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What works to alleviate frontline worker burnout?

A literature review of experimental evidence from behavioural workplace interventions

THE QUICK READ

Together, the What Works Centre for Wellbeing and the Centre for Homelessness Impact are exploring what works to improve the wellbeing of frontline workers in the homelessness sector.

The project aims to:

1. **map the global landscape of behavioural interventions** aimed at reducing burnout among frontline workers through a literature review;
2. **design light-touch behavioural interventions** to alleviate burnout among frontline homelessness sector workers in the UK.

This document summarises outputs from the first aim.

By reviewing the existing literature, we found evidence:

- That a range of individual-level psychological and social interventions may be effective in reducing burnout among frontline staff;
- Of potential moderators of workplace burnout.

No evidence specifically on homelessness sector frontline worker burnout was found.

The insights can be used to shape further research and policy making, as well as guide funding decisions and practitioner activity.

In the UK, heavy workloads and stress are the leading causes of short- and long-absence at work.[1]

In frontline roles - for example client-facing charity workers - workloads can be particularly challenging due to increasing caseloads and prolonged exposure to high-stress situations. This makes these groups particularly vulnerable to burnout, and can limit the effectiveness of the support they provide.[2]

What is Burnout?

The World Health Organization defines burnout as an occupational phenomenon "resulting from chronic workplace stress that has not been successfully managed". It typically includes feelings of exhaustion or energy depletion, feelings of negativity, cynicism, and a reduction in professional efficacy,[3] and is linked to low wellbeing.[4]

Addressing burnout is a **key priority to ensure staff wellbeing** and broader organisational performance.

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[1] CIPD (2023). Health and Wellbeing at Work: Survey Report. September 2023. Available at:
https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/8436-health-and-wellbeing-report-2023.pdf

[2] St. Martin in the Fields. (March 2023). *Frontline Worker Survey 2022: Experiences of Frontline homelessness work. Report on staff working conditions, training and professional development, wellbeing and job retention.*
Available at: https://frontlinenetwork.org.uk/media/2794/frontlinenetworksurvey-workforcefindings-1603.pdf

[3] World Health Organization. (2019, 28 May). Burn-out an *"occupational phenomenon": International Classification of Diseases.* Available at:
https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classificationof-diseases

[4] Salvagioni D.A.J., Melanda F.N., Mesas A.E., Gonzalez A.D., Gabani F.L., Andrade S.M.d. (2017) Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. PloS ONE 12(10): e0185781.
https://doi.org/10.1371/journal.pone.0185781

What are burnout interventions?

While interventions targeting burnout can vary significantly in content, they tend to:

1. target individuals rather than organisations;
2. aim to increase personal psychological and social resources to improve coping mechanisms.[5]

Evaluation of their effectiveness appears to be limited by the overall lack of consensus on the definition and assessment of burnout.[6]

In this project, we look at light-touch or non-intensive behavioural interventions that use strategies such as reminders, warnings, and simplification to alter people's behaviour.[7]

THE LITERATURE REVIEW

What we did

We searched for primary studies that:

1. Measure the effectiveness of a workplace burnout intervention using an **experimental** or **quasi-experimental design**;
2. **Capture changes in burnout quantitatively** using any standardised measure of burnout.

To be included, studies had to be:

- of interventions clearly aimed at alleviating or reducing risk of burnout among frontline staff;
- publicly available;
- published in English.

More information on the search strategy and study inclusion criteria adopted can be found in the methodology section of the technical report.

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[5] Schaufeli, W., & Enzmann, D. (1998). The Burnout Companion To Study And Practice: A Critical Analysis (1st ed.). CRC Press. https://doi.org/10.1201/9781003062745

[6] Ahola, K., Toppinen-Tanner, S., & Seppänen, J. (2017). Interventions to alleviate burnout symptoms and to support return to work among employees with burnout: Systematic review and meta-analysis. *Burnout Research*, 4, 1–11. https://doi.org/10.1016/j.burn.2017.02.001

[7] UN Innovation Network United Nations Behavioural Science Report. [(accessed on 1 December 2022)]. Available at: https://assets-global.website-files.com/6241324b2f22ec56f2f9109a/

WHAT DID WE FIND?

The literature review found 33 studies on the effectiveness of workplace burnout interventions. These were pooled by three key themes:

1. **Psychological** - including psychoeducational, psychosocial, and therapeutic interventions;
2. **Social support** interventions;
3. **Capture changes in burnout quantitatively** using any standardised measure of burnout.

The studies were found were:

- Largely of **in-person** intensive behavioural interventions that were aimed at alleviating burnout among **healthcare** sector workers;
- Published from 2007 onward;
- Capturing burnout using one of eight validated measures, most commonly, the Maslach Burnout Inventory (MBI).
- Delivered primarily in Europe, the United States and Asia.

Europe
(42%)

United States
(36%)

Asia
(18%)
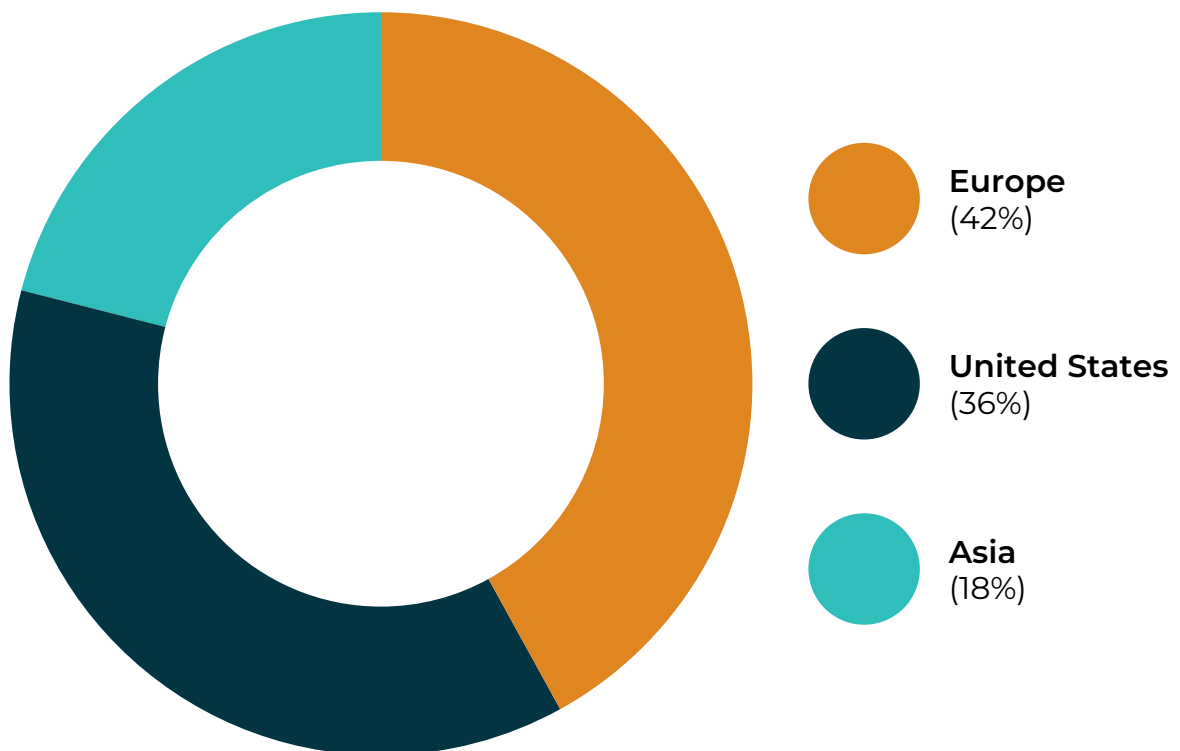
Comprehensive findings are detailed in the full report.
Here we highlight key insights.

Intervention effectiveness

Experimental findings from this review suggest that a range of interventions may be effective in reducing burnout among frontline staff, in particular, within the healthcare sector. It found no evidence of evaluation in the homeless sector setting.

Of the 33 studies identified, **21 reported statistically significant reductions in burnout** compared to control groups.

Effective interventions include:

- **Psychoeducational** - including educational modules to develop resilience, social and emotional skills, empowerment, self-care, self-efficacy and social support.
- **Therapeutic** - involving Acceptance and Commitment Therapy (ACT), mindfulness, compassion, acupressure, emotional freedom techniques, and resilience-based theory.
- **Psychosocial** - including group skills training programmes to develop communication and problem-solving skills, participatory workshops to improve organisational processes and strengthen team working, and interventions to bolster social support and belonging between employees (1 study).
- **In-person social support interventions** - which included a team-based support group targeting healthcare providers in the Netherlands.
- **Other** - including:
    - laughter yoga delivered to nurses in Turkey,
    - coaching to help surgeons navigate professional choices and behaviours (1 study)
    - an intervention to alleviate stress among primary care physicians (1 intervention)
    - improving care pathways and strengthening team-working in acute hospital settings.

Case study: psychosocial intervention field experiment

Linos et al. conducted a multi-city, light-touch, online intervention, aimed at increasing perceived social support and affirming belonging among emergency services call dispatchers in the USA at risk of burnout. The six-week intervention involved the sharing of advice, stories and professional experience anonymously among workers via email.

The randomised controlled trial (RCT) found that social belonging affirmation significantly reduces burnout by around eight points on the Copenhagen Burnout Inventory. This suggests that brief belonging-affirmation exercises can improve worker wellbeing for a client-facing group of employees that is comparable to frontline homeless sector workers in the UK.

Potential moderators of burnout

Studies also shed light on the following factors that may be contributing to improvements:

- **Psychological resources** - such as emotional regulation;
- **Social resources** such as social connection and a sense of belonging;
- **Job characteristics** such as workload, team-working and participation in decision-making.

RESEARCH IMPLICATIONS

Our review highlights gaps in the evidence relating to:

What works to alleviate burnout among frontline workers, specifically within the homelessness sector.	▶ Conduct more RCTs and quasi-experimental research to test causal claims and understand moderators and mechanisms of workplace burnout among the homelessness sector frontline workforce.
The effects of a broader range of intervention types, with a clear understanding of the aims, target populations, components and mechanisms of these interventions.	▶ Investigate the effects of a broader range of interventions: - primary interventions aimed at reducing known risk factors of burnout; - secondary interventions targeting a group of high-risk employees; - tertiary interventions aimed at frontline employees already suffering from burnout.
The use of standardised definitions of burnout and research knowledge on how improvements are generated and sustained over time.	▶ Adopt clearer theoretical and empirical definition of burnout and explore how these benefits may translate into improved organisational performance in the medium-term.
The relationship between wellbeing outcomes and burnout.	▶ Explore the links between burnout and subjective wellbeing and Quality of Life, including the strength and direction of the relationships.

Randomised controlled trials are regarded as the gold standard for evaluating the effectiveness of interventions by providing causal evidence.

The next steps of this project will be the design and implementation of a RCT in 2024 that will test what works to reduce burnout in frontline workers in the homelessness sector.

RECOMMENDATIONS FOR PRACTICE

For policy-makers and commissioners:

- Commit to exploring the scale and impact of workforce burnout and its contributing factors among frontline workers in the UK;
- Support organisations and employers more broadly to adopt evidence-based strategies that can effectively identify, monitor and mitigate burnout;
- Commission research to investigate the drivers of burnout and mechanisms for addressing work-related stress, including through systematic reviews, national and local workforce surveys and finally, administrative data to better understand the personal and job characteristics associated with burnout.

For practitioners:

- Frontline services, including homelessness organisations, are encouraged to run validated internal surveys to monitor staff wellbeing and known drivers of burnout;
- Where possible, organisational strategies and interventions must take into account the lived experience of target groups. Stakeholder engagement can help understand the drivers or burnout, as well as mitigating actions at the individual and organisational level.
- Services should partner with research organisations to test burnout interventions, prioritising, in the first instance, more established approaches and light-touch, low-cost interventions.

ALLEVIATING FRONTLINE WORKER BURNOUT

BRIEFING

Centre for Homelessness Impact

St Martin in the Fields