphasized the need for our field to push research further by using advanced methods, namely LPA, for capturing complex and dynamic processes. We know that work in the 21st century is ever changing, and thus, science and practice alike should use methods that align with the complexity of today’s world (Thayer, Shuffler, Kramer, & Cronin, 2018).

Specifically, Allison Traylor (Rice University), Michelle Flynn, Dr. Marissa Shuffler, and Dr. Chelsea LeNoble (Clemson University) have identified five unique burnout profiles using data from a recent survey of 350 healthcare leaders of a large healthcare system in the southeastern United States. While this investigation started as an effort to replicate work by Leiter and Maslach (2016), the research team has extended those findings by examining important outcomes related to burnout. Using LPA, the five profiles that emerged from our findings include: (1) engaged, (2) overextended, (3) ineffective, (4) disengaged, and (5) burnout. As illustrated in Figure 1, each profile is comprised of the three factors of burnout as captured via the Maslach Burnout Inventory (Maslach et al., 1996): exhaustion, cynicism, and efficacy.

As part of a panel on healthcare errors, Dr. Shuffler will discuss these results depicting profiles of healthcare leader burnout and their implications for interventions at the 79th An-

nual Meeting of the Academy of Management, taking place August 9th-13th, 2019 in Boston, MA (Mroz, Kennel, Shuffler, Borkowski, Payne, & Keiser, 2019). Overall, this session will focus on how to utilize methodologies such as profile analytics to help better identify and intervene in provider burnout before it leads to medical errors.

Future Directions

Skilled leaders are at the core of effective organizations, fostering high quality relationships and norms of trust, communication, cohesion, and safety (Quick, Macik-Frey, & Cooper, 2007). Through self-awareness cultivated by targeted interventions, leaders can more effectively impact the health of their employees and the organization as a whole (Glasberg, Norberg, & Soderberg, 2007; Quick et al., 2007). Accordingly, our future work is aimed at developing such targeted interventions based on the currently identified profiles for healthcare leaders. The goal of these interventions will be to change the system as a whole, not just individual leaders. Overall, we suggest that healthcare organizations may find optimal success in addressing burnout by implementing interventions based on profile analytics rather than taking a “one-size-fits-all” approach, and we hope to help advance both research and practice with our continued collaborative efforts.

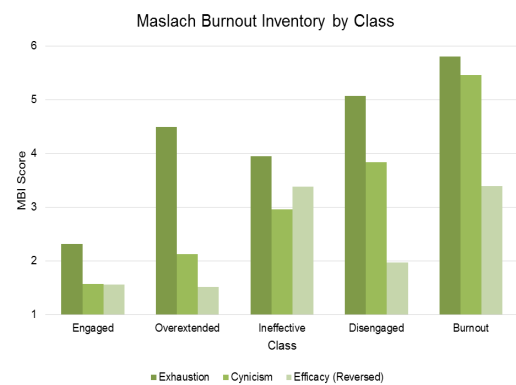


Figure 1. Five-Profile Solution

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Sedentary Work and Measuring Physical Activity in Applied Sedentary Behavior Research

There is a long-term, global trend towards physical inactivity and sedentary behavior (Kohl et al., 2012) that persists in work and non-work settings. Worldwide, physical inactivity is estimated to be the fourth leading cause of death (Kohl et al., 2012). In the United States in particular, labor force trends have resulted in a steady increase in the prevalence of sedentary jobs and a population level decrease in energy expenditure at work (Church et al., 2011).

To date most employers have not treated sedentary work like a traditional safety or health hazard.

The reasons for this are likely multifaceted and complex, but one reason may be the lagging consequences of exposure. The impacts of slips, trips, and falls on employee health and organizational expenses, for example, are immediate. However, the consequences of sedentary behavior, which include increased risk for cardiovascular disease, diabetes, injury, all-cause mortality, and more (see Tudor-Locke & Schuna, 2012), develop over long periods of time and

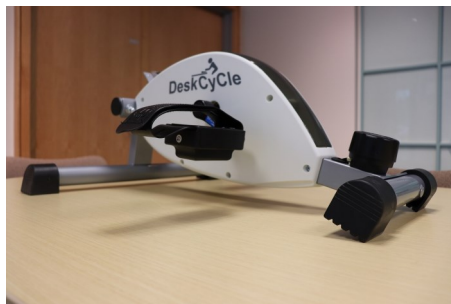
may not cause an immediate expense for employers.

Workplace sedentary behavior is also intertwined with overall sedentary behavior. Employers may view sedentary behavior as something that employees should address during non-work

time. But as a place where many people spend 50% of waking hours, the workplace plays a significant role in overall sedentary behavior, and employers should therefore bear some responsibility for reducing

exposure to sedentary work.

From an employer perspective, as the consequences of sedentary work become clearer and more pervasive, they should proactively protect the health and safety of employees and reduce or eliminate exposure to sedentary work. From a researcher perspective, it is important to identify and disseminate effective strategies for reducing exposure to sedentary work.



Brad Wipfli, PhD
Oregon Institute of
Occupational Health



Sara Wild, MPH
Oregon Institute of
Occupational Health

Pedal stands are an appealing option for reducing exposure to sedentary work because they do not impair job performance, are less expensive and more portable than treadmill desks, and they produce virtually no noise. To our knowledge we were among the first groups of researchers to conduct intervention research with pedal stands. One of the first challenges we faced was measuring how much time a person spends pedaling, which is a primary outcome in our intervention. Because there were no previous publications on measuring pedal stand use, we conducted a pilot study to develop a measurement method.

If people share pedal stands, which is more efficient than providing a pedal stand to each individual, attaching a measurement device to the pedal stand itself does not provide individual level data. We therefore began pilot testing with accelerometers. Waist-worn accelerometers were unable to detect pedaling, and the pilot study therefore used thigh-worn accelerometers. Helpfully, the thigh is also the optimal location for measuring sitting time and standing time (Edwardson et al., 2016), which is another important outcome in sedentary behavior research.

We collected data in three ways: a structured condition in which researchers dictated and directly observed a 90-minute routine of activities while participants worked at their desks; an unstructured condition in which participants used pedal stands freely and self-recorded pedaling and other physical activities; and a condition in which participants used pedal stands freely, with an accelerometer attached to the pedal of their pedal stand. In all three conditions participants wore ActiGraph GT3X or Link accelerometers on their thighs.

We used Actilife software to analyze accelerometer data. The software provides several variables that describe characteristics of motion (e.g., the number of seconds a participant spends sitting in a one-minute epoch, number of steps recorded in the epoch, estimated kcal expenditure, intensity of motion, etc.).

We generated multiple formulas to classify participant pedaling time from the thigh-worn accel-

erometer, combining different Actilife variables and various criteria for each variable. We then cross-tabulated these data with known pedaling time data to find the most accurate formula to identify pedaling. Overall, we tested over 30 formulas and found that adding more variables to the formula consistently produced less accurate results. The most accurate formula for identifying pedaling time from a thigh-worn accelerometer was that the participant is sitting for at least 56 seconds in a one-minute epoch, combined with at least 6 recorded steps in that epoch. This formula produced 91.1% sensitivity and 98.3% specificity.

The formula may be able to be improved by accounting for very low speed pedaling, or more accurately classifying non-pedaling, repetitive, seated leg motions. However, the formula provides acceptable accuracy and is a good starting point for researchers working with pedal stands. We are currently conducting a *Total Worker Health*[®] oriented intervention with call center workers (<https://www.activestudy.org/>) in which we plan to use this formula to identify pedaling time among participants, and look forward to sharing results in upcoming publications.

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Remote Work

Self-employment, or the so-called “gig economy,” is becoming increasingly popular, either as a side job or even as someone’s main source of income. According to Forbes (2018), approximately 57 million workers in the U.S. (36%) work in the gig economy. For those thinking about going into self-employment, as well as those considering studying them, it is important to understand why these individuals decide to “work for themselves,” what they get out of it, and what stressors they commonly experience. A few years ago, Dr. Irvin Schonfeld, of the City College of New York, and I (2015) published an interview study to learn more about those exact factors. In this specific study, we asked open-ended questions to 54 self-employed individuals who worked in solo businesses and who specifically used their self-employment as their primary source of income.

The study had several goals. For one, we wanted to understand what self-employed people liked about their job. Some of the common answers included the autonomy, being able to work creatively, and the intellectual challenge. The autonomy benefit likely has to do with the lack of a boss and being able to structure your day, tasks, and ideas any way you like. The latter two have both to do with the type of work many gig economy individuals do (e.g., writing, creating websites), as well as not having a supervisor telling them they need to do something a certain way or follow a template that has been done before.

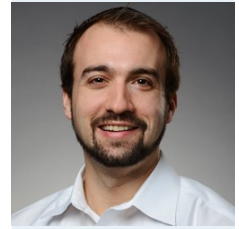
Additionally, we wanted to identify what types of stressors self-employed people experience. We found many of the general stressors you might find in a “typical” employment setting found in previous stress research, such as interpersonal conflict and organizational constraints. However,

there were several more specific stressors that were particularly salient and/or prevalent to this sample. Job or income threat was a major one. It was often difficult for them not knowing how much business (and thus income) they might have from month to month. Many also were not able to afford or could not obtain health insurance, and many worried about how an injury or medical problem would both create additional costs and potentially prevent them from doing their job, resulting in more lost income. In terms of specific types of interpersonal conflict, these workers often have to deal with difficult customers, cutthroat competitors, or unrealistic client expectations.

This study, being mostly qualitative in nature, is a solid base to understand the stress and experiences of the self-employed, but more work is needed. While we identified some of the stressors, more research needs to be conducted to examine how they relate to important health and performance variables in the self-employed. In addition, with this type of employment growing, it would be interesting to see if these stress experiences have continued to evolve, or what they might look like in a larger, more diverse sample (e.g., workers who use the gig economy as a “side hustle”). Self-employment and the gig economy aren’t going away, and will likely continue to grow, so it will be important for organizational and stress researchers to continue to study this population and avoid getting overly focused on only studying “traditional employees.”

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Joseph Mazzola, PhD
Meredith College



Irvin Schonfeld, PhD,
MPH

City College of CUNY

A Program of Research on Burnout-Depression Overlap

In 2013, I teamed up with Renzo Bianchi and Éric Laurent. We began to study the relationship between job-related burnout and depression. A paper published in this newsletter describes how we met (Schonfeld, 2016). Since then Jay Verkuilen of the CUNY Graduate Center began to work with us. We collaborated on a series of empirical studies (enumerated below), as well as conceptual pieces on burnout-depression (Bianchi, Schonfeld, & Laurent, 2018; Schonfeld, Bianchi, & Luehring-Jones, 2017) and commentaries on physician burnout (e.g., Bianchi, Schonfeld, & Laurent, 2017; Schonfeld, 2018). Below is a partial list of our empirical research.

5,575 French schoolteachers (Bianchi, Schonfeld, & Laurent, 2014);
1,386 U.S. teachers (Schonfeld & Bianchi, 2016);
184 New Zealand teachers (Bianchi, Schonfeld, Mayor, & Laurent, 2016);
911 French schoolteachers and other school employees (Bianchi & Schonfeld, 2018);
734 U.S. teachers (Schonfeld, Verkuilen, & Bianchi, 2019);
17,670 individuals in a variety of jobs as part of a meta-analysis of the last ten years of research in up to 15 samples (Schonfeld, Verkuilen, & Bianchi, in press).

According to Maslach, Jackson, and Leiter (2016), burnout is a work-induced syndrome that combines emotional exhaustion (EE, sometimes called just exhaustion), depersonalization (DP, also called cynicism), and a reduced sense of personal accomplishment (PA). EE encompasses feelings that work drained one of one's energy. It is burnout's core. DP involves withdrawal from one's job and detachment from the people connected to it (e.g., students, patients, customers). It is a way of coping with EE. Reduced PA involves a negative self-evaluation of what an individual has accomplished in his or her job. It is a long-term repercussion of EE (Maslach, Schaufeli, & Leiter, 2001).

My colleagues and I obtained several research findings that shed light on the burnout-depression relationship. First, it has been argued that a key difference between burnout and depression is that burn-

out is caused by adverse working conditions while depression is more global in origin. When individuals experiencing burnout symptoms are asked what they ascribe their symptoms to, fewer than half attribute those symptoms to work (Bianchi & Brisson, 2017). What is called burnout is likely to have several causes, including factors outside of the workplace. In this connection we found that, compared to individuals with low scores on burnout scales, individuals with very high scores are more likely to have a history of depressive and anxiety disorders and to be currently taking antidepressant and antianxiety medication (Bianchi et al., 2014; Schonfeld & Bianchi, 2016). Similar findings were obtained by Rössler, Hengartner, Ajdacic-Gross, and Angst (2015). There is also abundant evidence that adverse working conditions lead to increases in depressive symptoms and elevated risk of a depressive disorder (Schonfeld & Chang, 2017).

Second, our research indicates that EE, burnout's core, correlates too highly with depressive symptoms scales to be considered something apart from what depressive symptom scales measure. We obtained findings in which the correlations between [emotional] exhaustion and depressive symptoms were greater than .70, and close to or higher than .80 when measurement error is controlled (Bianchi et al., 2014, 2016; Bianchi & Schonfeld, 2018; Schonfeld & Bianchi, 2016). In research in which we applied confirmatory factor analyses in three different samples (Schonfeld et al., in press) we found that the latent [emotional] exhaustion and latent depression correlated higher than .80.

Third, we note that both depression and burnout have been conceptualized in two different ways. One way is the traditional diagnostic way. A person meets criteria for the diagnosis or does not. Maslach et al. (2016) defined the state of burnout as "a crisis in one's relationship with work" (p. 21). A problem with this approach is that there are no consensual criteria for identifying a "case" or state of burnout (Bianchi et al., 2014; Rotenstein et al., 2018; Schonfeld & Bianchi, 2016). For practical reasons, researchers used cutoff scores on burnout scales to identify cases of burnout. We found that often enough burnout researchers don't use suffi-

ciently high cutoff scores (e.g., the top tercile) to identify cases involving a work-related “crisis.” These cutoffs don’t differentiate individuals with ordinary, nonpathological fluctuations in fatigue from individuals who are truly suffering (Bianchi, Schonfeld, & Laurent, 2019).

By contrast, there are criteria for identifying cases of major depression. When we have treated burnout categorically/diagnostically based on *very* high cutoff scores, we found that such individuals were likely (probability > .80) to meet criteria for provisional diagnoses of depression (Bianchi et al., 2014, 2016; Schonfeld & Bianchi, 2016).

Fourth, another way of conceptualizing burnout and depression is by treating them as continua (like temperature). Burnout scales such as the subscales of the Maslach Burnout Inventory (MBI) provide EE, DP, and PA scores. The scores reflect the extent to which an individual is affected. Developments in research on psychopathology have indicated that depression may be better conceptualized as reflecting a continuum or a dimension (Caspi et al., 2014; Kotov et al., 2017). Depression and anxiety scales correlate very highly; scores on depression and anxiety scales likely reflect the same underlying dimension of psychopathology. We found that the EE subscale highly correlates with depressive and anxiety symptom scales, suggesting that all three scales reflect the same underlying dimension of psychopathology (Schonfeld et al., 2019, in press).

Fifth, we have also shown that burnout and depression have highly parallel nomological networks. For example, the cognitive features associated with depression include pessimistic attributions, rumination, and dysfunctional attitudes such as perfectionism and a pathological need for approval. We found that those cognitive features are equally associated with burnout (Bianchi & Schonfeld, 2016). We also found that depression and burnout are about equally related to stressful life events occurring outside of work, job adversity, and workplace support (Schonfeld & Bianchi, 2016; Schonfeld et al., 2019).

Sixth, our research has been criticized on two grounds. First, “burnout is an occupationally specific dysphoria that is distinct from depression as a broad based mental illness” (Maslach & Leiter, 2016, p. 107). This criticism falls apart because earlier men-

tioned developments in the psychopathology literature indicate that depression can be satisfactorily conceptualized dimensionally. What Maslach and Leiter in effect do is compare burnout as a dimensional factor to the diagnostic category of depression, which reflects only the high end of the depression continuum. When both EE and depression are treated dimensionally, their correlations are too high to suggest that they reflect different constructs (Bianchi & Brisson, 2017; Bianchi et al., 2014; Schonfeld & Bianchi, 2016; Bianchi & Schonfeld, 2018; Schonfeld et al., in press).

The second part of the criticism is that the “nine-item depression measure (Patient Health Questionnaire, PHQ-9) used in [Schonfeld & Bianchi, 2016] includes five items that refer explicitly to fatigue (lack of interest, trouble sleeping, trouble concentrating, moving slowly, and feeling tired)” (Maslach & Leiter, 2016, p. 107). In other words, the depression scale my colleagues and I have used include items that measure burnout. That is why the correlation is so high.

This second criticism is not justifiable. One could argue the reverse. Why are burnout scales poaching items from the DSM symptoms used to diagnose depression? One reason why is that research on burnout largely developed independently of research in “psychiatry, behavioral psychology, and neurobiology on stress-induced conditions such as depression” (Schonfeld et al., in press). Maslach and Leiter identified “lack of interest” as a symptom of burnout, a symptom that is found on the PHQ-9. Actually, the symptom as written in the PHQ-9, the instrument we have used in the research in question, is “Little interest or pleasure in doing things.” Kroenke and Spitzer (2002) included that symptom in the PHQ-9 because it reflects anhedonia. Anhedonia is one of the two cardinal symptoms of major depression. A diagnosis of depression could not be made if both anhedonia and depressed mood are absent. Anhedonia is, thus, a very important symptom of depression. The PHQ-9 was co-developed by Robert Spitzer, the prime mover of the revisions of the DSM that led to the emergence of DSM-III and the DSM’s later versions.

Clearly some depressive symptoms have a match in burnout scales. These include the fatigue symptoms (e.g., feeling tired and having sleep problems). According to DSM-5 “often insomnia or fatigue is the presenting complaint” in depression (American Psy-

chiatric Association, 2013, p. 162). Skilled workplace physicians can recognize the underlying depression (Kahn, 2008). Burnout clearly does not have a monopoly on these symptoms.

Seventh, in our efforts to closely examine the relationship between MBI burnout and depression, we created depression scales in which we deliberately deleted fatigue-related items. The correlations between EE and each of two different depression scales barely changed when we dropped fatigue items from the depression scales (from .76 to .74 and from .74 to .71) (Schonfeld et al., 2019). Moreover, when we examined the correlation of EE with an anxiety scale in which there was no item (symptom) content overlap, the EE-anxiety correlation was .69. In every case, the EE-depression and the EE-anxiety correlations were stronger than the correlations between EE and each of the other two dimensions of burnout, DP (.60) and PA (-.44).

This brings me to the eighth point our research leads to. Because burnout is thought to be a syndrome comprising EE, DP, and reduced PA, one would expect that the correlation between EE, burnout's core, with DP and PA to be stronger than the correlation between EE and depressive and anxiety symptoms. That is not the case. The correlations of EE with DP and PA are weaker than the Pearson correlations between EE with depressive symptoms (Schonfeld et al., in press), suggesting that burnout is not a syndrome and is more likely to be a depressive condition. Our findings are not an anomaly. Other researchers have also linked burnout with depression. Ahola, Hakanen, Perhoniemi, and Mutanen (2014) linked burnout to depression in their research on dentists. In their research on physicians, Wurm et al. (2016) also linked burnout to depression.

The upshot is that when a worker complains about suffering from burnout, we should consider the possibility that he or she may be experiencing high levels of depressive symptoms, with all their harmful ramifications (e.g., suicide risk). There are evidence-based treatments for depression that can help such a worker. It is also important to investigate the working conditions to which the individual is exposed. Adverse working conditions such as low levels of decision latitude, effort-reward imbalance, bullying, and the absence of organizational justice can contribute to the emergence of depressive symptoms (Schonfeld & Chang, 2017). It would be helpful to find out what could be done to change depresso-

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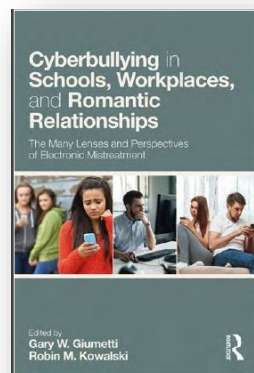
Book Announcement

Cyberbullying in Schools, Workplaces, and Romantic Relationships: The Many Lenses and Perspectives of Electronic Mistreatment

Edited by Gary W. Giumetti, Quinnipiac University, USA
and Robin M. Kowalski, Clemson University, USA

This volume brings together research on cyberbullying across contexts, age groups, and cultures to gain a fuller perspective of the prevalence and impact of electronic mistreatment on individual, group, and organizational outcomes. This is the first book to integrate research on cyberbullying across three contexts: schools, workplaces, and romantic relationships, providing a unique synthesis of lifespan contexts.

This is fascinating reading for researchers and upper-level students in social psychology, industrial-organizational psychology, and developmental psychology; as well as educators and administrators.



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Upcoming Conferences

Meeting	Location	Date	Website
Recent Conferences			
Work Disability Prevention and Integration Conference	University of Southern Denmark, Odense, Denmark	June 4-7, 2019	http://www.wdpi2019.dk/
International Conference on Occupational Health Psychology	Barcelona, Spain	June 11-12, 2019	https://waset.org/conference/2019/06/barcelona/icohp
Upcoming Conferences			
Employee Wellbeing Congress	Houndsditch, London	June 20, 2019	https://www.employee wellbeing congress.co.uk/welcome
Annual Conference of the European Health Psychology Society	Dubrovnik, Croatia	September 3-7, 2019	https://2019.ehps.net/
Working Hours, Sleep, & Fatigue Forum	Couer D'Alene, Idaho	September 13-14, 2019	https://www.cdc.gov/niosh/topics/workschedules/fatigue2019.html
National Association of Occupational Health Professionals (NAOHP) National Conference	Biltmore Hotel, Phoenix, AZ	September 15-18, 2019	https://naohp.com/2019-naohp-national-conference/
Work, Stress and Health 2019	Sheraton Philadelphia Downtown, Philadelphia, PA	November 6-9, 2019	https://www.apa.org/wsh
American Public Health Association Annual Meeting	Pennsylvania Convention Center, Philadelphia, PA	November 20, 2019	https://www.apha.org/annualmeeting
European Academy of Occupational Health Psychology Conference	Nicosia, Cyprus	April 6-8, 2020	http://www.eaohp.org/conference.html
Society for Industrial and Organizational Psychology	JW Marriot, Austin, Texas	April 23-25, 2020	http://www.siop.org/Annual-Conference
American Occupational Health Conference (AOHC)	Washington Hilton, District of Columbia	May 3-6, 2020	https://acoem.org/Learning/American-Occupational-Health-Conference-(AOHC)/Future-Conferences
Work and Family Researchers Network Conference	New York Hilton, New York City	June 25-27, 2020	https://wfrn.org/conference-2020/

About SOHP

The **Society for Occupational Health Psychology (SOHP)** is a non-profit organization dedicated to the generation, dissemination, and application of scientific knowledge in order to improve worker health and well-being.

In order to achieve these goals, SOHP seeks to:

- Promote psychological research on significant theoretical and practical questions related to occupational health;
- Encourage the application of findings from psychological research to workplace health concerns; and
- Improve education and training related to occupational health psychology at both the graduate and undergraduate levels.

WORD SCRAMBLE

G A S I N K I T P R C G E B T
G R M N Z F U C E L E H A V T
O G F T N S U T X A D U Z H C
A G R E L T Z X S E M H O V H
C X V R P I X B P B J W P U Z
Z B S V S S U R V E Y S O L W
B L W E U H E A L T H C A R E
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M P U S R Y D N P C E D X D N
X H I Y B U P P E L M D K L O
V D T I J E B O P V O N V H V

BURNOUT
DEPRESSION
DISABILITY
HEALTHCARE
INTERVENTIONS
OCCUPATION
SURVEYS
TEAMWORK

For comments on the newsletter or submissions, please contact the co-editors:

Tanya Sidawi-Ostojic
tsidawiostojic@ccny.cuny.edu

OR

Gary W. Giumetti
Gary.giumetti@quinnipiac.edu



SOHP is recruiting a Social Media Content Creator!

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