



# Registration Guidelines

E002 Occupational Stress related disorder/Burnout



Netherlands Center  
for **Occupational Diseases**

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## E002 Occupational Stress related disorder/Burnout



### **Netherlands Center for Occupational Diseases**

Coronel Institute AMC/UvA

Postbus 22660

1100 DD Amsterdam

The Netherlands

Tel. 020 566 5387

E-mail: [ncvb@amc.nl](mailto:ncvb@amc.nl)

# Registration Guidelines

## E002 Occupational Stress related disorder/Burnout

These guidelines are accompanied by a [background document](#).

### Description of the occupational illness and risk groups

A stress related disorder is a clinical picture characterized by stress problems associated with stressful circumstances and of sufficient severity to significantly impair social or occupational performance. The stress problems are usually aspecific: the patient is typically tired, tense, irritable, unable to sleep well, emotionally unstable, affected by concentration problems and impaired in his/her social and occupational performance. A stress related disorder is regarded as the consequence of an imbalance between the patient's exposure to and ability to deal with stressors, leading to a sense of loss of control and demoralization. If the stressors involved are predominantly work-related, the condition is considered to be an occupational stress related disorder.

If occupational stress related disorder is relatively serious and prolonged, it is referred to as burnout. Burnout is characterized by a prolonged history of stress problems and emotional exhaustion, accompanied by a sense of reduced occupational performance or cynicism concerning work. In the context of these guidelines, the term 'stress related disorder' may be regarded as synonymous with 'surmenage', 'adjustment disorder' and 'burnout'.

A stress related disorder can occur in any profession.

### Clinical diagnosis criteria

Clinical diagnosis of stress related disorder

Clinical diagnosis is based on the *Richtlijn handelen van de bedrijfsarts bij werkenden met psychische problemen* (Guidelines for occupational physicians treating working people with psychological problems) published by the Netherlands Society of Occupational Medicine (NVAB). In those guidelines, stress related disorder and chronic distress-related disorder (previously referred to as burnout) are grouped with stress problems under the general heading 'stress-related disorders'. In occupational medicine, the following criteria are applied:

**Inclusion criteria:**

One or more of the following distress symptoms (psychological stress problems):

- Malaise, apathy
- Sense of being over-burdened

- Anhedonia
- Sense of powerlessness
- Demoralization
- Depression
- Emotional instability
- Concentration problems
- Tension
- Ruminating
- Irritability
- Demotivation
- Inability to think clearly

And/or

Stress-related physical problems

- Fatigue
- Sleeping problems
- Headache
- Abdominal pain
- Muscle pain
- Etc

The condition needs to be sufficiently severe for the patient to experience or be at risk of functional problems.

**Exclusion criteria:**

Acute stress disorder

Psychiatric pathology (Axis I or II)

Somatic pathology

*Differential diagnosis:*

In diagnosis, it is necessary to differentiate a stress related disorder from a depressive disorder and anxiety disorders. On the website [www.psychischenwerk.nl](http://www.psychischenwerk.nl), there are a number of tools that can be used to facilitate the differentiation of stress related disorder from depressive and anxiety disorders.

## Criteria for work-related diagnosis

### ***Work-related psychosocial factors***

A diagnosis of occupational illness is based upon the occupational physician's professional judgement. The work-related risk factors listed below are not the only factors that can lead to the onset of a stress related disorder. Knowledge regarding the specific risk factors published to date is summarized below.

It has not yet been shown that any of the investigated work-related psychosocial factors is independently capable of making a sufficiently great contribution to the onset of stress-related disorder that the condition may be regarded as occupational in origin. However, it has been shown that several of the investigated work-related psychosocial factors can contribute to the onset of stress-related disorder. In view of the relative paucity of research on this subject, the following list should not be regarded as exhaustive. Although many psychosocial risk factors have not (yet) been shown to play a role in the onset of stress-related disorder, that may simply reflect the fact that insufficient research has been performed. Conflict at work is an example: this factor is known to play a role in the onset of psychological problems and it is likely to play a role in the onset of stress-related disorder as well, but the latter association has yet to be investigated.

### *Work-related psychosocial factors that independently constitute a risk for a stress related disorder*

It has not yet been shown that any psychosocial factor is independently capable of making a sufficiently great contribution to the onset of stress-related breakdown to be regarded as a primary cause.

### *Psychosocial factors that can contribute to the onset of a stress related disorder*

#### Demonstrated:

- a. High psychological demands  
Psychological demands are work-related stressors, such as high time pressure, high working tempo, difficult and mentally arduous work.
- b. Lack of control  
Control is the ability to regulate one's work and/or to influence the associated stressors.
- c. Lack of social support from co-workers (mainly affects men)
- d. Lack of social support from supervisors (mainly affects men)
- e. Procedural injustice within the organization  
Procedural justice is a product of the processes within an organization: whether the formal decision-making procedures within an organization are perceived to be fair.

- f. Relational injustice  
Relational justice is predominantly a product of the relationship with management, e.g. whether the management is perceived to be impartial.
- g. Effort-reward imbalance  
Effort characteristics include: time pressure, physical effort and interruptions. Reward characteristics include: financial rewards (pay, allowances, etc), appreciation (respect and support), security and development opportunities (promotion opportunities, retention of status).

Indicated:

- h. High emotional demands (mainly affects men)  
Emotional demands are stressors associated with work necessitating a high degree of emotional or personal involvement.

**Non-work-related psychosocial factors**

A significant contributor to a stress related disorder is often stress associated with problems and events in one's environment and one's reaction to the demands and requirements coming from the environment. Factors from the wider environment outside the work environment must not be discounted. Stressful life events may be catalogued using the Life Event Inventory.

**Predisposing factors**

A history of psychological disorders is associated with an increased risk of developing occupational stress-related breakdown. There is moderate evidence that, in people who have previously suffered from depression, work-related stress can contribute to the onset of a stress related disorder.

There is as yet no evidence that personality factors can independently explain the onset of stress related disorder. The Registration Guidelines Committee believes that personality and individual sensitivity should be taken into account by an occupational physician when deciding whether a patient's condition is work-related. However, even if individual sensitivity is suspected, an occupational physician is advised to treat a stress related disorder as work-related if a patient was sufficiently exposed at work and if his/her performance was previously good.

**Duration/intensity/frequency of exposure**

*On the basis of the evidence currently available, it is not possible to quantify the duration/intensity/frequency of exposure liable to lead to onset of the condition.*

**Exposure-onset interval**

*No research has been found that sheds light on the length of the interval between exposure and the onset of the symptoms of stress-related breakdown. However, in line with the clinical criteria*

*cited in the DSM-IV for adjustment disorder, three months is regarded as the maximum interval consistent with a causal relationship between exposure and the onset of the symptoms of stress-related breakdown.*

### **Decision rules**

The decision as to whether a case of a stress related disorder is occupational is ultimately a matter of professional judgement. The following decision rules are intended to support the exercise of professional judgement, not to substitute for it.

Exposure to one of the factors a to h → condition may be considered occupational only if the factor is of extreme intensity and the patient's exposure to non-work-related psychosocial stressors is very low.

Exposure to two of the factors a to h → condition may be considered occupational if the factors are of moderate to extreme intensity and the patient's exposure to non-work-related psychosocial stressors is moderate

Exposure to three of the factors a to h → condition may be considered occupational if the factors are of moderate to extreme intensity and the patient's exposure to non-work-related psychosocial stressors is moderate to very serious